



PhD-FHSE-2021-017  
The Faculty of Humanities

## DISSERTATION

Defence held on 28/05/2021 in Esch-sur-Alzette

to obtain the degree of

DOCTEUR DE L'UNIVERSITÉ DU LUXEMBOURG

EN HISTOIRE

by

Eva ANDERSEN

Born on 23 July 1991 in Edegem, (Belgium)

A REPUBLIC OF ALIENISTS?

A TRANSNATIONAL PERSPECTIVE ON PSYCHIATRIC  
KNOWLEDGE CIRCULATION ACROSS EUROPE (1843-  
1925)

### Dissertation defence committee

Dr Benoît Majerus, dissertation supervisor

*Professor, Université du Luxembourg (G.D. of Luxembourg)*

Dr Christoph Schommer, Chairman

*Professor, Université du Luxembourg (G.D. of Luxembourg)*

Dr Kaat Wils, Vice Chairman

*Professor, KU Leuven (Belgium)*

Dr Anna Nilsson Hammar, member

*Deputy director Lund Centre for the History of Knowledge, Lund University (Sweden)*

Dr Waltraud Ernst, member

*Professor Emerita, Oxford Brookes University (United Kingdom)*

# Table of contents

<b>Abstract .....</b>	<b>4</b>
<b>Introduction. A Republic of Alienists? .....</b>	<b>5</b>
<b>Chapter 1. A methodological reflection on the history of psychiatry .....</b>	<b>9</b>
<i>From national to transnational psychiatry: broadening the geographical research scope.....</i>	<i>9</i>
<i>Using knowledge as a methodological framework .....</i>	<i>14</i>
<b>The history of knowledge: an old idea in a new jacket? .....</b>	<b>16</b>
<b>What has the history of knowledge to offer the history of psychiatry? .....</b>	<b>20</b>
<i>Digital history: a necessity to write a transnational history of psychiatric knowledge? .....</i>	<i>32</i>
<b>The origins of digital humanities and digital history .....</b>	<b>35</b>
<b>Searching for digitised sources and how to optimise them .....</b>	<b>38</b>
<b>Digital tools and applying digital search tactics .....</b>	<b>46</b>
<b>Chapter 2. Knowledge containers .....</b>	<b>73</b>
<i>Introduction: why knowledge containers? .....</i>	<i>73</i>
<i>“Have they proclaimed this in writing?” The use of psychiatric journals .....</i>	<i>74</i>
<b>Periodicals as a study object in their own right .....</b>	<b>77</b>
<b>The birth of the psychiatric journal .....</b>	<b>80</b>
<b>“The best man in the right place”: the editor’s role .....</b>	<b>86</b>
<b>The impact of publishers and printers .....</b>	<b>111</b>
<b>Defining the target audience .....</b>	<b>130</b>
<b>Conclusion psychiatric journals: between national cohesion and international visibility .....</b>	<b>139</b>
<i>The personal and public benefits of asylum tourism .....</i>	<i>142</i>
<b>Travel reports: their purpose and historiographical consequences .....</b>	<b>146</b>
<b>Practical arrangements: scientific travel as a team effort? .....</b>	<b>151</b>
<b>The road to personal scientific gain .....</b>	<b>161</b>
<b>“Purposes of reference and comparison”. The problem of reliable knowledge when catering to the stay-at-home psychiatrist .....</b>	<b>170</b>
<b>Conclusion asylum tourism: a gateway to knowledge, networks and legitimacy .....</b>	<b>175</b>
<i>International conferences: a balancing act between access to, and understanding of, knowledge .....</i>	<i>177</i>
<b>Why organise an international conference, and how? .....</b>	<b>181</b>
<b>Promoting the conference versus psychiatrists’ motivation .....</b>	<b>190</b>
<b>“Bringing men from different countries into easy personal communication” .....</b>	<b>199</b>
<b>Conclusion international conferences: access and understanding of knowledge through communication and interaction.....</b>	<b>226</b>
<b>Chapter 3. Transnational psychiatrists: how to build knowledge, networks and reputation .....</b>	<b>230</b>
<i>Introduction: “the high priests of our science” .....</i>	<i>230</i>
<i>Communities of practice and knowledge brokers .....</i>	<i>236</i>
<i>Scientific visibility and levels of exposure .....</i>	<i>239</i>
<b>Individual contacts .....</b>	<b>239</b>
<b>Large-scale contacts .....</b>	<b>263</b>
<b>Between individual and large-scale contacts: Mundy’s eccentricity and limited output.....</b>	<b>286</b>
<b>Why extracurricular activities were paramount .....</b>	<b>294</b>
<i>The relation between reputation and communication .....</i>	<i>304</i>
<b>From trademark to scrutiny of one’s reputation .....</b>	<b>304</b>
<b>Between scientific virtue and scientific assault: the impact of Mundy’s communication style.....</b>	<b>306</b>



<b>The reception of Mundy's discourse across Europe</b> .....	310
<b>The reception of Morel's ideas</b> .....	326
<i>Conclusion: making or breaking an international broker</i> .....	328
<b>Morel: a valued member of the psychiatric community</b> .....	329
<b>Mundy: the psychiatric community's underdog</b> .....	330
<b>Chapter 4. The non-restraint system. Highlighting the grey areas of knowledge circulation and assimilation</b> .....	<b>333</b>
<i>Introduction to a polemic episode in the history of psychiatry</i> .....	333
<b>The emergence of the non-restraint system</b> .....	333
<b>Historiographical discrepancies</b> .....	337
<i>"A play of words": the conceptual disruption of the non-restraint system</i> .....	342
<b>The difference between the non-restraint system and non-restraint</b> .....	342
<b>Restraint versus non-restraint: the case of the wet pack</b> .....	346
<i>A schism in professional and ethical standards</i> .....	354
<b>Redefining humanity</b> .....	358
<b>A contested freedom of opinion: between superiority and credibility</b> .....	361
<b>National heritage</b> .....	368
<i>Practical problems: "The Achilles heel of non-restraint"</i> .....	373
<b>Asylum layouts</b> .....	375
<b>Insufficient and inadequate personnel</b> .....	376
<b>Quantitative and qualitative measures to evaluate a new system</b> .....	377
<i>A European non-restraint system?</i> .....	386
<b>Each country its own Conolly and its own Hanwell</b> .....	387
<b>Finding guidance about the non-restraint on the continent</b> .....	397
<i>Conclusion: different versions of the same system</i> .....	404
<b>Chapter 5. The untold story of general paralysis. Illustrating the multiple dimensions of knowledge circulation</b> .....	<b>409</b>
<i>Introduction: general paralysis</i> .....	409
<b>A brief overview of the causes and symptoms of general paralysis</b> .....	412
<b>The famous eight and GP's peculiar historiography</b> .....	418
<b>Forgotten stories and histories of failure</b> .....	420
<i>Forgotten diagnostics: reception of the Wassermann reaction across Europe</i> .....	422
<b>Belgium and its lack of laboratories</b> .....	427
<b>The Wasserman reaction and cyto-diagnostics in the Netherlands</b> .....	437
<b>The "four reactions" test: different diagnostic tools with comparable levels of scientific doubt</b> .....	444
<i>Forgotten causes: another side of Fournier's (para)syphilitic theories</i> .....	449
<b>Fournier: one among many</b> .....	451
<b>To what extent was Fournier's work discussed across Europe?</b> .....	454
<b>Fournier and the concept of <i>parasyphilis</i> and <i>pseudo-paralysie générale</i>: an enabler or a deterrent?</b> 463	
<b>A German syphilitic theory?</b> .....	470
<i>Conclusion: a new light on knowledge circulation through forgotten diagnostics and practices</i> .....	473
<b>Final conclusion</b> .....	<b>477</b>
<i>The mechanics of psychiatric knowledge circulation</i> .....	479
<i>A new representation of psychiatric knowledge development</i> .....	481
<i>What is next for the history of psychiatric knowledge?</i> .....	483
<b>Appendix</b> .....	<b>487</b>

List of figures.....	498
Frequently used abbreviations .....	502
Software used .....	503
Bibliography .....	503
<i>(Digitised) archival sources</i> .....	503
<i>(Digitised) printed sources</i> .....	504
Repositories & collections .....	504
List of periodicals and serial sources.....	505
Printed sources .....	506
<i>References</i> .....	518
Acknowledgment .....	549

# Abstract

The history of psychiatry has over the past decades been largely dominated by the production and re-production of national narratives in which different aspects of psychiatry are often associated with a particular country or region. While this has left little room to consider the value of psychiatry's less prominent developments, this persistent national tendency has also minimised the role and (in)direct contributions of foreign alienists on national and transnational developments across Europe. Numerous alienists in the nineteenth and early twentieth century strived towards the common goal of better patient care and treatment, and frequently communicated with each other in a variety of ways about these principals and the obstacles they faced. This begs the question if these shared ideals created an imagined or tangible Republic of Alienists, analogue to that of the Republic of Letters. This idea stands in contrast to nationally contained histories and creates the need for new representations of psychiatric knowledge development and its circulation. Transnational narratives can help to decentralise and open-up European historiography, and explore new avenues of the history of psychiatry. Via several case studies and by using concepts, theories and practices from the field of transnational history, the history of knowledge and digital history, I demonstrate the variety of ways through which knowledge was transported and able to circulate across Europe. Secondly, I illustrate that knowledge was built through peoples' personal and professional networks and reputation, which were shaped by their involvement in various activities in the psychiatric community and through the rhetoric they used to communicate. Thirdly, I explain and highlight the many grey areas that existed in connection to the, not so straightforward, dissemination of psychiatric knowledge. Lastly, I demonstrate that forgotten or failed psychiatric knowledge forms as much a part of history as those facts, events and processes that have been identified as the most essential narratives. Combined, these outcomes demonstrate that there was not just one Republic of Alienists but that several existed in a variety of sizes and different degrees of authority.

# Introduction. A Republic of Alienists?

On the 18th of May 1896 the American Selden Haines Talcott, medical superintendent of the State Homeopathic Asylum for the Insane, sat at his desk, replying to a letter from the Belgian physician Jules Morel, at that time director of the Guislain asylum in Ghent. Both men had already been in contact a few years earlier, conversing by letter about different topics, trading experiences and inspiration as well as exchanging medical literature.<sup>1</sup> In his letter from 18 May 1896, Talcott wrote: "United, as we are, in one common purpose [...], I am sure we shall approach nearer and nearer to the grand, central idea of modern care for the insane [...]"<sup>2</sup> Such statement evokes an image of a Republic of Alienists in a similar fashion as the Republic of Letters that existed between intellectuals throughout the sixteenth and eighteenth centuries.<sup>3</sup> Was this merely an ideal that alienists strived towards? Or did a Republic of Alienists perhaps manifest itself in more tangible forms throughout the development of the psychiatric field? These questions still go unanswered because scholarship tends to frequently associate different aspects of psychiatry and its influences with a particular country or region.

The following examples are common knowledge to many historians of psychiatry, and they all demonstrate this national containment. When we consider the history of psychiatry in France, it calls to mind the law of 1838, the first lunacy legislation to be found in Europe. One of the main research themes in Germany and the German-speaking regions is the development and implementation of psychiatric education at universities and the use of efficiently run laboratories and teaching clinics. The history of Belgian psychiatry, in turn, is often associated with the Gheel colony (*kolonie van Geel*). Alienists across Europe considered its management, organisational structure and approach to patient treatment remarkable and peculiar, leading to frequent visits. Subsequently, the history of psychiatry in the United Kingdom is closely

---

<sup>1</sup> Letter from Selden H. Talcott to Jules Morel on 28/03/1893, folder 10, BHSL.HS.2830 v.3, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, Universiteitsbibliotheek Gent, Ghent, <https://lib.ugent.be/catalog/rug01:000833696>; Letter from Selden H. Talcott to Jules Morel on 18/05/1896, *ibidem*; Letter from Selden H. Talcott to Jules Morel on 03/06/1896, *ibidem*.

<sup>2</sup> Letter from Selden H. Talcott to Jules Morel on 18/05/1896, *ibidem*.

<sup>3</sup> See for example: Lorraine Daston, 'The Ideal and Reality of the Republic of Letters in the Enlightenment', *Science in Context* 4, no. 2 (1991): 367–86; Robert Mayhew, 'British Geography's Republic of Letters: Mapping an Imagined Community, 1600-1800', *Journal of the History of Ideas* 65, no. 2 (2004): 251–76; Arjan van Dixhoorn and Susie Speakman Sutch, eds., *The Reach of the Republic of Letters: Literary and Learned Societies in Late Medieval and Early Modern Europe. Volume 1* (Leiden; Boston: Brill, 2008); Dirk van Miert, 'What Was the Republic of Letters? A Brief Introduction to a Long History', *Groniek* 47, no. 204/5 (2017).

connected to the Tuke family who founded the York Retreat and became the embodiment of moral treatment across the channel. To conclude this brief overview, the history of psychiatry in Italy brings to mind the development of criminal psychiatry and the influence of Cesare Lombroso.

A first common denominator between these examples is that the role and influence of alienists in neighbouring and more far away countries is often minimised. Secondly, the persistent association of psychiatry with certain heralded episodes of its history leave little room to consider the value of psychiatry's less prominent or obvious features. Mundane practices and – supposedly – less remarkable or visible developments, equally form a piece of the puzzle that makes up the history of psychiatry. Foreign alienists directly or indirectly contributed to these narratives as well. Providing schooling for nurses was for example a topic discussed by alienists and physicians across Europe. How this issue was addressed, as well as the feasibility of possible solutions, was dictated by national, regional and local contexts, which could also provoke and stimulate developments in other countries.

Yet due to the mentioned national connotations that are hardwired into the history of psychiatry, scholars still tend to divide it into particular blocks and sections, unwillingly fragmenting its history. That this tendency needs to be re-evaluated in the history of medicine and psychiatry has also been recently pleaded by historians Benoît Majerus and Joris Vandendriessche who argue for a history that goes beyond glorified national narratives that solely take into account the typical triad of the United Kingdom, France and Germany and instead also should include other, less studied, localities (e.g. Belgium) to decentre the European historiography of medicine.<sup>4</sup>

Inspired by this gap in research, this PhD proposes a different approach. We need transnational narratives to open up and explore new avenues of the history of psychiatry. To this purpose, concepts, theories and practices drawn from the field of transnational history, the history of knowledge and digital history are applied (see chapter 1). These allow exploring the extent to which a real and/or imagined Republic of Alienists existed, as well as to study the circulation of psychiatric knowledge across mid-nineteenth and mid-twentieth century Europe. Through different case studies I demonstrate that, firstly, a variety of ways existed through

---

<sup>4</sup> Benoît Majerus and Joris Vandendriessche, 'Introduction', in *Medical Histories of Belgium. New Narratives on Health, Care and Citizenship in the Nineteenth and Twentieth Centuries*, ed. Benoît Majerus and Joris Vandendriessche (Manchester: Manchester University Press, in press), especially 4-5.

which knowledge was transported and able to circulate across Europe. Secondly, my study shows that knowledge was built through peoples' personal and professional networks and reputation, which were shaped by their involvement in various activities in the psychiatric community and through the rhetoric they used to communicate. Thirdly, I explain and highlight the many grey areas that existed in connection to psychiatric knowledge circulation. Knowledge was not disseminated in a straightforward manner from point A to B, although this is an image that seems not easily shaken. Lastly, I illustrate that forgotten or failed psychiatric knowledge form as much a part of history as those facts, events and processes that have been identified as the most essential narratives. While the aforementioned aspects surface in different degrees throughout most of the case studies, each chapter will highlight one facet in particular – with the exception of the first chapter.

The first chapter is dedicated to a methodological reflection in which I highlight why national narratives have been so dominant in the historiography of psychiatry and reflect on how a triad framework composed of transnational history, the history of knowledge and digital history can make a crucial contribution to change this, as well as to broaden the scope of the history of psychiatry. I elaborate on why a transnational approach enables historians to think outside of the box. Thereafter, I reflect on the meaning and usefulness of concepts such as “knowledge” and “circulation”, and subsequently argue why digital tools, and in particular digital search, can be an asset for transnational inspired research. In addition, I explain the methodological difficulties and opportunities that arose while using a digital research framework.

In the second chapter, the mediums used to circulate knowledge and information (knowledge containers) are the centre of attention. The use of expert journals, scientific travels and international conference visits, assisted alienists to stay informed about the latest developments in their field and formed a link between the various local, regional and national psychiatric knowledge hubs across Europe. This chapter focuses in particular on the technical and practical attributes of knowledge dissemination rather than an exploration of transnational psychiatric ideas per se. Nevertheless, this section is crucial as it allows us to understand how psychiatrists used these mediums to communicate their ideas and insights among peers.

The third chapter builds partly on the previous one. It focusses on two physicians, the Austrian Baron Jaromir von Mundy and the Belgian alienist Jules Morel, and the transnational dimensions that their persona embodied. The chapter examines how they stood in relation to

their national and international network. Furthermore, network expansion among peers and acquiring an international reputation played a crucial role in the development of psychiatric knowledge which was achieved through a range of activities that were undertaken in their scientific community as well as displaying proper conduct and behaviour towards colleagues. This could provoke a diverse range of reactions among peers concerning the knowledge these particular people embodied and which had in turn a considerable impact on if and how certain knowledge was able to circulate.

Chapter four explores the non-restraint system, which embodied a set of procedures that promised a better and more humane treatment of mentally ill patients. It caused fierce debate among physicians and alienists across Europe. The core of the debate being a discrepancy between two views on this treatment: the use of mechanical restraints on the one hand and banishing all forms of restraint on the other. By exploring this particular case study, I argue that psychiatric knowledge circulation is composed of multiple facets and grey areas which historians should take into consideration more often while exploring the history of psychiatry.

Chapter five deals with general paralysis – now known as neurosyphilis – which was described as a psychiatric illness in the nineteenth and early twentieth centuries. This chapter demonstrates the significance of including forgotten, ignored and failed forms of psychiatric knowledge, as it are not only success stories that shape the history of psychiatry. By tracing forgotten aspects about diagnostics as well as forgotten causes, another side of the history of psychiatry is brought to the fore. The circulation of psychiatric knowledge also went hand in hand with large portions of scientific doubt and was not a straight path to success. In addition, certain theories, such as Fournier's parasyphilitic theory, have been hailed in historiography for its contribution to more insight in general paralysis, but as I illustrate, this theory was not perceived as an enabler by all alienists but could also be a deterrent.

The final chapter offers a recapitulation of the main conclusions found within this thesis and will highlight some avenues for future research as well.

# Chapter 1. A methodological reflection on the history of psychiatry

## From national to transnational psychiatry: broadening the geographical research scope

The foundation for the history of psychiatry grew out of the (social) history of medicine in the 1960s and 1970s and was laid by Michel Foucault's *Madness and Civilization* and in later years build upon by the socio-medical research of historian Roy Porter. Today it is an independent subfield of the history of medicine, producing research and literature on a diverse set of topics: the asylum age of the nineteenth century; de-institutionalisation and anti-psychiatry in the twentieth century; various psychiatric conditions and their treatments such as hysteria or shellshock; the advent of psychopharmacology; discourses about criminality, sexuality, eugenics and race.<sup>5</sup> However, these contributions have generally been written from a national point of view because the rise of history as a discipline coincided with the rise of the nation(state).<sup>6</sup> Even though we currently live in a globalised world, nationally inspired research

---

<sup>5</sup> It is impossible to give a full overview of all the works that have been written in the past decades, but two books, one by Andrew Scull and one by Greg Eghigian, as well as the book series *Mental Health in Historical perspective* under the editorship of Catharine Coleborne and Matthew Smith give a clear and broad overview of the history of psychiatry and incorporate many of the topics that have been studied over the years. See: Andrew Scull, *Madness in Civilization: A Cultural History of Insanity, from the Bible to Freud, from the Madhouse to Modern Medicine* (London: Thames & Hudson, 2015); Greg Eghigian, ed., *The Routledge History of Madness and Mental Health* (Basingstoke: Taylor & Francis Ltd, 2017); Catharine Coleborne and Matthew Smith, 'Mental Health in Historical Perspective', Palgrave Macmillan, accessed 20 January 2021, <https://www.palgrave.com/gp/series/14806>.

<sup>6</sup> For many countries a national history of psychiatry exists. The following examples are by no means exhaustive: Annamaria Tagliavini, 'Aspects of the History of Psychiatry in Italy in the Second Half of the Nineteenth Century', in *The Anatomy of Madness: Essays in the History of Psychiatry*, ed. William F. Bynum, Roy Porter, and Michael Shepherd, (2004) second, vol. II Institutions and society (London; New York: Routledge, 1985), 175–96; Ian Dowbiggin, *Inheriting Madness. Professionalisation and Psychiatric Knowledge in Nineteenth-Century France*, vol. 4, Medicine and Society Series (Berkeley: University of California Press, 1991); Axel Liégeois, 'The Historiography of Psychiatry in Belgium', *History of Psychiatry* 2, no. 7 (1991): 263–70; Roger Qvarsell, 'History of Psychiatry in Sweden', *History of Psychiatry* 2 (1991): 315–20; Angela Graf-Nold, 'History of Psychiatry in Switzerland', *History of Psychiatry* 2 (1991): 321–28; Hugh Lionel Freeman and German Elias Berrios, eds., *150 Years of British Psychiatry 1841-1991*, vol. 1 (London: Gaskell, 1991); George Mora, 'The History of Psychiatry in the United States: Historiographic and Theoretical Considerations', *History of Psychiatry* 3, no. 10 (1992): 187–201; Kiril Kirov, 'Bulgarian Psychiatry: Development, Ideas, Achievements', ed. A. W. Beveridge and George Kirov, trans. George Kirov, *History of Psychiatry* 4 (1993): 565–75; German Elias Berrios and Hugh Lionel Freeman, *150 Years of British Psychiatry, 1841-1991. Vol.2, the Aftermath* (London: Athlone Press, 1996); Eric J. Engstrom, *Clinical Psychiatry in Imperial Germany: A History of Psychiatric Practice* (Ithaca: Cornell University Press, 2003); Angela Brintlinger and Ilya Vinitzky, *Madness and the mad in Russian culture* (Toronto: University of Toronto Press, 2007); Harry Oosterhuis and Marijke Gijswijt-Hofstra, *Verward van Geest En Ander Ongerief. Psychiatrie En*



still has a strong foothold in historical research. This causes a lasting effect on the degree to which the influence of other countries, their people, knowledge and practices is studied; a problem that has been commented upon by a large number of researchers over the past years.<sup>7</sup> While many have pleaded to move away from nationally framed histories, the question of how to achieve this has caused lengthy debates as various approaches are possible. Debates revolve chiefly around what distinguishes comparative history, *histoire croisée*, international history, global history and transnational history from one another.

A noteworthy characteristic they have in common is their attempt to move beyond national narratives, yet they do so in different ways and often with a domain-specific focus<sup>8</sup>: (1) comparative history emphasises the systematic study of similarities and differences between two or more historical units, regions or countries; (2) international history focuses on the relations between states and is often associated with diplomatic and political history; (3) global or world history does not emphasise nations, Europe or the West but tries to highlight the interconnectedness of the world in its entirety and is frequently associated with economic and political history; (4) *Histoire croisée* or entangled history focusses, mostly from a cultural

---

*Geestelijke Gezondheidszorg in Nederland (1870-2005)* (Houten: Bohn Stafleu van Loghum, 2008); Gemma Blackshaw, *Journeys into Madness: Mapping Mental Illness in the Austro-Hungarian Empire* (New York: Berghahn Books, 2012); Einar Kringlen, 'History of Norwegian Psychiatry', *Nordic Journal of Psychiatry* 66, no. sup1 (2012): 31–41; Brendan Kelly, *Hearing Voices: The History of Psychiatry in Ireland* (Kildare: Irish Academic Press, 2016).

<sup>7</sup> Patricia Clavin, 'Time, Manner, Place: Writing Modern European History in Global, Transnational and International Contexts', *European History Quarterly* 40, no. 4 (2010): 624–40; Ann Curthoys and Marilyn Lake, eds., *Connected Worlds: History in Transnational Perspective* (Canberra: Australian National University Press, 2005), see especially p5-74; C.A. Bayly et al., 'AHR Conversation: On Transnational History', *The American Historical Review* 111, no. 5 (2006): 1440–64; Akira Iriye, 'The Rise of Global and Transnational History', in *Global and Transnational History: The Past, Present, and Future* (Basingstoke; New York: Palgrave Macmillan, 2013); Daniel Laqua, *The Age of Internationalism and Belgium, 1880-1930. Peace, Progress and Prestige* (Manchester: Manchester University Press, 2013); Christophe Verbruggen, Daniel Laqua, and Gita Deneckere, 'Belgium on the Move: Transnational History and the Belle Époque', *Revue Belge de Philologie et d'histoire* 90, no. 4 (2012): 1213–26; Heinz-Gerhard Haupt and Jürgen Kocka, *Comparative and Transnational History: Central European Approaches and New Perspectives* (New York; Oxford: Berghahn Books, 2009); Michael G. Müller and Cornelius Torp, 'Conceptualising Transnational Spaces in History', *European Review of History: Revue Européenne d'histoire* 16, no. 5 (2009): 609–17.

<sup>8</sup> For a detailed and extended view on these approaches see for example: Bernhard Struck, Kate Ferris, and Jacques Revel, 'Introduction: Space and Scale in Transnational History', *The International History Review* 33, no. 4 (2011): 573–84; Haupt and Kocka, *Comparative and Transnational History*; Jürgen Kocka, 'Comparison and Beyond: Traditions, Scope, and Perspectives of Comparative History', in *Comparative and Transnational History: Central European Approaches and New Perspectives*, ed. Heinz-Gerhard Haupt and Jürgen Kocka (New York; Oxford: Berghahn Books, 2009); Akira Iriye and Pierre-Yves Saunier, *The Palgrave Dictionary of Transnational History* (Basingstoke: Palgrave Macmillan, 2009); Ian Tyrrell, 'Reflections on the Transnational Turn in United States History: Theory and Practice', *Journal of Global History* 4, no. 03 (2009): 453–74; Micol Seigel, 'Beyond Compare: Comparative Method after the Transnational Turn', *Radical History Review*, no. 91 (2005): 62–90; Bayly et al., 'AHR Conversation: On Transnational History'; C. A. Bayly, *The Birth of the Modern World, 1780-1914: Global Connections and Comparisons* (Malden, Mass.: Blackwell, 2004).

viewpoint, on relationships, transfers, mutual influences and interactions between different units; (5) Lastly, transnational history does not have a single definition but can be defined in multiple ways: some historians are of the opinion that it incorporates all of the above mentioned approaches, while others define it as a separate methodology, and still other historians believe that a transnational framework can coexist with a comparative approach, while others contradict this possibility.<sup>9</sup>

A broad but indispensable definition was formulated by the historians Akira Iriye and Pierre-Yves Saunier, according to which a transnational perspective entails examining links and flows and tracking “[...] people, ideas, products, processes and patterns that operate over, across, through, beyond, above, under or in-between polities and societies”.<sup>10</sup> While wide in its scope it gives the historian the opportunity to try to think outside of the box and reflect on the flow of information in a different way. Whereas transnational history wants to break free from national constructions and boundaries, the nation also forms an inherent part of it and is a perspective frequently applied to the nineteenth century when the nation state arose. In addition, Patricia Clavin, Kaat Wils and Ann Rasmussen among others warned against considering all references to other countries, their literature and people, as proof of an international network as this depends on specific contexts motivated by the complex relationship between the national and international level and the superficiality of some of these connections.<sup>11</sup>

Over the past fifteen years a handful of historians have applied these different frameworks to the history of medicine and psychiatry.<sup>12</sup> Post-colonial histories of psychiatry in

---

<sup>9</sup> Kocka, ‘Comparison and Beyond: Traditions, Scope, and Perspectives of Comparative History’, 2; Hartmut Kaelbe, ‘Between Comparison and Transfers – and What Now?’, in *Comparative and Transnational History: Central European Approaches and New Perspectives*, ed. Heinz-Gerhard Haupt and Jürgen Kocka (New York; Oxford: Berghahn Books, 2009), 35.

<sup>10</sup> Iriye and Saunier, *The Palgrave Dictionary of Transnational History*, XVIII.

<sup>11</sup> Kaat Wils and Anne Rasmussen, ‘Sociology in a Transnational Perspective: Brussels, 1890-1925’, *Revue belge de philologie et d’histoire* 90, no. 4 (2012): 1273–96; Patricia Clavin, ‘Defining Transnationalism’, *Contemporary European History* 14, no. 4 (November 2005): 421–39.

<sup>12</sup> See for example: Eric J. Engstrom, ‘Cultural and Social History of Psychiatry’, *Current Opinion in Psychiatry* 21, no. 6 (2008): 585–92; Waltraud Ernst and Thomas Müller, eds., *Transnational Psychiatries: Social and Cultural Histories of Psychiatry in Comparative Perspective c. 1800-2000* (Newcastle upon Tyne: Cambridge Scholars Publishing, 2010); Enric J. Novella and R. Huertas, ‘Alexandre Brierre de Boismont and the Origins of the Spanish Psychiatric Profession’, *History of Psychiatry* 22, no. 88 Pt 4 (2011): 387–402; Akira Hashimoto, ‘A “German World” Shared among Doctors: A History of the Relationship between Japanese and German Psychiatry before World War II’, *History of Psychiatry* 24, no. 2 (2013): 180–95; Sarah Marks, ‘Communist Europe and Transnational Psychiatry’, in *Psychiatry in Communist Europe*, ed. Mat Savelli and Sarah Marks (Basingstoke: Palgrave Macmillan, 2015), 1–26; Enric J. Novella, ‘Travel and Professional Networks in the Origins of Spanish Psychiatry’, *História, Ciências, Saúde-Manguinhos* 23, no. 4 (2016): 1023–40.

particular, have nurtured an attention-shift to more comparative, global and transnational histories,<sup>13</sup> whereas a transnational framework largely remains underdeveloped for other subdomains in the history of psychiatry. The use of a comparative approach still has a strong foothold, which does not mean that it needs to disappear – every transnational history has comparative elements in it as well. Nevertheless, only employing a comparative approach lays too much stress on the differences between nations, institutions and other entities.<sup>14</sup> Concentrating on differences frequently leads to the use of centre and periphery models which emphasise the inequality of “advanced” countries as opposed to those that are “less developed”, a western-centred notion that creates a static idea about the flow of knowledge.<sup>15</sup> Rather than comparing two or three national histories, the goal should be to focus on the in-betweenness and interconnectedness of these narratives. This approach allows to breathe new life into topics that have hitherto only been understood from a national point of view, and allows historians to further uncover the interaction, mediation and negotiation processes that have taken place in psychiatry.

The choice of source material is essential for a transnational approach. In the scope of this research three distinct types of sources were chosen: psychiatric journals; travel reports and international conference proceedings. All highlight particular facets of transnationalism.<sup>16</sup>

---

<sup>13</sup> See for example: Waltraud Ernst, *Colonialism and Transnational Psychiatry: The Development of an Indian Mental Hospital in British India, c. 1925–1940* (London: Anthem Press, 2013); Stefan Wulf, ‘Wahnsinn zwischen kolonialer Peripherie und europäischer Metropole Patienten aus den deutschen „Schutzgebieten“ Afrikas in der Hamburger Irrenanstalt Friedrichsberg, 1900-1915’, in *Zentrum und Peripherie in der Geschichte der Psychiatrie Regionale, nationale und internationale Perspektiven*, ed. Thomas Müller (Stuttgart: Franz Steiner Verlag, 2017); Waltraud Ernst, ‘Centres and Peripheries in the Periphery Medicine and Psychiatry in British India, c. 1920-1940’, in *Zentrum und Peripherie in der Geschichte der Psychiatrie Regionale, nationale und internationale Perspektiven*, ed. Thomas Müller (Stuttgart: Franz Steiner Verlag, 2017), 155–69; Akira Hashimoto, ‘Japanische Psychiater „zwischen“ den akademischen Zentren der Psychiatrie der westlichen Hemisphäre. Uchimura Yushi (1897-1980) und seine Zeitgenossen’, in *Zentrum und Peripherie in der Geschichte der Psychiatrie Regionale, nationale und internationale Perspektiven*, ed. Thomas Müller (Stuttgart: Franz Steiner Verlag, 2017), 171–88; Thomas Müller and Akihito Suzuki, eds., ‘Psychiatric Surveys and Eugenics in the Family and Community in Japan, 1935-1945’, in *Zentrum und Peripherie in der Geschichte der Psychiatrie Regionale, nationale und internationale Perspektiven* (Stuttgart: Franz Steiner Verlag, 2017), 189–201.

<sup>14</sup> Volker Roelcke, Paul Weindling, and Louise Westwood, ‘Introduction’, in *International Relations in Psychiatry: Britain, Germany, and the United States to World War II*, ed. Volker Roelcke, Paul Weindling, and Louise Westwood (Rochester: University of Rochester Press, 2010), 2.

<sup>15</sup> Manolis Patiniotis and Kostas Gavroglu, ‘The Sciences in Europe: Transmitting Centers and the Appropriating Peripheries’, in *The Globalization of Knowledge in History : Based on the 97th Dahlem Workshop*, ed. Jürgen Renn, Max Planck Research Library for the History and Development of Knowledge, Studies 1 (Berlin: Edition Open Access, 2012), 321–38.

<sup>16</sup> A fourth type of source could be correspondence between psychiatrists as it was a common form of (international) communication. However, gathering a large corpus of this material is not an evident undertaking. Therefore I chose not to include this source in any consistent manner. Some correspondence archives were however used throughout this thesis. For example: ‘Briefwisseling van Jules Morel, Vooral Betreffende

With the maturing of medical and specialist societies, scientific journals and scientific journalism also took flight, being an asset for the increasing speed and dissemination of knowledge.<sup>17</sup> In each of the five countries studied (France, Germany, the Netherlands, Belgium and the United Kingdom)<sup>18</sup> psychiatric societies were emerging and formed a line of communications between alienists and the government, being a mouthpiece for the community. Moreover, these associations functioned as (inter)national vehicles for the circulation of information via their dedicated periodical. These consisted respectively of the *Annales Médico-psychologiques* (AMP), the *Allgemeine Zeitschrift für Psychiatrie* (AZP), the *Psychiatrische Bladen* (PB), the *Bulletin de la Société de Médecine Mentale de Belgique* (BSMMB) and the *Journal of Mental Science* (JMS). These journals were read nationwide as well as across borders, and are the most important group of source material used.

Asylums formed until the middle and second half of the twentieth century the central stage around which all psychiatric care was built.<sup>19</sup> An “asylum building mania”<sup>20</sup> spread across Europe over the course of the nineteenth century, leading alienists to undertake a Grand Tour of psychiatric institutions within but also especially outside of their own country. Asylum visits were made because of mandatory inspections by committees, private initiatives or on behalf of the government, and translated itself in the creation and circulation of asylum reviews and travel reports. Via these various accounts insight is gained about how these journeys were

---

Psychiatrie En Psychiatrische Instellingen [BHSL.HS.2830, UGent]’, accessed 31 December 2020, <https://lib.ugent.be/catalog/rug01:000833696>; ‘Archivio Giulio Cesare Ferrari’, Aspi – Archivio storico della psicologia italiana. Le scienze della mente on-line, accessed 31 December 2020, <https://www.aspi.unimib.it/collections/object/detail/74/>; ‘Archivio Serafino Biffi’, Aspi – Archivio storico della psicologia italiana. Le scienze della mente on-line, accessed 31 December 2020, <https://www.aspi.unimib.it/collections/object/detail/9898/>; ‘Archivio Andrea Verga’, Aspi – Archivio storico della psicologia italiana. Le scienze della mente on-line, accessed 31 December 2020, <https://www.aspi.unimib.it/collections/object/detail/10208/>; [Adolf Meyer] correspondence with individuals and related material, Collection MeyA, Series I, The Alan Mason Chesney Medical Archives of The Johns Hopkins Medical Institutions, ‘Website of the Alan Mason Chesney Medical Archives’, accessed 31 December 2020, [https://medicalarchivescatalog.jhmi.edu/jhmi\\_permalink.html?key=1](https://medicalarchivescatalog.jhmi.edu/jhmi_permalink.html?key=1); Ruth Leys, ‘Guide to The Adolf Meyer Collection’, Website of the Alan Mason Chesney Medical Archives, 1999, <https://medicalarchives.jhmi.edu:8443/sgml/amg-d.htm>.

<sup>17</sup> Joris Vandendriessche, ‘Arbiters of Science. Medical Societies and Scientific Culture in Nineteenth-Century Belgium’ (doctoral thesis, Leuven, KU Leuven, 2014), 141; Engstrom, *Clinical Psychiatry in Imperial Germany*, 212, footnote 106.

<sup>18</sup> Due to language barriers, as well as my previous experience with some of these journals, the focus lies on Dutch, French, English and German speaking countries. Although this does not mean that other countries won’t be (implicitly) included.

<sup>19</sup> Scull, *Madness in Civilization*, 367–78.

<sup>20</sup> Andrew Scull, ‘The Asylum, Hospital and Clinic’, in *The Routledge History of Madness and Mental Health*, ed. Greg Eghigian (Basingstoke: Taylor & Francis Ltd, 2017), 105.

organised and why they were essential for alienists' education and the creation of a professional network.

Lastly, international conferences gradually became an important pillar in society, driven forward by changes in transportation and communication. During these international conferences, a record of the event was kept and conference proceedings were afterwards published. These were made for the benefit of those that had attended a conference as well as those who could not make the journey. It did not only contain the extensive papers read, but also contained accounts of the inauguration speeches, discussions, summaries of asylums visited or the banquets organised, as well as lists of participants and organisation committees.

Volker Roelcke, Paul Weindling and Louise Westwood have emphasised that “[...] any up-to-date history of knowledge – and more specifically, that of scientific disciplines and medicine as practiced in hospitals and asylums – needs to take forms of transnational communication and transfer into account”.<sup>21</sup> By analysing the above-mentioned sources this advice is taken by heart throughout this PhD thesis. A transnational approach provides a more transparent view on the complex transformations in psychiatry and challenges overgeneralisations of certain trends and influences. It questions the black and white image of what lies at the “centre” and the “periphery” of psychiatric knowledge, making room for a diversity of grey areas in which these concepts become obsolete. Instead of observing the history of psychiatry in one particular country, we need to examine the position of psychiatry in relation to other (European) countries and its impact on a local, national and international level. In order to do so the assistance of an additional framework, the history of knowledge, is necessary and forms an essential ingredient to make this possible.

## Using knowledge as a methodological framework

During the twenty-first century the history of knowledge has become a prominent and fruitful research avenue:<sup>22</sup> dedicated research centres have been created such as the *Zentrum Geschichte des Wissens* in Zurich (2005)<sup>23</sup>, the *Stevanovich Institute on the Formation of*

---

<sup>21</sup> Roelcke, Weindling, and Westwood, ‘Introduction’, 8.

<sup>22</sup> The outline that is given is similar to the one by Johan Östling. See: Johan Östling, David Larsson Heidenblad, and Anna Nilsson Hammar, ‘Introduction. Developing the History of Knowledge’, in *Forms of Knowledge: Developing the History of Knowledge*, ed. Johan Östling, David Larsson Heidenblad, and Anna Nilsson Hammar (Lund: Nordic Academic Press, 2020).

<sup>23</sup> ‘Zentrum Geschichte Des Wissens’, accessed 16 December 2020, <https://www.zgw.ethz.ch/en/home.html> accessed 02/11/2018.

*Knowledge* in Chicago (2015)<sup>24</sup> and most recently the *Lund Centre for the History of Knowledge* (LUCK) founded in 2020<sup>25</sup>; courses are taught about the history of knowledge; conferences and workshops are organised; blogs are created<sup>26</sup> and academic books and specialised journals are published in large quantities. In 2017, *KNOW: A Journal on the Formation of Knowledge* was created<sup>27</sup> and the *Journal for the History of Knowledge* published its first issue in 2020<sup>28</sup>. The journal *History and Theory* also dedicated a special issue to the history of knowledge in 2020. Throughout the late 2010s and the beginning of the 2020s three book series dedicated to the history of knowledge were created<sup>29</sup> as well as the publication of the excellent and interesting books *Circulation of Knowledge: Explorations in the History of Knowledge* (2018) and *Forms of Knowledge: Developing the History of Knowledge* (2020). Both volumes were edited by among others Johan Östling, David Larsson Heidenblad and Anna Nilsson Hammar of the LUCK, and have been of tremendous value throughout my research.<sup>30</sup>

It is safe to say that the history of knowledge has become a buzzword in the historical community. Although merely calling it a buzzword does not do it justice as its framework provides a valuable asset to historical research. Yet, this does not mean that this young field pretends to make all other approaches obsolete<sup>31</sup>, rather it wants to provide a broader lens on certain aspects of history. Like transnational history, as defined by Akira Iriye and Pierre-Yves Saunier, the history of knowledge helps to think outside the box. Before delving into the historical and conceptual meaning of knowledge and outlining why the history of knowledge

---

<sup>24</sup> 'The Stevenovich Institute on the Formation of Knowledge', accessed 16 December 2020, <https://sifk.uchicago.edu/> accessed 16/12/2020.

<sup>25</sup> Östling, Larsson Heidenblad, and Nilsson Hammar, 'Introduction. Developing the History of Knowledge', 11–14; 'LUCK Lund Centre for the History of Knowledge', accessed 16 December 2020, <https://newhistoryofknowledge.com/>.

<sup>26</sup> 'History of Knowledge. Research, Resources, and Perspectives', Text, History of Knowledge (History of Knowledge), World, accessed 18 April 2021, <https://historyofknowledge.net/>.

<sup>27</sup> 'KNOW: A Journal on the Formation of Knowledge', accessed 16 December 2020, <https://www.journals.uchicago.edu/toc/know/current>.

<sup>28</sup> Name and focus change of the journal *STUDIUM: Tijdschrift voor Wetenschaps- en Universiteitsgeschiedenis* [Journal for Science and University History].

<sup>29</sup> 'The Global Epistemics Book Series | RLI - Gloknos', The Global Epistemics Book Series - gloknos, accessed 16 December 2020, <http://glokno.ac.uk/media/book-series>; 'Knowledge Societies in History - Book Series - Routledge & CRC Press', accessed 16 December 2020, <https://www.routledge.com/Knowledge-Societies-in-History/book-series/KSHIS>; 'History of Intellectual Culture', De Gruyter, accessed 19 April 2021, <https://www.degruyter.com/serial/HICU-B/html>.

<sup>30</sup> Johan Östling et al., eds., *Circulation of Knowledge: Explorations in the History of Knowledge* (Lund: Nordic Academic Press, 2018); Johan Östling, David Larsson Heidenblad, and Anna Nilsson Hammar, *Forms of Knowledge: Developing the History of Knowledge* (Lund: Nordic Academic Press, 2020).

<sup>31</sup> Suzanne Marchand worried especially about this possibility. See: Suzanne Marchand, 'How Much Knowledge is Worth Knowing? An American Intellectual Historian's Thoughts on the Geschichte des Wissens', *Berichte zur Wissenschaftsgeschichte* 42, no. 2–3 (2019): 147.

forms such an important asset for the history of medicine and psychiatry in general, and my research in particular, it is crucial to pay attention to the origins of the history of knowledge itself. The backdrop against which it developed can be traced back to older approaches dating as far back as the 1940s. Tracing its origins is an opportunity to highlight the theoretical problems and reservations, as well as some of the assets, that have been raised by historians.

### **The history of knowledge: an old idea in a new jacket?**

The origin of the history of knowledge can be traced back to the history of science as well as the still older history of ideas/intellectual history. Two features in particular connect them as they (1) deal with knowledge in some form or other and (2) are all marked by a strong conceptual debate – What are ideas? What is science? What is knowledge? – and methodological discussions. These fields mainly distinguish themselves from one another by the slight variations in their focus areas which are in turn shaped by the socio-cultural ideas, ideologies and practices from the period in which these fields came to fruition. The twenty-first century for example is marked by an ever-expanding connectedness of the world and places a high value on the access to and consumption of knowledge (e.g. diverse communication technologies and digital infrastructure), influencing how historians think about communication and knowledge acquisition, which in turn frequently determines the focus areas and research topics that become central in historical studies.

The history of ideas then, is rooted in philosophy. A focus that influenced, and in some cases still influences, the development of the history of ideas.<sup>32</sup> In the 1940s, the *Journal of the History of Ideas*, that still exists, was born. Arthur Lovejoy, its creator, envisioned the journal's goal to be the study of "the influence of philosophical ideas in literature, the arts, religion, and social thought" as well as "the influence of scientific discoveries and theories in the same provinces of thought".<sup>33</sup> From around the 1960s the use of the term "history of ideas" was gradually denounced and the term intellectual history became more common even though

---

<sup>32</sup> Donald R. Kelley, *The Descent of Ideas: The History of Intellectual History*, first published 2002 (London; New York: Routledge, 2017), 1–8; Peter E. Gordon, 'What Is Intellectual History? A Frankly Partisan Introduction to a Frequently Misunderstood Field', 2012, 1–19, [http://projects.iq.harvard.edu/files/history/files/what\\_is\\_intell\\_history\\_pgordon\\_mar2012.pdf](http://projects.iq.harvard.edu/files/history/files/what_is_intell_history_pgordon_mar2012.pdf); Stefan Collini, 'General Introduction', in *Economy, Polity, and Society: British Intellectual History 1750-1950*, ed. Stefan Collini, Richard Whatmore, and Brian Young (Cambridge: Cambridge University Press, 2000), 1–4.

<sup>33</sup> A. O. Lovejoy quoted by: Kelley, *The Descent of Ideas*, 279.

debates still rage about their differences and similarities.<sup>34</sup> According to some, for example Peter Gordon, there is a difference between the two, whereas others, such as Stefan Collini, have suggested that the (dis)use of both terms is not so clear-cut: some still prefer the first one over the latter or vice versa for numerous reasons.<sup>35</sup> One principal point of difference is that the history of ideas is concerned with ideas as independent entities, often on a metaphysical level (e.g. an investigation into the formation and structure of past concepts), whereas intellectual history studies how these concepts and theories interacted with and influenced a societies' social, cultural, economic or political context.<sup>36</sup>

Aside from these conceptual discussions, the history of ideas/intellectual history has been used to investigate early modern subjects such as the Enlightenment, the Republic of Letters, and the history of great intellectuals – the latter practice having largely fallen out of favour in historical research. In addition, this field has been long dominated by political history.<sup>37</sup> Other influences on intellectual history have come from the linguistic turn, changing the focus from speakers and writers to attention for speech, writing, language and discourse, and, most notably from the field of sociology, think of the frequently used concept of *power* developed by Michel Foucault.<sup>38</sup> The concept of power had and still has a significant influence on how historians study ideas, science, information or knowledge. Nonetheless, intellectual history's strong association with a particular timeframe and subjects has made its use less attractive for historians of other periods and domains.

The history of science, notice that “science” was also already a study object present in Lovejoy's outline of the history of ideas, has also contributed to the development of the history of knowledge.<sup>39</sup> The history of science rose to prominence in the 1950s and 1960s and

---

<sup>34</sup> Donald R. Kelley, 'Intellectual History and Cultural History: The inside and the Outside', *History of the Human Sciences* 15, no. 2 (2002): 1.

<sup>35</sup> Gordon, 'What Is Intellectual History?'; Collini, 'General Introduction', 2; Ann Thomson, 'L'histoire intellectuelle: quelles idées, quel contexte?', *Revue d'histoire moderne contemporaine* 5, no. 59–4bis (2012): 47–52.

<sup>36</sup> Collini, 'General Introduction'; Gordon, 'What Is Intellectual History?'; University of Virginia - Corcoran department of history, 'Intellectual History & History of Ideas', accessed 17 December 2020, <https://history.virginia.edu/intellectual-history-history-ideas>.

<sup>37</sup> Gordon, 'What Is Intellectual History?', 5–9; Thomson, 'L'histoire intellectuelle', 47–51.

<sup>38</sup> Kelley, *The Descent of Ideas*, 297–300; Gordon, 'What Is Intellectual History?', 1–19.

<sup>39</sup> Simone Lässig, 'The History of Knowledge and the Expansion of the Historical Research Agenda', *Bulletin of GHI*, 2011, 34–38; Peter Burke, *What Is the History of Knowledge* (Oxford: Polity Press, 2015), [e-book] chapter 1 knowledges and their histories. Subsection historiography.



intersects, like intellectual history, with the fields of philosophy and sociology.<sup>40</sup> For a considerable amount of time it has been chiefly defined by research aimed towards “modern science” and the West and a teleological view on science’s progress. Thomas S. Kuhn’s theory about paradigm shifts and the idea that there is not one Scientific Revolution but many, steered the history of science in another direction, creating more attention for scientific controversies and scientific practices.<sup>41</sup> The history of science has gradually moved away from studies that solely focus on the Western hemisphere or the natural sciences and the life sciences, or where canonical figures such as Kepler, Newton or Darwin form the principal research topic. Instead, historians of science have, to some extent, made room for the history of indigenous and popular knowledge. However, the phrase “history of science” still often conjures up a narrow, restricted and exclusive idea of “science” in particular, and “knowledge” in general.

The broadening scope of the history of science and the use of value laden concepts such as “modern” and “western” have led some to ponder the essence of this field and its connections to the history of knowledge. Some are of the opinion that the heyday of the history of science is over and have suggested to incorporate the field in the history of knowledge; some have reflected on the co-existence of both fields and still others wonder if the history of knowledge is merely an extension of the history of science, readjusting itself in the mindset of the twenty-first century.<sup>42</sup> These different questions have led to equally diverse answers and points of view.

The history of knowledge, science, technology, ideas, intellectual history and even the history of medicine have a contested relationship with each other. The ambiguousness and

---

<sup>40</sup> Lorraine Daston, ‘The History of Science and the History of Knowledge’, *KNOW: A Journal on the Formation of Knowledge* 1, no. 1 (2017): 131–54; Lorraine Daston, ‘History of Science’, in *International Encyclopedia of the Social & Behavioral Sciences*, ed. James D. Wright, 2nd ed. (Amsterdam: Elsevier, 2015), 241–47.

<sup>41</sup> Daston, ‘History of Science’; Daston, ‘The History of Science and the History of Knowledge’.

<sup>42</sup> Daston, ‘History of Science’, 246; Daston, ‘The History of Science and the History of Knowledge’, 143–45; Sven Dupré and Geert Somsen, ‘The History of Knowledge and the Future of Knowledge Societies’, *Berichte zur Wissenschaftsgeschichte* 42, no. 2–3 (2019): 186–87; Christian Joas, Fabian Krämer, and Kärin Nickelsen, ‘Introduction: History of Science or History of Knowledge?’, *Berichte Zur Wissenschaftsgeschichte* 42, no. 2–3 (2019): 177; Nils Güttler, ‘“Hungry for Knowledge”: Towards a Meso-History of the Environmental Sciences’, *Berichte zur Wissenschaftsgeschichte* 42, no. 2–3 (2019): 237–38 and 240; Richard Staley, ‘Partisans and the Use of Knowledge versus Science’, *Berichte zur Wissenschaftsgeschichte* 42, no. 2–3 (2019): 220–21 and 232; Marchand, ‘How Much Knowledge is Worth Knowing?’, 127 and 147; Yulia Frumer, ‘What Is and Isn’t in a Name’, *Berichte zur Wissenschaftsgeschichte* 42, no. 2–3 (2019): 150–66; Johan Östling and David Larsson Heidenblad, ‘Fulfilling the Promise of the History of Knowledge: Key Approaches for the 2020s’, *Journal for the History of Knowledge* 1, no. 1 (2020): Art. 3, 1-6; Östling, Larsson Heidenblad, and Nilsson Hammar, *Forms of Knowledge*; Lisa Gitelman, ‘Popular Kinematics: Technical Knowing in the Age of Machines’, *History and Theory* 59, no. 4 (2020): 67.

uneasiness between these fields has been raging for quite some time and was recently put in the spotlight by a special issue “History of science or history of knowledge” in the *Berichte zur Wissenschaftsgeschichte*, outlining the grievances and multiple interpretations of these two fields.<sup>43</sup> Can we say that the history of knowledge is a different area of study than the history of ideas and science? Is it an older practice that was put in a new jacket, or is it a placeholder for a mixture of research methods taken from the history of ideas, intellectual history and the history of science? No definite answer will be given upon these questions in the foreseeable future. Yet, if there is one thing that all authors agree upon it is the fuzziness that exists between these sub-disciplines.

Where does the history of knowledge fit in then? It dips its toe in many fields and subdisciplines. Sociology has also here left its mark, as it did with intellectual history and the history of science.<sup>44</sup> Aside from the history of science, Peter Burk also traced back the history of knowledge to that of the history of the book.<sup>45</sup> Still other influences can be found in communication studies, media history, and colonial, global, international and transnational history.<sup>46</sup> One of the first to occupy themselves with the history of knowledge and to question its scope and usefulness were for the most part German speaking scholars.<sup>47</sup> Among them we find the historians Philippe Sarasin, Simone Lässig and Martin Mulsow. Other interesting contributions have come from Peter Burke’s encyclopaedical work, and pioneers such as Lorraine Daston who primarily looks at the history of knowledge from a history of science perspective. More recent, historian Johan Östling and his colleagues have devoted their research to it in the Nordic countries.

Although the history of knowledge is not a (completely) new field, as it transformed out of similar fields of study and neighbouring disciplines, it does have its own pillars, action points, methodologies and topical directions. It wants to go beyond the focus areas found in for

---

<sup>43</sup> ‘Special Issue: History of Science or History of Knowledge? Berichte Zur Wissenschaftsgeschichte | History of Sciences and Humanities 42, No. 2-3, 2019’, accessed 21 January 2021, <https://onlinelibrary.wiley.com/toc/15222365/2019/42/2-3>.

<sup>44</sup> Lässig, ‘The History of Knowledge and the Expansion of the Historical Research Agenda’, 33–34; Burke, *What Is the History of Knowledge*, [e-book] chapter 1: knowledge and their histories.

<sup>45</sup> Burke, *What Is the History of Knowledge*, [e-book] chapter 1 knowledges and their histories. Subsection historiography.

<sup>46</sup> Lässig, ‘The History of Knowledge and the Expansion of the Historical Research Agenda’, 34–38.

<sup>47</sup> Johan Östling et al., ‘The History of Knowledge and the Circulation of Knowledge. An Introduction’, in *Circulation of Knowledge: Explorations in the History of Knowledge*, ed. Johan Östling et al. (Lund: Nordic Academic Press, 2018), 11–13.

example the history of science, history of educations and intellectual history.<sup>48</sup> Hampus Östh Gustafsson has remarked that, while naming and labelling seems only a rhetorical construct, it is important to reflect on them as they have an impact on research.<sup>49</sup> While this is true, it would lead too far to retrace and rehash the different standpoints in this still ongoing debate in minute detail. Yet, there are two principal concerns that have been voiced frequently about the history of knowledge, chiefly from the corner of historians of science, that I wish to highlight. Firstly, it has been claimed that the history of knowledge is not a new field, and secondly, question marks have been placed by the definition of “knowledge”, some stating that it is too vague.<sup>50</sup> A critique that has been sharply voiced by historian of science Lorraine Daston who wonders if there is “[...] anything that the history of knowledge is not about?”<sup>51</sup>, adding to her argument that “[...] given the difficulties historians of science have encountered in attempting to define their considerably narrower subject matter, it is unlikely that knowledge can be clearly circumscribed by either content or form”.<sup>52</sup> The answers to these concerns touch upon a crucial aspect: reflection on what the history of knowledge can offer, particularly when it comes to the history of psychiatry.

### **What has the history of knowledge to offer the history of psychiatry?**

While the concept of knowledge has thus become highly contested, its brought is also its biggest strength<sup>53</sup> and counteracts the too narrow and elitist scope of the history of science for which it is sometimes criticised. While ambiguous, it allows a broader geographical, social and temporal coverage and a much wider variety of research subjects and practices to be studied. Sarasin has pointed out that knowledge “[...] is virtually everything that can be thought, believed, spoken out, or what is hidden or merely implicit, ‘unknown’, ‘tacit’, or ‘forgotten’”.<sup>54</sup>

---

<sup>48</sup> Östling, Larsson Heidenblad, and Nilsson Hammar, ‘Introduction. Developing the History of Knowledge’, 17.

<sup>49</sup> Östling, Larsson Heidenblad, and Nilsson Hammar, ‘Introduction. Developing the History of Knowledge’, 10.

<sup>50</sup> Östling and Larsson Heidenblad, ‘Fulfilling the Promise of the History of Knowledge: Key Approaches for the 2020s’, 1; Peter Burke, ‘Response’, *Journal for the History of Knowledge* 1, no. 1 (2020): 2; Daston, ‘The History of Science and the History of Knowledge’, 143; Martin Mulsow and Lorraine Daston, ‘History of Knowledge’, in *Debating New Approaches to History*, ed. Marek Tamm and Peter Burke (London; New York; Oxford; New Delhi; Sydney: Bloomsbury Academic, 2019), 174; Joas, Krämer, and Nickelsen, ‘Introduction: History of Science or History of Knowledge?’, 118–19.

<sup>51</sup> Mulsow and Daston, ‘History of Knowledge’, 178.

<sup>52</sup> Mulsow and Daston, ‘History of Knowledge’, 178.

<sup>53</sup> Östling and Larsson Heidenblad, ‘Fulfilling the Promise of the History of Knowledge: Key Approaches for the 2020s’, 1; Östling, Larsson Heidenblad, and Nilsson Hammar, ‘Introduction. Developing the History of Knowledge’, 15.

<sup>54</sup> Philipp Sarasin, ‘More Than Just Another Specialty: On the Prospects for the History of Knowledge’, *Journal for the History of Knowledge* 1, no. 1 (2020): 2.

This large variety of entry points are anchored together by three pillars that keep the history of knowledge from going in all directions. Sarasin defined these pillars as (1) orders of knowledge, (2) circulation and non-originality, (3) and materiality and mediality.<sup>55</sup> All three are closely linked together and form key features in my research.

### Orders of knowledge

Orders of knowledge refers to the observation that there are many different forms of knowledge that are socially, geographically and periodically dispersed. What is perceived as knowledge for one actor does not necessarily carry the same meaning for another, and what is considered rational, factual or true knowledge can differ as well, which questions our ideas about the specific origin of knowledge.<sup>56</sup> This awareness has led the history of knowledge to focus on aspects such as social relevance and the societal dimensions of knowledge. Central herein are questions about how various forms of knowledge become important in a society, how theoretical and practical knowledge are integrated in everyday lives and gaining insight in the different levels of an actor's agency in producing and circulating knowledge.<sup>57</sup>

To integrate such broad societal dimensions, definitions are crucial. This means that we not only need to define what "knowledge", "beliefs", "information" or "news" is from a historical point of view but from an analytical viewpoint as well.<sup>58</sup> While some scholars have argued to distinguish between knowledge, information, opinions and beliefs<sup>59</sup>, these concepts are however frequently used interchangeably, even by those who seek to discern them from

---

<sup>55</sup> Sarasin's idea of orders of knowledge is taken from Foucault. Sarasin, 'More Than Just Another Specialty', 2–3. This has been further elaborated on by Östling and his team. See: Östling, Larsson Heidenblad, and Nilsson Hammar, 'Introduction. Developing the History of Knowledge'; Östling and Larsson Heidenblad, 'Fulfilling the Promise of the History of Knowledge: Key Approaches for the 2020s'; Johan Östling, 'Circulation, Arenas, and the Quest for Public Knowledge: Historiographical Currents and Analytical Frameworks', *History and Theory* 59, no. 4 (2020): 111–26.

<sup>56</sup> Sarasin, 'More Than Just Another Specialty', 2–3. See also: Burke, *What Is the History of Knowledge*, [e-book] chapter 2 concepts. Subsection orders of knowledge.

<sup>57</sup> Östling, 'Circulation, Arenas, and the Quest for Public Knowledge', 112–14; Östling, Larsson Heidenblad, and Nilsson Hammar, 'Introduction. Developing the History of Knowledge', 15–16.

<sup>58</sup> Östling, Larsson Heidenblad, and Nilsson Hammar, 'Introduction. Developing the History of Knowledge', 16; Östling and Larsson Heidenblad, 'Fulfilling the Promise of the History of Knowledge: Key Approaches for the 2020s', 2–3.

<sup>59</sup> Teun A. van Dijk, *Discourse and Knowledge: A Sociocognitive Approach* (Cambridge University Press, 2014), 6; Peter Meusburger, 'The Spatial Concentration of Knowledge: Some Theoretical Considerations (Die Räumliche Konzentration Des Wissens. Einige Theoretische Überlegungen)', *Erdkunde*, 2000, 356; Peter Meusburger, 'The Nexus of Knowledge and Space', in *Clashes of Knowledge: Orthodoxies and Heterodoxies in Science and Religion*, ed. Günter Abel et al., Knowledge and Space 1 (New York: Springer, 2008), 36 and 68–69; Paul N. Edwards et al., 'AHR Conversation: Historical Perspectives on the Circulation of Information', *The American Historical Review* 116, no. 5 (2011): 1323–1433.

one another. In the context of my research most of these words will be used interchangeably — unless otherwise stated — as it is not always easy to draw a sharp line between these concepts from a historical, methodological and analytical perspective. Furthermore, the term knowledge does not remain unaffected by the researcher’s personal understanding of the concept and thus can never be as neutral, transcultural or transhistorical as one would like it to be, as Sarasin has recently pointed out.<sup>60</sup> While “knowledge” provides a way to trace psychiatrists’ ideas and actions during the creation and development of their field, it is not a value free term and needs to be defined within the scope of this particular research.

Consequently, what do we mean when we speak of psychiatry – as we would now call it? Answering this question from a historical and analytical point of view is not a simple one and its answer is rather ambiguous, owing to the origin of psychiatry itself and those we call today psychiatrists. Firstly, the word psychiatrist is relatively new and has not always been used to refer to specialists concerned with the mentally ill or mental health.<sup>61</sup> The term psychiatrist and psychiatry first emerged in Germany in the nineteenth century while in the United Kingdom they would only become accepted in the twentieth century<sup>62</sup> as they preferred the word psychologist, along with alienist, or variations on asylum physician. In French speaking regions, the term *aliéniste* was commonly used and was derived from *aliéné*, meaning insane. The word psychiatrist would only enter France in 1891, yet some uneasiness would remain, as in 1916 Victor Parant père for example still disliked the term: “It seems pretentious to me, and it seems to me that by distancing myself from the fact that I am a psychiatrist, I see myself wearing a cassock, a high pointed hat and large round glasses, like those Doctors of Molière. Why not continue to call us simply alienists?”<sup>63</sup> Name variations to denote the psychiatric profession was often country or region depended as well as across time.

Secondly, from the moment that psychiatry became a distinct profession, other sub-disciplines or related disciplines such as psychology or neurology emerged. The close relationship between psychiatry, psychology and neurology and the closeness of their areas of

---

<sup>60</sup> Sarasin, ‘More Than Just Another Specialty’, 4.

<sup>61</sup> Scull, *Madness in Civilization*, 12.

<sup>62</sup> Scull, *Madness in Civilization*, 12.

<sup>63</sup> “Il me paraît prétentieux, et il me semble qu’en me disant que je suis un psychiatre, je me vois affublé d’une soutanelle, d’un haut chapeau pointu et de grandes lunettes rondes, à la façon des Médecins de Molière. Pourquoi ne pas continuer à nous appeler tout simplement des aliénistes?”. See: Victor Parant père, “Chronique. Réplique de M. le Dr Victor Parant père à M. le professeur Gilbert Ballet”, *AMP*, 1916, vol. 7, 7, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1916x07>.

expertise created and still creates ambiguity (**figure 1**). This ambiguity has not only been observed in hindsight by historians examining the evolution of psychiatry and its subfields, contemporaries too, were aware of this uneasy relationship. The Belgian physician Crocq  *fils* for example mentioned during a conference in 1897 that “[...] when I speak of neurology, I understand the word in its broadest sense; I believe that the distinctions between neurologists, psychiatrists, electrotherapists and psychotherapists are blurred and more artificial than practical”.<sup>64</sup> This ambiguity also reveals itself in the writings of the well-known German psychiatrist Emil Kraepelin.<sup>65</sup> The titles of some of his work being quite telling. His thesis title was *The Place of Psychology in Psychiatry* (1882) and in his *Compendium der Psychiatrie* published in 1883 he wrote: “A compendium of psychiatry has to deal with the particular difficulty that it must include not only general and special psychopathology, but also a large part of the auxiliary sciences, especially psychology [...]”.<sup>66</sup>

---

<sup>64</sup> “[...] lorsque je parle de la neurologie, je comprends ce mot dans son acception la plus large; je crois que les distinctions entre neurologues, psychiatres, électrothérapeutes et psychothérapeutes sont peu nettes et plutôt artificielles que pratiques”. See: Crocq fils (ed.), “Discours de M. le docteur Crocq fils”, *Congrès international de Neurologie de Psychiatrie, d’Électricité médicale et d’Hypnologie. Première session tenue à Bruxelles du 14 au 21 septembre 1897. Rapports*, 1898, 27, <https://archive.org/details/b2170207x>.

<sup>65</sup> Jüri Allik, ‘Why Was Emil Kraepelin Not Recognized as a Psychologist?’, *TRAMES. A Journal of the Humanities and Social Sciences* 20, no. 4 (2016): 369–91.

<sup>66</sup> “Ein Compendium der Psychiatrie hat mit der besonderen Schwierigkeit zu kämpfen, dass es nicht nur die allgemeine und spezielle Psychopathologie, sondern auch von den Hülfswissenschaften, namentlich der Psychologie, einen grossen Theil mit in sich aufnehmen muss [...]”. Emil Kraepelin, “vorwort”, in *Compendium der Psychiatrie. Zum Gebrauche für Studirende und Aerzte*, (Leipzig: Abel, 1883), VII, [urn:nbn:de:bsb:12-bsb00034212-6](https://nbn-resolving.org/urn:nbn:de:bsb:12-bsb00034212-6).

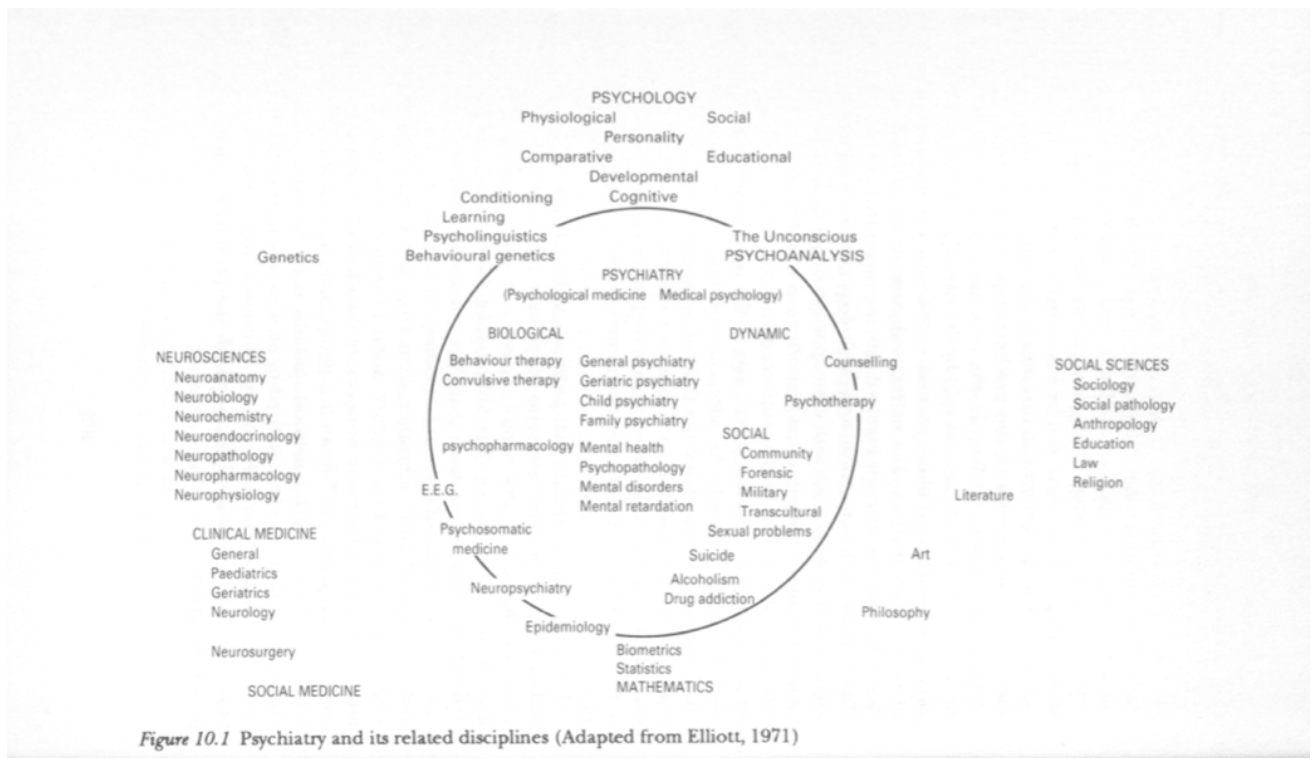


Figure 10.1 Psychiatry and its related disciplines (Adapted from Elliott, 1971)

**Figure 1.** Schematic overview displaying all fields related to psychiatry. Source: Michael Shepherd, “Psychiatric Journals and the Evolution of Psychological Medicine”, in Bynum, W.F., Stephen Lock, and Roy Porter. *Medical Journals and Medical Knowledge: Historical Essays*. (Londen: Routledge, 1992), 204.

The differences between psychiatry, psychology and neurology would stay ambivalent for quite some time, with some psychiatrists using the hybrid term neuropsychiatry.<sup>67</sup> They would only gradually evolve in separate fields such as neurology, psychology, psychoanalysis in the 1880s with Freud and psychosurgery and neurosurgery in the 1880s but especially from the 1920s onwards (e.g. lobotomy).<sup>68</sup> Each field applied itself to either a more neurological, behavioural, moral or psychological point of departure. The separation of these fields, especially that of neurology, was possible due to scientific developments: the use of laboratories where dissections could be more easily performed and the microscope allowed for the better observation of brain tissue.<sup>69</sup>

During the nineteenth century as well as part of the twentieth century mental problems such as depression or epilepsy lay all in the expertise domain of the alienist. These illnesses

<sup>67</sup> Scull, *Madness in Civilization*, ‘Notes. Chapter Ten: Desperate Remedies’, footnote 7, 421.

<sup>68</sup> Scull, *Madness in Civilization*, 283–89; Brianne M. Collins and Henderikus J. Stam, ‘A Transnational Perspective on Psychosurgery: Beyond Portugal and the United States’, *Journal of the History of the Neurosciences* 23, no. 4 (2014): 337–38.

<sup>69</sup> Albrecht Hirschmüller and Magda Whitrow, ‘The Development of Psychiatry and Neurology in the Nineteenth Century’, *History of Psychiatry* 10, no. 40 (1999): 400–403.

would however become the area of different specialists as nowadays is the case: depression as belonging to the field of the psychologist or psychiatrist, whereas epilepsy lies within the domain of the neurologist.<sup>70</sup> In addition, psychology had from its birth onwards always included a more philosophical undercurrent, although, as we shall see, this philosophical aspect could also sometimes be found in for example the *Société médico-psychologique* and their journal the *Annales médico-psychologiques*. In an issue of the AMP in 1848 it is written that the association did not only want to cater to physicians specialised in mental illness but also to include, among others, moralists and philosophers.<sup>71</sup> Whereas psychology was and is more about the study of the mind and people's emotions and behaviour, psychiatry came to stand more in relation to the medical study of abnormal mental diseases.

Because psychiatrists themselves have made ambiguous distinctions between *aliénisme*, psychology, psychiatry and neurology, I won't make any hard demarcation lines myself as psychiatry was still a developing field. This means on the one hand that the words "psychiatrist" and "alienist" will be used as synonyms, and on the other hand, that subjects more akin to neurology or psychology are to some extent also included. Although this does not mean that, for example when we discuss international conferences, psychology conferences are actively included. Yet, to apply some form of demarcation I let myself mainly guide by the content of psychiatric journals and psychiatry conferences which where, and especially the former, mainly intended for the alienists of the first hour: those working in asylums. From a historical point of view, psychiatric knowledge, and by association alienists' expertise, was mainly gained through experience and training in mental institutions, and later on via psychiatric education organised at universities and in mental health clinics. Psychiatric knowledge consisted of a combination of theoretical and practical components.

Factual information, for example descriptions of case studies with disease symptoms and treatment procedures, or disease classification systems, were for a large part codified and formed the basis of alienists' theoretical knowledge repertoire. In addition, there was a component consisting of what is called practical (tacit) knowledge; the practices they applied

---

<sup>70</sup> Johan A. Aarli, 'Neurology and Psychiatry: "Oh, East Is East and West Is West ..."', *Neuropsychiatric Disease and Treatment* 1, no. 4 (2005): 285.

<sup>71</sup> "Fondation de la société médico-psychologique", AMP, 1848, vol. 11, 2, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1848x11>.



within their asylums.<sup>72</sup> This means that besides a theoretical background found in the writings of influential alienists, certain skills could only be acquired through weeks, months and years of observation and hands-on practice, such as the recognition of certain disease patterns or the ability to use specific laboratory techniques. Furthermore, the philosopher Günter Abel has noted that we speak about knowledge in a narrow sense when searching for justification, truth and verification obtained by methodical procedures.<sup>73</sup> It are these aspects that formed and form the essence of (scientific) disciplines and were a vital part of the psychiatric field in the nineteenth and twentieth century. Methodological procedures in psychiatry consisted for example of the reliance on statistics or the use of observations.

The definition of “knowledge” as described in the Oxford Dictionary – “Facts, information, and skills acquired through experience or education; the theoretical or practical understanding of a subject”<sup>74</sup> – comes closest to what were some essential points of reference to alienists in the nineteenth and early twentieth century as well. My research is mainly concerned with the circulation of theoretical knowledge, more specifically all knowledge that was codified by alienists inside books, reports, conference proceedings and psychiatric journals wherein their experiments, theories, discussions and personal opinions were registered. This aggregates to the scientific knowledge and information that was available to psychiatrists. Paying attention to what alienists considered facts, skills and education, allows the historian to study the early psychiatrist in its own habitat, defining knowledge as how it was perceived by contemporaries. Although knowledge per se can’t be measured, in particular because it is in a constant state of change, it is crucial to consider what alienists perceived as facts, skills and education as they can be used as a parameter to gauge and define psychiatric knowledge. Another focus point that is taken into consideration as being a form of knowledge is the access to practical and mundane information, for example the booklets distributed at international conferences. While this would not be seen as a part of knowledge in the scientific sense of its

---

<sup>72</sup> Anna Nilsson Hammar, ‘Theoria, Praxis, and Poiesis. Theoretical Considerations on the Circulation of Knowledge in Everyday Life’, in *Circulation of Knowledge: Explorations in the History of Knowledge*, ed. Johan Östling et al. (Lund: Nordic Academic Press, 2018), 112–13 and 120.

<sup>73</sup> Günter Abel, ‘Forms of Knowledge: Problems, Projects, Perspectives’, in *Clashes of Knowledge: Orthodoxies and Heterodoxies in Science and Religion*, ed. Günter Abel et al., 1st ed., Knowledge and Space 1 (New York: Springer, 2008), 12–13.

<sup>74</sup> ‘Knowledge’, Oxford Dictionary on Lexico.com, accessed 22 January 2021, <https://www.lexico.com/definition/knowledge>.

meaning by contemporaries attending these events, it nonetheless formed an important aspect of how scientific knowledge was disseminated.

### Circulation and non-originality

A second pillar of the history of knowledge focusses on circulation and non-originality, meaning that there is not necessarily a specific point of origin for a piece of information/knowledge. Instead of approaching knowledge in an abstract sense, the history of knowledge seeks to introduce greater attention for the specific conditions of knowledge production and its circulation.<sup>75</sup> The concept of circulation in particular has become a central idea, directing historians towards a new analytical focus: how knowledge moves and is in a constant state of change.<sup>76</sup>

A seminal impulse for the introduction of the concept of circulation was James Secord who stated that “If the slogan for much history of science in the past twenty years was ‘science in context’, we could do a lot worse than to think now about ‘knowledge in transit’”.<sup>77</sup> He, together with historians such as Sarasin and Östling, belong to a group of scholars who plead to understand knowledge as a form of communication, a process of movement, translation and transmission. Östling and his colleagues at the LUCK identified three core interpretations of circulation: geographical, social and material.<sup>78</sup> All three will play an essential role in my research.

The geographical circulation of knowledge finds its origin in the global history of science and scholar’s dissatisfaction with too Eurocentric accounts of scientific developments.<sup>79</sup> It has been a framework especially adopted within post-colonial studies where historians such as Stefan Wulf, Waltraud Ernst and Akira Hashimoto have explored the perception, interaction and negotiation of knowledge circulation that took place across large distances.<sup>80</sup> While a

---

<sup>75</sup> Östling, Larsson Heidenblad, and Nilsson Hammar, ‘Introduction. Developing the History of Knowledge’, 16.

<sup>76</sup> Östling et al., ‘The History of Knowledge and the Circulation of Knowledge. An Introduction’, 17–18; Östling, ‘Circulation, Arenas, and the Quest for Public Knowledge’, 115–17; Östling and Larsson Heidenblad, ‘Fulfilling the Promise of the History of Knowledge: Key Approaches for the 2020s’, 2.

<sup>77</sup> James Secord, ‘Knowledge in Transit’, *Isis* 95, no. 4 (2004): 664.

<sup>78</sup> Östling, ‘Circulation, Arenas, and the Quest for Public Knowledge’, 115–17.

<sup>79</sup> Östling, ‘Circulation, Arenas, and the Quest for Public Knowledge’, 116.

<sup>80</sup> Wulf, ‘Wahnsinn zwischen kolonialer Peripherie und europäischer Metropole Patienten aus den deutschen „Schutzgebieten“ Afrikas in der Hamburger Irrenanstalt Friedrichsberg, 1900-1915’; Hashimoto, ‘Japanische Psychiater „zwischen“ den akademischen Zentren der Psychiatrie der westlichen Hemisphäre. Uchimura Yushi (1897-1980) und seine Zeitgenossen’; Hashimoto, ‘A “German World” Shared among Doctors’; Ernst, ‘Centres and Peripheries in the Periphery Medicine and Psychiatry in British India, c. 1920-1940’.

geographical focus of knowledge has been mainly present in post-colonial studies, it has been severely neglected when it concerns the circulation of knowledge across Europe itself, especially within the history of psychiatry. Exploring the European setting in which psychiatric knowledge circulated across multiple countries is a step towards reducing this research gap.

A closely related form is the social circulation of knowledge, which is a framework that has been used repeatedly in the history of popular science. It creates an alternative to the regularly used unidirectional models of information dissemination that has been used in the past and steers researchers away from the idea that knowledge was always disseminated in a pure form and passively consumed.<sup>81</sup> Psychiatrists and physicians – an example of social actors in the history of psychiatry – did not passively consume the information and knowledge that they encountered via different mediums. To the contrary, the extensive amount of knowledge that appeared before their eyes through journals or was heard during lectures and speeches was regularly commented on and continuously adapted to their own needs, standards and circumstances. Knowledge was and is constantly moulded while it moves between different social strata and environments.<sup>82</sup>

This process is regulated by other socio-cultural actions which Peter Meusbürger has broken down into different stages and groups.<sup>83</sup> A first group of prerequisites is the willingness to share knowledge with others and the willingness of the receiver to accept new information. An additional condition is that the receiver needs to possess enough prior knowledge to understand the received information, accept it and integrate it into his or her knowledge base. A second group deals with the object of transmission, more specifically the code in which a message is written: the ability of the sender to verbalise and codify his knowledge and the receiver being able to read the used code in order to understand and assess the information. Thirdly, the degree of reputation and visibility of the platform/medium where information is presented; and the probability that information is received need to be considered.

The social circulation of knowledge in the history of psychiatry has received little attention and has been barely touched upon. It is for example known that the moral treatment in the nineteenth century, shock and insulin therapy and the practice of lobotomy in the twentieth century, spread over the world. Likewise, notable figures such as the founder of

---

<sup>81</sup> Östling, 'Circulation, Arenas, and the Quest for Public Knowledge', 116–17.

<sup>82</sup> Östling, 'Circulation, Arenas, and the Quest for Public Knowledge', 116–17.

<sup>83</sup> Meusbürger defines nine steps, I paraphrased and grouped some of them together. Meusbürger, 'The Nexus of Knowledge and Space', 70–71.

psychoanalysis Sigmund Freud, Emil Kraepelin who developed a classification system of mental disorders (the precursor of the DSM), and Richard Von Krafft-Ebing known for his work *Psychopathia Sexualis*, are recognised in psychiatry's historiography for their contributions and their considerable influence on psychiatric ideas and practices. Yet, our understanding of the precise ways this knowledge circulated, was incorporated, transformed and debated across different scientific strata or geographical areas is limited. There is a gap in our understanding of how psychiatric ideas and/or practices came into existence and were assimilated or transformed across time and space. A problem caused by the longstanding tendency to write national histories and a focus on comparative studies.

### **Materiality and mediality**

A third pillar that has become a distinctive characteristic is the focus on materiality and mediality. The emphasis lies on the movement of objects and is a means to counteract simplistic diffusion models because knowledge is not available and accessible in equal measure everywhere.<sup>84</sup> The focus on movement and mediums in the history of knowledge is in large part due to the influence of sociology, communication studies and media history. The history of communication and knowledge are frequently seen as two distinct fields, while integrating approaches from both assist to “[...] introduce a rearrangement of the longstanding relationship between content and form [...]”.<sup>85</sup> Knowledge/information is not only relocated from place A to B, but the information itself is also changed and moulded in the process. The production and communication of knowledge should thus not be seen as something distinct.<sup>86</sup> Historian Jeremy A. Green for example has used the concept of “media” to directly connect the circulation of scientific knowledge to the conditions of its production and its consumption.<sup>87</sup> Knowledge does not circulate on its own and needs to be codified and communicated in order to reach people. In addition, the different media, platforms and infrastructures used for this purpose all carry its own opportunities and limitations when it comes to dissemination.<sup>88</sup>

---

<sup>84</sup> Östling, ‘Circulation, Arenas, and the Quest for Public Knowledge’, 117–18.

<sup>85</sup> Barbie Zelizer, ed., *Explorations in Communication and History* (London; New York: Routledge, 2008), 1.

<sup>86</sup> Erik Bodensten, ‘Political Knowledge in Public Circulation: The Case of Subsidies in Eighteenth-Century Sweden’, in *Circulation of Knowledge: Explorations in the History of Knowledge*, ed. Johan Östling et al. (Lund: Nordic Academic Press, 2018), 82.

<sup>87</sup> Jeremy A. Greene, ‘Knowledge in Medias Res: Toward a Media History of Science, Medicine, and Technology’, *History and Theory* 59, no. 4 (2020): 50.

<sup>88</sup> Östling, ‘Circulation, Arenas, and the Quest for Public Knowledge’, 122 and 125–26; Greene, ‘Knowledge in Medias Res’.

Among others, Philipp Sarasin, Peter Meusbürger, Jeremy A. Green, Teun A. van Dijk and David N. Livingstone have made it clear that various types of knowledge, and the written or oral mediums with which they are recorded, affect what, who, how, when, where and why a particular piece of information is able to circulate.<sup>89</sup> Because the circulation of knowledge is intrinsically linked to its medium of dissemination – I will call it knowledge containers – it is crucial to gain insight into the mechanisms through which these mediums operate and to detect and observe the attributes and inner workings of these containers, as each has its own specific characteristics that make the interaction between places and people possible and steers the behaviour of the actors involved. In a similar sense media historian John Durham Peters has pleaded for what he calls “infrastructuralism” and argues that research should focus on “the basic, the boring, the mundane, and all the mischievous work done behind the scenes”.<sup>90</sup>

Operating in tandem with the term knowledge containers are the concepts actor, place and interaction which act “like a filter, letting some information pass and withholding or transforming other information”.<sup>91</sup> Some of the above-mentioned authors have urged that mediality (i.e. the materiality of knowledge and its visual representations) is crucial. Brian Larkin for example has illustrated this very well, remarking that: “[...] these means of storage and dissemination are not neutral vehicles simply transmitting data, but they actively shape the information they traffic. To think historically about information and circulation this necessitates thinking about these media forms and the practices and modes of life they give rise to”.<sup>92</sup>

This framework too will guide my research, facilitating the creation of a comprehensive image on knowledge diffusion among psychiatrists in the nineteenth and early twentieth

---

<sup>89</sup> Philipp Sarasin, ‘Was Ist Wissensgeschichte?’, *Internationales Archiv Für Sozialgeschichte Der Deutschen Literatur (IASL)* 36, no. 1 (2011): 168, <https://doi.org/10.1515/iasl.2011.010>; Greene, ‘Knowledge in Medias Res’; Heike Jöns, Peter Meusbürger, and Michael J Heffernan, ‘Mobilities of Knowledge. An Introduction’, in *Mobilities of Knowledge*, 2017, 1–19; Meusbürger, ‘The Nexus of Knowledge and Space’; David Heidenblad Larsson, ‘From Content to Circulation Influential Books and the History of Knowledge’, in *Circulation of Knowledge: Explorations in the History of Knowledge*, ed. Johan Östling et al. (Lund: Nordic Academic Press, 2018), 71–81; Dijk, *Discourse and Knowledge*, 12 and 152–54; David N. Livingstone, ‘Science, Text and Space: Thoughts on the Geography of Reading’, *Transactions of the Institute of British Geographers* 30, no. 4 (2005): 391–401; David N. Livingstone, *Putting Science in Its Place: Geographies of Scientific Knowledge*, Science. Culture (Chicago, Ill.: University of Chicago Press, 2003).

<sup>90</sup> John Durham Peters, *The Marvelous Clouds: Toward a Philosophy of Elemental Media* (Chicago: University of Chicago Press, 2015), 30–38, especially page 33. See also: Östling, ‘Circulation, Arenas, and the Quest for Public Knowledge’, 125.

<sup>91</sup> Meusbürger, ‘The Nexus of Knowledge and Space’, 70–71.

<sup>92</sup> Edwards et al., ‘AHR Conversation: Historical Perspectives on the Circulation of Information’, 1401.

century. Not only does it assist to reveal what psychiatrists thought, wrote or said, but it reminds us to take into account the format and configuration of the mediums used as well. Applied to the history of psychiatry, there are three knowledge containers that stand out when talking about the circulation of information: (1) the journals which were often published by the leading psychiatric associations in a particular country, (2) scientific journeys to mental institutions and/or universities resulting in the publication of travel reports, and (3) attending of or lecturing at (international) conferences of which proceedings were published afterwards. For all these knowledge containers we need to consider the repercussions of their visibility, reputation, distribution, accessibility and circulation speed on knowledge dissemination. This means taking into account facets such as language, the organisers and contributors involved or the motives and practices behind these medium (e.g. how were articles accepted for publication?). Understand the inner mechanisms and infrastructure of these knowledge containers is crucial if we want to properly contextualise the content in these mediums and thoroughly trace the socio-cultural and medical alterations in psychiatry.

### **A hands-on approach to psychiatric knowledge circulation**

It is apparent that the history of knowledge and the concepts (knowledge, circulation, society) which are anchored to it are still under development, a consequence of its integrative and inter-chronological nature, according to Östling, Larsson Heidenblad and Nilsson Hammar.<sup>93</sup> Take for example the concept of “circulation” and words closely associated with it such as “transfer”, “diffusion”, “transmission” and “exchange”: their meaning(s) have been widely debated in different fields of study as each — epistemology, psychology, sociology, history, anthropology, linguistics, etc. — has its own definition and approach to these concepts.<sup>94</sup> While endless debates can be held about them and, as Östling et al. have also recently emphasised, there is no one-size-fits all definition that is useful for every scholar or can be applied to all research topics.<sup>95</sup> Rather than arguing over a matter of degree, or coining a well-timed buzzword, it is paramount that researchers *engage* with the research practices, theories and methodologies

---

<sup>93</sup> Östling, Larsson Heidenblad, and Nilsson Hammar, ‘Introduction. Developing the History of Knowledge’, 15.

<sup>94</sup> Dijk, *Discourse and Knowledge*, 6–10; Östling et al., ‘The History of Knowledge and the Circulation of Knowledge. An Introduction’, 20–21; Hammar, ‘Theoria, Praxis, and Poiesis. Theoretical Considerations on the Circulation of Knowledge in Everyday Life’, 121; Veronika Lipphardt and David Ludwig, ‘Knowledge Transfer and Science Transfer’, *European History Online (EGO)* (blog), paragraph 3, accessed 21 March 2017, <http://ieg-ego.eu/en/threads/theories-and-methods/knowledge-transfer/veronika-lipphardt-david-ludwig-knowledge-transfer-and-science-transfer>.

<sup>95</sup> Östling, Larsson Heidenblad, and Nilsson Hammar, ‘Introduction. Developing the History of Knowledge’, 15.

that the history of knowledge, intellectual history and the history of science offer. They should be actively used in different domains of historical research, of which psychiatry is only one example. This idea has also been defended by other researchers, such as Östling and Larsson Heidenblad, who “[...] believe that the field [the history of knowledge] has the potential to become something more and different. What we need to do is to demonstrate this in actual research”.<sup>96</sup> As long as researchers clearly define how theories and concepts are used, they should implement them however they see fit.

A last component that is required to practically engage with transnational history, the history of knowledge and to integrate them into the history of psychiatry, is digital history. While concepts such as circulation and knowledge form useful guidelines and a transnational approach opens us the research scope considerably, the question remains how the historian manages a large number of sources that span a substantial time period (over 80 years), are geographically dispersed over multiple countries (Belgium, the Netherlands, France, Germany, the United Kingdom), includes material in different languages (French, English, Dutch and German) and counts over 300.000 pages, containing approximately 131.000.000 words. A solution to this problem is partly found in the assistance of digital tools, although these are not without its obstacles.

## Digital history: a necessity to write a transnational history of psychiatric knowledge?<sup>97</sup>

Similar to transnational history and the history of knowledge, digital history – a field still in full development – has its defenders and contenders. Discussions frequently revolve around

---

<sup>96</sup> Östling and Larsson Heidenblad, ‘Fulfilling the Promise of the History of Knowledge: Key Approaches for the 2020s’, 4.

<sup>97</sup> Parts of this chapter have been published earlier as blogposts and appear in a book chapter and journal article. See: Eva Andersen, ‘To Digitise or Not to Digitise, That Is the Question’, *C2DH | Luxembourg Centre for Contemporary and Digital History* (blog), accessed 6 February 2021, <https://www.c2dh.uni.lu/thinking/digitise-or-not-digitise-question>; Eva Andersen, ‘Digital Exploration of General Paralysis in the Nineteenth Century’, *“Digital History and Hermeneutics” Doctoral Training Unit* (blog), accessed 6 February 2021, <https://dhh.uni.lu/2019/10/23/digital-exploration-of-general-paralysis-in-the-nineteenth-century/>; Eva Andersen, ‘The Digital Wild West of Sources’, *“Digital History and Hermeneutics” Doctoral Training Unit* (blog), accessed 6 February 2021, <https://dhh.uni.lu/2019/03/20/the-digital-wild-west-of-sources/>; Jolien Gijbels and Eva Andersen, ‘AntConc, Historians and Their Diverging Research Methods’, *“Digital History and Hermeneutics” Doctoral Training Unit* (blog), accessed 19 September 2020, <https://dhh.uni.lu/2020/08/11/antconc-historians-and-their-diverging-research-methods/>; Eva Andersen et al., ‘How to Read the 52.000 Pages of the British Journal of Psychiatry? A Collaborative Approach to Source Exploration’, *Journal of Data Mining and Digital Humanities (HistInformatics)*, 2020, <https://hal.archives-ouvertes.fr/hal-02463141v4>; Eva Andersen, ‘From Search to Digital Search. An Exploration through the Transnational History of Psychiatry’, in *Digital History and*

conceptual demarcations – what is the difference between quantitative history, digital history and digital humanities? – and hyperbolic debates about its usefulness: on one side of the spectrum we find the rigorous defenders of the digital humanities who see its development as a holy grail for research practices, while scholars at the other side of the spectrum claim that it endangers the historian’s “traditional” practices and compromises historical analysis.

With this polemic background in mind I want to highlight three specific aspects. Firstly, illustrating the usefulness and sometimes necessity of digital tools in order to handle large scale research questions and its accompanying sources. Scale is undoubtedly one of the main challenges of transnational research. The transnational and digital turn become increasingly entwined due to extensive source digitisation, facilitating virtual cross-border research, and the growing possibilities of the search box, making (transnational) research possible at a pace and range that was not feasible before.<sup>98</sup> As Putnam aptly stated, “Digital search has become the unacknowledged handmaiden of transnational history”.<sup>99</sup>

Secondly, there is the necessity to reflect on practices and methodologies, as historians need to be aware of certain pitfalls. Humanities researchers frequently do not mention the hardware or software they used and the implications this has for their research.<sup>100</sup> At the same time, digital humanities is not a *passé-par-tout*. Damerow and Wintergrün have pointed out that “the devil is in the details” while using digitised sources<sup>101</sup>, which warrants researchers to adopt a critical mindset towards digital tools. In this context, Elijah Meeks has argued that “The adoption of ‘critical technique’ is just what you would expect from scholars accustomed to ‘critical reading’”.<sup>102</sup> Only by incorporating a large dose of transparency, making research practices explicit and understandable, can certain pitfalls be avoided.

A last point I want to highlight is that historians are often weary of using digital tools. I argue however that some aspects of digital history are not necessarily a world apart from

---

*Hermeneutics. Between Theory and Practice*, ed. Juliane Tatarinov and Andreas Fickers (Oldenbourg: De Gruyter, 2021).

<sup>98</sup> Lara Putnam, ‘The Transnational and the Text-Searchable: Digitized Sources and the Shadows They Cast’, *The American Historical Review* 121, no. 2 (2016): 377 and 380.

<sup>99</sup> Putnam, ‘The Transnational and the Text-Searchable’, 377.

<sup>100</sup> This can take a variety of forms: not explaining how sources/data were managed and transformed, over not mentioning the use of certain tools and their plugins.

<sup>101</sup> Julia Damerow and Dirk Wintergrün, ‘The Hitchhiker’s Guide to Data in the History of Science’, *Isis* 110, no. 3 (2019): 516.

<sup>102</sup> Elijah Meeks and Scott B. Weingart, ‘The Digital Humanities Contribution to Topic Modeling’, *Journal of Digital Humanities* 2, no. 1 (2012): section ‘critical engagement’, <http://journalofdigitalhumanities.org/2-1/dh-contribution-to-topic-modeling/>.



established historical research practices. The new trend of digital history has invited suspicion from some humanities scholars. One characteristic that seems to be under attack is search, a skill of paramount importance in historical research. With many new terms, such as big data, algorithms, text mining and topic modelling, thrown into the midst of historical investigations, this vital expertise seems in danger of being supplanted. However, it is in digital history in particular that search becomes an even more fundamental skill, one that should be mastered by the modern-day historian. After all, it can be argued that text mining and topic modelling are also employed as forms of search, albeit digital.

“Search” is not an end goal; it is always a means to an end regardless of whether we are talking about search in its analogue or digital form. Analogue search – called “browsing” by Shafquat Towheed – consists in most cases of skim-reading page after page until a certain title, passage, phrase, or word catches our eye – often almost as if by accident – in our search for relevant articles.<sup>103</sup> Depending on the type of source this can also be facilitated by searching through physical tables of contents or indexes. In essence this is what can be called a top-down approach to searching, whereas digital search applies a bottom-up approach dominated by the search box.<sup>104</sup>

However, if digital search is a bottom-up approach, doesn't that mean that it is something different from what historians are taught? Yes and no. Instead of phrases or words catching our eye as we read for hours, they now come to us almost instantaneously via digital search.<sup>105</sup> The reason our eyes detect certain passages in a source while browsing manually is because we consciously or unconsciously build a list of words in our minds around the topic we are studying. For example, to explore the use of mind-altering substances in psychiatry we would pay attention to words like “alcohol”, “morphine”, “addiction” or “injection”. When we search digitally, we still use our same background knowledge and word lists about this topic, only now we enter them into a digital interface. Suddenly, digital search seems less alien.

---

<sup>103</sup> About the difference between manual browsing and digital searching see: Bob Nicholson, ‘The Digital Turn’, *Media History* 19, no. 1 (2013): 59–73; Hieke Huistra and Bram Mellink, ‘Phrasing History: Selecting Sources in Digital Repositories’, *Historical Methods: A Journal of Quantitative and Interdisciplinary History* 49, no. 4 (2016): 220–29; Putnam, ‘The Transnational and the Text-Searchable’; Adrian Bingham, ‘The Digitization of Newspaper Archives: Opportunities and Challenges for Historians’, *Twentieth Century British History* 21, no. 2 (2010): 225–31.

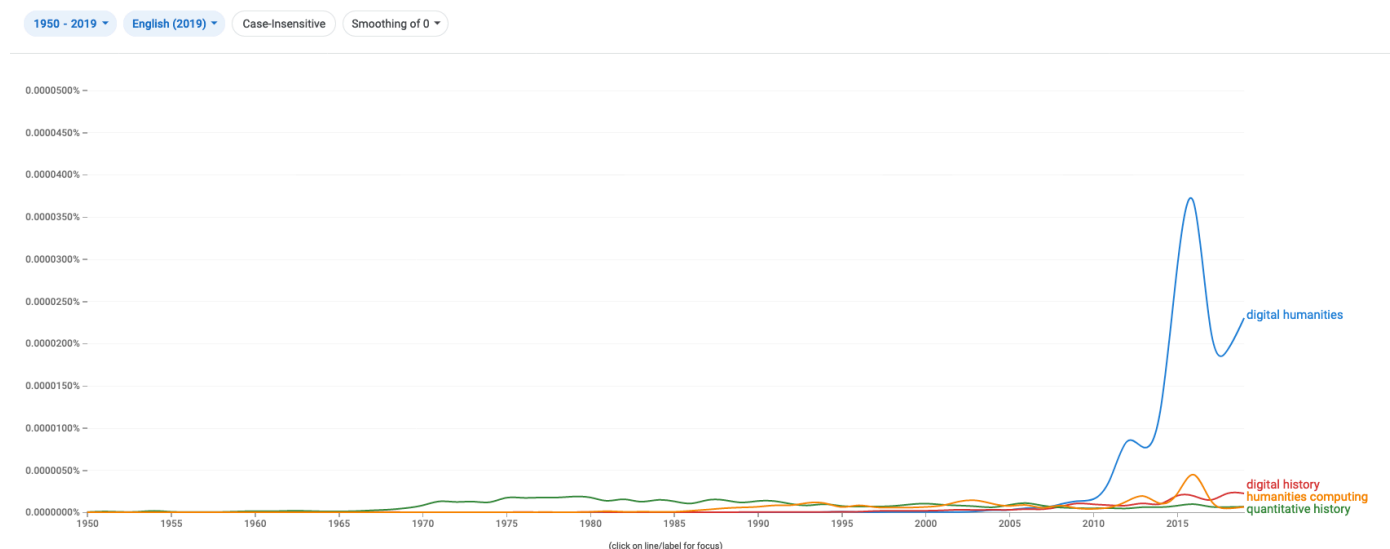
<sup>104</sup> Nicholson, ‘The Digital Turn’, 66–67.

<sup>105</sup> This is not to say that this is not without its problems. Many scholars have warned about the loss of context in these cases and the idea that what is only scarce, now looks prominent or abundant.

Digital search has been a crucial point of departure throughout each step of the research process, from acquiring sources to analysing them with specific tools, and forms a leitmotif in this sub-chapter on digital history. Yet, before tapping into the various ways to employ digital search, I want to contextualise its use by shortly outlining the origins of digital history below.

### The origins of digital humanities and digital history

To frame digital history in its context I want to begin with a Google Books Ngram view (Figure 2), which displays the occurrence of the keywords “digital humanities”, “digital history”, “humanities computing” and “quantitative history” in English books from 1950 until 2019. This image explains at a glance the historiography of digital history.



**Figure 2.** Google Books Ngram Viewer with the keywords: “digital humanities”, “digital history”, “humanities computing” and “quantitative history”. The graph shows the frequency of words (y-axis) found in the books digitised by Google and distributed over time (x-axis). Source: <https://bit.ly/3aHzBD8>, accessed 24/12/2020.

From the 1960s until the beginning of the 1990s, quantitative history was the new buzzword in the historical community. Computational methods were used to perform statistical and quantitative analysis on sources, allowing to investigate a greater variation of research questions and patterns over the *longue durée*.<sup>106</sup> This practice of serialisation was mostly used in economic, social and demographic history.<sup>107</sup> Towards the end of the 1980s and 1990s many

<sup>106</sup> Claire Lemerrier and Claire Zalc, *Quantitative Methods in the Humanities: An Introduction*, trans. Arthur Goldhammer (Charlottesville: University of Virginia Press, 2019), 7–27.

<sup>107</sup> Gerben Zaagsma, ‘On Digital History’, *BMGN - Low Countries Historical Review* 128, no. 4 (2013): 8–11.

had become disillusioned by the excesses and errors with which the field was plagued and quantitative history became discredited. Instead, historians chose to focus on narratives, the use of thick descriptions and cultural history, instigated by the cultural turn.<sup>108</sup>

A comeback of computational methods – under the name “humanities computing” and later on “digital humanities” – is witnessed from the 1990s and the beginning of the 2000s onwards. However, statistical quantifications in the form of tabulations or percentages to support arguments were no longer the only means available to historians. The evolution in digital infrastructure and technologies made the birth of the digital humanities (DH) possible. Numerous researchers have observed two waves of digital humanities scholarship.<sup>109</sup> While this first wave still harboured some inclination towards a purely quantitative approach characterised by the use of databases, it also incorporated corpus linguistics and focused on the mass digitisation of sources. The second wave is frequently labelled as qualitative, interpretative and experimental in its nature, including the use of social network analysis, mapping (GIS) and other forms of visualisation.<sup>110</sup>

The scope and focus points of digital humanities have changed considerably over the past decade. One example hereof is the book series *Debates in digital humanities*, of which a first volume was published in 2012. The book primarily focused on defining and theorising about DH, gauging its impact on academy. A second volume appeared in 2016, focussing on the expansions of the field. Not only in terms of approaches and tools (e.g. text analysis and the scale of DH projects) but also call attention to its problems with inclusiveness and other tensions, all being a sign of the growing maturity of DH.<sup>111</sup> The latest volume was published in 2019, demonstrating how digital humanities is constantly changing and that the realm of DH is “deepening and narrowing” with more niche fields coming into existence such as the inclusion

---

<sup>108</sup> Lemerrier and Zalc, *Quantitative Methods in the Humanities*, 7–27.

<sup>109</sup> D. Berry, *Understanding Digital Humanities* (London: Palgrave Macmillan UK, n.d.), 2–4, accessed 20 January 2017; Lemerrier and Zalc, *Quantitative Methods in the Humanities*, 7–27.

<sup>110</sup> Berry, *Understanding Digital Humanities*, 3; Lemerrier and Zalc, *Quantitative Methods in the Humanities*, 7–27.

<sup>111</sup> Matthew K. Gold and Lauren F. Klein, ‘Introduction. Digital Humanities: The Expanded Field’, in *Debates in the Digital Humanities 2016*, ed. Matthew K. Gold and Lauren F. Klein, 2016, <https://dhdebates.gc.cuny.edu/projects/debates-in-the-digital-humanities-2016>.

of gender, black history or video games to name a few.<sup>112</sup> In recent years the history of science and medicine as well have begun to incorporate digital history into their fold.<sup>113</sup>

One feature that all three volumes have in common is that they raise questions about the practices and methodologies applied in DH and the criticism raised against it. Indicative here is that the 2019 volume starts with essays grouped under the banner “possibilities and constraints”. Even after two decades numerous scholars still ponder the usefulness and possible dangers of DH. Accompanying these still ongoing debates is the reoccurring question of “what is digital humanities?”. The website <https://whatisdigitalhumanities.com/> illustrates just how diverse people’s answers to this question can be. Stephen Woodruff, attached to the *Humanities Advanced Technology & Information Institute* (HATII) of the University of Glasgow, for example mentions that it means “The development, study and use of digital tools in the arts and humanities”.<sup>114</sup> Similarly, for Kalani Craig, co-director of the *Institute for Digital Arts & Humanities* at Indiana University Bloomington, it signifies “The development of new digital methodologies that, combined with traditional humanities methodologies, expands the kinds of research that humanists can do in their own field and in interdisciplinary projects.”<sup>115</sup>

Others are more hesitant in defining it in any fixed way. Shawn Graham, professor of digital humanities at Carleton University, for example remarked: “[...] I don't know what it is, but I know it when I see it...”.<sup>116</sup> While there is not yet one commonly accepted definition, numerous scholars frequently mention the aspect of “digital tools” and “digital methodologies” as essential terms to define digital humanities. This is also what I perceive to be key features, specifically from a practical point of view. This stand in strong relation to the provocative

---

<sup>112</sup>Matthew K. Gold and Lauren F. Klein, ‘Introduction. A DH That Matters’, in *Debates in the Digital Humanities 2019*, ed. Matthew K. Gold and Lauren F. Klein (Minneapolis; London: University of Minnesota Press, 2019).

<sup>113</sup> Abraham Gibson and Cindy Ermus, ‘The History of Science and the Science of History: Computational Methods, Algorithms, and the Future of the Field’, *Isis* 110, no. 3 (2019): 555–66; Alex Mold and Virginia Berridge, ‘Using Digitised Medical Journals in a Cross European Project on Addiction History’, *Media History* 25, no. 1 (2019): 85–99; E. Thomas Ewing, ‘“The Two Diseases Are So Utterly Dissimilar”: Using Digital Humanities Tools to Advance Scholarship in the Global History of Medicine’, *Current Research in Digital History* 1 (2018), <https://doi.org/10.31835/crdh.2018.12>; Christopher D. Green, ‘Digital History of Psychology Takes Flight’, *History of Psychology* 21, no. 4 (2018): 374–79; Christopher D. Green, ‘A Digital Future for the History of Psychology’, *History of Psychology* 19, no. 3 (2016): 209–19; Virginia Berridge, Jennifer Walke, and Alex Mold, ‘From Inebriety to Addiction: Terminology and Concepts in the UK, 1860-1930’, *The Social History of Alcohol and Drugs* 28, no. 1 (2014): 88–105; Pim Huijnen et al., ‘A Digital Humanities Approach to the History of Science’, in *Social Informatics* (Workshops at the International Conference on Social Informatics, Springer, Berlin, Heidelberg, 2013), 71–85.

<sup>114</sup> Jason A. Heppler, ‘What Is Digital Humanities?’, accessed 6 February 2021, <https://whatisdigitalhumanities.com/>.

<sup>115</sup> Heppler, ‘What Is Digital Humanities?’

<sup>116</sup> Heppler, ‘What Is Digital Humanities?’

answer of Emeritus Professor of Digital Humanities Simon Mahony when asked what digital humanities is: “Why define it? Just do it!”<sup>117</sup>.

Before we turn to the technical side of my research, it is important to also mention “Digital history”. While much can be said about it, I perceive digital history as a part of the digital humanities at large, wherein the use of digital tools and infrastructure is employed to enable historical analysis as well as the accessibility to digitised and digital born sources. Historian Gerben Zaagsma has however warned that this particular focus on tools and infrastructure can obstruct the aspect of change that digital history inherently brings to historical practices.<sup>118</sup> A more crucial point of concern that is highlighted by Zaagsma about the usage of the phrase “digital history” by scholars, and in particular historians, is that they see it as a subfield in its own right, independent of “non-digital” or “traditional” history, only perceiving it as an auxiliary science of history. He strongly emphasises that historical practices cannot be uncoupled from technological development.<sup>119</sup> “The real challenge” Zaagsma states “is to be consciously hybrid and to integrate ‘traditional’ and ‘digital’ approaches in a new practice of doing history [...]”.<sup>120</sup> With this crucial statement in mind we can now turn our attention to how I employed digital history and balanced the use of digital tools with “traditional” historical research approaches of close reading and discourse analysis. The need to outline these digital practices in some detail stems on the one hand from the need for transparency while applying digital or hybrid practices as well as from the fact that digital humanities and digital history consists of a diverse range of approaches that need to constantly be adapted to fit specific research projects and the questions they ask.

### **Searching for digitised sources and how to optimise them**

The manner in which historians conduct research and organise and explore their sources has been changing over the past years.<sup>121</sup> This also includes searching for relevant digitised sources, the first phase where we apply digital search. This frequently means searching with the Google search engine to, in my case, discover different journals or international conference proceedings that can be used for further investigation. Another option is to use keyword search

---

<sup>117</sup> Heppler, ‘What Is Digital Humanities?’

<sup>118</sup> Zaagsma, ‘On Digital History’, 15–16.

<sup>119</sup> Zaagsma, ‘On Digital History’, 14.

<sup>120</sup> Zaagsma, ‘On Digital History’, 17.

<sup>121</sup> Shafquat Towheed, ‘Reading in the Digital Archive’, *Journal of Victorian Culture* 15, no. 1 (2010): 139–43.

within the digital repositories of archives and libraries such as *Gallica* the digital library of the *Bibliothèque nationale de France*. However, keyword search is more than simply typing words in a search bar. We need to take into account potential issues, although these can be mitigated through critical reflection and transparency. When it comes to digital search, one of its challenges and even dangers is its seeming simplicity. We all know the search box and use it daily, either in our personal lives or for our professional activities, yet most of the time we do not think about how we use it or how it operates, and do not consider the variety of ways in which digital search can trigger different or skewed research results.<sup>122</sup>

Numerous digitisation projects have been set up by archives, universities, research institutes and independent companies over the past two decades and now make millions of sources (letters, objects, pictures, newspapers, periodicals and books) digitally available.<sup>123</sup> Depending on the platform, a variety of search options is offered, yet they frequently differ from each other. They can include “basic” options such as introducing a date range, or placing limits on titles, genres, source types, or places of publication, using Boolean operators between keywords (“AND”, “OR”, “NOT”) or using multiword expressions.<sup>124</sup> A large number of other forms of search is available as well: fuzzy search, proximity search, the use of wildcards and query auto-complete options.<sup>125</sup> Aside from applying optical character recognition (OCR) and post-OCR corrections, these types of search can be further improved through named entity recognition, entity linking, sentiment analysis or topic modelling.<sup>126</sup> Many of these more advanced features are less used and integrated in the interface of online repositories and, if they are present, are sometimes hidden.<sup>127</sup>

Touching upon the subject of searching for and finding digitised sources, it is crucial to also reflect on the sources themselves. Aside from the algorithms applied in a search environment, their quality has a tremendous impact on search functionality and the research

---

<sup>122</sup> Tim Hitchcock for example has warned scholars about this on multiple occasions. See for example: ‘Lecture Tim Hitchcock - Beyond Close and Distant Reading: Recording and Interview’, 18 June 2019, <https://www.c2dh.uni.lu/data/lecture-tim-hitchcock-beyond-close-and-distant-reading-recording-and-interview>.

<sup>123</sup> For example: BNF Gallica (<https://gallica.bnf.fr/accueil/en/content/accueil-en?mode=desktop>), Europeana (<https://www.europeana.eu/en>), Archive.org (<https://archive.org/>), HathiTrust Digital Library (<https://www.hathitrust.org/>), Delpher (<https://www.delpher.nl/>) and Wellcome Collection (<https://wellcomecollection.org/collections>).

<sup>124</sup> Maud Ehrmann, Estelle Bunout, and Marten Düring, ‘Historical Newspaper User Interfaces: A Review’, 2017, 12, <http://library.ifla.org/2578/>.

<sup>125</sup> Ehrmann, Bunout, and Düring, ‘Historical Newspaper User Interfaces’, 12.

<sup>126</sup> Ehrmann, Bunout, and Düring, ‘Historical Newspaper User Interfaces’, 14.

<sup>127</sup> Ehrmann, Bunout, and Düring, ‘Historical Newspaper User Interfaces’, 12.

results later on. The quality and accuracy of a digitised source is determined by those factors that assist to transform the analogue source into a digital version. In this regard Trevor Owens made the accurate observation that “all digitized objects are surrogates for the originals.”<sup>128</sup> This transformation process can be captured in three stages: scanning sources; optimising the sources to allow more and better search functionalities; and the online consultation or downloading of sources.

### **Digitising sources**

This first stage depends largely on the equipment with which the scans are produced. These can be made by high-definition cameras, (semi)automatic book scanners or overhead scanners (with or without the use of a V-shaped book cradle). All make the digital version of a source somewhat disparate from its original and can lead to visual and analytical discrepancies between the original and its digital copy, as well as between digital versions. This can have lasting repercussions on the different search capacities that can be integrated. The severity of these effects depends on several parameters: (1) the accuracy and completeness of a digitised source. It is not uncommon that pages are missing, skewed or incorrectly scanned; (2) the scans’ readability by humans and machines and (3) its aesthetics and visual representation. The difference between black-and-white, grayscale or multitone scans, or the (dis)use of thumb-removal software can change the outlook of a source completely.<sup>129</sup> The page-scan shown in **figure 3** is only one of many examples that are to be found and illustrates how severe the impact of inadequate scanning can be on search functionalities.

---

<sup>128</sup> Trevor Owens, ‘Digital Sources & Digital Archives: The Evidentiary Basis of Digital History’, in *Companion to Digital History*, ed. David Stanley, 2017, 4.

<sup>129</sup> Arindam Chaudhuri et al., ‘Optical Character Recognition Systems’, in *Optical Character Recognition Systems for Different Languages with Soft Computing*, ed. Arindam Chaudhuri et al., vol. 352, Studies in Fuzziness and Soft Computing (Cham: Springer International Publishing, 2017), 9–41; Simon Tanner, Trevor Muñoz, and Pich Hemy Ros, ‘Measuring Mass Text Digitization Quality and Usefulness: Lessons Learned from Assessing the OCR Accuracy of the British Library’s 19th Century Online Newspaper Archive’, *D-Lib Magazine* 15, no. 7/8 (2009), <http://www.dlib.org/dlib/july09/munoz/07munoz.html>; Maya R. Gupta, Nathaniel P. Jacobson, and Eric K. Garcia, ‘OCR Binarization and Image Pre-Processing for Searching Historical Documents’, *Pattern Recognition* 40, no. 2 (2007): 389–97; Rose Holley, ‘How Good Can It Get?: Analysing and Improving OCR Accuracy in Large Scale Historic Newspaper Digitisation Programs’, *D-Lib Magazine* 15, no. 3/4 (2009), <http://www.dlib.org/dlib/march09/holley/03holley.html>.

1868.]

Reviews.

Dr. Thurnam concludes his sixteenth re-eloquent tribute to the success of the English system.

"In his successive reports, the Medical Superintendent years very generally refrained from any notice of the in the moral treatment of the patients; in which it has necessary to introduce any material changes. The rience have, indeed, justified a reliance on the method than a quarter of a century—carried out, here or else Medical Superintendent's direction. In the applicatic ples, as will at once be admitted, prudence, vigilan are still as much as ever needed, though the fundam themselves remain the same. To one who, like the tentent, can recur to the obstacles and discouragemen the efforts of his venerated friends, Dr. Charlesworth for the amelioration of the treatment of the insane— scale he may add his own—were prosecuted, it is no s to find that, in our own country, at least, all this h changed. In Great Britain and Ireland, and the Col in the United States of America, not a single voice r raised in favour of the harsh and indiscriminating trea same which prevailed, even in the better managed A the fourth and fifth decenniums of the present cent common to find as many as ten per cent. of the inmat the female wards, under the habitual control of the or of the more disgusting restraint-chair. Every c found to concur in the assertion of the Harveian Orat 'the best guide to the treatment of lunatics is to be f tates of an enlightened and refined benevolence. A Dr. Paget, 'the progress of science, by way of exp men to rules of practice nearer and nearer to the tes tianity. To my eyes, a "Pauper Lunatic Asylum," s be seen in our English counties, with its pleasant groo cleanly wards, its many comforts, and wise and kindly provided for those whose lot it is to bear the double t and mental derangement, I say this sight is to me manifestation of true civilization which the world can result we owe to the courage and philanthropy of suc and Conolly. \* \* \* The spirit which animated the spirit without which much of the progress of pi would have been impossible. For, however diverse m lectual powers that find their several fit places in the tice of medicine, there is *but one right temper* for it, th and courage, the same temper that has originated s highest Christian enterprises.'"

Generated by Elizabeth Learning University of Nebraska - Lincoln on 2016-03-13 14:35:01 GMT / http://hdl.handle.net/2027/msu.31293010415903  
Public Domain. Digitized by Google / http://www.hathitrust.org/practitioner\_career\_and\_google

Digitized by Google

Original from  
MICHIGAN STATE UNIVERSITY

Figure 3. This page shows how severe the impact of inadequate scanning can be on search functionalities. Instead of a full colour scan the page is only consultable in black and white making it an inaccurate representation of the actual journal page. Furthermore, the text on the page is distorted in multiple places (top left side and right side) making the page more difficult to read for the researcher as well as complicating machine readability because accurate OCR is not possible, meaning that digital search on this specific page can only be inaccurately applied. Source: *Journal of Mental Science*, 1868, vol. 14, no. 66, 283, <http://hdl.handle.net/2027/msu.31293010415903>.



### Source optimisation

In a second stage, the sources are optimised to maximise the search functionalities. Two processes are vital here. First, applying optical character recognition software, which has today become a standard practice. The software is able to automatically extract text from PDF's or images through the recognition and classification of optical patterns.<sup>130</sup> While much can be said about OCR software and its protocols, it is most important to keep in mind that (re)search with digitised sources relies tremendously on the recognition of letters and words within a corpus. If the sources are incorrectly processed, optimisation becomes difficult and discrepancies within and between sources will occur. This was one of the prime issues I encountered as the OCR quality in my sources varied and was inconsistent across the corpus.<sup>131</sup>

The quality depended on the year wherein a scan was taken. Those taken in the early twenty-first century were often of a lesser quality than those scanned and processed during the last couple of years. In other cases, the layout of certain sources hindered the OCR quality. For example, when a source contains different columns on one page or when a digital scan displays two pages instead of a single one. Moreover, while OCR software is constantly evolving its level of accuracy for historical material is far from flawless, containing spelling mistakes due to the computer's "misreading" of certain characters. A "u" could be mistaken for a "v"; an "e" for an "o" or "cl" for a "d" and vice versa. These mistakes can frequently be traced back to the quality of the scans in question and the historical word and spelling variations that cause graphical and lexical problems.<sup>132</sup> **Figure 4**, illustrating the OCR conversion from figure 3, underlines the impact of poor-quality scanning on the source's readability by humans and machines alike as well as analogue and digital search that become less efficiently applicable.

---

<sup>130</sup> As the language of the sources in question were either in English, Dutch, French or German, different OCR-pipelines were set-up with ABBYY Recognition Server 4.0 Extended Edition to take this into account (e.g. a French document would be processed via the French-OCR pipeline) and to obtain the most accurate results. Although this is not flawless since a corpus can also include multiple languages, which is something that is handled with some difficulty by OCR software. For the technical details about OCR, its history and different applications see: Chaudhuri et al., 'Optical Character Recognition Systems'.

<sup>131</sup> Some of the collected sources already came with OCR'd text, whereas others were images, without yet being machine readable. In the latter case, as well as with some older digitised documents, the PDFs were subsequently batch processed with optical character recognition software ABBYY Recognition Server 4.0 Extended Edition. Aside from ABBYY Recognition Server, the open source software Tesseract (by Google) was tested, but the output quality was insufficient.

<sup>132</sup> OCR frequently functions with dictionaries that only contain modern languages and word use. Andreas W. Hauser, 'OCR Postcorrection of Historical Texts' (MA thesis, Munich, Ludwig-Maximilians-Universität München, 2007).

con. eludes his sixteenth 1'E

### tC> the success of the English ,, ,,-\_

\\ -1.\\ his s-n .  
 . ' ~ " ~ I'Y ceesa~ve reporle, the Medical Superinten  
 -\\ the ln.()l' gen.e-ra."l."1.y refrained from any notice of the  
 ll~c~\_'I'Y ~ \_t:reat~en~ of the patients; in which it h1  
 ?iellce b.a.v ~t~rod~u~ce any material changes. The  
 .i b.-.lla . e., ~deed> justified a reliance on the method  
 l4edica.f ia.ne~. <>£ a. century~arried out, here or else  
 cip\\es U.\\je~n.ten.dent's direction. In the applicatic  
 ~'le stin6 ~"1. a.t once be admitted, prudence, vigi)an,  
 the1ngs ;\\ \* -n>..-u.eh. a.a ever needed, though the fundall  
 tend e :ves -re-n:.,.a.in. the same. To one who, like the :  
 th e-t., ~-n. -recur t.o the obstacles and discouragemel  
 foe e 0 -rt.a o-f his venerated friends, Dr. Charlesworth  
 r ihe -.-xn.elioTa.tion of the treatment of the insane-s  
 :~a e he -xn.a.y a.d.d his OWJl-were prosecuted, it is no s  
 "" iind. th.a.t. in our own .country, at least, all this 1i  
 . ~ha.n.ged.. "In Great Britain and Ireland, and the Col,  
 ~n. ~e ~ui"\\ed States of America, not a single voice I  
 r~ed. m. favour of the harsh and indiscriminating tree  
 ,~ea ""lffn.icb. prevailed, even in the better managed A.J  
 ' . ~ ~ io-unb, and fifth decenniums of the present centi

### Digitized b~ Go gle .....

c~on t.o find as many as ten per cent. of the inmat  
 ~e t~m.a.\\e wards, ~der the habitual control of the  
 ~"t \\)t \\he more disgusting restraint-chair. Every <  
 found to concur in the assertion of the Hanejan Orat  
 ' the beat guide to the treatment of lunatics is to be fc  
 tates of an enlightened and refined benevolence. A  
 Dr. Paget, ' the progress of science, by way of exp,  
 men to rules of practice nearer and nearer to the te1  
 tianity. To my eyes, a "Pauper Lunati~ Asylum," E  
 be seen in our English counties, with its pleasant gro1  
 cleanly wards, its many comforts, and wise and kindly  
 . provided for those whose lot it is to bear the double 1  
 and mental derangement, I say this sight is to me  
 manifestation of true civilization which the world can  
 result we owe to the courage and philanthropy of SU(  
 and Conolly. . . . The spirit which animated  
 t.he spirit without which much of the progress of pt  
 would have been impossible. For, however diverse m  
 lectual powers that find their several fit places in the  
 tice of medicine, there is but one right temper for it, tb:  
 and courage, the same temper that has originated a  
 highest Christian enterprises."

Original from  
 MICHIGAN STATE UNIVERSITY

Figure 4. Textual output of page 283 of the *Journal of Mental science*. Note that the skewed words shown in figure 3 on the top left make the OCR useless, while the OCR at the bottom of the page is much more accurate.

A second feature that is often used to optimise digitised sources is applying post-OCR corrections through software. Although this method has been tried and tested by researchers in numerous ways over the past years<sup>133</sup>, this is a feature I did not make use of primarily due to

<sup>133</sup> Gupta, Jacobson, and Garcia, 'OCR Binarization and Image Pre-Processing for Searching Historical Documents'; Beatrice Alex et al., 'Digitised Historical Text: Does It Have to Be MediOCRe?'; 2012; Hauser, 'OCR Postcorrection of Historical Texts'; Holley, 'How Good Can It Get?'; Putnam, 'The Transnational and the Text-Searchable'; Tanner, Muñoz, and Ros, 'Measuring Mass Text Digitization Quality and Usefulness'; P. Thompson, J.

time restrictions and the added difficulty of sources in multiple languages. Post-OCR models are for example not frequently trained in equal measure for different languages. Archives and libraries have explored the most optimum ways to deal with large digitalisation projects and improve poor OCR quality results.<sup>134</sup> Their research has revealed that the available options to optimise the OCR recognition rate in historical corpora is currently insufficient because of an imbalance between time investment and OCR accuracy.<sup>135</sup> Due to the fact that this a one-person PhD project rather than part of a large research collaboration the OCR output of my sources have not been corrected.

### **Storing and downloading digitised sources**

In last stage the digitised sources are stored on personal hard drives or the servers of archives and libraries and, in the case of the latter two, made accessible via an online repository. In this stage a few noteworthy aspects rise to the surface. A first important shortcoming of digitised corpora is the historian's dependence on the actions and diligence of others in their search for sources. Depending on how careful the earlier explained steps are carried out, digital sources can be more or less easily discovered and accessed in digital repositories. While online catalogues bring digitised sources almost instantaneous to the researcher, we also frequently rely on third-party data providers such as libraries or online archives and the companies (e.g. Google) they work with to deliver and provide well-scanned historical material. Where previously it was just the historian and stacks of physical sources under their control<sup>136</sup>, there now stands an intermediary between the historian and the source material in the form of those who scan and provide the material, as well as the machines used to make those scans.<sup>137</sup> Furthermore, there are still a few online platforms that do not apply OCR, making search only possible via the provided metadata (e.g. title, year).

---

McNaught, and S. Ananiadou, 'Customised OCR Correction for Historical Medical Text', in *2015 Digital Heritage*, vol. 1, 2015, 35–42.

<sup>134</sup> Holley, 'How Good Can It Get?', 4–7; Eva Andersen, 'Digital Approaches towards Serial Publications (18th–20th Centuries)', *C2DH | Luxembourg Centre for Contemporary and Digital History* (blog), accessed 7 February 2021, <https://www.c2dh.uni.lu/thinking/digital-approaches-towards-serial-publications-18th-20th-centuries>.

<sup>135</sup> Manfred Nölte and Martin Blenkle, 'Die Grenzboten on Its Way to Virtual Research Environments and Infrastructures', *Journal of European Periodical Studies* 4, no. 1 (30 June 2019): 19–35, <https://doi.org/10.21825/jeps.v4i1.10171>; Alex et al., 'Digitised Historical Text: Does It Have to Be MediOCRe?'; Holley, 'How Good Can It Get?', 4–7.

<sup>136</sup> Some mediation also takes place between the historian and the archivist as the latter often makes a selection of which documents are preserved and which are not.

<sup>137</sup> Likewise, intermediation has in some cases also become less extreme. This is for example noticeable in the online access of archival catalogues.

Another obstacle lies in gaining access to source material. Putnam emphasised in 2016 that digitisation has brought a multitude of sources within scholars' reach, but that this is not an egalitarian or cost-free process.<sup>138</sup> Anno 2021 this is still not yet the case. Digital repositories frequently place, often unnecessary, copy-right and geographical restrictions on what can be viewed or downloaded by the user. An example hereof is the HathiTrust Digital Library. This is a consortium of multiple American university libraries that digitise their collections in-house or work together with Google, Microsoft or the Internet Archive and entrust their digital sources to HathiTrust.<sup>139</sup> This repository has a large collection that consists of different subjects, time periods (circa 1500 until the twenty-first century) and locations in and outside of Europe. Yet, due to mass digitisation many of these works are not accessible in Europe, even if it concerns documents of European origin that no longer have copyright restrictions. Large organisations such as HathiTrust do not have the time and enough resources to inspect all legal copyright statuses of the digitised materials. As a result, these collections become restricted for some users, defying the purpose of large-scale digitisation. In addition, often expensive, subscriptions are necessary to gain access although organisations such as Archive.org or the digital repository of the Wellcome Collection prove that a more open access policy is also a possibility.

The corpora I used were gathered through various data providers and means: either creating my own digital scans of the material in the *Bayerische Staatsbibliothek* in Munich and the *Henry Conscience Bibliotheek* in Antwerp, or by making use of already digitised material. The latter came from different institutions and their respective online platforms such as the Medica digital library of the *Bibliothèque interuniversitaire de Santé* (Biusanté)<sup>140</sup>, the Internet Archive<sup>141</sup>, HathiTrust Digital Library<sup>142</sup>, the Munich Digitization Center (MDZ) which is part of the *Bayerische Staatsbibliothek*<sup>143</sup>, BnF Gallica which is the digital platform of the *Bibliothèque*

---

<sup>138</sup> Putnam, 'The Transnational and the Text-Searchable'.

<sup>139</sup> 'Our Digital Library', HathiTrust Digital Library, accessed 7 February 2021, [https://www.hathitrust.org/digital\\_library](https://www.hathitrust.org/digital_library).

<sup>140</sup> 'Bibliothèque Numérique Medica', BIU Santé, Université de Paris, accessed 7 February 2021, <https://www.biusante.parisdescartes.fr/histoire/medica/>.

<sup>141</sup> 'Internet Archive: Digital Library of Free & Borrowable Books, Movies, Music & Wayback Machine', accessed 7 February 2021, <https://archive.org/>.

<sup>142</sup> 'HathiTrust Digital Library', accessed 7 February 2021, <https://www.hathitrust.org/>.

<sup>143</sup> 'Münchener DigitalisierungsZentrum (MDZ)', accessed 7 February 2021, <https://www.digitale-sammlungen.de/index.html?c=startseite&l=en>.

*nationale de France*<sup>144</sup>, as well as the website of the *British Journal of Psychiatry* who made their predecessors available online<sup>145</sup>.

Another consequence of the mass digitisation of sources is that different copies of a single source circulate on the internet and can potentially lead to different research results, depending on the accuracy and quality of each of these copies, determining the degree of search that is possible. It is not always evident to establish which copies are more suitable over other digitised versions. Furthermore, there is frequently no obvious way to notify providers about possible discrepancies in a digitised source, nor to ask them to rectify this. Historians such as Tim Hitchcock have pointed out that “[...] sources are now accessed online and cherry-picked for relevant content via keyword searching. Yet, references to these materials are still made to a hard copy on a library shelf, implying a process of immersive reading. By persevering with a series of outdated formats, and resolutely ignoring the proximate nature of the electronic representations we actually consult, the impact of new technology has been subtly downplayed”.<sup>146</sup> Heeding this critique, weblinks or other digitally traceable identifiers will be mentioned for the various digitised sources I accessed. It is essential to be transparent towards the reader about which version of a source was used. This approach can for example later on prevent disputes about claims that were made based on the particular version of a journal.

### **Digital tools and applying digital search tactics**

The range of possibilities and functionalities that are offered in online and standalone tools seem almost endless.<sup>147</sup> Nevertheless, the internal mechanisms and modus operandi of these tools are not always explained or are difficult to use and understand for inexperienced users unfamiliar with this multitude of search options. These tools are not necessarily a one-size-fits-all solution for each and every research project, although this is a common misconception. Therefore I experimented with different tools to find those that fitted to my research questions and research workflow as a historian. Corpus linguistics, text mining, and more specifically, keyword search, topic modelling and social network analysis, were the practices and techniques

---

<sup>144</sup>Gallica’, accessed 7 February 2021, <https://gallica.bnf.fr/accueil/en/content/accueil-en?mode=desktop>.

<sup>145</sup> ‘The British Journal of Psychiatry (All Issues)’, accessed 7 February 2021, <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/all-issues>.

<sup>146</sup> Tim Hitchcock, ‘Confronting the Digital. Or How Academic History Writing Lost the Plot’, *Cultural and Social History* 10, no. 1 (2013): 12.

<sup>147</sup> For a broad and introductory overview see for example: Shawn Graham, Ian Milligan, and Scott Weingart, *Exploring Big Historical Data: The Historian’s Macroscope* (London: Imperial College Press, 2016).

I used to digitally search for relevant content. The tools I explored consisted of Voyant Tools, MALLET, AntConc, histograph, Nodegoat and Gephi. In the context of this thesis only the latter four will be discussed as they shaped the core of my digital research methodology, supporting and influencing the discourse analysis.<sup>148</sup>

The main reason for using different tools and especially various forms of digital search was to overcome the obstacle that an overabundance of source material had created. This abundance caused problems to perform a thorough analysis. Without computational support it was not only difficult to search for and provide answers to specific research questions but also to, for example, locate interesting and useful subjects that could serve as case studies. Without a digital search tactic, I could not carry out my research in an efficient manner (e.g. close-read crucial parts in my sources).

Researchers Damerow and Wintergrün asserted that historians always need full control over a corpus as even within “[...] a digital framework, historical research relies on trust in its sources”.<sup>149</sup> This trust in sources is a precarious balancing act for the historian as we have outlined in the previous pages. How can we find and trace knowledge circulation in substantial corpora? Where and how should we start (distant) reading? How to find relevant information for close reading? How to zoom in and out of the material? How accurate is the output of the tools used? These were some of the principal challenges faced while seeking a convenient search tactic.

### **AntConc: using an off the shelf tool for historical research**

AntConc is an off the shelf application developed by Laurence Anthony in 2014.<sup>150</sup> Its aim is to make textual analysis and explorative research of text files easier and more manageable. The tool can create among other things concordance tables, N-gram clusters and collocations. These are frequently used forms of text mining in digital humanities to accomplish distant reading of large scale digital corpora.<sup>151</sup> Distant reading first surfaced in (digital) literature

---

<sup>148</sup> My experience with Voyant Tools and MALLET are discussed in: Andersen, ‘From Search to Digital Search. An Exploration through the Transnational History of Psychiatry’..

<sup>149</sup> Damerow and Wintergrün, ‘The Hitchhiker’s Guide to Data in the History of Science’, 519.

<sup>150</sup> He has a PhD in Applied Linguistics, and his research interests include corpus linguistics, educational technology, natural language processing (NLP), and genre analysis. See: ‘Laurence Anthony’s Resume’, accessed 7 February 2021, <https://www.laurenceanthony.net/resume.html>.

<sup>151</sup> For more in depth information about text mining see: Ronen Feldman and James Sanger, *The Text Mining Handbook: Advanced Approaches in Analyzing Unstructured Data* (Cambridge; New York: Cambridge University

studies, where the term was coined and made famous by Franco Moretti in the early 2000s.<sup>152</sup> Distant reading he explains “[...] allows you to focus on units that are much smaller or much larger than the text: devices, themes, tropes — or genres and systems”<sup>153</sup>, giving researchers the opportunity to explore and analyse sources in new ways in order to ask new research questions and provide answers to old ones.

In AntConc I chiefly relied on the concordance plot feature which shows concordance search results plotted in what Laurence Anthony calls, a “barcode” format.<sup>154</sup> This allows you to observe the position of a keyword in an abstract representation of a document and to identify where multiple search terms cluster together (**Figure 5**).

The building of keyword lists was of vital importance. This feature was relied upon extensively in chapter 3 in order to search for relevant content and analyse it. Chapter 3 deals with a controversial debate about the (mis)use of mechanical restraints and its abolition in certain asylums. As a point of departure, I searched for and explored the use of the keyword “non-restraint” and “mechanical restraint”, two words that characterise the debate at its core. In a later stage other keywords, for example “padded room” and “straitjacket”, were appended to it as these added an additional layer of nuance to explore psychiatrists’ discourse. Due to the use of a multilingual corpus, a list of terms was compiled for each language (**Appendix 1**). This was accomplished on the one hand by translating already known terms to other languages (e.g. terms that were customary), but also by alternating between distant and close reading: examining specific sections in a source revealed variations of word use in each language, a strategy that has also been highlighted by Berridge et al..<sup>155</sup> In addition, the spelling variations of keywords, some due to OCR mistakes, were taken into account where possible (e.g. “no restraint”, “no-restraint”, “non-restraint”, “non^restraint”).

Compiling these keyword-lists needs to be done thoroughly because using too restricted or too generic search terms can become problematic. Not considering one or multiple keywords can have an effect on the output results of search queries, potentially misleading the researcher. This became especially tangible while analysing the German AZP.

---

Press, 2007); Andreas Hotho, Andreas Nürnberger, and Gerhard Paaß, ‘A Brief Survey of Text Mining’, *LDV Forum* 20 (2005), <http://epub.uni-regensburg.de/6835/1/LDV-Forum1.2005.pdf>.

<sup>152</sup> Ted Underwood stresses that Moretti made this phrase famous but that it also has a much longer (analogue) history. Ted Underwood, ‘A Genealogy of Distant Reading’ 11, no. 2 (2017); Franco Moretti, *Graphs, Maps, Trees: Abstract Models for a Literary History* (London: Verso, 2005); Franco Moretti, *Distant Reading*, 1 edition (London: Verso, 2013).

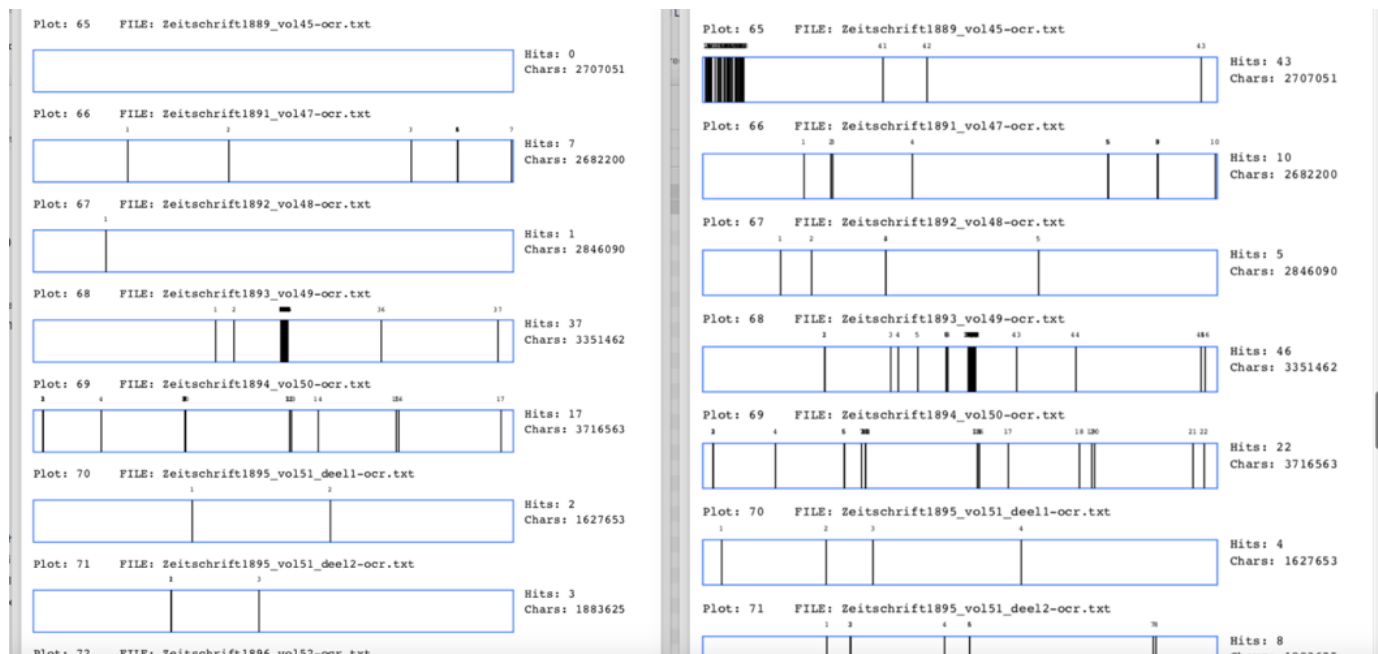
<sup>153</sup> Moretti, *Distant Reading*, 48–49.

<sup>154</sup> Laurence Anthony, AntConc help file,

<https://www.laurenceanthony.net/software/antconc/releases/AntConc358/help.pdf>, accessed 11 October 2019.

<sup>155</sup> Mold and Berridge, ‘Using Digitised Medical Journals in a Cross European Project on Addiction History’.

Due to a limited knowledge of German I started out with a limited set of keywords for this particular language but by translating terms found in the other corpora relevant sections in the German corpus were accentuated and used for corpus exploration (Figure 5).



**Figure 5.** Frequency distribution of words related to non-restraint in the German *Allgemeine Zeitschrift für Psychiatrie*. On the left, my corpus of terms was not yet complete (e.g. omission of the word *Zwangsmittel*), as opposed to the image on the right with a more extended list of keywords. Notice how the number of hits and relevant places within the corpus changes. See for example plot 65: on the left 0 hits, and on the same plot on the right, 43 hits.

While sparse keyword lists can conceal crucial sections in a corpus, using too generic words can clutter the results and create a large number of data that is not easy to process, as other research has also shown.<sup>156</sup> To give an example: the French word *cellule* could either refer to an isolation cell or human cells. The word restraint could refer to non-restraint, mechanical restraint, or emotional and behavioral restraint, hence I opted for specific words that would not be ambiguous in their use (e.g. isolation cell or *restraint absolue*). The same search tactic was used for zooming in on, gathering and extracting information about, the journals editors and editorial decisions and references to international conferences (see chapter 2). Keyword

<sup>156</sup> Hinke Piersma and Kees Ribbens, 'Digital Historical Research: Context, Concepts and the Need for Reflection', *BMGN - Low Countries Historical Review* 128, no. 4 (2013): 78–102; Hieke Huistra, 'Experts by Experience. Lay Users as Authorities in Slimming Remedy Advertisements, 1918–1939', *BMGN - Low Countries Historical Review* 132, no. 1 (2017): 126–48; Berridge, Walke, and Mold, 'From Inebriety to Addiction'; Virginia Berridge et al., 'Addiction in Europe, 1860s–1960s Concepts and Responses in Italy, Poland, Austria, and the United Kingdom', *Contemporary Drug Problems* 41, no. 4 (2014): 551–66.



lists need to be constantly refined by using scalable reading<sup>157</sup> as Thomas Weitin has called it (shifting between distant and close reading). In addition, returning to the sources to verify distant reading results is vital to place topics, such as the non-restraint debate, in context and check the accurateness of hypotheses.

Although relevant sections became easier to detect with AntConc, a significant drawback was close reading these sections. This was less straightforward because AntConc only makes use of text files – a representation of the source that does not correspond to the original from an aesthetic or visual point of view. Unstructured text files are not always easily readable for the human eye. To make close reading possible I was obliged to switch between AntConc's bar code visualisation, the text files and the PDF documents. This was a time-consuming workflow that was improved by using histogram, a web-based application. Furthermore, using keyword lists in AntConc as a search tactic requires substantial background knowledge of a subject to thoroughly explore it via the barcode visualisation. This omits or hides numerous other topics from being investigated. Via other search tactics (e.g. topic modeling), this can be overcome to a certain extent.

### **Histogram: a tailored tool through collaboration**<sup>158</sup>

Although the use of AntConc solved some problems, the sheer volume and diversity of the corpus still posed challenges: how can a historian find and trace relevant information to analyse the evolution of specific knowledge throughout large corpora? The use of off-the-shelf applications can only go so far. This problem inspired a collaboration with my colleagues at the C<sup>2</sup>DH.<sup>159</sup> The cooperation, which included brainstorming sessions about data quality and inconsistent digitised corpora, as well as the nature of the research project, made sure that the search workflow could stay as close as possible to my own research process. The cooperation

---

<sup>157</sup> Thomas Weitin, 'Scalable Reading', *Zeitschrift für Literaturwissenschaft und Linguistik* 47, no. 1 (2017): 1–6.

<sup>158</sup> Some parts of this chapter are based on previous blog posts, journal articles and presentations. See: Maria Biryukov, Eva Andersen, and Lars Wieneke, 'Making Sense of Non-Sense. Tracing Topics in a Historical Corpus on Psychiatry Facing Low OCR Quality' (Digital Humanities Benelux (DHBenelux), Liège, 2019), [http://2019.dhbenelux.org/wp-content/uploads/sites/13/2019/08/DH\\_Benelux\\_2019\\_paper\\_34.pdf](http://2019.dhbenelux.org/wp-content/uploads/sites/13/2019/08/DH_Benelux_2019_paper_34.pdf); Maria Biryukov et al., 'Topics, Buckets, and Psychiatry. On the Collective Creation of a Corpus Exploration Tool' (DH2020, Ottawa, 2020), [https://dh2020.adho.org/wp-content/uploads/2020/07/495\\_TopicsbucketsandpsychiatryOnthecollectivecreationofacorpusexplorationtool.html](https://dh2020.adho.org/wp-content/uploads/2020/07/495_TopicsbucketsandpsychiatryOnthecollectivecreationofacorpusexplorationtool.html); Andersen et al., 'How to Read the 52.000 Pages of the British Journal of Psychiatry?'; Andersen, 'Digital Exploration of General Paralysis in the Nineteenth Century'.

<sup>159</sup> Maria Biryukov, Roman Kalyakin and Lars Wieneke. For a more detailed excursion into the necessity of collaboration between historians and computer scientists, as well as for all technical details about the processes and algorithms used see: Andersen et al., 'How to Read the 52.000 Pages of the British Journal of Psychiatry?'

simultaneously provided me with a better understanding of the technical processes operating in the background, avoiding the black box effect. The latter often originates due to steep learning curves and “hidden steps” in the functionalities of certain tools. This can for example happen while standardised tools for topic modelling such as MALLET.<sup>160</sup>

Via this collaboration I had the opportunity to help shape the tool according to my own research practices, instead of having to adapt to the constraints of a specific tool, as is often the case. The result was a tool for corpus exploration via topic modelling and different (visual) search methods, that extended the features of earlier versions of histogram. The latter was initially developed to provide “graph-based exploration and crowd-based indexation for multimedia collections” through which related documents could be discovered via filtering entities, date ranges and document types, as well as revealing relationships between entities such as people through co-occurrence and by keeping track of relevant documents.<sup>161</sup> My colleagues, especially Roman Kalyakin who handled the front and back end development of histogram, adapted this environment to fit my particular research and sources (e.g. by integrating the topic models created by Maria Biryukov and adding visualisations to maximise the search functionalities).

### Configuring the best way to search content

In the history of medicine, psychiatry and psychology scholars have only very recently begun to explore digital search mechanisms via text mining and topic modelling. While there are some who have explored its possibilities<sup>162</sup>, we primarily find among them historian Thomas Ewing

---

<sup>160</sup> ‘MALLET MACHine Learning for Language Toolkit’, accessed 8 February 2021, <http://mallet.cs.umass.edu/>.

The steep learning curve and MALLETS “hidden steps” are for example discussed in: Shawn Graham, ‘Review of MALLET, Produced by Andrew Kachites McCallum’, *Journal of Digital Humanities*, 4 April 2013, 74, <http://journalofdigitalhumanities.org/2-1/review-mallet-by-ian-milligan-and-shawn-graham/>.

<sup>161</sup> For the histogram website see: ‘Histogram’, accessed 5 January 2021, <http://histograph.eu/>. For literature about the previous versions of histogram see: Jasminko Novak et al., ‘HistoGraph: A Visualization Tool for Collaborative Analysis of Historical Social Networks from Multimedia Collections’, *IV2014 - DHKV: Cultural Heritage Knowledge Visualisation*, 2014; Lars Wieneke et al., ‘Building the Social Graph of the History of European Integration’, in *Social Informatics*, ed. Akiyo Nadamoto et al. (Berlin, Heidelberg: Springer, 2014), 86–99; Marten Düring, Lars Wieneke, and Vincenzo Croce, ‘Interactive Networks for Digital Cultural Heritage Collections - Scoping the Future of HistoGraph’, in *Engineering the Web in the Big Data Era*, ed. Philipp Cimiano et al. (Cham: Springer International Publishing, 2015), 613–16.

<sup>162</sup> J. C. Burnham, ‘Transnational History of Medicine after 1950: Framing and Interrogation from Psychiatric Journals’, *Medical History* 55, no. 1 (2012): 3–26; Georgina Ferry, ‘Medical Periodicals: Mining the Past’, *The Lancet* 385, no. 9987 (2015): 2569–70; John G. Benjafield, ‘Between Pink Noise and White Noise: A Digital History of The American Journal of Psychology and Psychological Review’, *The American Journal of Psychology* 130, no. 4 (2017): 505; Melinda Baldwin, ‘A Perspective from the History of Scientific Journals’, *History of*

analysing the spread of flu in the 1910s<sup>163</sup>, historian Virginia Berridge and her team studying addiction in the nineteenth and twentieth centuries<sup>164</sup> and psychologist Christopher D. Green and his colleagues exploring the history of psychology and the development of the journal of *Psychological Review*.<sup>165</sup> It is their research that formed a principal source of inspiration for my research and was used as an initial point of departure to adapt histogram for exploring knowledge circulation in psychiatry.

An essential question while adapting histogram was: How to detect and select relevant segments in a largely unstructured corpus to analyse information and find answers to specific research questions? To tackle this question and to foster the development of a useful exploration tool for searching the content of the psychiatric journals, the corpora needed to be pre-processed. The first pre-processing step was about choosing a logical boundary unit as the corpora are laddered with inexact OCR, missing or incomplete table of contents and no

---

*Psychology* 21, no. 4 (2018): 363–68; Susanna Lee, 'Text Mining Historic Medical Journals', *Theory and Practice of Digital History* (blog), accessed 8 February 2021, <http://susannalee.org/dh/2014/10/16/472/>.

<sup>163</sup> Thomas Ewing explores text mining and social network analysis. See: Ewing, 'The Two Diseases Are So Utterly Dissimilar'; E. Thomas Ewing, 'Will It Come Here? Using Digital Humanities Tools to Explore Medical Understanding during the Russian Flu Epidemic, 1889–90', *Medical History* 61, no. 3 (2017): 474–77; E. Thomas Ewing, Veronica Kimmerly, and Sinclair Ewing-Nelson, 'Look Out for "La Grippe": Using Digital Humanities Tools to Interpret Information Dissemination during the Russian Flu, 1889–90', *Medical History* 60, no. 01 (2016): 129–31; E. Thomas Ewing, Samah Gad, and Naren Ramakrishnan, 'Gaining Insights into Epidemics by Mining Historical Newspapers', *Computer* 46, no. 6 (2013): 68–72; E. Thomas Ewing and Katherine Randall, eds., *Viral Networks: Connecting Digital Humanities and Medical History* (Blacksburg: VT Publishing, 2018).

<sup>164</sup> Berridge, V., 'Digitizing and Democratizing Historical Research.', *Addiction (Abingdon, England)*, 101 (2006), 1533–35; Berridge, V., J. Walke, and A. Mold, 'From Inebriety to Addiction: Terminology and Concepts in the UK, 1860-1930', *The Social History of Alcohol and Drugs*, 28 (2014), 88–105; Berridge, Virginia, Alex Mold, Franca Beccaria, Irmgard Eisenbach-Stangl, Grażyna Herczyńska, Jacek Moskalewicz, and others, 'Addiction in Europe, 1860s–1960s Concepts and Responses in Italy, Poland, Austria, and the United Kingdom', *Contemporary Drug Problems*, 41 (2014), 551–566; Mold, Alex, and Virginia Berridge, 'Using Digitised Medical Journals in a Cross European Project on Addiction History', *Media History*, 2018, 1–15.

<sup>165</sup> The work of Christopher D. Green and his team do not only explore text mining and topic modelling but also social network analysis. See: Christopher D. Green, Ingo Feinerer, and Jeremy Trevelyan Burman, 'Beyond the Schools of Psychology 1: A Digital Analysis of Psychological Review, 1894-1903', *Journal Of The History Of The Behavioral Sciences* 49, no. 2 (2013): 1; Jacy L Young and Christopher D. Green, 'An Exploratory Digital Analysis of the Early Years of G. Stanley Hall's American Journal of Psychology and Pedagogical Seminary', *History of Psychology* 16, no. 4 (2013): 249–68; Christopher D. Green, Ingo Feinerer, and Jeremy Trevelyan Burman, 'Beyond the Schools of Psychology 2: A Digital Analysis of Psychological Review, 1904-1923', *Journal Of The History Of The Behavioral Sciences* 50, no. 3 (2014): 2; Christopher D. Green, Ingo Feinerer, and Jeremy Trevelyan Burman, 'Searching for the Structure of Early American Psychology: Networking Psychological Review, 1909-1923', *History of Psychology* 18, no. 2 (2015): 196–204; Christopher D. Green, Ingo Feinerer, and Jeremy Trevelyan Burman, 'Searching for the Structure of Early American Psychology: Networking Psychological Review, 1894–1908', *History of Psychology* 18, no. 1 (2015): 15–31; Christopher D. Green and Ingo Feinerer, 'The Evolution of The American Journal of Psychology 1, 1887-1903: A Network Investigation', *The American Journal of Psychology* 128, no. 3 (2015): 387–401; Green, 'A Digital Future'; Christopher D. Green et al., 'Bridge Over Troubled Waters? The Most "Central" Members of Psychology and Philosophy Associations Ca. 1900', *Journal of the History of the Behavioral Sciences* 52, no. 3 (2016): 279–99; Green, 'Digital History of Psychology Takes Flight'.

systematic volume structure or logical units to make parsing possible from a computer science point of view. Boundaries between the different journal sections (e.g. original article, conference report, review, letter to the editor, etc.) were not automatically detectable and made automatic extraction of specific relevant publication types impossible. We opted to use the page level as a boundary unit, meaning that every page equals one document. A second step involved the removal of stop words<sup>166</sup> in the OCRed text, applying tokenisation and lemmatisation<sup>167</sup> and to maximise the content-bearing pages<sup>168</sup>. The rationale behind the latter was that some content in the journals was more relevant and valuable to my research than others. Membership lists or tables with patient information for example were less relevant than an original article or book review and were therefore excluded by leaving out pages that contained more names than actual words. This affected mostly the creation of the topic models and the content of the pages was made available for access in histogram nevertheless.

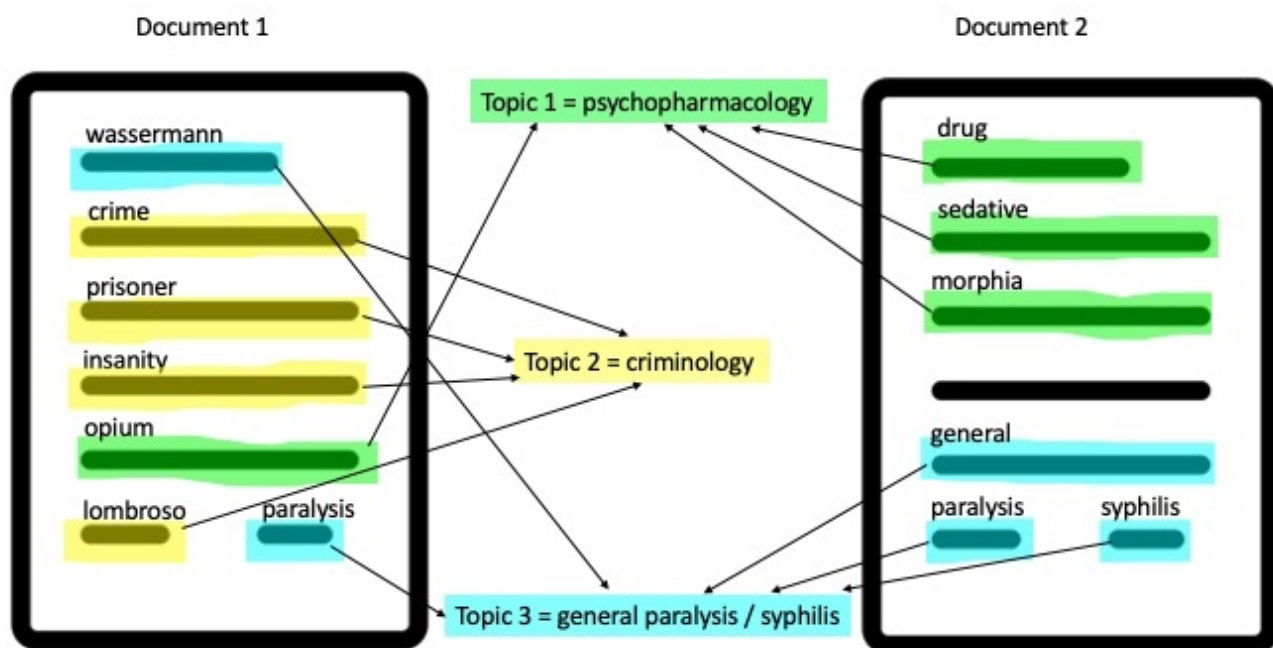
Instead of relying on concordance plots, collocations or N-grams, topic modelling was chosen to gain more control over the corpora and maximise the digital search capabilities. Topic modelling is an unsupervised machine learning technique based on a mathematical formula that, as shown in **figure 6**, aims to classify documents in one or multiple topics. A topic is made up of a cluster of words that statistically occur together across one or multiple documents. Through these clusters of semantically meaningful words the researcher can assign topic names. This approach enabled me to discover which subjects were covered in the journals as well as where and to what extent they were present in a corpus. This allowed me to select relevant parts of the corpora for close reading and deeper analysis.

---

<sup>166</sup> The stop words list included in the Mallet package was used. See: 'MALLET MACHine Learning for Language Toolkit'. This was extended further with additional words depending on the OCR.

<sup>167</sup> Stanford's Core NLP suite was used. See: 'Core NLP', Stanford NLP, accessed 8 February 2021, <https://stanfordnlp.github.io/CoreNLP/>; Christopher D. Manning et al., 'The Stanford CoreNLP Natural Language Processing Toolkit', in *Proceedings of the 52nd Annual Meeting of the Association for Computational Linguistics, ACL 2014, June 22-27, 2014, Baltimore, MD, USA, System Demonstrations*, 2014, 55–60.

<sup>168</sup> This was calculated through corpus-statistics by calculating a threshold for content-bearing pages. For the technical details see: Andersen et al., 'How to Read the 52.000 Pages of the British Journal of Psychiatry?', 3.



**Figure 6.** Each document (page) exists of a “bag of words”. These words are clustered by the computer based on their co-occurrence. Together these words form a topic. One document can contain various topics with different degrees of relevancy. Source of document icon: “Document” by Artem Yurov from the Noun Project, <https://thenounproject.com/search/?q=document&i=1655202>.

Non-negative matrix factorization (NMF) was chosen as a topic modelling algorithm instead of the more commonly used Latent Dirichlet allocation (LDA) which was made popular in machine learning by David M. Blei and his team.<sup>169</sup> Topic modelling, and especially LDA, has since the 2010s been used extensively in humanities and historical research.<sup>170</sup> The reason we chose NMF was due to a number of factors.<sup>171</sup> Its topic stability was an essential feature as unstable topic sets made consistent exploration of the results difficult from a historical point of view. In

<sup>169</sup> Blei and others have published frequently on the use of TM and LDA. David M Blei, Andrew Y Ng, and Michael I Jordan, ‘Latent Dirichlet Allocation’, *Journal of Machine Learning Research* 3, no. January (2003): 993–1022; David M. Blei, ‘Probabilistic Topic Models’, *Communications of the ACM* 55, no. 4 (2012): 77–84; David M. Blei, ‘Topic Modeling and Digital Humanities’, *Journal of Digital Humanities* 2, no. 1 (2012), <http://journalofdigitalhumanities.org/2-1/topic-modeling-and-digital-humanities-by-david-m-blei/>.

<sup>170</sup> See for example: ‘Special Issue on Topic Modeling’, *Journal of Digital Humanities* 2, no. 1 (2012); Graham, Milligan, and Weingart, *Exploring Big Historical Data*, 113–58; Shawn Graham, Scott Weingart, and Ian Milligan, ‘Getting Started with Topic Modeling and MALLET’, *Programming Historian*, 2 September 2012, <http://programminghistorian.org/lessons/topic-modeling-and-mallet>. The use of TM by historians has been mainly used via the command line (see the Stanford Topic Modeling Toolbox ‘Stanford Topic Modeling Toolbox’, accessed 8 February 2021, <https://nlp.stanford.edu/software/tmt/tmt-0.4/>. and MALLET ‘MALLET MACHINE Learning for Language Toolkit’.) although for some a user interface was created. See for example the GUI topic modelling tool: Jonathan Scott Enderle, ‘Senderle/Topic-Modeling-Tool’, 30 August 2020, <https://github.com/senderle/topic-modeling-tool>.

<sup>171</sup> Andersen et al., ‘How to Read the 52.000 Pages of the British Journal of Psychiatry?’, 4–5.

addition, NMF only requires the researcher to specify two parameters – the number of topics and the number of words per topic – while LDA requires three parameters which makes it a more demanding approach that requires more experimentation. Thirdly, LDA yielded too generic topics, while NMF produced more specific topics that were better suited to the purposes of my research. Lastly, being able to take temporal changes into account was crucial and was accomplished via the creation of dynamic topics to gauge the evolution of certain subject over time.

The NMF pipeline consists of two phases.<sup>172</sup> In the first phase Maria Biryukov calculated x-number of topics for each year in the corpus, called “window topics” (**figure 7**). These window topics consisted for each year of a set of between 5 and 10 topics. The calculation of the most suitable number of topics for each year was evaluated through the Word2Vec algorithm as well as via manual evaluation by me as a domain expert. The human evaluation revealed that the computer-based number of topics was not always the number of topics that an expert-user would identify as relevant, while in other cases the computer predictions were consistent with the expert’s choices.<sup>173</sup> Hereafter each topic was assigned to one or multiple documents based on its TF-IDF<sup>174</sup> weight, a statistical measure to evaluate how relevant a word in a given document is vis-a-vis a collection of documents (**figure 8**).

---

<sup>172</sup>Derek Greene and James P. Cross, ‘Exploring the Political Agenda of the European Parliament Using a Dynamic Topic Modeling Approach’, *Political Analysis* 25, no. 1 (2017): 80–83.

<sup>173</sup> For the details about these evaluation practices see: Andersen et al., ‘How to Read the 52.000 Pages of the British Journal of Psychiatry?’

<sup>174</sup> TF-IDF stands for term frequency-inverse document frequency.

1876_01	1876_02	1876_03
asylum	case	morphia
insane	brain	dose
patient	left	mania
medical	cell	injection
report	side	sleep
hospital	nerve	excitement
case	vessel	sedative
lunatic	paralysis	vomit
attendant	frontal	patient
superintendent	centre	hypodermic
association	general	case
number	part	hour
treatment	muscle	night
appoint	motor	acute
class	disease	effect
officer	convolution	subcutaneously
county	blood	action
committee	layer	drug
bethlem	eye	hypnotic
great	corpus	administer

**Figure 7.** A selection of window topics for the year 1876 in the *Journal of Mental Science*. The three topics displayed could be labelled as asylum administration, neurology and pharmacology. Courtesy of Maria Biryukov.

```

Topic 3
1 BJP1876_vol22_nr97-99_39,0.3933
2 BJP1876_vol22_nr97-99_53,0.3877
3 BJP1876_vol22_nr97-99_45,0.3873
4 BJP1876_vol22_nr97-99_38,0.3639
5 BJP1876_vol22_nr97-99_46,0.3609
6 BJP1876_vol22_nr97-99_37,0.3542
7 BJP1876_vol22_nr97-99_55,0.3521
8 BJP1876_vol22_nr97-99_52,0.3491
9 BJP1876_vol22_nr97-99_56,0.3490
10 BJP1876_vol22_nr97-99_40,0.3440
11 BJP1876_vol22_nr97-99_42,0.3412
12 BJP1876_vol22_nr97-99_50,0.3271
13 BJP1876_vol22_nr97-99_35,0.3228
14 BJP1876_vol22_nr97-99_54,0.3179
15 BJP1876_vol22_nr97-99_47,0.3023
16 BJP1876_vol22_nr97-99_43,0.2985
17 BJP1876_vol22_nr97-99_51,0.2920
18 BJP1876_vol22_nr97-99_41,0.2749
19 BJP1876_vol22_nr97-99_48,0.2728
20 BJP1876_vol22_nr97-99_44,0.2692

```

**Figure 8.** Example of a topic distribution across documents in the *Journal of Mental Science*. Top ranked documents have a higher statistical relevance. From left to right: ranking; document name with year, volume, issue number and page number; relevancy score. Courtesy of Maria Biryukov.

During the second phase of the NMF pipeline Maria Biryukov generated “dynamic topics” based on a toolkit developed by D. Green and J. P. Cross.<sup>175</sup> These were directed towards the

<sup>175</sup> Greene and Cross, ‘Exploring the Political Agenda of the European Parliament Using a Dynamic Topic Modeling Approach’, 80–83.

exploration of topic evolution over time. The dynamic topics are no longer based on the original page content but are based on the window topics that were created in the first layer of the pipeline. Different window topics can now be assigned to one specific dynamic topic which can be seen as a generalisation of all the window topics. By creating dynamic topics the development of certain themes in the history of psychiatry across time, for example general paralysis which is the main theme of chapter 4, can be located easier as is shown in **figure 9**.

- Dynamic Topic: D10

Overall : paralysis, general, syphilis, reaction, fluid, case, spinal, positive, syphilitic, blood, serum, cerebro, test, negative, paralytic, disease, wassermann, cent, result, organism

Window 1875 : syphilitic, syphilis, hemiplegia, nervous, symptom, case, disease, paralysis, convulsion, nerve, palsy, tumour, evidence, optic, patient, meningitis, affection, neuritis, change, congenital

Window 1880 : paralysis, general, symptom, disease, syphilis, syphilitic, case, dementia, lesion, mental, diagnosis, paralytic, cerebral, voisin, disorder, mickle, fournier, group, mania, acute

Window 1882 : hallucination, paralysis, general, centre, sensory, auditory, visual, illusion, case, sens, cortical, morbid, cerebral, special, sense, paralytic, cent, cortex, affect, activity

Window 1892 : paralysis, syphilis, general, syphilitic, case, paralytic, cent, disease, history, diathesis, influenza, alcoholic, patient, woman, theory, cerebral, female, life, jacobson, excess

Window 1895 : paralysis, general, disease, case, chronic, renal, cent, kidney, insanity, symptom, lesion, paralytic, cerebral, brain, syphilis, cortical, encephalitis, variety, type, percentage

Window 1896 : paralysis, general, increase, disease, cent, pseudo, paralytic, insanity, case, syphilitic, symptom, syphilis, proportion, form, age, pauper, female, term, private, dementia

Window 1901 : syphilis, paralysis, general, disease, paralytic, history, mott, tabe, case, obtain, syphilitic, evidence, cent, statistics, symptom, mercury, sexual, class, country, infection

Window 1907 : bacillus, paralysis, diphtheroid, organism, general, serum, case, robertson, injection, reaction, ford, tabe, index, broth, rat, culture, obtain, paralytic, mcrae, isolate

Window 1908 : organism, mania, serum, index, injection, blood, case, patient, streptococcus, opsonic, phase, control, chart, agglutinin, bacillus, negative, urine, observation, maniacal, bacterial

Window 1909 : paralysis, bacillus, general, fluid, spinal, organism, syphilitic, reaction, cerebro, syphilis, serum, case, diphtheroid, paralytic, blood, infection, robertson, disease, positive, culture

Window 1910 : fluid, case, blood, reaction, paralysis, bacillus, serum, general, spinal, organism, cerebro, cent, positive, test, negative, wassermann, complement, culture, dementia, syphilis

Window 1911 : reaction, positive, negative, fluid, case, spinal, cerebro, syphilis, cent, wassermann, paralysis, nonne, blood, apelt, test, general, result, serum, obtain, haemolysis

Window 1911(2) : serum, corpuscle, complement, venom, cobra, activate, lecithin, blood, emulsion, pig, guinea, antigen, substance, property, extract, haemolytic, red, cholesterolin, lysis, fluid

Window 1912 : fluid, case, paralysis, general, spinal, cerebro, cell, result, reaction, test, positive, count, condition, increase, aphasia, wassermann, syphilis, blood, disease, lymphocytosis

Window 1913 : paralysis, syphilis, general, reaction, case, positive, symptom, cent, syphilitic, wassermann, tabe, negative, fluid, spinal, disease, salvarsan, blood, diagnosis, result, serum

Window 1914 : pupil, reflex, light, case, sensory, eye, reaction, rigidity, irregularity, pupillary, diameter, symptom, inequality, size, unrest, vision, bumke, loss, record, slight

Window 1914(2) : reaction, fluid, paralysis, serum, positive, spinal, general, wassermann, case, cerebro, syphilis, cent, negative, test, obtain, cell, sign, treatment, blood, examine

Window 1915 : reaction, case, paralysis, general, syphilis, spirochaete, fluid, injection, positive, wassermann, spinal, cerebro, treatment, salvarsan, test, serum, brain, nervous, result, system

Window 1916 : reaction, positive, cent, amentia, average, case, sec, simple, record, variation, serum, time, test, age, examine, syphilitic, result, weakly, number, group

Window 1919 : cell, fluid, spinal, injection, paralysis, blood, case, section, cerebro, general, treatment, arm, patient, count, dementia, disease, cent, type, increase, hospital

Window 1921 : case, dementia, disease, paralysis, syphilis, praecox, cent, general, testis, organ, symptom, fluid, paralytic, atrophy, examination, number, ovary, psychosis, syphilitic, follicle

Window 1922 : fluid, reaction, test, goldsol, gold, spinal, paretic, colloidal, positive, protein, negative, curve, wassermann, colloid, tube, precipitation, precipitate, solution, globulin, syphilis

Window 1923 : paralysis, bayle, general, disease, esquiro, symptom, haslam, thesis, brain, discovery, pinel, insanity, case, finally, account, pathological, speech, mental, great, stage

Window 1923(2) : case, blood, reaction, dementia, test, epilepsy, fit, normal, serum, sugar, condition, praecox, patient, result, epileptic, group, change, attack, state, type

Window 1924 : fluid, paralysis, syphilis, general, pressure, spinal, reaction, cerebrospinal, blood, brain, positive, puncture, result, spiroch, test, neuro, system, nervous, syphilitic, injection

Window 1925 : sugar, curve, blood, glucose, level, normal, case, hyperglyc, ingestion, sustained, hevolose, carbohydrate, hour, rise, fasting, cent, liver, grm, follow, meal

Window 1925(2) : case, fluid, paralysis, general, syphilis, cent, spinal, treatment, cerebro, reaction, result, positive, wassermann, patient, malarial, test, malaria, serum, group, diagnosis

Window 1925(3) : crisis, milk, leucocyte, leucopenia, leucocytosis, adrenalin, minute, moclasic, subject, vaso, reaction, ingestion, normal, pilocarpine, cold, blood, injection, case, constriction, investigate

**Figure 9.** Example of a dynamic topic. Topic D10 dubbed “general paralysis/syphilis” illustrates the evolution towards a more biological approach of general paralysis that took place by the turn of the nineteenth century. Notice especially the use of the words syphilis/syphilitic, spinal and Wassermann. Courtesy of Maria Biryukov.



### Finding hidden content and weak signals: the benefit of using multiple ways of searching

One manner to search is via the raw topic modelling output – especially the dynamic topics – described in the above pages. While this raw topic modelling output was understandable and usable, it also required switching repeatedly between the given output and the digitised sources in order to read the psychiatric journals’ content. Similar as with AntConc, this slowed down the exploration process but was mitigated by importing the topic models into histogram, thereby creating a direct link between the topic model output, the digitised sources and the textual transcription of the sources.

Histogram enabled the integration of additional ways of searching and exploring the corpus to its fullest. Moreover, using these digital search tactics accentuated that they are a valuable addition to more conventional approaches such as manually combing through sources based on its table of contents. Our digital approach assisted in locating more relevant information and particularly to discover “hidden” content and “weak signals” about particular topics.<sup>176</sup> In addition, it helps to reassess our existing knowledge of particular *topoi* in the history of psychiatry. To give an example: a table of contents can be consulted to manually search for journal articles about general paralysis and/or syphilis. For example, in the table of contents of one issue (vol. 26, no. 114) of the *Journal of Mental Science* in 1880 only one, partly relevant, article (“On Syphilitic Insanity” by M. G. Echeverria) would have been noticed by the researcher.<sup>177</sup> Yet, by only browsing manually through the journal’s content interesting parts could be easily missed. The “Psychological Retrospect” section of the *Journal of Mental Science* from the same issue, contains for example relevant information about general paralysis (“The progress of General Paralysis in the Hereditarily Insane” by Marandon de Montyel) that would not have been easily found without a digital search tactic because the table of contents did not specify what was exactly discussed in the retrospect section.<sup>178</sup>

The most essential ways to search a corpus in histogram are found in the “bucket of explorables”.<sup>179</sup> This view exists of four separate visualisations of which one or more can be selected for display: (1) topic modelling scores overview (**figure 10**), (2) exploration of a specific

---

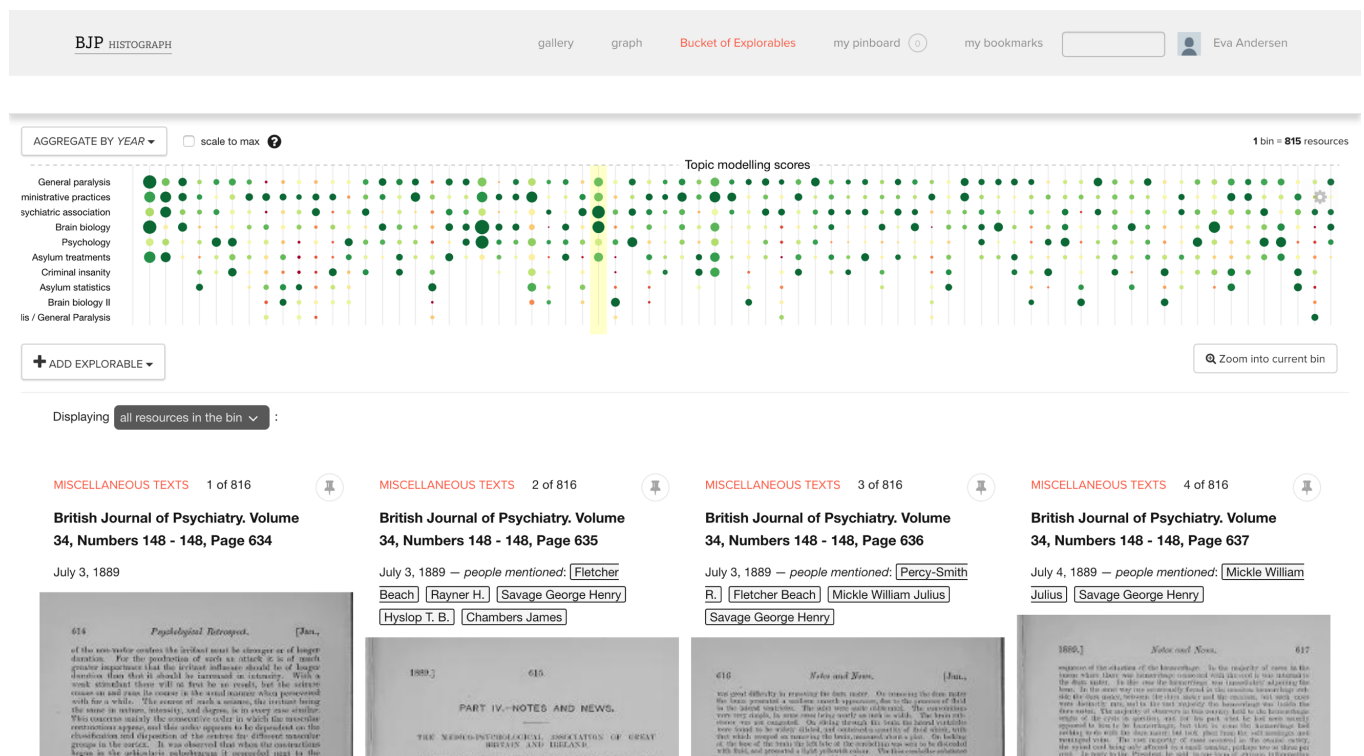
<sup>176</sup> This test was done by making a comparison to the source material used within Judith Hurn 1998 PhD thesis.

<sup>177</sup> *Journal of Mental Science*, 1880, vol. 26, no. 114, [page 532 of the pdf], <http://hdl.handle.net/2027/hvd.hwlwlv>.

<sup>178</sup> T. W. McDowall, “French retrospect”, *Journal of Mental Science*, 1880, vol. 26, no. 114, 312, <http://hdl.handle.net/2027/hvd.hwlwlv>.

<sup>179</sup> A “gallery” view containing all pages of the corpus, and a “graph” view connecting people’s names throughout the corpus are other features of histogram but they were not used, specifically because the latter is still under development.

topic in more detail (**figure 11**) (3) keyword mentions (**figure 12**) and (4) persons' nationality – an information that is derived from the identification of person names in the corpus and their alignment with knowledge graphs such as the Wikipedia. Only the first three were used during this project and will be discussed. A first mode of exploring the corpus is through the topic modelling scores that are generated for each topic. Based on the colour and size of the dots shown in the visualisation we can determine how frequent a topic appeared in each year. This was useful to search for and select subjects that could function as case studies. In addition, there is the possibility to zoom in and out of the dot-visualisation in order to view the pages related to a selected year.



**Figure 10.** Topic modelling scores visualised by dot colour and size in histogram's Bucket of explorables. It helps to determine where topics were frequently discussed. Source: histogram.

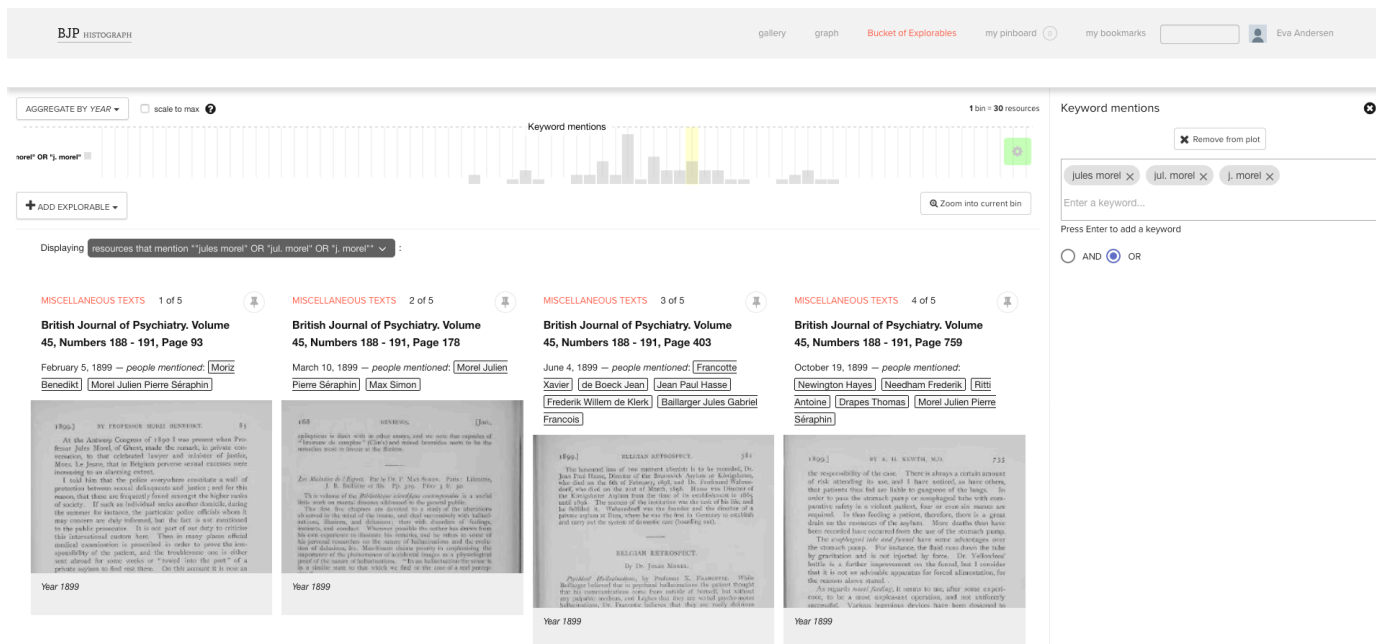
A second mode of searching, and which is closely related to the first one, is the detailed exploration of individual topics (**figure 11**). By clicking on a specific topic, all related pages can be explored. Via additional keywords these results can be further fine-tuned to particular research interests. To give an example (see chapter 4 for more details): one manner to determine the presence of general paralysis or syphilis in a patient was via the Wassermann

reaction, a test created by August von Wassermann. In order to limit the search to only relevant content, simultaneously reducing the number of pages that need to be close read, the topic “general paralysis” was selected and the keyword “wassermann” was added to it. As a result, only pages belonging to the topic “general paralysis” and which contain the word “wassermann” are displayed.

The screenshot shows the BJP HISTOGRAPH interface. At the top, there is a search bar with the text "related to anyone" and "with keywords wassermann". Below the search bar, there is a sidebar on the left with a list of keywords under the heading "General paralysis". The main area displays 11 search results, each with a title, date, and a snippet of text. The results are from the British Journal of Psychiatry, Volume 61, 63, 55, and 53. The results are sorted by relevance.

Figure 11. View of the topic “general paralysis” with the additional keyword “wassermann” (top left corner). In the middle all 11 pages that could be relevant are displayed. Source: histograph.

A third method of search involves the use of “keyword mentions” (figure 12). This functions in a similar way to AntConc. The researcher specifies one or multiple keywords – with the AND/OR function if necessary – that are subsequently displayed as a bar chart. The pages containing the specified keywords can also be displayed. This search mode proved to be a useful tactic to study for example the presence of specific psychiatrists across a corpus. One of them was the internationally renowned Belgian alienist Jules Morel (see chapter 3). By inserting keywords with spelling variations of his name (jules morel, jul. morel and j. morel) a straightforward overview of his name’s occurrence was generated and created a basis for more in-depth exploration.



**Figure 12.** The keyword mentions view in the Bucket of Explorables in histograph. The right side contains the search bar for keyword mentions. At the top, the bar chart displays the frequency with which one or multiple keywords appear for each year. In this example all occurrence of the Belgian psychiatrist Jules Morel’s name in the *Journal of Mental Science* are shown. At the bottom the matching pages wherein the keywords appear are displayed for the year 1899. Keywords used: jules morel, jul. morel and j. morel. Source: histograph.

Via these different analytical layers the researcher has the opportunity to be more precise, as well as flexible about what he or she is searching for. Aside from facilitating corpus exploration, these layers also proved their usefulness for more mundane tasks that form part of the historians’ research process. For example, finding back passages, as every researcher sometimes forgets to write down an observation. In one such case I remembered a psychiatrist discussing the non-restraint debate in terms of war (see chapter 4). However, without having written down the exact year, volume or page number. By asking the system to only give me pages with the words “war” and “restraint” I was not only able to recover the quote I had been looking for, but as it turned out, this type of terminology was more frequently used in the context of the non-restraint system than I had anticipated. While similar or the same functionalities are found in other digital tools as well, histograph has the advantage to be able to incorporate any kind of corpus no matter the platform it was originally acquired from, enabling research across different corpora according to the same set of algorithms and search practices.

The positive results that were gained with the initial search features in histogram led me and my colleagues to brainstorm about and to experiment with other search tactics. Although our time was insufficient to develop additional search tactics to its full potential, I nevertheless think it is important to show where the future of digital search might go and what historians, or humanities researchers in general, could accomplish with it. Not only in terms of a higher search efficiency but also to make genuinely new research incentives and ideas possible. A search tactic we see potential in is the use of auto-complete queries. This type of search combines the best features of keyword searches (needing the researcher's background knowledge) and topic modelling (automatically generated information). Being interested in travel and travel patterns of alienists, my input query consisted for example of the words travel, visit, voyage, foreign and asylum and was applied on the *Journal of Mental Science*. By letting the topic modelling algorithm auto-complete this query I hoped to be able to bypass possible blind spots such as being unaware of the use of certain vocabulary to describe asylum travels.

The topic modelling algorithm gave back the following keywords: abroad, folkestone, country, margate, witley, hospital, superintendent, home, furlough, send, journey, Gibraltar, ranchi, wollaston, friend, haarlem, holiday, continent, calais, institution. While the auto-complete query made sense to a certain extent, it did not necessarily provide me with a great variety of new words to take into account (e.g. journey) – keep in mind that our experiments with these auto-complete queries were and still are in a very early stage of development. However, one word in particular caught my interest: “furlough”. The term made me wonder if there were any rules in place that granted asylum physicians a leave of absence to travel or study. In one example, a discussion was held in 1913 about the “advisability and importance” of granting junior medical staff a leave of absence “[...] in order that they might have the opportunity of making a special study of subjects required by universities who either do now or who may in the future grant diplomas in psychological medicine. No one will dispute the wisdom of this step forward in the study of the causes and prevention as well as in the treatment of insanity [...]”.<sup>180</sup> Another example concerns the British physician Alfred Hume Griffith who, after doing medical work in Persia, had a leave of absence to study in Edinburgh where he gained his M.D. degree. Hereafter he left for Palestine and the Turkish empire and

---

<sup>180</sup> J. B. Spence, “Assistant Medical Officers in Asylums”, *Journal of Mental Science*, 1913, vol. 59, no. 245, 264, <http://hdl.handle.net/2027/njp.32101074924141>.

after a couple of years took another leave of absence to study in Cambridge before taking up a position as superintendent and medical officer at the Lingfield Colony for Epileptics.<sup>181</sup>

While the number of pages that contained the word “furlough” in relation to alienists was small – most instances related to the leave of absence of patients – and the above-mentioned examples only give a limited view upon the existence of the practice of granting research furlough, it nonetheless does give way to the possible exploration of new paths, for example gaining insight in the (abroad) educational cycle of asylum physicians. Combining new forms of digital search (distant reading) with close reading could provide the historian with new research incentives and ideas.

### **Nodegoat and Gephi: exploration through social network analysis**

While AntConc and histogram were primarily used to search, explore and analyse the corpus of psychiatric journals, Nodegoat and Gephi were used to study international medical and psychiatric conferences via social network analysis (SNA) and forms another manner to obtain more control over the number of sources. References to SNA or networks in general, have been used by humanists and historians in a variety of ways over the past years. These range from solely using network metaphors to the rigorous application of network analysis statistics (e.g. the calculation of degree centrality, closeness centrality, betweenness centrality, density range, and many others). These various uses of networks are employed, for example, to illustrate an argument or as a research aid to explore and understand connections between different actors.

One of the older but highly exemplary studies using formal social network analysis is that of Naomi Rosenthal et al., investigating the social movement of nineteenth century women who were active in the Reform movement.<sup>182</sup> In more recent years, historians’ interest in SNA approaches resulted in projects such as *Mapping the Republic of Letters*, *Six degrees of Francis Bacon* or the diverse projects that have been built with Nodegoat.<sup>183</sup> Also within medical history

---

<sup>181</sup> “Notes and news. Obituary. Alfred Hume Griffith, M.D. Edin., D.P.H.Camb.”, *JMS*, 1919, vol. 65, no. 268, 60-61, <http://hdl.handle.net/2027/iau.31858021513126>.

<sup>182</sup> Naomi Rosenthal et al., ‘Social Movements and Network Analysis: A Case Study of Nineteenth-Century Women’s Reform in New York State’, *American Journal of Sociology* 90, no. 5 (1985): 1022–54.

<sup>183</sup> ‘Mapping the Republic of Letters’, accessed 9 February 2021, <http://republicofletters.stanford.edu/index.html>; ‘Six Degrees of Francis Bacon’, accessed 9 February 2021, [http://www.sixdegreesoffrancisbacon.com/?ids=10000473&min\\_confidence=60&type=network](http://www.sixdegreesoffrancisbacon.com/?ids=10000473&min_confidence=60&type=network); Christopher N. Warren et al., ‘Six Degrees of Francis Bacon: A Statistical Method for Reconstructing Large Historical Social Networks’ 10, no. 3 (2016), <http://digitalhumanities.org/dhq/vol/10/3/000244/000244.html>; ‘Nodegoat | Use Cases’, nodegoat, accessed 9 February 2021, <https://nodegoat.net/usecases>; Claire Lemerrier, ‘Formal Network Methods in History: Why and How?’, in *Social Networks, Political Institutions, and Rural Societies* (Brepols Publishers, 2015), 281–310, <https://halshs.archives-ouvertes.fr/halshs-00521527>; Graham, Milligan, and

this approach is used more frequent, opening up new perspectives.<sup>184</sup> International psychiatric and medical conferences especially lent themselves well to uncover the relations that existed between alienists/physicians. However, there also lies a danger in applying SNA. Not only can it lead to distorted or wrong interpretations of network terminology, but, as Lemerrier and Zalc, have put forward “Artificially isolating a group is a major risk in network analysis; the sense of realism provided by images intensifies it. [...] It is therefore possible to draw false conclusions about the density of the network and about boundary phenomena”.<sup>185</sup>

I used SNA chiefly for exploring of and searching through the data. I did not make use of “hardcore” social network analysis by applying a wide range of measurements. I primarily relied on a “soft” version of SNA. In my visual exploration of the data I made use of a two-mode graph,<sup>186</sup> displaying two sort of nodes (e.g. conference nodes connected via an edge to people nodes (**Appendix 2**). Most algorithms do not handle this type of network well. Weingart warns for this problem as especially novices to network analysis are often not aware of this.<sup>187</sup> In addition, a one-mode graph was used, which is a projection of a two-mode graph (e.g. people are displayed as nodes and conferences as edges (**Appendix 3**). In both graph modes I only made use of the out-degree metric which measures the outgoing interactions of an individual (e.g. how many conferences a person visited). In the one-mode graph, edge weight was also explored, giving a visual and numeric overview of how many co-attendances of conferences there were between certain individuals. These two measurements were used to search for potentially interesting psychiatrists. While I’m aware that I could have used more of the full potential of SNA, time and scale constraints made this a difficult task. In addition, the approach

---

Weingart, *Exploring Big Historical Data*, 22–24; Barry Wellman and Charles Wetherell, ‘Social Network Analysis of Historical Communities: Some Questions from the Present for the Past’, *The History of the Family* 1, no. 1 (1 January 1996): 97–121; Thomas D’haeninck, ‘Sociale Hervormers Op Zoek Naar Een Moreel Reveil’ (PhD thesis, Universiteit Gent, 2018).

<sup>184</sup> Jeremy Trevelyan Burman, ‘What Is History of Psychology?: Network Analysis of Journal Citation Reports, 2009-2015’, *SAGE Open* 8, no. 1 (January 2018): 1–17; Ewing and Randall, *Viral Networks: Connecting Digital Humanities and Medical History*; Thomas D’haeninck, Jan Vandersmissen, and Christophe Verbruggen, ‘Belgian Physicians beyond Disciplinary Borders. Social Medicine and Socio-Medical Internationalism, 1852-1914’, 2018; Green et al., ‘Bridge Over Troubled Waters?’; Green, Feinerer, and Burman, ‘Searching for the Structure of Early American Psychology: Networking Psychological Review, 1894–1908’; Green, Feinerer, and Burman, ‘Searching for the Structure of Early American Psychology: Networking Psychological Review, 1909-1923’.

<sup>185</sup>Lemerrier and Zalc, *Quantitative Methods in the Humanities*, 131. Numerous scholars have pointed out these dangers. See for example: Graham, Milligan, and Weingart, *Exploring Big Historical Data*, 201.

<sup>186</sup> Other words are bimodal or bipartite. Scott Weingart, ‘Demystifying Networks’, *Journal of Digital Humanities* 1, no. 1 (2011): 12.

<sup>187</sup> Weingart, ‘Demystifying Networks’, 12.

did not fit well within most of the chosen case-studies. Nevertheless, the amassed data has much potential for future research.

#### *Nodegoat: what and why?*

Nodegoat is a web based relational database which was specifically created for historical research and developed in 2011 by Tim Geerts and Pim van Bree from LAB1100.<sup>188</sup> The choice for this particular database above other relational database programs such as Microsoft Access, or even the use of MS Excel spreadsheets had multiple reasons. A first incentive was that a program such as MS Excel is not an actual database, although many people think of it that way. Moreover, it does not offer all the functionality and building blocks that are necessary to form a relational database. The reasons for not using MS Access had mostly to do with pragmatic choices. It was not compatible with both PC and Mac because it does not exist for Mac users and is not that commonly used anymore among historians. Furthermore, using MS Access meant building and setting up a database from scratch. In addition, not all necessary functionalities are included in this application (e.g. automatic insertion of geographical coordinates). Ultimately, Nodegoat was chosen as it allows the user to create a customised database tailored to his or her needs with a relational, temporal as well as geographical scope.

In addition to the presence of these important functions, I had the opportunity to work together with the researchers of the TIC collaborative<sup>189</sup> and the 2TBI<sup>190</sup> project and make use of their Nodegoat environment and infrastructure (**figure 13**). A key advantage hereof was that a database did not have to be built from scratch. The data properties that were created by the TIC/2TBI team were extensive in terms of the information fields that were provided such as conference name, start and end date of an event, country, thematic keywords, given and family name, date of birth, date of death, sex, profession, place of residence, nationality, etc., and were similar to my own data requirements. In addition, the automatic linking of geo-references to country and city names proved useful. The latter made mapping coordinates in Nodegoat as well as in different programs outside this online environment, easier to use.

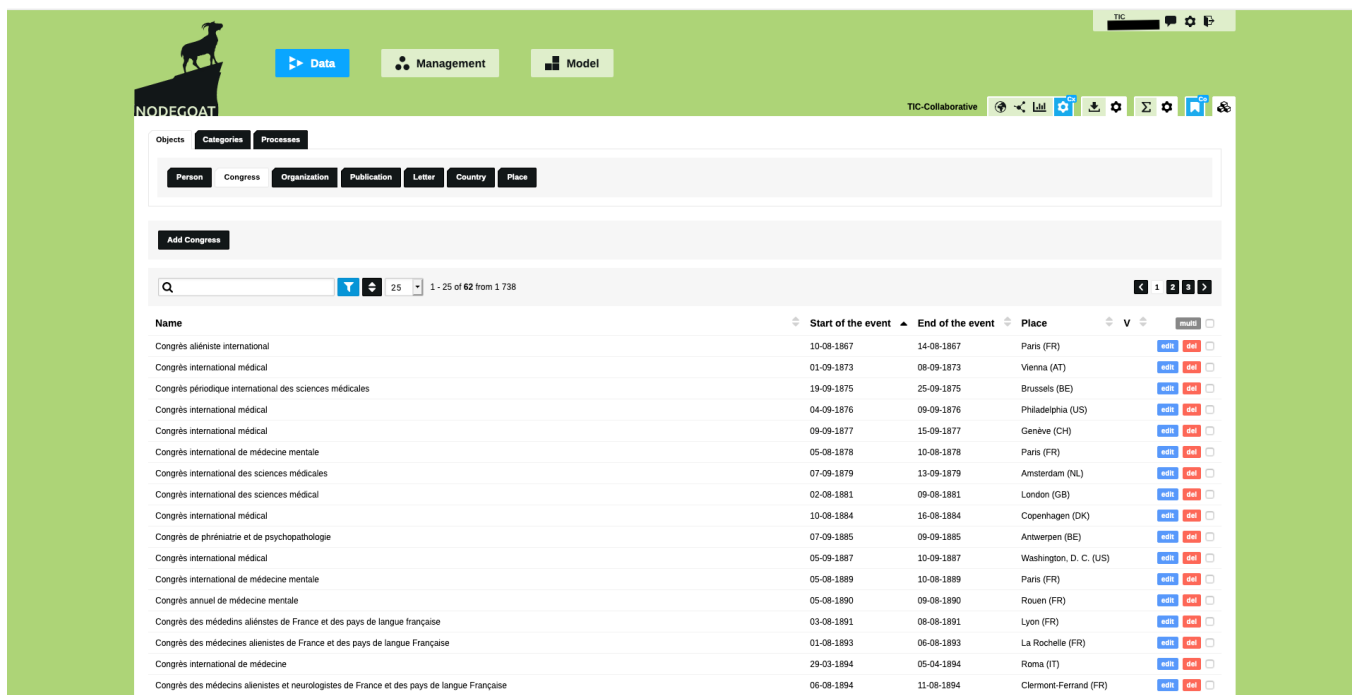
---

<sup>188</sup> 'Nodegoat | About', nodegoat, accessed 9 February 2021, <https://nodegoat.net/about>.

<sup>189</sup> 'TIC Collaborative', accessed 9 February 2021, <https://www.tic.ugent.be/>.

<sup>190</sup> '2TBI', Clariah, accessed 9 February 2021, <https://www.clariah.nl/projecten/research-pilots/2tbi#abstract>.





**Figure 13.** TIC/2TBI Nodogoat environment with a list view of all conferences within the thematic scope “psychiatry”. Source: <https://nodogoat.ugent.be>, accessed 28/12/2020.

A downside, however, of using a database wherein multiple researchers work together, is that people use the database in different ways, especially when it concerns how the various fields are filled in. Some researchers fill in the person “index card” (figure 14) as detailed as possible while others do not. In other cases, problems rise about the certainty of information. A specific field specifies the attendance of people at conferences. Researchers have to select one of three options: “was attended by”; “was listed but did not attend” or leave the field blank. Not all researchers fill in this field which creates uncertainty about its meaning: does it mean that the researcher who filled this in was unsure about the attendance of person? Or does leaving the field blank indicates that this was not a relevant aspect for the researcher? Or does it signify a lack of time to fill it in properly? One could opt for a fourth option “attendance unsure”, but because the overall structure of the database was not designed by me and was not my property, I did not make any changes in this regard.

Providing explanations on how to fill in fields, and the use of obligatory fields could probably counteract these problems to some extent, but this is a feature that is not available yet. Tracing and correcting errors that creep in is not always simple and is a problem for researchers using this or similar co-used databases. An example of such an error is the existence of multiple records of the same person or the same event. In most cases these can be merged

once detected but this is not possible for all errors that could creep into the system. These challenges have been taken into account and have been rectified as much as possible.

The screenshot shows a web-based interface for managing person records. The main area is titled 'Person: Morel Julien Pierre Séraphin'. It contains a form with the following fields:

- Family name: Morel
- Given name: Julien Pierre Séraphin
- Particle: (empty)
- Title before name: (empty)
- Title behind name: (empty)
- Patronymic: (empty)
- Suffix: (empty)
- Honorifics: Dr.
- Alternative names: Morel, Jules; Jules Morel; Julius Morel
- Short description: (empty)
- Date of birth: 06-06-1841
- Date of death: (empty)
- Place of birth: (empty)
- Country of birth: (empty)
- Place of death: (empty)
- Country of death: (empty)
- sex: male
- VIAF: (empty)
- Biografisch portaal: (empty)
- dbpedia: (empty)
- Wikipedia: (empty)
- ODIS: (empty)
- HLS: (empty)
- Notes: (empty text area)
- Identified?: Yes No  None
- temp\_id\_IMPORT: (empty)
- n-c\_import\_id: (empty)
- OLD FIELD - Name: Morel, Jules
- Publication - Verified personal author: (empty)

At the bottom, there are sub-objects: Editor, Sub-Objects: Overview, (Nationality / Country), (Place of residence), (Function / Profession), and Congress (Relation with a person). Below these are several expandable sections with plus signs, including: [Title], [Nationality / Country], [Place of residence], [Marital Status], [Education], [relation with a person], [Birth], [Decease], [Function / Profession], [Thematic field], [Mentioned in], Congress [Relation with a person], Publication [Relation with a person], Person [relation with a person], Letter [Person], and Text [Relation with a person].

**Figure 14.** A person “index card” as constructed by the TIC/2TBI team. This example shows the index card of the Belgian alienist Jules Morel. For a more detailed view see **Appendix 4**. Source: <https://nodegoat.ugent.be>, accessed 09 February 2021.

### Finding a demarcation line for data inclusion

The TIC/2TBI Nodegoat database is rich in content, containing 24348 person entities and 1738 congress entities of which I only used a small fraction.<sup>191</sup> I added information or made changes

<sup>191</sup> ‘Nodegoat [UGent Portal]’, accessed 28 December 2020, <https://nodegoat.ugent.be>.

to 77 conferences and 28 of these were selected for my research.<sup>192</sup> A line needs to be drawn between the conferences to include and exclude from the analysis, and boundaries are needed in terms of what information should be incorporated. Historian Thomas D’Haeninck for example focused on social reform congresses and in particular Belgian and Dutch congress members in his research about social reformers in the nineteenth and twentieth centuries.<sup>193</sup>

Using a similar approach to D’Haeninck was however not possible as only focusing on certain nationalities would defy the purpose of researching transnational connections across Europe. Even though my study chiefly focusses on France, Germany, the Netherlands, Belgium and the United Kingdom, I felt that restricting myself to these nationalities would obscure the larger picture and would leave many blind spots. A first demarcation line included all members of international conferences with an interest in psychiatry regardless of them being an alienist or general physician. To this purpose, the selection of 28 conferences was comprised of the *Congrès international de médecine* of which some had a section dedicated to psychiatry; the *Congrès international de médecine mentale*; the *Congrès international de l’assistance des aliénés et spécialement de leur assistance familiale* and the *Congrès international de neurologie, de psychiatrie, d’électricité médicale et d’hypnologie* (**Appendix 5**). The *Congrès des médecins aliénistes et neurologistes de France et des pays de langue française* was excluded because, although covering psychiatry and having an international scope, this was only the case on a limited scale: they were not as internationally orientated as other conferences (circa 90% of attendees were Frenchmen).

While this seems a straightforward demarcation line, it is not. As we saw earlier, the fields of psychiatry, psychology and neurology lay close together. Furthermore, alienists were often interested in social questions as well, for example about the concerns of alcohol abuse or criminology. I opted not to systematically include psychological conferences such as the *Congrès international de psychologie médicale et de psychothérapie*, or niche fields related to psychiatry, for example the *Congrès international d’anthropologie criminelle* or the *Congrès international contre l’abus des boissons alcooliques*. However, some of these conferences were later on included to some extent because, while visually exploring the data to trace potentially interesting alienists as a case study, it became apparent that alienists with a high attendance

---

<sup>192</sup> At the initial research stage it was foreseen to make use of a much higher number of international conferences, but due to time constrictions and data overload this quickly became unfeasible. ‘Nodegoat [UGent Portal]’.

<sup>193</sup> D’haeninck, ‘Sociale Hervormers Op Zoek Naar Een Moreel Reveil’.

profile for psychiatric conferences, such as the Belgian Jules Morel, also attended conferences about other subjects. In selecting Jules Morel as a case study, conferences on other subject matters were included. An interesting example here, and which will be further explored in chapter 3, is Morel's participation to American prison reform conferences.

The sources used to study these conferences were diverse in its scope, meaning that the historian has not always the necessary information at their disposal and the chosen demarcation line cannot always be strictly applied. Take for example the *Congrès international de médecine* series: for some we have only the *compte rendu générale*, meaning we only have a brought overview of the whole conference without detailed information about the section on psychiatry. For others the conference proceedings for these special sections is available, allowing more details to be entered in Nodegoat. In addition, it was not always possible to find official *comptes rendus*. In these cases unofficial proceedings were relied upon (e.g. a conference review appearing in a psychiatric journal such as *L'Informateur des aliénistes et des neurologistes*).

Furthermore, there is also a problem of scale that needs to be considered. At the onset of international conferences, the number of participants was quite small, making it manageable to import all membership data into Nodegoat. However, the further in time we go, the larger these events became and the less manageable its data import becomes. In these instances the focus shifted in particular to the individuals playing an active role during conference. Active members for example mean those people residing in the *bureau du congrès* (e.g. president, secretaries, honorary presidents), those alienists or physicians that were listed as speaker (e.g. *rapporteur* or those delivering any sort of communication during the congress), as well as those members that partook in discussions.

Moreover, a continuous reflection about the way data is included is important, as for example cities and countries did not exist yet or belonged to other nations. What to do with the different German political entities that would only be unified in 1871? Should these states be recorded as different entities or grouped under one name? I opted to bring them together under the name "Germany" as the range of states and entities was too complex to depict accurately. Another example is Austria-Hungary, a nation that existed between 1867 and 1918. Yet, membership lists mention attendees as being from Hungary or Austria. In these cases the country of origin was listed as Austria-Hungary with an additional note that an individual identified themselves as either Hungarian or Austrian.

A last complication for data entering was the incompleteness of the sources themselves. The people who attended conferences were not always mentioned in the membership lists while they were mentioned in the minutes of a conference session. On the other hand, people who were present in the membership lists did not always attend the conference. In general it is difficult to establish peoples presence at these events with any form of certainty.

#### *Gephi: visual network exploration*

While Nodegoat is used as a database and repository for information, Gephi is an open source SNA application<sup>194</sup> and was used to analyse the information that was collected in Nodegoat. Nodeogot itself has SNA functionalities but I found Gehpi more straightforward to work with.<sup>195</sup> The data from Nodegoat was downloaded and optimised in Excel for import into Gephi (e.g. duplicate information was removed; labelling headers correctly to function with the Gephi framework). The network visualisation of international conferences was first plotted as a two-mode graph. Conference attendees and conferences are represented as nodes, with edges running between them, signifying their connection.

The out-degree visualisation illustrates that there was a small core-group of attendees that visited a large number of conferences (**Appendix 2**), which was one of the incentives to investigate the Belgian alienist Jules Morel in more detail (see chapter 3). This core-group consisted of 22 individuals who visited six or more conferences (**figure 15**). Among them we find individuals such as the Austrian-Hungarian neurologist Benedikt Moritz, the British alienist George Edward Shuttleworth, the Italian alienist Augusto Tamburini, the French psychiatrist Auguste Armand Marie and the Belgian alienist Jules Morel. These are only some of those who belonged to this privileged group of psychiatrists who were able to attend multiple conferences (see chapter 2). Their group consisted of only 0,97% of the total conference attendees between 1867 and 1913, while 92,12% of visitors only attended one or two conferences.

---

<sup>194</sup> 'Gephi - The Open Graph Viz Platform', accessed 9 February 2021, <https://gephi.org/>.

<sup>195</sup> Many tutorials for this tool are available. See in particular the useful step by step explanation of Martin Grandjean: Martin Grandjean, 'GEPHI – Introduction to Network Analysis and Visualization', *Martin Grandjean* (blog), accessed 29 December 2020, <http://www.martingrandjean.ch/gephi-introduction/>.

Person	Number of conferences visited
Crocq Jean	6
Motet Auguste Alexandre	6
Ballet Gilbert	6
Lombroso Césare	6
Hughes Charles Hamilton	6
Sano Fritz	7
Peeters Jean-Alex	7
Mierzejewsky Jan	7
Moreira Juliano	7
Gheorghe Marinescu	7
Bérillon Just Edgard Eugène	7
Benedikt Moritz	8
Morel Julien Pierre Séraphin	8
Obersteiner Heinrich	8
Weygandt Wilhelm	8
Voisin Jules Aristide François	9
Shuttleworth George Edward	9
Magnan Jacques Joseph Valentin	9
Régis Emmanuel	9
Deventer Jacob van	10
Tamburini Augusto	13
Marie Auguste Armand	14

**Figure 15.** Table of all physicians/alienists who visited more than six conferences in the network under study. This group formed only 0,97% of all attendees at an international conference. Source: TIC/2TBI Nodegoat database and Gephi.

Subsequently, a one-mode-graph of this network was created with a plugin<sup>196</sup> and illustrates that this core-group of psychiatrists also possibly formed strong connections among themselves (**Appendix 3**). Although we cannot prove that several of these alienists regularly saw each other during these events, this likelihood nonetheless increases quickly. If we consider that from the core-group – those who visited between 6 and 14 conferences – a large part of them visited 5 to 10 of the same conferences, this is an indicator that the chance of knowledge circulation between certain psychiatrists becomes more likely. Jules Morel for example attended five of the same conferences as the Italian Augusto Tamburini, both of them also being in contact via letter for multiple years.<sup>197</sup> Furthermore, Augusto Tamburini, Auguste

<sup>196</sup> The Gephi plugin “Multimode Networks Transformation” is needed. To download the Plugin, see: Jaroslav Kuchar and Joan Codina, ‘Multimode Networks Transformation Plugin’, Gephi plugin, accessed 9 February 2021, <https://gephi.org/plugins/#/plugin/multimode>. A straightforward guide on how to use this plugin was created by Marin Grandjean and can be found here: Grandjean, ‘GEPHI – Introduction to Network Analysis and Visualization’.

<sup>197</sup> Letter from Augusto Tamburini to Morel on 20/05/1905, Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v.3,

Armand Marie and Jacob van Deventer specifically formed a core unit at international psychiatry conferences. Although the connections between these three individuals could not be explored in the context of this PhD, they nonetheless give rise to potentially interesting research in the future.

---

folder 13, <https://lib.ugent.be/catalog/rug01:000833696>; Letter from Augusto Tamburini to Morel on 10/10/1906, ibidem; Letter from Augusto Tamburini to Morel on 07/10/1907, ibidem; Letter from Augusto Tamburini to Morel on [?]/07/1909, ibidem; Letter from Augusto Tamburini to Morel on 04/01/1910, ibidem; Letter from Augusto Tamburini to Morel on 13/08/1913, ibidem, folder 8; Letter from Augusto Tamburini to Morel on [?]/11/1917, ibidem, folder 13.

# Chapter 2. Knowledge containers

## Introduction: why knowledge containers?

While discussing the dissemination of psychiatric knowledge on a local, national or international level, a question that naturally comes to mind is: what mediums were used to circulate knowledge and information? In itself, this is an easy question to answer. Knowledge circulated in a variety of ways such as through oral communication or in a written form. Among the material preserved from the nineteenth and twentieth centuries we find monographs, textbooks, reports, expert journals, encyclopaedias, pamphlets, letters, conference proceedings, asylum ledgers and patient files. All were used on a regular basis by alienists to convey information, ideas, opinions, theories and discoveries.

Although their general aim was information transfer, each medium had its particular objectives and was accompanied by a set of characteristics that determined its usability. This leads to two other, and even more essential, questions: how did psychiatrists use these mediums to disseminate as well as access information? How did these mediums help to shape expert's knowledge? To answer this question, we need insight into the internal mechanisms of these various communication means. Only then can we begin to understand the overall impact of knowledge circulation, not only on psychiatrists individually, but also on larger scientific structures such as psychiatric associations or the psychiatric profession on a European scale.

Because the amount of material that has been preserved is extensive, not all mediums can be discussed in the scope of this chapter, nor do they all have the intrinsic transnational character that forms an integral part of my research. Therefore, I will focus on three means of communication. Firstly, the use of psychiatric journals. The publication of scientific periodicals was in the nineteenth century a new and promising format for knowledge dissemination and would gradually become one of the most important vehicles of knowledge transmission in scientific and academic circles, which it remains to this day – although we should guard against viewing this process as a teleological one. Multiple historians, such as Gowan Dawson, have argued that the notion that scientific journals have been the main medium of knowledge



legitimation among scientists since the nineteenth century has been too pervasive.<sup>198</sup> Indeed, the scientific journal existed and was used alongside other genres such as monographs, pamphlets and encyclopaedias.<sup>199</sup> Nevertheless, these journals did have a role to play, especially in the psychiatric landscape that developed. Aside from discussing the outset of the psychiatric periodical, I will focus on the role played by editors, publishers and the journals' audiences in shaping an (inter)national knowledge container and the impact of text use, illustrations and language on the reception of psychiatric journals.

Secondly, I will discuss research trips to foreign countries, a practice used by many alienists to fine-tune their expertise and knowledge. Travelling could lead to personal scientific gain due to the meeting of experts and the learning opportunities offered, as well as growing and maintaining a professional network. In addition, the travel reports that alienists wrote about these journeys served others as a travel guide or as a medium to compare asylums across different nations.

Lastly, I will explore the use of international conferences. These were also a medium of communication that began to win more ground from the middle of the nineteenth century onwards. The way these were organised and how smoothly they were run by organisers could have a significant impact on alienists' experiences during conferences. Furthermore, alienists were not always motivated to regularly visit international gatherings, which is essential to keep in mind, as it could give conferences a different stature. Those who did attend conferences relied on the conference organisers to make communication with peers and the transfer of knowledge as easy as possible, as engaging in face-to-face communication was a vital characteristic of these events.

“Have they proclaimed this in writing?” The use of psychiatric journals  
On 24 November 1892 a discussion was held in the Dutch psychiatric society about the therapeutic value of isolating naked patients in isolation cells. At one point in the discussion, the psychiatrist A. O. H. Tellegen mentioned that “[i]t goes too far to claim that no psychiatrist

---

<sup>198</sup> Gowan Dawson and Jonathan R. Topham, ‘Introduction: Constructing Scientific Communities’, in *Science Periodicals in Nineteenth-Century Britain: Constructing Scientific Communities*, ed. Gowan Dawson et al. (Chicago: University of Chicago Press, 2020), 3.

<sup>199</sup> Alex Csiszar, ‘Seriality and the Search for Order: Scientific Print and Its Problems during the Late Nineteenth Century’, *History of Science* 48, no. 3–4 (2010): 403.

does it. As I said, it is done in the Charité<sup>200</sup>, which was a highly reputable hospital in Berlin. Following Tellegen's remark, a simple but intriguing question followed from van Andel, who asked: "Have they proclaimed this in writing?".<sup>201</sup> As this quote implies, making tangible and verifiable claims was essential and, by committing one's ideas to paper – be it a book, article or pamphlet – it was ensured that claims could be corroborated. Publishing research findings allowed psychiatrists to state their views on controversial debates, or outline new pathological discoveries and therapeutic remedies to the benefit of their colleagues. Consequently, fellow peers (academics, physicians, alienists) could engage with these claims in the private sphere of their own minds, via private correspondence or, more publicly, through face-to-face communication or printed media. The latter especially allowed experts to assess, verify and criticise statements and hypotheses.

Voicing opinions seems a straightforward process but is underlaid with cultural notions about what constitutes psychiatry, assumptions about truth and falsehood, technical notions such as the construction of arguments, and how and where discoveries and observations were published. As historian Alex Csiszar, a specialist in the history of communication media and information technology, has indicated: "Formats and genres have epistemic consequences".<sup>202</sup> The shape a knowledge container took influenced peoples' interactions with the object itself and its content. For example, when a text was printed inside a periodical, it was easier to reply to the enclosed claims via a letter or counter-article published inside that journal instead of printing the same text in a book which was more static in its nature.

Scientific journals in particular, including those dedicated to psychiatry, were a form of communication that became more and more popular among contemporaries. They became embedded in alienists' scientific lives and became a new gateway for scientific communication. They created an imagined community of specialists similar to the Republic of Letters. Only now,

---

<sup>200</sup> "Het gaat te ver om te beweren, dat geen psychiater het doet. Zoals ik zeide, wordt het gedaan in de Charité". See: "Vergadering der Nederlandsche Vereniging voor Psychiatrie op 24 November 1892 te Utrecht. Tellegen. Celbehandeling. Naakt of niet naakt", *Psychiatrische bladen*, 1893, vol. XI, 65, <http://hdl.handle.net/2027/chi.098893609>.

<sup>201</sup> "Hebben zij dit in geschriften verkondigd?". See: "Vergadering der Nederlandsche Vereniging voor Psychiatrie op 24 November 1892 te Utrecht. Tellegen. Celbehandeling. Naakt of niet naakt", *Psychiatrische bladen*, 1893, XI, p.65, <http://hdl.handle.net/2027/chi.098893609>.

<sup>202</sup> Alex Csiszar, 'Introduction Broken Pieces of Fact', in *The Scientific Journal: Authorship and the Politics of Knowledge in the Nineteenth Century* (Chicago: University of Chicago Press, 2018), 3.

in the nineteenth century, the function of the letter and periodicals existed side by side.<sup>203</sup> Two of the latter's advantages were its more extensive and simultaneous reach of larger groups of people and its wider geographical range. Historian of science Melinda Baldwin remarked that numerous researchers have overlooked academic journals while examining scientific internationalism.<sup>204</sup> In addition, there is still a large gap in our understanding of how the forms and functions of periodicals changed in different countries and over time, as well as their relationships to other media.<sup>205</sup>

My aim in the following pages is to address these particular issues by outlining the inner principles and processes involved in (inter)nationally communicating through psychiatric journals. Aside from a general overview of the origin of psychiatric periodicals, attention will be paid to the editors, readers, publishers and printers involved in the creation and continued existence of these journals. Editors, authors, printers and readers are all interlinked and influenced the development of a journal on the national as well as international market. While the authors who contributed to these journals will not be a focal point<sup>206</sup>, the editors on the other hand will receive most attention because this position entailed a set of facets and practices that could have far-reaching effects on the publishers, authors and readers involved.

---

<sup>203</sup> Aside from scientific journals, correspondence stayed an important means of communication between scholars and medical practitioners. This was facilitated by the invention of new and faster means of communication (e.g. typewriter, telegrams).

<sup>204</sup> Melinda Baldwin, *Making 'Nature': The History of a Scientific Journal* (Chicago: University of Chicago Press, 2015), 12.

<sup>205</sup> Sally Shuttleworth and Berris Charnley, 'Science Periodicals in the Nineteenth and Twenty-First Centuries', *Notes and Records of the Royal Society of London* 70, no. 4 (2016): 297.

<sup>206</sup> This is not the case because they are not important but because no information could be found inside the journals concerning their exact motives or the communications that happened between them and the editors of these journals. Through the use of private papers from these authors, insight in their motives might have been possible. However, just as with letters, this is a type of source that is not often available in large quantities or easily traceable.

## Periodicals as a study object in their own right

Before I trace the history of psychiatric journals to its full extent, I want to elaborate on the reasons why I emphasise the practical processes and forms that psychiatric journals took. The main reason is to be found in the historiographical development of periodical studies. A leitmotif that is woven throughout this research area is that historians have mainly been using periodicals as a historical source instead of “historical phenomena in their own right, often taking the existence of journals for granted rather than viewing them as objects whose existence requires explanation”.<sup>207</sup> This statement applies not only to periodicals in general but, even more so, to medical and psychiatric journals.

The scientific journal as an object of historical research in its own right is only a relatively recent branch of scholarship. The influential information scientist Jack Arthur Meadows was the first to address the historical use of scientific publishing and communication, in the 1970s and 1980s.<sup>208</sup> Interest in this subject can be mainly traced back to the cultural and material turn, although other historical research domains have also contributed to it over the past few years. In the 1990s the study of periodicals was influenced by book history and publishing history<sup>209</sup> – and in more recent years its development has also been influenced by the history of science and communications studies. Interest in the study of journals has been growing substantially since the beginning of the twenty-first century, with research widely focusing on popular journals and magazines. Interest in academic and scientific journals has only arisen since the 2010s.<sup>210</sup>

It is safe to say that periodical studies has become a separate field of enquiry within language and literature studies, and history. In the United Kingdom especially, it has been fruitful via the creation of academic journals devoted to this particular source, such as the *Victorian Periodicals Review*.<sup>211</sup> In addition, researchers now have wider access to this material due to the increase in digitisation projects for newspapers and journals.<sup>212</sup> The scope of the research that was done in past decades is vast and many

---

<sup>207</sup> Quote by James Secord as found in: Baldwin, *Making 'Nature'*, 11.

<sup>208</sup> Arthur Jack Meadows, *Development of Science Publishing in Europe* (Elsevier Science Publishers, 1980); Gillian Page, Arthur Jack Meadows, and Robert Campbell, *Journal Publishing: Principles and Practice* (London: Butterworths, 1987); Arthur Jack Meadows, 'The Rise of the Scientific Journal', in *Communication in Science* (London: Butterworths, 1974); Arthur Jack Meadows, *The Scientific Journal* (London: Aslib, 1979).

<sup>209</sup> Aileen Fyfe and Anna Gielas, 'Introduction: Editorship and the Editing of Scientific Journals, 1750–1950', *Centaurus* 62, no. 1 (2020): 9.

<sup>210</sup> Fyfe and Gielas, 'Introduction: Editorship and the Editing of Scientific Journals', 9.

<sup>211</sup> 'Victorian Periodicals Review', Project MUSE, accessed 13 February 2021, <https://muse.jhu.edu/journal/304>.

<sup>212</sup> Shuttleworth and Charnley, 'Science Periodicals in the Nineteenth and Twenty-First Centuries', 297; Sean Latham and Robert Scholes, 'The Rise of Periodical Studies', *PMLA* 121, no. 2 (2006): 517.

essential findings have arisen from it. The social, cultural, economic and political repercussions of this type of media, as well as its more technical aspects such as usability, functions and overall development, have been traced in recent years.<sup>213</sup>

A particular subject that has figured widely in this research is the natural sciences – for example, the journals *Nature* and *Philosophical Transactions of the Royal Society* have been studied in great depth.<sup>214</sup> The latter is seen by many as the earliest example of a scientific journal and can be traced back to the seventeenth century, although others, such as William H. Brock, mention that the first scientific periodical was the *Journal de Savants*, also traceable to the seventeenth century.<sup>215</sup> The focus on natural sciences has obscured the wide range of other journals that were produced in the nineteenth century, among those medical and psychiatric journals. Medical

---

<sup>213</sup> It is impossible to give an exhaustive overview of this literature. The most important works are: Gowan Dawson et al., *Science Periodicals in Nineteenth-Century Britain: Constructing Scientific Communities* (Chicago: University of Chicago Press, 2020); 'Special Issue. Reading the Nineteenth Century Medical Journal', *Media History* 25, no. 1 (2019), <https://www.tandfonline.com/toc/cmeh20/25/1>; Noah Moxham and Aileen Fyfe, 'The Royal Society and the Prehistory of Peer Review, 1666-1965', *The Historical Journal* 61, no. 4 (2018): 863–89; Alex Csiszar, *The Scientific Journal: Authorship and the Politics of Knowledge in the Nineteenth Century* (Chicago: University of Chicago Press, 2018); 'Special Issue: Science Periodicals in the Nineteenth and Twenty-First Centuries', *Notes and Records of the Royal Society of London* 70, no. 4 (2016), <https://www.jstor.org/stable/i26312829>; 'Special Issue: 350 Years of Scientific Periodicals', *Notes and Records of the Royal Society of London* 69, no. 3 (2015), <https://www.jstor.org/stable/i26312828>; Baldwin, *Making 'Nature'*; Alex Csiszar, 'Objectivities in Print', in *Objectivity in Science: New Perspectives from Science and Technology Studies*, ed. Flavia Padovani, Alan Richardson, and Jonathan Y. Tsou (Cham: Springer, 2015), 145–69; Jacy L Young and Christopher D. Green, 'An Exploratory Digital Analysis of the Early Years of G. Stanley Hall's American Journal of Psychology and Pedagogical Seminary', *History of Psychology* 16, no. 4 (2013): 249–68; German Elias Berrios, 'Forbes Winslow and His Journal', *History of Psychiatry* 24, no. 4 (2013): 492–501; J. C. Burnham, 'Transnational History of Medicine after 1950: Framing and Interrogation from Psychiatric Journals', *Medical History* 55, no. 1 (2012): 3–26; Csiszar, 'Seriality and the Search for Order'; Latham and Scholes, 'The Rise of Periodical Studies'; Jonathan R. Topham, 'Scientific Publishing and the Reading of Science in Nineteenth-Century Britain: A Historiographical Survey and Guide to Sources', *Studies in History and Philosophy of Science Part A* 31, no. 4 (2000): 559–612; W.F. Bynum, Stephen Lock, and Roy Porter, *Medical Journal's and Medical Knowledge: Historical Essays* (London: Routledge, 1992).

<sup>214</sup> Noah Moxham, "'Accoucheur of Literature": Joseph Banks and the Philosophical Transactions, 1778–1820', *Centaurus* 62, no. 1 (2020): 21–37; 'Special Issue: Science Periodicals in the Nineteenth and Twenty-First Centuries'; Melinda Baldwin, 'Credibility, Peer Review, and Nature, 1945–1990', *Notes and Records: The Royal Society Journal of the History of Science* 69, no. 3 (2015): 337–52; Baldwin, *Making 'Nature'*; Aileen Fyfe, 'Journals, Learned Societies and Money: Philosophical Transactions, ca. 1750-1900', *Notes and Records of the Royal Society of London* 69, no. 3 (2015): 277–99; Dwight Atkinson, *Scientific Discourse in Sociohistorical Context: The Philosophical Transactions of the Royal Society of London, 1675-1975* (Mahwah: Lawrence Erlbaum Associates, 1999); David E. Allen, 'The Struggle for Specialist Journals: Natural History in the British Periodicals Market in the First Half of the Nineteenth Century', *Archives of Natural History* 23, no. 1 (1996): 107–23.

<sup>215</sup> Melinda Baldwin, 'A Perspective from the History of Scientific Journals', *History of Psychology* 21, no. 4 (2018): 363–64; Jonathan R. Topham, 'The Scientific, the Literary and the Popular: Commerce and the Reimagining of the Scientific Journal in Britain, 1813–1825', *Notes Rec. Notes and Records of the Royal Society of London* 70, no. 4 (2016): 305–8; W. H. Brock, 'Science', in *Victorian Periodicals and Victorian Society*, ed. J. Don Vann and Rosemary T. Van Arsdell (Toronto: University of Toronto Press, 2016), 85.

historians have not extensively traced the use and influence of such a medium on knowledge creation and circulation in the medical field at large, or in psychiatry in particular.<sup>216</sup> While in recent years valuable contributions have been made to the investigation of material culture – such as the meaning and functioning of buildings, utensils and clothing – in the history of psychiatry, the place of periodicals herein has been neglected.<sup>217</sup>

Broadly speaking, psychiatric journals can be studied in two particular ways: as a source to study and trace the history of different subjects (e.g. the history of depression, mentally disabled children, opiate use in psychiatric treatment), or as objects of their time (how psychiatrists and physicians used these journals as reader, author or editor on a day-to-day basis). Although additional archival material to explore these interactions is rather limited, the journals themselves do give us an idea about its functions.<sup>218</sup>

Many essential findings have arisen from historical research into popular and scientific periodicals, and given us insights about their content, use and form. The way journals were constructed and used has changed considerably over the centuries. One of the building blocks of scientific periodicals that has changed considerably is that of peer review. Although today it is one of the features most associated with scientific publications, it is quite a recent invention that only became a commonly used term and practice in the 1960s.<sup>219</sup> Another feature that has changed significantly is the content of scientific journals. Its scope could vary greatly depending on time and place – from original contributions, through copied articles and reviews, to minutes, obituaries and

---

<sup>216</sup> A few precedents are: Burnham, 'Transnational History of Medicine after 1950'; Michael Shepherd, 'Psychiatric Journals and the Evolution of Psychological Medicine', in *Medical Journals and Medical Knowledge: Historical Essays*, ed. W.F. Bynum, Stephen Lock, and Roy Porter (London: Routledge, 1992); W.F. Bynum and Janice C. Wilson, 'Periodical Knowledge: Medical Journals and Their Editors in Nineteenth-Century Britain', in *Medical Journals and Medical Knowledge*, ed. W. F. Bynum (London: Routledge, 1992), 29–48; Bynum, Lock, and Porter, *Medical Journal's and Medical Knowledge: Historical Essays*.

<sup>217</sup> Monika Ankele and Benoît Majerus, eds., *Material Cultures of Psychiatry* (Transcript Verlag, 2020); Benoît Majerus, 'Material Objects in Twentieth Century History of Psychiatry', *BMGN - Low Countries Historical Review* 132, no. 1 (2017); Jennifer L Bazar, 'Objects of Daily Life: Materiality in North American Institutions for the Insane' (PhD thesis, Toronto, York University, 2014).

<sup>218</sup> This depends on the journal as not all of them offer the same amount of (indirect) information about publishing and printing practices. For this reason some journals will be discussed in more detail than others.

<sup>219</sup> Baldwin, 'Credibility, Peer Review, and Nature, 1945–1990'; Baldwin, 'A Perspective from the History of Scientific Journals', 365; Moxham and Fyfe, 'The Royal Society and the Prehistory of Peer Review',

other observations and news items.<sup>220</sup> Additionally, the layout of this medium – volume numbering, author attribution, the use of footnotes, publication intervals, the use of text in combination with images, etc – has been reinvented and changed numerous times.<sup>221</sup> Because of the diversity among periodicals, its characteristics cannot be blindly attributed to any nineteenth-century scientific journal: natural science periodicals' content and publication processes were not necessarily the same as those used in psychiatric journals, although many of their characteristics do resemble or overlap each other.

### The birth of the psychiatric journal

The nineteenth century was characterised by a steep increase in the number of periodicals that were published. By the middle of the nineteenth century there were about 1000 in circulation and by the end of the nineteenth century this amounted to circa 10000.<sup>222</sup> Innovations in printing, a growth in schooling and literacy rates, and a broader interest from the general public in for example, natural sciences, medicine, history, politics, art, literature, domestic life and social welfare created a market for lay and expert readers alike.<sup>223</sup> The rise of specialist publications in particular coincided with the professionalisation of different specialities that established themselves in the nineteenth century.<sup>224</sup> In Europe, psychiatry was among the specialities that

---

<sup>220</sup> Joris Vandendriessche, 'De Redacteur En Het Buitenland. "Hergebruik" van Buitenlandse Historische Teksten in Nederlandse Periodieken, 1780-1860', *De Moderne Tijd* 3, no. 1 (2019): 2–27; Baldwin, 'Credibility, Peer Review, and Nature, 1945–1990'; Geoffrey Belknap, 'Illustrating Natural History: Images, Periodicals, and the Making of Nineteenth-Century Scientific Communities', *The British Journal for the History of Science* 51, no. 03 (2018): 395–422; Baldwin, 'A Perspective from the History of Scientific Journals'; Alex Csiszar, 'How Lives Became Lists and Scientific Papers Became Data: Cataloguing Authorship during the Nineteenth Century', *The British Journal for the History of Science* 50, no. 1 (2017): 23–60; Pietro Corsi, 'What Do You Mean by a Periodical? Forms and Functions', *Notes and Records of the Royal Society of London* 70, no. 4 (2016): 325–41; Topham, 'The Scientific, the Literary and the Popular'; Shuttleworth and Charnley, 'Science Periodicals in the Nineteenth and Twenty-First Centuries'; Anthony Grafton, *The Footnote: A Curious History*, ebook (Harvard University Press, 1999) preface; Baldwin, *Making 'Nature'*, 11.

<sup>221</sup> Baldwin, 'Credibility, Peer Review, and Nature, 1945–1990'; Belknap, 'Illustrating Natural History'; Baldwin, 'A Perspective from the History of Scientific Journals'; Csiszar, 'How Lives Became Lists and Scientific Papers Became Data'; Corsi, 'What Do You Mean by a Periodical?'; Topham, 'The Scientific, the Literary and the Popular'; Shuttleworth and Charnley, 'Science Periodicals in the Nineteenth and Twenty-First Centuries'; Grafton, *The Footnote* preface.

<sup>222</sup> Brock, 'Science', 86.

<sup>223</sup> Barbara Allart, 'Perspectives on Science in Dutch Nineteenth-Century General Periodicals, or Ideas on the Use of Scientific Education', *Scientiarum Historia* 26 (2000); Aileen Fyfe, *Steam-Powered Knowledge: William Chambers and the Business of Publishing, 1820-1860* (Chicago: The University of Chicago Press, 2012), 5–7; The Multigraph Collective, *Interacting with Print: Elements of Reading in the Era of Print Saturation* (Chicago: University of Chicago Press, 2019), 2–3.

<sup>224</sup> Alan G. Gross, 'Style and Presentation in the 19th Century', in *Communicating Science: The Scientific Article from the 17th Century to the Present*, 2002, 117–24; Baldwin, 'A Perspective from the History of Scientific Journals'; Baldwin, 'Credibility, Peer Review, and Nature, 1945–1990'; Corsi, 'What Do You

professionalised relatively early, due to its problematic public image and the strenuous working conditions faced within the asylum.<sup>225</sup>

What then defines the psychiatric journal in the nineteenth and early twentieth centuries? Did each journal have the same goals, priorities and points of departure within Western Europe? How did this impact the information that was covered by and inserted into these journals? What was the agency of the people involved – the authors, editors, readers and printers? How could people access these journals? And what role did language play in their visibility and distribution in a world that was becoming more and more globalised? In what follows I want to address some of these basic, yet essential, features.

There was a wide variety of professional journals available. Some of these were published under the auspices of a particular expert, as was the case with the American journal *The Alienist and Neurologist* which was published by neurologist Charles Hamilton Hughes<sup>226</sup>, or the French *Archives de Neurologie. Revue trimestrielle des maladies nerveuses et mentales*, which was created by the well-known neurologist Jean-Martin Charcot, chief superintendent at the famous Salpêtrière Hospital. Another category of periodicals, and which forms the main interest in this research, was those published under the direction of psychiatric societies.

---

Mean by a Periodical?'; Shuttleworth and Charnley, 'Science Periodicals in the Nineteenth and Twenty-First Centuries'.

<sup>225</sup>George Weisz, *Divide and Conquer: A Comparative History of Medical Specialization* (Oxford: Oxford University Press, 2005), 1–83; W. F. Bynum and Roy Porter, *Companion Encyclopedia of the History of Medicine* (London: Routledge, 1993), 193–94; Andrew Scull, *Madness in Civilization: A Cultural History of Insanity, from the Bible to Freud, from the Madhouse to Modern Medicine* (London: Thames & Hudson, 2015), 218–22; Harry Oosterhuis and Jessica Slijkhuis, *Verzichte Zenuwen En Zeden. De Opkomst van de Psychiatrie in Nederland (1870-1920)* (Rotterdam: Erasmus Publishing, 2012), 64–67; Eva Andersen, 'De Soci t  de M decine Mentale de Belgique in Transnationaal Perspectief (1869-1900)', *Belgisch Tijdschrift Voor Nieuwste Geschiedenis* XLVII, no. 4 (2017): 55–56; Wannas Dupont, 'Free-Floating Evils: A Genealogy of Homosexuality in Belgium' (PhD thesis, Antwerp, Universiteit Antwerpen, 2015), 73–98; Karel Velle, 'Het Verenigingsleven van de Belgische Geneesheer. Een Bijdrage Tot de Geschiedenis van Het Artsenberoep', *Annalen van de Belgische Vereniging Voor Geschiedenis van de Hospitalen En de Volksgezondheid* 26–27 (1988): 71–72; Karel Velle, *De Nieuwe Biechtvaders: De Sociale Geschiedenis van de Arts in België* (Leuven: Kritak, 1991), 112–13; Karel Velle, 'Bronnen Voor de Medische Geschiedenis: De Belgische Medische Pers (Begin XIXde Eeuw-1940)', *Annalen van de Belgische Vereniging Voor Geschiedenis van de Hospitalen En de Volksgezondheid* 23–24 (1986 1985): 67–119; Jan Ellen Goldstein, *Console and Classify. The French Psychiatric Profession in the Nineteenth Century*, 1987; Ian Dowbiggin, *Inheriting Madness. Professionalisation and Psychiatric Knowledge in Nineteenth-Century France*, vol. 4, Medicine and Society Series (Berkeley: University of California Press, 1991).

<sup>226</sup> It is interesting to note that Hughes and his journal were often cited across Europe. In addition, his interest in Italian psychiatry aided in introducing the Italian school of psychiatry in America. For a biographical overview and obituary see: "Obituary", *The Alienist and Neurologist*, 1916, vol. 37, no. 3, 321-322, <https://archive.org/stream/alienistneurolog37stlouoft#page/320/mode/2up>; Walter B. Stevens, *St. Louis. History of the Fourth City 1763-1909*, 1909, vol. 3, 140-142, <https://archive.org/stream/stlouisfourthcit03stev#page/140/mode/2up>.



One of the oldest psychiatric societies in existence is the *Association of Medical Officers of Asylums and Hospitals for the Insane*, created in 1841 by Samuel Hitch, superintendent of the Gloucester Asylum.<sup>227</sup> Other countries would quickly follow suit. In 1842 the foundation was laid for a society for *Deutschlands Irrenärzte* by the psychiatrist Heinrich Damerow, although it would only become a statutory association in 1846 under the name *Verein der Deutschen Irrenärzte*.<sup>228</sup> The creation of a society for French psychiatrists was also not without its problems. The distinguished alienist Jules Gabriel François Baillarger was in the early 1840s, the first among his peers to propose the creation of a learned society for alienists (and is therefore considered to be its founder), which was approved and supported by other psychiatrists.<sup>229</sup> The French *Société Médico-Psychologique* (SMP) was officially founded in 1847 but only became operational in 1852 due to the 1848 revolution and the turbulent period that followed it.

After the foundation of these three societies, a little more than two decades passed before Belgian and Dutch psychiatrists would assemble themselves into associations. The Belgian alienist Jean-François Bulckens, a pupil of Jozef Guislain, and director of the Gheel colony, would take the lead in bringing Belgian psychiatrists together and, with the support of his peers, founded the *Société de Médecine Mentale de Belgique* (SMMB) in 1869.<sup>230</sup> Its creation was supported by the Belgian government

---

<sup>227</sup> In its long existence the British association changed names multiple times. A first name change occurred in 1865 when they became the *Medico-Psychological Association*. From 1888 onwards this would become the *Medico-Psychological Association of Great Britain and Ireland*. In 1926 they received a Royal Charter, becoming the Royal Medico Psychological Association, and finally, in 1971 would become the Royal College of Psychiatrists. For convenience sake the association will most often be referred to as the British psychiatric association. A detailed history can be found in: Thomas Bewley, *Madness to Mental Illness: A History of the Royal College of Psychiatrists* (London: RCPsych Publications, 2008).

<sup>228</sup> The German association also went through different name changes. For convenience sake it will most often be referred to as the German psychiatric association. In 1903 they would change their name to *Deutscher Verein für Psychiatrie*. From the end of the 1830s, under national socialism, where forced to become the *Gesellschaft Deutscher Neurologen und Psychiater*. Three more name changes would occur. In 1954 the association would change its name to *Deutsche Gesellschaft für Psychiatrie und Neurologie*, in 1992 this would become *Deutsche Gesellschaft für Psychiatrie, Psychotherapie und Nervenheilkunde* and in 2012 it received its current name, *Deutsche Gesellschaft für Psychiatrie und Psychotherapie, Psychosomatik und Nervenheilkunde*. See: Silke Fehleemann et al., '175 Jahre Psychiatrische Fachgesellschaften in Deutschland. Die Geschichte Der DGPPN Und Ihrer Vorgängerorganisationen' (DGPPN, 2017), 2–6, [https://www.dgppn.de/\\_Resources/Persistent/d236aa5d3d496368c2a1f8551d992c983914f2cb/2017-06-29\\_Festschrift\\_175\\_Jahre\\_DGPPN.pdf](https://www.dgppn.de/_Resources/Persistent/d236aa5d3d496368c2a1f8551d992c983914f2cb/2017-06-29_Festschrift_175_Jahre_DGPPN.pdf).

<sup>229</sup> Dowbiggin, *Inheriting Madness*, 4:76–92; Goldstein, *Console and Classify*, 341–42.

<sup>230</sup> Andersen, 'De Société de Médecine Mentale de Belgique in Transnationaal Perspectief (1869-1900)', 54–55.

who allocated the association (and its journal) a yearly subsidy.<sup>231</sup> In the Netherlands, the medical realm saw the birth of the *Nederlandsche Vereniging voor Psychiatrie* (NVP) in 1871 under the auspices of Johannes Nicolaas Ramaer, Arnoldus Hugo van Andel, Regnerus Lammerts van Bueren and Nicolaas Bernard Donkersloot.<sup>232</sup>

These five societies had many characteristics in common, as their main ambition was to bring specialists together. The reasons here were twofold. Firstly, contact between alienists was scarce due to their isolation within the asylums. By creating a professional association, psychiatrists were brought together, nurturing scientific progress in the field of psychiatry and fostering the exchange of experiences from which they, as well as the patients under their care, could benefit.<sup>233</sup> Secondly, an association could help to enhance their social and scientific standing in society, which was, during most of the nineteenth century, rather bleak. By uniting, a stronger front was formed to defend their beliefs and material interests to the outside world. These associations were also officially recognised by their governments, which allowed them

---

<sup>231</sup> The subsidies fluctuated between 400 and 600 Belgian Francs. See for example: B. C. Ingels, "Séance ordinaire du 14 octobre 1874, tenue à Bruxelles", *Bulletin de la Société de Médecine Mentale de Belgique*, 1874, no. 5, 6, <http://hdl.handle.net/2027/mdp.39015070250868>; B. C. Ingels, "Procès-verba, de la séance ordinaire du 28 octobre 1875, tenue à Bruxelles au Palais de l'Université", *BSSMB*, 1875, no. 7, 7-8, <http://hdl.handle.net/2027/mdp.39015070250868>; B.C. Ingels, "Procès-verbal de la séance ordinaire tenue à Bruxelles, le 28 avril 1883, au Palais de l'Université", *BSSMB*, 1883, no. 29, 10, <http://hdl.handle.net/2027/mdp.39015070251049>; B. C. Ingels, "Procès-verbal de la séance ordinaire tenue à Bruxelles, le 25 avril 1885 au Palais de l'Université", *BSSMB*, 1885, no. 37, 10, <http://hdl.handle.net/2027/mdp.39015070250686>; Jul. Morel, "Procès-verbal de la séance ordinaire tenue au Palais de l'Université à Bruxelles, le samedi 26 juillet 1800. Correspondance", *BSMMB*, 1890, no. 58, 254, <http://hdl.handle.net/2027/mdp.39015070250702>; Famenne, "Procès-verbal de la séance ordinaire tenue à la Maison des Médecins, à Bruxelles, le samedi 27 janvier 1912. Rapport du trésorier sur la situation financière de la société", *BSMMB*, 1912, no. 160, 15, <http://hdl.handle.net/2027/mdp.39015070275006>; Famenne, "Procès-verbal de la séance ordinaire tenue à la Maison des Médecine, a Bruxelles, le samedi 31 janvier 1914. Rapport du trésorier pour l'exercice 1913", *BSMMB*, 1914, no. 172, 25, <http://hdl.handle.net/2027/mdp.39015070275139>. See also: Andersen, 'De Société de Médecine Mentale de Belgique in Transnationaal Perspectief (1869-1900)', 54–55.

<sup>232</sup> Jozef Vos, *Pleitbezorger van de psychiatrie: de Nederlandse Vereniging voor Psychiatrie 1871-2011* (Utrecht: De Tijdstroom, 2011), 16.

<sup>233</sup> For the Netherlands see: J. N. Ramaer, "Toespraak bij gelegenheid der eerste vergadering te Utrecht op 17 Nov. 1871", *Handelingen der Nederlandsche vereniging voor psychiatrie, 1871-1876, vol. 1, 7*, <http://hdl.handle.net/2027/mdp.39015062749778>. For Belgium see: "Gand, le 1er Septembre 1869", *Bulletin de la Société de Médecine Mentale de Belgique*, 1873, no. 1, 1, <http://hdl.handle.net/2027/mdp.39015070250843>; "Procès-verbal de la séance ordinaire du 4 mai 1875 tenue à Bruxelles au Palais de l'Université", *Bulletin de la Société de Médecine Mentale de Belgique*, 1875, no. 6, 6, <http://hdl.handle.net/2027/mdp.39015070250868>. For France see: Dowbiggin, *Inheriting Madness*, 4:14–22. For Germany see: "Bericht über die Versammlung in Landau und Speyer vom 11. Bis 20. September 1861", *Allgemeine Zeitschrift für Psychiatrie*, 1861, vol. 18, 793; Eric J. Engstrom, *Clinical Psychiatry in Imperial Germany: A History of Psychiatric Practice* (Ithaca: Cornell University Press, 2003), 25–26. For the United Kingdom see: John Conolly, "Official report. Association of medical officers of asylums and hospitals for the insane", *The Journal of Mental Science*, 1862, vol. 8, no. 43, 456, <http://www.archive.org/details/britishjournalof07roya>; Circular send by Samuel Hitch, Gloucester, June 19th 1841, reprinted in: Bewley, *Madness to Mental Illness*, 10.

to be facilitators between psychiatrists and the state, entering into discussions with the government on particular matters such as issuing new psychiatric laws or the involuntary commitment of patients.

The elected offices of these associations, and their members, quickly realised that organising regular meetings was often difficult due to psychiatrists' isolated and demanding jobs and was not sufficient to reach their goals. As was proclaimed by a member of the British psychiatric society: "A scientific association, the members of which are precluded by their duties from periodical meetings at any reasonable intervals, has but one mode of activity left open to it, namely, that of the pen".<sup>234</sup> This realisation led to the swift establishment of its own journal, forming an important mouthpiece for those of its own specialism, and in varying degrees to the government and the medical world at large.<sup>235</sup> The creation of such journals reinforced alienists' common identity and purpose,<sup>236</sup> although the creation of such periodicals was a practice not solely bound to psychiatry – it also emerged in other scientific fields from the nineteenth century onwards.<sup>237</sup>

The *British Medico Psychological Association* created the *Asylum Journal* in 1853 – this would later become known as the *Journal of Mental Science*. In the Netherlands, the NVP would publish its own journal from 1871 onwards, being first published under the name *Handelingen der Nederlandsche Vereniging voor Psychiatrie* (*Transactions of the Dutch Society for Psychiatry*) but would be renamed to *Psychiatrische Bladen* (the *Psychiatric Journal*) in 1883. In Belgium, the *Bulletin de la Société de Médecine Mentale de Belgique* would be published from 1873 onwards. Two exceptions to this course of action are the German *Allgemeine Zeitschrift für Psychiatrie* which was published from 1844, right in the middle between the foundation of the German psychiatric association and its official inauguration, and the French *Annales Médico-Psychologiques*, one of the earliest psychiatric journals, had already been founded in 1843, a few years before the birth of the SMP.

Scholars in nineteenth and twentieth centuries had various views on and opinions about if such journals, and especially societies' proceedings, should be created

---

<sup>234</sup> "Prospectus", *The Asylum Journal of Mental Science*, 1853, vol. 1, no. 1, 3, <http://www.archive.org/details/britishjournalof01roya>.

<sup>235</sup> See for example: Darmerow, "Die Zeitschrift. Ein blick rückwärts und vorwärts", *Allgemeine Zeitschrift für Psychiatrie*, 1846, vol. 3, no. 1, 1-3, <http://hdl.handle.net/2027/chi.72724733>.

<sup>236</sup> Dawson and Topham, 'Introduction: Constructing Scientific Communities', 14.

<sup>237</sup> See for example: Csiszar, *The Scientific Journal*; Velle, 'Bronnen Voor de Medische Geschiedenis'.

and to whom they should be accessible.<sup>238</sup> As historian Csiszar has recently explained, scientific proceedings have often been neglected in historical research although they have a distinct history that is far from straightforward. He moreover states that without understanding the role of proceedings we cannot understand the shifting balance between commercial periodicals and scientific publishing during the nineteenth century.<sup>239</sup> With the upsurge of scientific and popular journals, the relationship between scientific societies and the content they printed changed with the arrival of the commercial journal. This led to a difficult relationship between such societies and periodicals, as was, for example, the case in the French *Académie des Sciences*, which did not want to publish the proceedings of its meetings for a wider public, preferring to keep these within the fold of the select group of members.<sup>240</sup> Many more such examples are to be found in the natural sciences, as has been showcased by Ciszar,<sup>241</sup> which makes it all the more interesting that this extreme opposition to other periodicals, or the public visibility of published proceedings, was of no consequence to psychiatric associations or their journals in the nineteenth and twentieth centuries.

For psychiatric associations across Europe we have no material that indicates that being publicly visible was a concern. Moreover, in the psychiatric associations in the Netherlands, Belgium, France, Germany and the United Kingdom, the minutes of gatherings were often one of the primary components that appeared in their publications, something that is especially noticeable in the *Bulletin de la Société de Médecine Mentale de Belgique*, which systematically began each journal issue with the *procès-verbal* of its meetings. Only from 1923 onwards would the BSMMB start to include *travaux originaux* (original works) at the beginning of its journal instead of their meeting notes. The editors of the *Psychiatrisch Bladen, Journal of Mental Science*, *Allgemeine Zeitschrift für Psychiatrie* and *Annales Médico-Psychologiques* generally introduced original articles or observations first, followed by the proceedings of their meetings. Printing the associations' proceedings was in most societies also part of their

---

<sup>238</sup> Csiszar, *The Scientific Journal*, 57–66 and 80–86; Dawson and Topham, 'Introduction: Constructing Scientific Communities', 20–21; Alex Csiszar, 'Proceedings and the Public: How a Commercial Genre Transformed Science', in *Science Periodicals in Nineteenth-Century Britain: Constructing Scientific Communities*, ed. Gowan Dawson et al. (Chicago: University of Chicago Press, 2020).

<sup>239</sup> Csiszar, 'Proceedings and the Public: How a Commercial Genre Transformed Science', especially 103.

<sup>240</sup> Csiszar, *The Scientific Journal*, 57–66 and 80–86.

<sup>241</sup> Csiszar, 'Proceedings and the Public: How a Commercial Genre Transformed Science', 105–14.

by-laws, making a priority of informing members and other interested readers about scientific lectures and discussions.<sup>242</sup>

The particular attention paid to detailed minutes of association meetings is one of the main characteristics that sets association journals aside from other medical or psychiatric journals edited by individual specialists. The latter often only published small excerpts of medical or psychiatric meetings. However, associations' psychiatric journals were also multipurpose publications. Aside from assembly minutes, they included original scientific contributions and observations, along with literature reviews of domestic and foreign periodicals, pamphlets and books, and announcements for conferences, essay contests, or the rotating job positions of asylum physicians and university professors. In addition, associations accumulated books, pamphlets and periodicals for their libraries by buying or exchanging them, or receiving them as a gift from members of other psychiatric professionals. Newly added literature was also mentioned inside the journals' pages, informing members about the journals available for consultation or literature that would be reviewed.<sup>243</sup>

The inclusion of meeting notes, original articles and book or periodical reviews would remain a recurring staple in scientific journals and would only slowly change to what we would now call a scientific periodical. Although scientific publications have become one of the most essential mediums to acknowledge academic research, in the middle of the nineteenth century some scholars saw them as a necessary evil rather than a medium that would offer them prestige.<sup>244</sup> By the middle and end of the nineteenth century, however, scientific periodicals would establish themselves as an influential platform for knowledge distribution.<sup>245</sup>

### **“The best man in the right place”:<sup>246</sup> the editor's role**

With the founding of psychiatric periodicals came the responsibility of editing and sustaining the content in these journals. This was done by a designated editor or editors

---

<sup>242</sup> See for example: “Reglement der Nederlandsche Vereeniging voor Psychiatrie. VII. Het tijdschrift. Art. 24”, *Handelingen der Nederlandsche vereeniging voor psychiatrie*, 1871, vol. 1, 22, <http://hdl.handle.net/2027/mdp.39015062749778>; “notes and news. Rules of the association”, *The Journal of Mental Science*, 1865, vol. 11, no. 55, 397, <http://hdl.handle.net/2027/hvd.hw1wce>.

<sup>243</sup> A separate catalogue was also available to members in the association's library.

<sup>244</sup> Csiszar, ‘How Lives Became Lists and Scientific Papers Became Data’, 23–24; Baldwin, *Making 'Nature'*, 11.

<sup>245</sup> Alex Attila Csiszar, ‘Broken Pieces of Fact: The Scientific Periodical and the Politics of Search in Nineteenth-Century France and Britain’ (2010), 6.

<sup>246</sup> “Official reports. Association of medical officers of asylums and hospitals for the insane”, *JMS*, 1862, vol. 8, no. 43, 451, <https://www.cambridge.org/core/journals/journal-of-mental-science/issue/22F185637C28070DB66AECOC33A13088>.

– a voluntary function, often without a wage, that would nonetheless become a reputable one to occupy during the nineteenth century.<sup>247</sup> Not only was it a reputable position, it was also a necessary one to guarantee the continuation of a journal. However, the influence of editors, publishers and printers on scientific periodicals is still an underexposed facet in comparison to the role of authors and readers. Although this gap has been addressed from time to time, it was only recently that a special issue was dedicated to the role of the scientific journal editor, making an important start to remedy this.<sup>248</sup> Gielas and Fyfe focused on four main questions that provide a wide overview of editorship: Who edited? Why did they edit? What institutional support did they have? And how did they edit?.<sup>249</sup> These questions serve as general guidelines for my own investigation into the role of editorship in psychiatric journals across Europe – an aspect that has not yet been investigated by historians of psychiatry. In what follows I will not only reflect on who edited, why, and how, but also by whom editors were selected. In addition, I will investigate several sides of the persona of the psychiatrist-editor, their editorial practices and the problems they came across.

### **Defining who and why: skills, expertise and character traits**

Who were the individuals that took it upon themselves to guide the journal of their psychiatric association in the right direction? Why was someone willing to accept this position? These people can be principally typified as psychiatrists attached to an asylum (later this also included professors) and were somewhere midway in their professional careers. They were furthermore highly concerned about and invested in their field, contributing articles and books and dedicated their time frequently to various boards or committees (e.g. for conference organisation), and possessed certain character traits that would be beneficial for running the journals such as language fluency or management skills.

Before we can address the two above questions, there is another question, which is not mentioned by Fyfe and Gielas, that we need to take into consideration. Who *proposed* and *elected* these editors? Editors of association journals did not necessarily propose or chose to take up this function themselves – although they could.

---

<sup>247</sup> Fyfe and Gielas, 'Introduction: Editorship and the Editing of Scientific Journals', 7.

<sup>248</sup> Baldwin, *Making 'Nature'*, 12–13; Anna Gielas and Aileen Fyfe, eds., 'Special Issue: Editorship and the Editing of Scientific Journals, 1750-1950', *Centaurus* 62, no. 1 (2020): see especially the introduction by the editors, <https://onlinelibrary.wiley.com/toc/16000498/2020/62/1>.

<sup>249</sup> Fyfe and Gielas, 'Introduction: Editorship and the Editing of Scientific Journals', 9.

Instead, a member needed to propose a candidate, which needed to be seconded by another individual, followed by an election via the majority of association members that were present (a vote via a ballot or raising of hands).

Illustrative of this process was a special general meeting of the British psychiatric association on 17 September 1862, organised due to John Charles Bucknill's resignation as editor of the *Journal of Mental Science*.<sup>250</sup> He had been its very first editor and had resigned after a little more than nine years because of his appointment as Chancery Visitor. The continuation of the journal had to be guaranteed and 22 members of the association gathered at the Freemason's Tavern on Great Queen Street in London to discuss this vacancy. At one point during the meeting, there was a discussion about the righteousness of the temporary appointment of C. Lockhart Robertson as editor, on the grounds of his assumed lack of qualifications and a presumed coercion to elect him, according to certain people in the association. Robertson himself remarked about the latter that "[...] neither the committee, nor Dr. Bucknill, nor myself, put me forward. On the contrary, I most carefully avoided putting myself forward".<sup>251</sup> However, due to specific circumstances, also having corresponded with several member friends, Robertson would make a claim to be considered for the position. In accordance with the rules of the association, a proposition, seconding and majority vote by the psychiatrists present followed, making his position as interim editor official.

The editors were the driving force behind these journals and, as the British physician Burnett described it in 1862, the position was one "[...] of no trifling importance"<sup>252</sup>. This statement triggers yet another question: What editorial qualities were deemed essential by association members in their search for a competent editor? In order to be recommended for the position and become a valued editor it was expected that candidates possessed certain qualities and a background that supplied them with enough maturity and expertise to manage the journal skillfully. Bucknill

---

<sup>250</sup> "Official report. Association of medical officers of asylums and hospitals for the insane", *Journal of Mental Science*, 1862, vol. 8, no. 43, 444, <https://www.cambridge.org/core/journals/journal-of-mental-science/issue/22F185637C28070DB66AECOC33A13088>.

<sup>251</sup> "Official report. Association of medical officers of asylums and hospitals for the insane", *JMS*, 1862, vol. 8, no. 43, 457, <https://www.cambridge.org/core/journals/journal-of-mental-science/issue/22F185637C28070DB66AECOC33A13088>.

<sup>252</sup> "Official report. Association of medical officers of asylums and hospitals for the insane", *JMS*, 1862, vol. 8, no. 43, 451, <https://www.cambridge.org/core/journals/journal-of-mental-science/issue/22F185637C28070DB66AECOC33A13088>; "notes and news", *JMS*, 1874, vol. 20, no. 91, 475, <http://www.archive.org/details/britishjournalof20roya>.

himself mentioned in his resignation letter some of these ideal requirements, such as “discretion and temper”, a “comprehensive view of all matters”, a “spirit of impartiality” and devotion to the psychiatric profession.<sup>253</sup> These qualities were deemed a necessity to give direction to the journal, oversee and regulate publications, and watch over the quality and diversity of the content.<sup>254</sup> While these qualities were deemed crucial by alienists, this does not mean however that editors possess all of these qualities in reality.

Certain traits were repeatedly sought after and are similar across the different psychiatric journals in Europe. I will touch upon six of the most essential ones. The candidate-editor not only needed to have (1) an excellent track record as a physician/alienist but also had to be (2) a prolific writer or have an affinity with language and/or editing. In 1860, Daniel Hack Tuke highly praised the skills of his colleague Bucknill, who had “[...] laboured in bringing out the *Journal* so far from London, from public libraries, and all the sources of information which were constantly needed in his editorial labours, they would all see they could find no better man. He was not only an able physician, but also a most accomplished writer [...]”.<sup>255</sup> Similarly, in 1890, the British alienist Fox stressed that this position “[...] needs not only learning, but discrimination and tact, goes without saying, and I am sure that with such judgement and knowledge, literary and scientific, as we have in Dr. Hack Tuke and Dr. Savage, we may rest contented that our *Journal* will continue to be a work of which we may well be proud”.<sup>256</sup>

The age at which many psychiatrists took up a position as editor (especially as editor-in-chief), the length that some held an editorial position and their main jobs, illustrate that a sufficient level of knowledge and expertise was particularly valued. The historians Bynum and Wilson have argued that editorial functions were merely temporary stints of four to ten years<sup>257</sup> and were a pastime until something better

---

<sup>253</sup> “Official report. Association of medical officers of asylums and hospitals for the insane”, *JMS*, 1862, vol. 8, no. 43, 445, <https://www.cambridge.org/core/journals/journal-of-mental-science/issue/22F185637C28070DB66AECOC33A13088>.

<sup>254</sup> “Official report. Association of medical officers of asylums and hospitals for the insane”, *Journal of Mental Science*, 1862, vol. 8, no. 43, 451, <https://www.cambridge.org/core/journals/journal-of-mental-science/issue/22F185637C28070DB66AECOC33A13088>.

<sup>255</sup> “Official report of the annual meeting of the association of medical officers of asylums and hospitals for the insane. Election of editor of journal”, *The Journal of Mental Science*, 1860, vol. 6, nr. 31, 18, <http://hdl.handle.net/2027/hvd.hw1wb1>.

<sup>256</sup> “Notes and News. Votes of thanks”, *The Journal of Mental Science*, 1890, vol. 36 no. 155, 579-580, <http://hdl.handle.net/2027/iau.31858021512847>.

<sup>257</sup> Holding a position for ten years cannot be seen as a “temporary stint” in my opinion.



came along, claiming it was a steppingstone to better career prospects or a financial safety net for many younger doctors who were in their late 30s or early 40s.<sup>258</sup> In the editorial board of psychiatric journals there is some similarity to be found in terms of age and the length of the position. The average age when someone joined the editorial board of the JMS was 40 – for those who held a position as (co-)editor this was 42, that of assistant-editors 33.<sup>259</sup> Individuals held a position in the board for on average of 11 years – for co-editors this was 9 years (**Appendix 6**). In the editorial board of the *Psychiatrische Bladen* the average age when joining for the first time was 41.<sup>260</sup> Psychiatrists sitting on the Dutch editorial board switched or resigned their position more often than was the case in the editorial board of the JMS (**Appendix 7**). Of the Dutch psychiatrists, 32 held a position for four years or less. Another 12 held a position for five to nine years, and eight held a position for ten years or longer (sometimes with short gaps). The reasons that some left these positions is not always clear, but could be due to a rotation scheme used by the editorial board. Another reason could be because their primary job(s) were becoming too demanding. Bucknill and Lockhart Robertson, who became Chancery Visitors, had to give up their position as editor.

Overall, the image that Bynum and Wilson sketch – especially it being a career steppingstone – does not hold true for psychiatry. I argue that those having a seat in the editorial board in general, and many of the psychiatrist-editors in particular, did not perceive their position as a mere “side job” until a better opportunity crossed their path. Most often these positions, especially that of editor-in-chief, were held by individuals who had already built up a certain expertise and reputation in the field of psychiatry, and many combined demanding positions in asylums or at universities with partaking for long periods of time in the editorial board. The British alienist Henry Maudsley, who became co-editor-in-chief of the *Journal of Mental Science* in 1862/1863<sup>261</sup>, held this position for 15 years, even while he became professor of medical jurisprudence at University College London in 1869. In the *Nederlandsche*

---

<sup>258</sup> Bynum and Wilson, ‘Periodical Knowledge’, 41–42.

<sup>259</sup> When we take into account all people, independent of their function and across all years they worked for the editorial board the average ages becomes 46. These calculations are made across the journal between 1853 and 1825.

<sup>260</sup> For the PB, the role of people on the editorial board are sometimes less distinct. Of those we are certain they were the managing editor, their average age was 39 when they took on this position for the first time. When we take into account all people, independent of their function and across all years they worked for the editorial board the average ages becomes 46. These calculations are made across the journal between 1871 and 1825.

<sup>261</sup> In 1862 he assisted C. L. Robertson in an unofficial capacity. From 1863 onwards he would officially appear as editor on the cover of the journal.

*Vereniging voor Psychiatrie*, A. O. H. Tellegen was the main editor of the *Psychiatrische Bladen* from 1887 until 1895, while he was appointed superintendent-director (geneesheer-directeur) of the asylum in The Hague in 1892.<sup>262</sup> G. C. van Walsem was editor-in-chief from 1899 until 1905. By the time he acquired this function it had been ten years since he obtained his PhD, having gained a large amount of experience. In addition, he was professor of pathological anatomy at the University of Leiden between 1901 and 1904 and hereafter took up the position of superintendent-director at the Meerenberg asylum.<sup>263</sup>

In the French *Société Médico-Psychologique* similar patterns are found, and attest to the value that was attached to the expertise that came with having practised the psychiatric profession for numerous years – and thus having a certain age. When the AMP was founded it were the young doctors Baillarger, Longet and Cerise – at the time in their early to mid-thirties – that brought the journal to life. Yet, a large number of their successors would be in their late forties, fifties or even sixties when they assumed the position of (chief-)editor. Jules Lunier was 46 years old, Foville *fils* was 54 and Moreau de Tours 51 when he became part of the editorial staff. Antoine Ritti, who would edit the journal for more than 30 years, was 42 when he became part of the editorial board in 1886 – a position he would not abandon even when he became physician in chief of the *Maison nationale d'aliénés de Charenton* around 1896.<sup>264</sup> Henri Colin, who succeeded Ritti, was already over 60 years of age and at the same time still *médecin en chef* of the *Asile de Villejuif*.<sup>265</sup>

While a long experience in psychiatry was considered crucial, writing and language skills were vital too. Some of those who became editor-in-chief had been part of the general editorial staff first. The Dutchman Leendert Bouman had spent four years in the editorial board of the *Psychiatrische Bladen* before becoming its main editor for two years in 1913 and 1914. When he joined the editorial board in 1907 he had just received the chair in psychiatry and neurology at the *Vrije Universiteit* of Amsterdam and in 1910 would become professor-director of the *Valeriuskliniek* while still

---

<sup>262</sup> "Personalia. In memoriam Dr. A. O. H. Tellegen", *Nederlands Tijdschrift voor Geneeskunde*, 1904, vol. 48, 1511, <https://www.ntvg.nl/artikelen/memoriam-dr-aoh-tellegen>.

<sup>263</sup> "Personalia. In memoriam Dr. A. O. H. Tellegen", *Nederlands Tijdschrift voor Geneeskunde*, 1904, vol. 48, 1511, <https://www.ntvg.nl/artikelen/memoriam-dr-aoh-tellegen>.

<sup>264</sup> Based on data retrieved from the TIC/2TBI Nodegoat environment.

<sup>265</sup> *Annales Médico-Psychologiques*, 1921, vol. 1, [cover page].

performing a function on the editorial board.<sup>266</sup> J. K. A. Wertheim Salomonson as well had served four years as part of the editorial staff before his four year period as chief-editor between 1901 and 1904 – a time during which he was attached to the University of Amsterdam as extraordinary professor for neurology and radiology.<sup>267</sup> J. van der Kolk also spent two years on the board before becoming the main editor of the *Psychiatrische Bladen*, and G. C. van Walsem, G. Jelgersma and B. Brouwer had each spent three years as a staff member before becoming chief-editor in their forties. In addition, previous editing skills were also welcomed. The Frenchman Antoine Ritti, for example, had edited other journals in his younger years before becoming the editor of the *Annales Médico-Psychologiques*.<sup>268</sup> Similarly, when the British physician Burnette proposed Bushnam as editor to succeed Bucknill, he referred to Bushnam’s familiarity with editing public journals and his expertise in literary matters among his qualities.<sup>269</sup> It was on similar grounds that Burnette denounced C. L. Robertson as the next editor: his presumed lack of previous editorial work. Robertson did however had some experience in summarising literature for the *Half-yearly Abstract of the Medical Sciences*.<sup>270</sup>

A lack of prior editorial skills could be compensated by two other essential traits, (3) mastering multiple languages and (4) having connections across Europe. Both were beneficial to the growth of a journal and encouraged the expansion of information flow and content inclusion. Language skills facilitated reporting about content from foreign books and journals (e.g. reviewing and writing summaries), created opportunities to publish original articles from foreigners and brought the journal to the attention of European peers. The British alienist Thomas Drapes for example, being 65 years old when he became editor-in-chief, was by peers portrayed as someone with great “mental endowments”, an eye for “accuracy, punctuality, and conscientiousness” and also possessed “a thorough knowledge of English and a sound working acquaintance

---

<sup>266</sup> ‘Bouman, L.’, Geheugen van de VU, accessed 15 February 2021, <https://www.geheugenvandevu.nl/personen/bouman-l>.

<sup>267</sup> N. Voorhoeve, “J. K. A. Wertheim Salomonson (1864-1922)”, *Acta Radiologica*, 1923, vol. 2, no. 1, 1-13, <https://www.tandfonline.com/doi/abs/10.3109/00016922309174881>.

<sup>268</sup> Georges Vernet, “Ant. Ritti”, *AMP*, 1920, vol. 12, 111, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1920x12>.

<sup>269</sup> “Official report. Association of medical officers of asylums and hospitals for the insane”, *JMS*, 1862, vol. 8, no. 43, 452, <https://www.cambridge.org/core/journals/journal-of-mental-science/issue/22F185637C28070DB66AECOC33A13088>.

<sup>270</sup> “Notes by Dr. Robertson”, *JMS*, 1862, vol. 8, no. 43, 463, <https://www.cambridge.org/core/journals/journal-of-mental-science/issue/22F185637C28070DB66AECOC33A13088>.

with French and German [...]”.<sup>271</sup> Having connections across Europe created the opportunity to form ties with other psychiatric associations or important individuals. During Robertson’s tenure as interim editor, John Kirkman, the president of the British psychiatric association, remarked that, in choosing an editor, not only were the interests of the JMS at stake, “[...] but [those] of the insane of the civilized world, for I do believe, with reference to our journal, if I may make use of a quotation, ‘there is not a speech or language where its voice has not been heard;’ and when I remember that Dr. Robertson has been very much associated with our foreign members, I do think he has a powerful claim upon us”.<sup>272</sup> Robertson tried to live up to these expectations by for example trying to acquire “a complete series of exchanges with all the journals on insanity published in Europe and America”.<sup>273</sup> Cross-communication between individuals, associations and foreign literature formed a significant steppingstone for the further development of these journals.

Another vital skill (5) was employing accurate and efficient (time) management.<sup>274</sup> Editing and publishing a journal required not only insight into interesting topics for the readers, but also managing and editing the copy carefully and in a timely fashion in order to regularly publish the journal. Bucknill, for example, held these qualities in high esteem. In his obituary, his son T. T. Bucknill recalled how he used to ride on his “[...] half-wild Exmoor pony backwards and forwards between Exminster Asylum and Pollar’s, the printer’s, in Exeter, with proofs for the press. It mattered not what was the weather or the hour; I had to do it, and do it quickly”.<sup>275</sup> A last quality, closely related to previous skill, was that (6) an editor had to be able to form an unbiased opinion and pass a critical but fair judgement about content that was considered for inclusion in the journal. Historian Joris Vandendriessche has shown that this was a balancing act between passing criticism and not ruining personal

---

<sup>271</sup> W. R. Dawson, “Thomas Drapes”, *Journal of Mental Science*, 1920, vol. 66, no. 273, 85, <http://www.archive.org/details/britishjournalof65roya>.

<sup>272</sup> “Official report. Association of medical officers of asylums and hospitals for the insane”, *Journal of Mental Science*, 1862, vol. 8, no. 43, 454, <https://www.cambridge.org/core/journals/journal-of-mental-science/issue/22F185637C28070DB66AECOC33A13088>.

<sup>273</sup> “Part V. Notes, news, correspondence, appointments etc. Proposed library of the association”, *Journal of Mental Science*, 1863, vol. 9, no. 45, 151, <http://www.archive.org/details/britishjournalof09roya>.

<sup>274</sup> “Notes and news. Obituary. Sir John Charles Bucknill”, *JMS*, 1897, vol. 43, no. 183, 886, <http://www.archive.org/details/britishjournalof43roya>; Georges Vernet, “Ant. Ritti”, *AMP*, 1920, vol. 12, 111, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1920x12>.

<sup>275</sup> “Notes and news. Obituary. Sir John Charles Bucknill”, *JMS*, 1897, vol. 43, no. 183, 886, <http://www.archive.org/details/britishjournalof43roya>.

relationships with the authors.<sup>276</sup> For the editors of psychiatric association journals finding a balance was even more essential and precarious because their communities were often close-knit groups. They were also a fragile group due to the low standing of their profession in society.

Psychiatrist-editors had to find an equilibrium between on the one hand their level of criticism to keep the scientific reputation of the journal high since it was their main form of visibility and scientific output, and on the other, avoid undermining their personal relationships with association members or the journal's readers. C. L. Robertson closely followed the example set by his predecessor Bucknill to maintain a high standard for the journal. One of Robertson's first acts as editor was to guarantee his readers that "[...] no fear of offence to individual members of the Association will induce him to depart therefrom".<sup>277</sup> Editors often needed a firm but fair hand to skilfully manage the journal's content. Antoine Ritti mastered this especially well. In Ritti's obituary, Georges Vernet, *médecin-directeur* of the asylum in Bourges, thanked him for not having "[...] published indiscriminately all the manuscripts that were brought to him. But he read them all, and with great care, and he never rejected them with gaiety of heart or bias: he always explained his reasons, solidly and wisely deduced, he tried to convince and it was rare that he did not coat his refusal with a word of encouragement".<sup>278</sup>

The skills and traits that an editor ideally had to possess were manifold and made editing a demanding job that required continuous input and attention of the editors and especially the editor-in-chief. What were psychiatrists' motivations to accept such a position on top of their duties as asylum physicians or professors? Fyfe and Gielas have shown that this could have different reasons, such as building a reputation, providing a service to the scholarly community, or out of monetary gain.<sup>279</sup> The latter did not form any motivation for psychiatrists, as in most cases no wages were

---

<sup>276</sup> Joris Vandendriessche, 'Arbiters of Science. Medical Societies and Scientific Culture in Nineteenth-Century Belgium' (doctoral thesis, Leuven, KU Leuven, 2014), 144–67.

<sup>277</sup> "Note by Dr. Robertson", *Journal of Mental Science*, 1862, vol. 8, no. 43, 461, <https://www.cambridge.org/core/journals/journal-of-mental-science/issue/22F185637C28070DB66AECOC33A13088>.

<sup>278</sup> "[...] publié indistinctement tous les manuscrits qui lui furent apportés. Mais il les lisait tous, et avec grand soin, et il ne rebutait jamais ni de gaieté de coeur ni de parti pris : il exposait toujours ses raisons, solidement et sage ment déduites, il s'efforçait de convaincre et il était bien rare qu'il n'enrobât pas son refus d'un mot d'en couragement". See: Georges Vernet, "Ant. Ritti", AMP, 1920, vol. 12, 113, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1920x12>.

<sup>279</sup> Fyfe and Gielas, 'Introduction: Editorship and the Editing of Scientific Journals', 11.

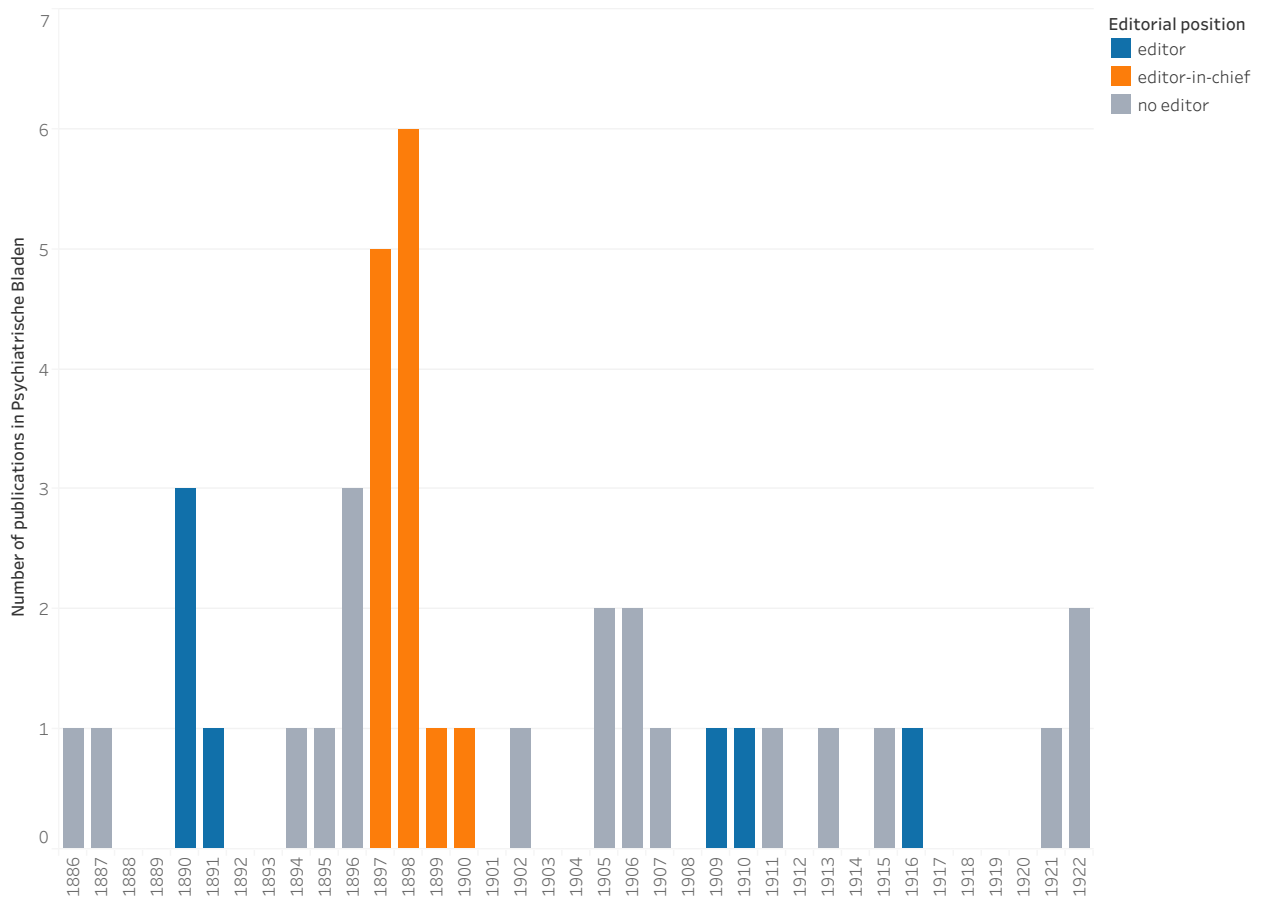
paid to the journal editors of scientific associations.<sup>280</sup> Psychiatrists were motivated by the opportunity to build a reputation and acquire visibility among national and foreign peers on the one hand (see also chapter 3) and on the other, out of a sense of duty and responsibility to their profession. Alienists described it as a function of honour and Charles Bucknill for example was very proud about his editorial position.<sup>281</sup> Gaining visibility and increasing their reputation was achieved via the numerous contacts the editor had to maintain: they were in contact with multiple authors and communicated with the editors of other associations to for example arrange the exchange of journals. It increased others awareness of their name and their positions. This visibility and name recognition could be further increased through publishing one's own work. An exceptional illustration hereof is Gerbrandus Jelgersma who published 13 articles by his own hand across the four years he was editor-in-chief, making extensive use of his position to diffuse his research and ideas among peers (**figure 16**).<sup>282</sup>

---

<sup>280</sup> This aspect requires more research, but from the limited information available, money was only paid to the editors when they had made expenses in name of the journal.

<sup>281</sup> "Official report of the annual meeting of the association of medical officers of asylums and hospitals for the insane. Election of editor of journal", *Journal of Mental Science*, 1860, vol. 6, no. 31, 18-19, <http://hdl.handle.net/2027/hvd.hw1wb1>.

<sup>282</sup> A list of Jelgersma's publications between 1886 and 1922 can be found in: M. J. van Erp Taalman Kip, "G. Jelgersma", *Psychiatrische Bladen*, 1924, vol. 28, 326-329, personal digital copy, Hendrick Conscience Library, Antwerp. While this exercise could not be done for multiple editors it would definitely be interesting to do so on a larger scale in the future as it would allow us to observe if similar tendencies occur elsewhere.



**Figure 16.** Gerbrandus Jelgersma’ publications in the *Psychiatriische Bladen* between 1886 and 1922. A large part of his articles (13) appeared during his time as editor-in-chief of the journal, making extensive use of his position to diffuse his research and ideas among peers. Source: M. J. van Erp Taalman Kip, “G. Jelgersma”, *Psychiatriische Bladen*, 1924, vol. 28, 326-329, personal digital copy, Hendrick Conscience Library, Antwerp.

Alienists also frequently took up this position out of a responsibility towards the psychiatric community. In his resignation letter Bucknill had expressed that he looked back upon his editorial career as a “[...] time not ill spent in advancing the knowledge of our specialty, and in aiding and directing well-intentioned efforts to promote the interests of that most afflicted portion of our fellow-creatures whose remnant of comfort and happiness in this life is so intimately dependent upon our knowledge and our humanity”.<sup>283</sup> This responsibility was frequently accompanied by a form of altruism. Antoine Ritti’ motto was that “[...] life is the time given to be useful”.<sup>284</sup> Georges Vernet’s reminiscences about Ritti confirmed this as well as he “[...] was never seen to

<sup>283</sup> Letter from Bucknill 16 September 1862 published in: “Official report. Association of medical officers of asylums and hospitals for the insane”, *Journal of Mental Science*, 1862, vol. 8, no.43, 445, <https://www.cambridge.org/core/journals/journal-of-mental-science/issue/22F185637C28070DB66AECOC33A13088>.

<sup>284</sup> “La vie, c’est le temps donné pour être utile”. See: Georges Vernet, “Ant. Ritti”, AMP, 1920, vol. 12, 296, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1920x12>.

refuse his help when he was asked to put all his experience, knowledge and activity at the service of his contemporaries”.<sup>285</sup>

An indirect proof that numerous psychiatrists’ main concern was the advancement of psychiatry is also witnessed in the stipulation that the journal could never be used for indirect or personal gain.<sup>286</sup> Yet, there were moments that a position as editor gave some additional personal advantages. This was not only the case with Jelgersma and his numerous publications, also C. L. Robertson tried to profit from his status: in 1863 he addressed a notice to correspondents, requesting asylum reports to be sent in duplicate: one for inclusion in the journal and one to add to his private collection.<sup>287</sup> It is unclear how this request was received by members and readers – whether they found this an abhorrent practice or if they complied. Be that as it may, the request in itself did not do any harm to the journal’s reputation or its content.

#### **Editors as gatekeepers: towards “independent, straightforward action”<sup>288</sup>**

The tasks that were put on the shoulders of the editor(s) could be quite diverse, as Fyfe recently illustrated for the editors of the *Royal Society*. This included various financial duties (choosing printers and engravers), decision-making and strategic processes (reading submissions and deciding on the scope and tone of the journal) and maintenance of correspondence (about the proofs or acknowledging the receipt of papers).<sup>289</sup> The editor or editorial board of psychiatric associations’ journal was tasked with similar duties. Although no archival documentation has survived that can tell us about the precise decision-making processes used – a research obstacle for many

---

<sup>285</sup> “On ne le vit jamais refuser son concours dès qu’on lui demandait de mettre au service de ses contemporains tout ce qu’il avait d’expérience, de connaissances, d’activité”. See: Georges Vernet, “Ant. Ritti”, AMP, 1920, vol. 12, 296, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1920x12>.

<sup>286</sup> Bucknill described C. L. Robertson, who he had suggested as his successor as editor, as someone who would never use the journal for indirect or personal means. “Official report. Association of medical officers of asylums and hospitals for the insane”, *Journal of Mental Science*, 1862, vol. 8, no.43, 445, <https://www.cambridge.org/core/journals/journal-of-mental-science/issue/22F185637C28070DB66AECOC33A13088>.

<sup>287</sup> C. L. Robertson, “Notes, news, correspondance, etc. Notice to Correspondents”, *Journal of Mental Science*, 1863, vol. no. 45, 150, <http://www.archive.org/details/britishjournalof09roya>.

<sup>288</sup> “Note by dr. Robertson”, *Journal of Mental science*, 1862, vol. 48, no. 43, 461, <https://www.cambridge.org/core/journals/journal-of-mental-science/issue/22F185637C28070DB66AECOC33A13088>.

<sup>289</sup> Aileen Fyfe, ‘Editors, Referees, and Committees: Distributing Editorial Work at the Royal Society Journals in the Late 19th and 20th Centuries’, *Centaurus* 62, no. 1 (2020): 129 (figure 2. Editorial tasks at the Royal Society), <https://doi.org/10.1111/1600-0498.12266>.



nineteenth-century periodicals – we can nevertheless form a general idea about their principles and the effect it had on psychiatric journals.<sup>290</sup>

Editors' different tasks reveal that they were most of all gatekeepers. In essence there were two forms of gatekeeping. Firstly, editors oversaw the distribution of psychiatric knowledge into the world and the structure in which it was represented to their readers. When C. L. Robertson was appointed editor he carefully summarised for his readers the different sections that the journal contained (original contributions and lectures, reviews, English and foreign quarterly psychological retrospectives, correspondence and news, and medico-legal cases) and explained the purpose of each of them.<sup>291</sup> A similar journal structure is to be found in all European periodicals under study. Making each of these sections available to their readers was crucial for the editors. Reviewing books or summarising articles in particular, was a job taken seriously. The Belgian physician De Boeck had for example promised the SMMB a *résumé* of certain foreign articles, and not able to do this in time, had suggested to publish a summary that appeared in the *Journal médical de Bruxelles*. This created disappointed reactions among a few peers, such as the associations' president, I. Maere, who preferred that De Boeck himself made a summary of the material in question instead of reproducing someone else's work.<sup>292</sup> Another example is the alienist Jules Morel, who churned out a substantial amount of book reviews during his time as editor of the BSMMB (see chapter 3). Secondly, editors needed to ensure the quality and high standards of the journal because these periodicals were the most visible representation of a psychiatric association's scientific standing. Not only the editor's knowledge, writing skills, foreign contacts and meticulousness formed an asset here, also their integrity and impartiality needed to be an integral part of their way of working. In 1860 Bucknill had solemnly promised his colleagues to "[...] always edit [...] with honesty. And if there were any matters affecting their speciality which ought to

---

<sup>290</sup> We can only rely on information found in the journals themselves, which fluctuates considerably between the different periodicals.

<sup>291</sup> "Note by dr. Robertson", *Journal of Mental science*, 1862, vol. 48, no. 43, 461, <https://www.cambridge.org/core/journals/journal-of-mental-science/issue/22F185637C28070DB66AECOC33A13088>.

<sup>292</sup> "Procès-verbal de la séance ordinaire tenue à la Maison des Médecins, à Bruxelles, le samedi 29 janvier 1910. Motion d'ordre", BSMMB, 1910, no. 149, 16-17, <http://hdl.handle.net/2027/mdp.39015070275147>.

be published, he would be no party to their suppression” even if “[...] it affected his own interest, or that of any other person”.<sup>293</sup>

The line between quality control and allowing authors to express a variety of opinions was, however, quite thin. The Dutch alienist Wellenbergh, part of a triumvirate of editors for the *Psychiatrische Bladen* from 1883 until 1886, once mentioned that, even when an article “contained the most tangible follies”,<sup>294</sup> he still had to publish some of these articles. An explanation for this action is not given, but multiple reasons are possible for this practice: there was too little copy, they were obliged to allow different opinions, or they wanted to avoid arguments with fellow members. Editors communicated internally about their opinions concerning the material they received, but no paper trails remain. Probably up until at least the second half of the nineteenth century and the early twentieth century, no form of external peer review was used and the power of rejection or inclusion lay solely with the editors or editorial board.<sup>295</sup>

The editors had much sway when it came to what was published in the journal’s pages, yet, maintaining the earlier discussed balance also caused friction between authors and editors on several occasions. The reason we know about this friction is because some of these disputes were published in the journals, where all could see what somebody’s opinion of the editorial board was. However, it also allowed the editorial team to react to accusations. Some readers criticised the editors of the *Psychiatrische Bladen* for not upholding their position as guardians of the journal’s high standards, urging the editors to keep watch over the quality of publications and ensure that “[...] writers are not guilty of exaggerations and falsehoods”.<sup>296</sup> Yet, in the eyes of the editors it was merely about allowing different opinions to appear inside the journal.

Readers or authors generally approached the editorial team when they were concerned about slander – either in the name of individuals they knew or to protect

---

<sup>293</sup> “Official report of the annual meeting of the association of medical officers of asylums and hospitals for the insane. Election of editor of journal”, *JMS*, 1860, vol. 5, no.31, 19, <http://hdl.handle.net/2027/hvd.hw1wb1>.

<sup>294</sup> “[...] de tastbaarste dwaasheden inhield”. See: “Notulen der avond-vergadering der Psychiatrische Vereeniging gehouden den 29sten November 1893 te Utrecht”, *Psychiatrische Bladen*, 1894, vol. 12, 9, <http://hdl.handle.net/2027/chi.098893667>.

<sup>295</sup> Georges Vernet, “Ant. Ritti”, *AMP*, 1920, vol. 12, 113-114, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1920x12>.

<sup>296</sup> “[...] schrijvers zich niet aan overdrijvingen en onjuistheden schuldig maken”. For the quote see: “Notulen der avond-vergadering der Psychiatrische Vereeniging gehouden den 29sten November 1893 te Utrecht”, *Psychiatrische Bladen*, 1894, vol. 12, 8, <http://hdl.handle.net/2027/chi.098893667>. See also: *ibidem*, 8-10;

Brief van Le Rütte gepubliceerd in: “Ingezonden. (Buiten verantwoordelijkheid der Redactie)”, *Psychiatrische Bladen*, 1906, 293-295, <http://hdl.handle.net/2027/mdp.39015075810112>.

their own name. These were the moments that criticism against the editors rose. In 1906 the Dutch physician Le Rütte, for example, was of the opinion that the editorial team had not acted in accord with the scientific character of the *Psychiatrische Bladen*. He claimed that the editors had published an insinuating and insulting piece.<sup>297</sup> The editors, however, underlined that the editorial team was not responsible for the personal opinions of authors and only guaranteed that opinions were voiced in a “parliamentary” manner.<sup>298</sup>

Aside from slander, unfair treatment was another reason for discontent with the editorial team. In 1874, the French alienist Fournet, not being pleased that the editorial staff of the AMP asked him to shorten his article from 40 to 32 pages, complained about the editors’ power. The reason for his dismay was not necessarily the fact that he had to shorten the article – to which he agreed – but rather that *his* article needed to be shortened while others before him had published longer articles without any problem. A discussion between Fournet and the editorial team followed, allowing a glance into the communication processes that were in place between readers/authors and the editorial team. Fournet suggested to impose fixed rules about the allowed number of pages, going as far as to propose that each member of the association should have the same amount of publishing space.<sup>299</sup> His proposition was however rejected, firmly establishing that the editorial team had the ultimate decision power. Provoked even further, Fournet expressed outrage at the decision: “We are talking about the prerogatives, the independence, the authority of the editorial board: no one has the prerogative of arbitrariness; no one is independent of the rules of equity; there is authority only in justice”.<sup>300</sup>

The editors’ agency outranked that of the authors and readers, yet there were instances the editors deviated from their strict set of rules to maintain a sense of order between all parties involved. Contributors and readers were well aware of this thin line.

---

<sup>297</sup> Brief van Le Rütte gepubliceerd in: “Ingezonden. (Buiten verantwoordelijkheid der Redactie)”, *Psychiatrische Bladen*, 1906, 294, <http://hdl.handle.net/2027/mdp.39015075810112>.

<sup>298</sup> Reactie van de redactie gepubliceerd in: “Ingezonden. (Buiten verantwoordelijkheid der Redactie)”, *Psychiatrische Bladen*, 1906, 295, <http://hdl.handle.net/2027/mdp.39015075810112>.

<sup>299</sup> “Séance du 25 mai 1874. Incident relative au comité de rédaction”, AMP, 1874, vol. 12, 273-277, [http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1874x11\\_12](http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1874x11_12). This incident hints at the fact that contributors were mostly from within the association’s own ranks, however, future research is necessary.

<sup>300</sup> “On parle des prérogatives, de l’indépendance, de l’autorité du comité de rédaction: nul n’a la prérogative de l’arbitraire; nul n’est indépendant des règles de l’équité; il n’y a d’autorité que dans la justice”. See: “Séance du 25 mai 1874. Incident relative au comité de rédaction”, AMP, 1874, vol. 12, 274-276, [http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1874x11\\_12](http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1874x11_12).

Under the editorship of John Charles Bucknill, a somewhat controversial report was printed in the JMS in 1857. It concerned a report, written by Huxley and addressed to the Committee of Visitors, about the Kent Asylum with a plan to get patients out at night to keep them from soiling their beds.<sup>301</sup> Bucknill attached an editorial note to the report stating that “[t]he following paper is published unwillingly by us, on account of the reflections it contains upon a gentleman whom we greatly respect. We declined to publish it in the last number; but the author having claimed its publication as a right, and having invited us to append unto it any observations in a way of protest or disclaimer which we might think proper, under these circumstances, and looking to the position of Dr. Huxley, and also to the fact that the article is a public document [...], we have not thought fit to incur the responsibility of refusing its admission into the pages of the Journal of an Association of which its author is a distinguished member”.<sup>302</sup> This example reveals how treacherous ensuring quality and keeping control over the journal’s output was while at the same time navigating within a small network of experts. Editors possessed a fairly large amount of power, but depending on the circumstances, they had to consider the pressure from their peers as well.

Gatekeeping meant maintaining the credibility and visibility of the journal and the association. Editors strived toward this in a variety of ways. They deployed their own set of skills to offer a wide variety of content and to keep the quality and standards of the journal in check. Bucknill, for example, tried to guard the JMS against the introduction of “unseemly disputes and personal discussions”<sup>303</sup>, as they could become a disgrace for the journal and the association’s reputation. Scientific work and professional content had to prevail. Aside from guaranteeing the scientific soundness of the British journal, this also protected members of the association and readers against divisions within their own ranks – a necessity, due to alienists’ poor reputation among medical peers and the public, making it all the more essential that practitioners of their speciality formed a cohesive group.

---

<sup>301</sup> “The Kent Asylum, May, 1857. Report of the Superintendent to the Committee of Visitors, on the Plan of getting-out Patients at Night to keep them from soiling their Beds”, *Journal of Mental Science*, 1857, vol. 4, no. 23, 118-119, <http://hdl.handle.net/2027/msu.31293010415846>.

<sup>302</sup> “the Kent Asylum, May, 1857. Report of the Superintendent to the Committee of Visitors, on the Plan of getting-out Patients at Night to keep them from soiling their Beds”, *Journal of Mental Science*, 1857, vol. 4, no. 23, 118-119, <http://hdl.handle.net/2027/msu.31293010415846>.

<sup>303</sup> “note by Dr. Roberson”, *Journal of Mental Science*, 1862, vol.8, no. 43, 461, <https://www.cambridge.org/core/journals/journal-of-mental-science/issue/22F185637C28070DB66AECOC33A13088>.

Within British psychiatry, for example, there lurked the danger of creating a divide between alienists employed at private and county asylums. The latter were subsidised by the government to house pauper-lunatics. Both types of asylum had different means to work with and sometimes also implemented different ideas. In the early 1860s there had been a heated debate about the question of whether the editorship of the JMS should alternate between those working in private and county asylums as, according to Burnette, the content of the journal would otherwise go “too much in one direction”.<sup>304</sup> However, this view was opposed by many as it would have led to segregation among members and within the journal. The existence of state-run and private asylums also existed in other countries, such as Belgium, where the differences between both types of asylums produced debates as well, yet it does not seem to have affected their ideals about editorship.

Others tried to maintain the journal’s status by reforming it. Daniel Hack Tuke, for example, introduced an “index medicus” which was appreciated by the association’s members<sup>305</sup>, and Clouston launched a new section (the clinical notes) within the JMS which was popular among the younger generation of alienists, according to contemporaries.<sup>306</sup> While some psychiatrist-editors tried to protect the journal’s prestige and keep its readership up by introducing change, so did some by limiting alterations. Antoine Ritti in particular was known – and even criticised – for this approach. Ritti actively participated in the journal since 1875, would become the general secretary of the French association in 1882 and would, after having seated on the editorial board with Baillarger and Foville since 1885, become the sole editor of the journal in 1890 up until his death in 1920.<sup>307</sup> Ritti tried to keep the AMP on the same track as its founders had envisioned, but this had its price.

While, according to Vernet, Ritti had given opportunities to “young people”, had allowed “daring initiatives” and made sure that strong and newsworthy articles

---

<sup>304</sup> “Official report. Association of medical officers of asylums and hospitals for the insane”, *Journal of Mental Science*, 1862, vol. 8, no. 43, 451, <https://www.cambridge.org/core/journals/journal-of-mental-science/issue/22F185637C28070DB66AECOC33A13088>.

<sup>305</sup> “Obituary. Daniel Hack Tuke”, *The Lancet*, 1895, vol. 145, no. 3733, 719, <https://www.sciencedirect.com/science/article/pii/S0140673601931204>.

<sup>306</sup> “Part IV. Notes and news. The editors’ report”, *Journal of Mental Science*, 1910, vol. 56, no. 235, 759, <http://hdl.handle.net/2027/njp.32101074924430>; “Part IV. Notes and news. Report of the editors”, *Journal of Mental Science*, 1911, vol. 57, no. 239, 729, <http://hdl.handle.net/2027/njp.32101074924448>; “Part III. Notes and news. Report of the editors”, *Journal of Mental Science*, 1914, vol. 60, no. 251, 648, <http://hdl.handle.net/2027/njp.32101074924463>.

<sup>307</sup> Georges Vernet, “Ant. Ritti”, AMP, 1920, vol. 12, 100-114, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1920x12>.

appeared inside the journal<sup>308</sup>, he had also been reproached by peers “[...] for not having evolved with his time, for not having ‘modernised’ his magazine, by giving it the largest share to news, iconography, etc... It is quite true. Take at random an issue from the Annales’ collection: for 80 years, format, external appearance, columns, even the typeface, nothing has changed”.<sup>309</sup> While Ritti guarded the journal vigorously against the introduction of advertisements in any form during his editorship<sup>310</sup>, the editors of the British, Dutch and Belgian journals began to include them out of necessity. Not including advertisements had become an extreme rarity in the majority of popular and scientifically orientated periodicals by the early twentieth century. Ritti’s reasons for his unusual approach are unclear, although he was suspicious of mercantilism penetrating the journal and most likely wanted to protect the journal’s scientificity as well as the founders’ principles.<sup>311</sup> Nevertheless, the journal continued to be published and was welcomed by French and foreign alienists alike. Ritti acted herein as the “linchpin”<sup>312</sup> of the association and the journal, his peers greatly valued his eye for quality and ability to track down the well-written works.<sup>313</sup>

### **A need for more editorial support**

Initially, editorial tasks were frequently allocated to the secretary and/or president of an association, as was the case for the *Psychiatrische Bladen* and the BSMMB.<sup>314</sup> Usually it was the secretary who took on these duties and which would become quite demanding. Ritti was exceptionally good in coping with the wide range of tasks

---

<sup>308</sup> “Par contre, n’était-il pas accueillant aux «jeunes» et ne s’est-il pas prèle aux initiatives les plus hardies?”. See: Georges Vernet, “Ant. Ritti”, AMP, 1920, vol. 12, 114, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1920x12>.

<sup>309</sup> “On lui a reproché de n’avoir pas évolué avec son temps, de n’avoir pas se «moderniser» sa revue, en y faisant la part la plus large aux actualités, à l’iconographie, etc... Il est bien vrai. Prenez au hasard un numéro de la collection des Annales: depuis tantôt 80 ans, format, aspect extérieur, rubriques, caractères même, rien n’est changé”. See: Georges Vernet, “Ant. Ritti”, AMP, 1920, vol. 12, 112, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1920x12>.

<sup>310</sup> Georges Vernet, “Ant. Ritti”, AMP, 1920, vol. 12, 113, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1920x12>.

<sup>311</sup> Georges Vernet, “Ant. Ritti”, AMP, 1920, vol. 12, 114, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1920x12>.

<sup>312</sup> “cheville ouvrière”. See: Georges Vernet, “Ant. Ritti”, AMP, 1920, vol. 12, 107, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1920x12>.

<sup>313</sup> Georges Vernet, “Ant. Ritti”, AMP, 1920, vol. 12, 114, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1920x12>.

<sup>314</sup> It was often recorded in the associations’ bylaws. See for example: “Reglement der Nederlandsche Vereeniging voor Psychiatrie. VII. De Handelingen. Art. 22”, *Psychiatrische Bladen*, 1876, vol. 1, 169, <http://hdl.handle.net/2027/mdp.39015062749778>; “Procès-verbal de la séance ordinaire à Bruxelles, le 31 août 1886, au Palais de l’Université”, SMMB, 1886, no. 42, 4, <http://hdl.handle.net/2027/mdp.39015070250637>.

allocated to him. For Ritti, this included preparing and organising meetings, seeing to convocations, preparing the agenda, setting up committees, distributing reports, publishing the minutes, ensuring the recruitment of members, receiving, processing and answering correspondence, and managing other editorial tasks which included reviewing and editing original articles, as well as reading, reviewing, translating and/or abridging information found in other medical journals, pamphlets and monographs.<sup>315</sup>

The editor's workload gradually rose over the second half of the nineteenth century and the early years of the twentieth century due to the rapidly increasing availability of medical information and the changing and expanding orientation of psychiatry itself. The latter would also influence the target audience that the associations' board wanted to attract. These transformations made it no longer sustainable for the association's secretary or president to manage the journal on their own. In many cases, the number of people who edited the journal remained limited to one or two individuals. The only exceptions were the *Annales Médico-Psychologiques* and the *Allgemeine Zeitschrift für Psychiatrie*, both of which had three editors in charge of their journal. An explanation can be found in the early creation of these journals, which were already in existence before a psychiatric association was founded in these countries. An imbalance in the number of staff could rapidly decrease the journal's productivity. When the AMP's third editor, Moreau de Tour, left the editorial staff in 1863, the remaining editors struggled with their workload, and needed to refuse articles or had to shorten the *comptes rendus* because of insufficient staff and structural limitations such as the number of pages allowed in the journal.<sup>316</sup>

The British association and journal faced similar problems. After about ten years as editor, Bucknill asked in 1862 that surplus funds from the journal would be allocated to pay for assistance in his editorial work. However, he would resign soon after and others would take over his position.<sup>317</sup> By 1900 there had been a few editorial shifts in the JMS' staff, yet the editors still found that, while "[...] surveying the vast and rapidly increasing volume of work which is being accomplished on all sides, there devolves upon us the arduous endeavour to keep pace with the entire progress of psychiatry,

---

<sup>315</sup> Georges Vernet, "Ant. Ritti", AMP, 1920, vol. 12, 107, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1920x12>.

<sup>316</sup> "A nos abonnés", AMP, 1863, vol. 1, I-IV, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1863x01>.

<sup>317</sup> "Election of treasurer, editor of journal, etc.", *Journal of Mental Science*, 1862, vol. 8, no. 43, 327, <https://www.cambridge.org/core/journals/journal-of-mental-science/issue/22F185637C28070DB66AECOC33A13088>.

and to present our busy readers wellsifted and thorough modern summaries of results”.<sup>318</sup> In what follows I will explore when this shift occurred, which mechanisms were used to cope with these changes and what impact they had on the journal’s content.

Fyfe and Gielas have pointed out that the number of people involved correlated with editorial practices that had implications for the efficiency, expertise and credibility of a journal.<sup>319</sup> Although the majority of scholarly journals in the nineteenth century were edited by more than one individual, most psychiatric associations started out with a very limited amount of editorial power and a transition to the use of editorial committees happened only gradually. The NVP for example, experimented with an editorial board in the early 1880s but quickly disbanded this as the results were not satisfactory.<sup>320</sup> A real shift in the number of editors, and the size of editorial committees, across the different journals took place from the 1890s onwards. While the editorial staff of the BSMMB, the *Psychiatrische Bladen*, the JMS and the *Zeitschrift für Psychiatrie* grew considerably (**figure 17**), the editors of the *Annales Médico-Psychologiques* formed an exception due to the zeal of Antoine Ritti who edited the journal after the death of its founder-editors.<sup>321</sup>

---

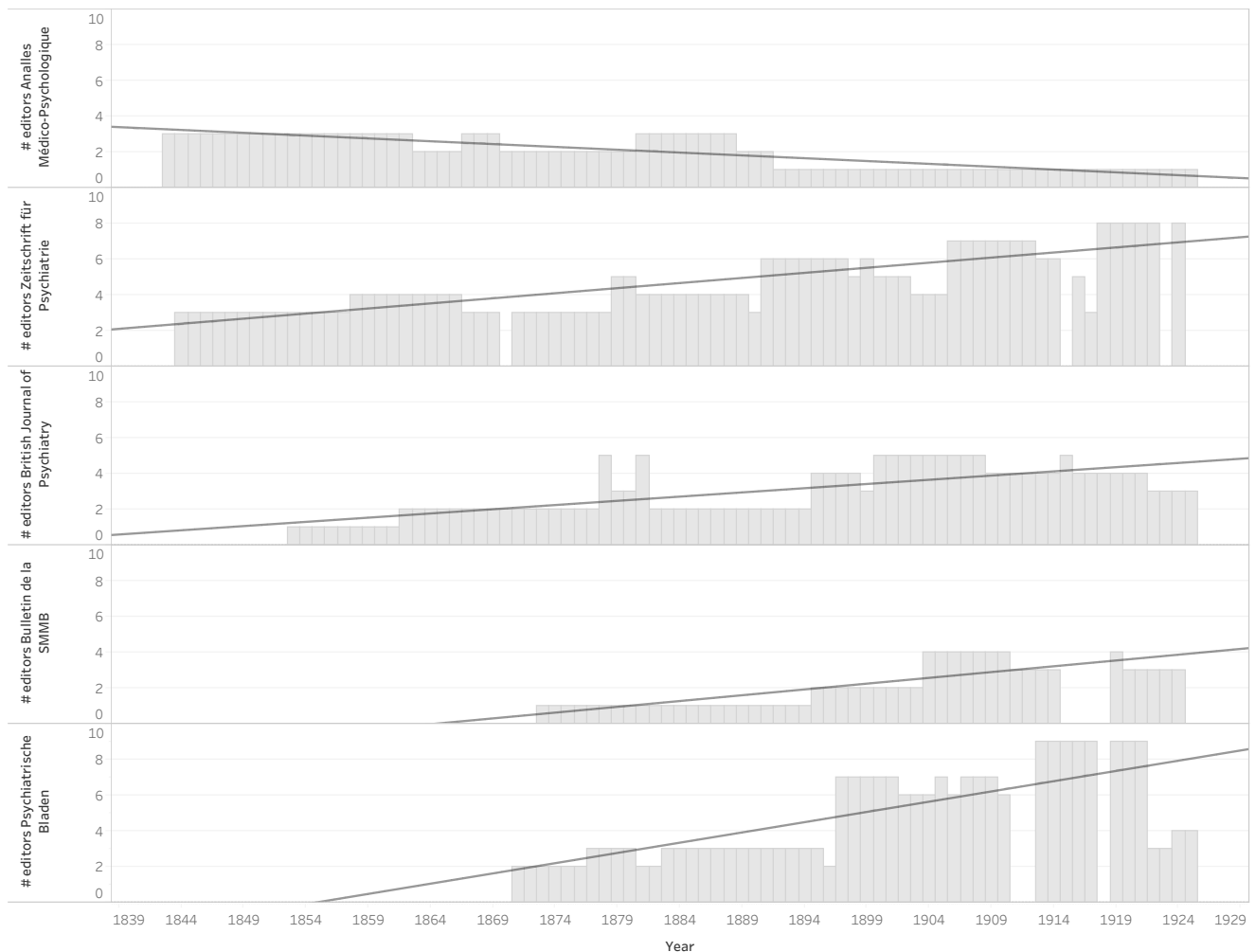
<sup>318</sup> “Occasional notes. Editorial comment”, *Journal of Mental Science*, 1900, vol. 46, no. 193, 322.

<sup>319</sup> Fyfe and Gielas, ‘Introduction: Editorship and the Editing of Scientific Journals’, 13.

<sup>320</sup> “Achtende vergadering te Amsterdam op 12 en 13 mei 1880. Avondzitting, woensdag den 12 mei”, *Psychiatrische Bladen*, 1880, vol. 1, 97-99, <http://hdl.handle.net/2027/mdp.39015062749778>.

<sup>321</sup> There was a difference between the editorial staff (editor-in-chief, assistant editors) and the editorial board, but their differences are very ambiguous. The most notable difference is that the editorial staff was more visible because they were mentioned on the cover page of a journal and took most of the credit, as opposed to the editorial board who operated more behind the scenes. Most of them probably dealing with summarising journal articles and/or translating them.





**Figure 17.** The number of editors that were employed for each journal between 1843 and 1925. All journals make use of larger editorial boards over time except for the AMP.

During this transition there were concerns about the impact that shared editorial responsibilities would bring. The members of the British psychiatric association feared that this would threaten the stability and consistency of the journal.<sup>322</sup> Nevertheless, the increase of information and the rising workload compelled psychiatric associations to go ahead with this arrangement. Additional editorial structures became an urgent necessity and were slowly uncoupled from the general structure within the associations. Supplementary measures took on different forms depending on the journal and the time frame. Although different forms of editorship were developed, the

<sup>322</sup> Some proposed four editors, others two or only one. See: “Notes and news. The election of officers”, *Journal of Mental Science*, 1877, vol. 23, no. 103, 430-433, <http://www.archive.org/details/britishjournalof23roya>; “Notes and news. Report of the editors – 1919”, *Journal of Mental Science*, 1920, vol. 66, no. 275, 481, <http://www.archive.org/details/britishjournalof65roya>.

content (articles, reviews, meeting notes) published in all journals would remain relatively similar with the exception of the thoroughness with which certain information was integrated. On a practical level these different forms of editorship might also have created another dynamic between the members of the editorial staff, but this is something we cannot give an opinion on due to the lack of source material that has survived.

Journals made use of either solo editors or editorial boards. The latter's staff could furthermore be with or without a difference in rank, and could either have a visible or invisible editorial staff. In addition, editors could employ additional collaborators or volunteers.

From the BSMMB's early beginnings, the editorial tasks had been mostly in the hands of the secretary and, at the moment that this became too demanding, opted from 1886 onwards to appoint an additional secretary (*secrétaire adjoint*) to cope with the rising workload.<sup>323</sup> Another addition took place in 1904 when two secretaries (*secrétaires des séances*) were appointed to do the stenography during the meetings and make the notes ready for publication, as the minutes formed an essential part of the association's journal.

By expanding the staff, the workload of the secretary was further reduced, while he maintained oversight of the journal at all times.<sup>324</sup> Aside from these arrangements, the SMMB also experimented with a *comité de rédaction* to support the secretary from as early as the 1870s. In itself this was not a remarkable development as it was a common practice within scientific associations.<sup>325</sup> While these editorial boards were often visible, the editorial committee of the BSMMB was not – they did not mention an editor or editorial committee on the front page of its publications – and deviated in this respect from the mainstream developments among psychiatric journals. Furthermore, the existence of this committee is not mentioned in the bylaws of the association, nor are there any clear descriptions to be found in the journal as to

---

<sup>323</sup> "Procès-verbal de la séance ordinaire à Bruxelles, le 31 août 1886, au Palais de l'Université", SMMB, 1886, no. 42, 4, <http://hdl.handle.net/2027/mdp.39015070250637>; F. Lentz "Modifications proposées au règlement de la société de médecine mentale", BSMMB, 1886, no. 43, 87, <http://hdl.handle.net/2027/mdp.39015070250637>.

<sup>324</sup> "Règlement de la société de médecine mentale de Belgique", BSMMB, 1904, no. 114, 11-12, <http://hdl.handle.net/2027/hvd.32044102893898>.

<sup>325</sup> Vandendriessche, 'Arbiters of Science. Medical Societies and Scientific Culture in Nineteenth-Century Belgium', 188–89; Fyfe and Gielas, 'Introduction: Editorship and the Editing of Scientific Journals', 13–16.

their actual tasks or in how extensive the committee was actually employed to edit the BSMMB through the years.<sup>326</sup>

A more common form of editorship is found in those associations that created a visible editorial committee. The editorial board of the AMP and the JMS are examples of those who created an editorial committee on equal footing – everybody sitting on the editorial committee was an editor. Alternatively, a hierarchy was implemented in the editorial board, distinguishing between the rolls and tasks that its members were assigned. The committee of the JMS would, by the turn of the century, shift towards this form, creating a distinction between editors and assistant-editors. In the Netherlands, an editor-in-chief was from the late 1880s onwards, assisted by two or more editors, all chosen from among the association members. While its editorial committee had started out small in the 1870s, the number of alienists involved in compiling the *Psychiatrische Bladen* would rise considerably throughout the 1890s and the early 1920s (**figure 17**). A reason for this increase was caused by the editorial board's concern that the journal did not offer enough relevant content about the newest scientific discoveries. In addition, neurology was establishing itself as a prominent (sub)field due to new insights in anatomy and physiology, the development of new methods and better equipment.<sup>327</sup> To keep pace with recent discoveries it was decided to pay more attention to neurology and integrate it into the journal, which also found its reflection in the journal's name change to *Psychiatrische en Neurologische Bladen* (the Psychiatric and neurological journal) in 1897.

The growth in editorial manpower brought along a division of tasks for the staff, a rearrangement that was frequently accompanied by structural changes in the journal's content. In the Dutch journal, each staff member was in charge of a different section: psychiatry and therapy; neurology and therapy; criminal anthropology; education and hygiene; psychology and psychophysics; anatomy and physiology;

---

<sup>326</sup> The editorial committee is briefly mentioned in 1871, 1882, 1903 and in 1919. See: "XI. Société de médecine mentale de Belgique. Séance du 5 octobre 1871, tenue à Bruxelles", BSMMB, 1871, no. 1, 43, <http://hdl.handle.net/2027/mdp.39015070250843>; X. Francotte, "Rapport sur les vingt-cinq années d'existence de la société dans la séance du 29 septembre 1894", SMMB, 1894, no. 74, 297, <https://hdl.handle.net/2027/mdp.39015070250983>; "Procès-verbal de la séance ordinaire qui a eu lieu à Bruxelles au Palais de l'Université, le 29 Avril 1882", BSMMB, 1882, no. 25, 8, <http://hdl.handle.net/2027/mdp.39015070250801>; "Procès-verbal de la séance ordinaire tenue à l'Université de Bruxelles, le samedi 31 janvier 1903. Création d'un comité de rédaction du bulletin de la société", BSMMB, 1903, no. 108, 19, <http://hdl.handle.net/2027/hvd.32044102893906>.

<sup>327</sup> Albrecht Hirschmüller and Magda Whitrow, 'The Development of Psychiatry and Neurology in the Nineteenth Century', *History of Psychiatry* 10, no. 40 (1999): 395–423.

microscopic anatomy, histology and embryology; and judicial medicine.<sup>328</sup> This divide-and-conquer technique helped to keep the journal relevant and up to date with the latest developments.

From the beginning of the twentieth century an additional change in structure took place. The Dutch editorial board began to dedicate a larger proportion of the journal to the publication of original articles. While this section grew substantially, the proportion reserved for proceedings of the NVP's meetings seems to have diminished. While these newly implemented structures stayed a crucial part of the journal, the number of editors was reduced by the 1920s because it interfered with the continuity of the journal and allowed better task management between a core group of three to four editors.<sup>329</sup>

Another form of editorship consisted of an editor or editorial board that made use of permanent collaborators. This was a group of psychiatrists that made contributions to the journal on a regular basis. In the *Psychiatrische Bladen* these were called *vaste medewerkers* (permanent staff), although it is not clear what the extent of their tasks were or if they were paid for their assistance. Their tasks included in all probability a combination of providing the editorial board with article contributions and book reviews or summaries of publications. However, these collaborators would disappear again – at least visibly from the journal's pages – when the Dutch editorial board was strongly reduced. Relying on external collaborators was a mechanism also used by the JMS's editorial team. Their staff would be increased from the second half of the nineteenth century onwards to reduce workload, while simultaneously being assisted by volunteers who, for example, supplied them with book reviews for inclusion in the journal.<sup>330</sup> Employing collaborators brought with it a changing view on scientific collaboration, authorship and editorial responsibilities. From the turn of the century, individuals who contributed summaries or wrote reviews no longer stayed in the

---

<sup>328</sup> "Advies der commissie benoemd in de Vergadering der Ned. Vereeniging voor Psychiatrie van 1 Juli 1896 te Deventer, in zake de verandering van Art. 22 van het reglement, [...]", PB, 1896, vol. 14, p.86-87, <http://hdl.handle.net/2027/chi.098893780>. A similar evolution is noticeable in the AMP who would also structure their journal according to different categories.

<sup>329</sup> De Redactie, "De Psychiatrische en Neurologische Bladen", *Psychiatrische en Neurologische Bladen*, 1908, vol. 12, 467, <http://hdl.handle.net/2027/mdp.39015075810138>.

<sup>330</sup> "Part IV. Notes and news. The report of the editors", *Journal of Mental Science*, 1922, vol. 68, no. 283, 428, <http://www.archive.org/details/britishjournalof68roya>.

shadows but received credit for their involvement via name attribution: each contribution was now undersigned by its author.<sup>331</sup>

Another effect of the growth and change of the editorial staff was the disappearance or fading of the signature mark of the editor-in-chief. Historians Bynum and Wilson have called this the “switch from editorial individualism to editorial collectivism”,<sup>332</sup> although there are also exceptions to be found among scientific journals<sup>333</sup> and historians Irvine and Jean Loudon have remarked that a journal’s survival largely depended on who owned and edited the journal.<sup>334</sup> One of the psychiatric periodicals that form an exception to the idea of editorial collectivism was the *Allgemeine Zeitschrift für Psychiatrie*. During Heinrich Laehr’s 47-year tenure as editor-in-chief (1857 until 1904), the journal would become known as *Laehrs Zeitschrift*, re-individualising the journal.<sup>335</sup> If this is an indication of Laehr’s actual influence still remains to be seen, as no in-depth investigation has yet been realised. Another explicit form of editorial individualism can be found in the AMP, where after the death of its longstanding editor-founders J. Baillarger,<sup>336</sup> Laurent Cerise and Longet, Antoine Ritti would manage the publication of the journal on his own for more than 30 years.

Through different reorganisation policies the editorial staff tried to keep readers satisfied with the latest developments in the psychiatric field, while at the same time struggling with growing publication costs and changing editorial practices such as problems with space limitations for text and images, which I will discuss later. The editors of the JMS captured these problems quite accurately; in an editorial note they declared that “[t]he progress of knowledge makes readers more critical, the advance

---

<sup>331</sup> “Occasional notes. Editorial comment”, *Journal of Mental Science*, 1900, vol. 46, no.193, 323, <http://hdl.handle.net/2027/mdp.39015046989029>.

<sup>332</sup> Bynum and Wilson, ‘Periodical Knowledge’, 43.

<sup>333</sup> See for example: Melinda Baldwin, ‘The Business of Being an Editor: Norman Lockyer, Macmillan and Company, and the Editorship of *Nature*, 1869–1919’, *Centaurus* 62, no. 1 (2020): 111–24; Anna Gielas, ‘Turning Tradition into an Instrument of Research: The Editorship of William Nicholson (1753–1815)’, *Centaurus* 62, no. 1 (2020): 38–53; Irvine Loudon and Jean Loudon, ‘Medicine, Politics and the Medical Periodical 1800-50’, in *Medical Journal’s and Medical Knowledge: Historical Essays*, ed. William F. Bynum, Stephen Lock, and Roy Porter (London: Routledge, 1992).

<sup>334</sup> Loudon and Loudon, ‘Medicine, Politics and the Medical Periodical 1800-50’, 60.

<sup>335</sup> ‘Laehr, Heinrich’, *Deutsche Biographie* (Bayerische Staatsbibliothek), accessed 18 February 2021, <https://www.deutsche-biographie.de/sfz47372.html>. Although the journal would be re-individualised, Laehr nevertheless had help of multiple assistant editors.

<sup>336</sup> Who would be seen as the main founder, as he appeared as such on the journal after his death.

of science calls for a greater exactitude; but, apart from the literary and scientific aspects of our task, its business side does not grow easier".<sup>337</sup>

### **The impact of publishers and printers**

We frequently come across publishers and printers on the title page or in the back matter of an issue, quickly bypassing this information to access the journal's main content. Yet, the people involved in producing, typesetting and distributing these periodicals, formed a substantial part of a journal's existence. We usually associate (scientific) journals with their readers and authors, while editors – and printers and publishers maybe even more so – often stay in the shadows.<sup>338</sup> Historian Aileen Fyfe and James Mussell have remarked that their identities are not always treated with equal importance: researchers addressing the history of learned societies often only briefly touch upon the implications of journals published by associations, allowing the commercial and editorial side to go unnoticed.<sup>339</sup> Taking this critique to heart, the following pages will take a closer look at the impact of publishing and printing companies on the development of psychiatric journals.

### **Choosing a commercial publisher as a strategic choice**

Psychiatric associations strategically chose commercial and often well-to-do publishers specialised in handling scientific manuscripts and in particular *materia medica*. In what follows I will trace the choices that different associations across Europe made. The AMP, BSSMB and AZP sailed a mostly stable course in this area. The latter was first published by August Hirschwald, located in Berlin and specialised in medical literature and the natural sciences.<sup>340</sup> From 1870 onwards publishing was taken over by George Reimer, a prominent scientific publishing house that would later become the widely

---

<sup>337</sup> "Occasional notes. Editorial comment", *Journal of Mental Science*, 1900, vol. 46, no.193, 323, <http://hdl.handle.net/2027/mdp.39015046989029>.

<sup>338</sup> Melina Baldwin for example only highlights the readers, authors and editors of the scientific journal *Nature*. See: Baldwin, *Making 'Nature'*, 13–15.

<sup>339</sup> James Mussell, *The Nineteenth-Century Press in the Digital Age* (London: Palgrave Macmillan UK, 2012), 40; Fyfe, 'Journals, Learned Societies and Money', 279 and 294 (footnote 13).

<sup>340</sup> The specialisation in medical literature becomes apparent via the titles that have been digitised, see: 'Verlag von August Hirschwald', Open Library, accessed 18 February 2021, [https://openlibrary.org/publishers/Verlag\\_von\\_August\\_Hirschwald](https://openlibrary.org/publishers/Verlag_von_August_Hirschwald); Berlin Hirschwald'sche Buchhandlung, *Katalog von medicinischen Werken aus dem Verlag von August Hirschwald in Berlin*. (Berlin, 1861). This printing and publishing company would in 1921 be taken over by Springer-Verlag. Heinz Sarkowski, *Springer-Verlag: History of a Scientific Publishing House: Part 1: 1842–1945* *Foundation Maturation Adversity* (Berlin Heidelberg: Springer-Verlag, 1996), 245.

acknowledged publisher we know today under the name *De Gruyter*.<sup>341</sup> In Belgium, the *Société de Médecine Mentale de Belgique* had its official seat in Ghent and the BSMMB was consequently printed in the same city, on the presses of its most well-known publishing and printing company, *Vander Haeghen*.<sup>342</sup> Only from the 1920s onward would *Imprimerie médicale et scientifique*, situated in Brussels, take over. Since the birth of the AMP, different printers would be involved over the years<sup>343</sup>, but the French association would make steady use of the expertise of Parisian publisher and bookseller *Masson et Cie.*, similarly specialised in medical and academic literature.<sup>344</sup>

The Dutch and British associations were less consistent in choosing their printer and publisher. In a relatively short time span they changed printer/publisher multiple times. Since the formation of the *Handelingen der Nederlandsche Vereniging voor Psychiatrie* in 1873, the Dutch psychiatric association made use of the printer H.R. van Elk (Dordrecht) and in the early 1880s this would become J. van Druten (Utrecht). Thereafter F. van Rossen (Amsterdam) would remain its main printer and scientific publisher, at least until approximately 1929.<sup>345</sup> The British association followed a similar path as the Dutch society. In 1856 it traded publisher *S. Highley* (London) for *Longman Brown Green & Longmans* (London). From the 1860s onwards it would rely on the expertise of scientific and medical publisher *John Churchill*,<sup>346</sup> the same firm that for

---

<sup>341</sup> 'A Short History of the Publishing House', Internet Archive. Waybackmachine, 13 August 2016, <https://web.archive.org/web/20160813214404/http://www.degruyter.com/page/79>.

<sup>342</sup> Patricia Van de Velde, 'De drukkersfamilie Vander Haeghen en de "Gazette van Gent"', *Oostvlaamse zanten: driemaandelijks algemeen tijdschrift voor volkskunde* 77, no. 2 (2002), <https://ojs.ugent.be/OZ/article/view/7810>.

<sup>343</sup> For example: *imprimerie* L. Martinet, *imprimerie* de E. Donnaud, *imprimerie* de l'étoile, *imprimerie* L. Maretheux and *imprimerie* Coueslant. All were located on the Rue Casette 1 in Paris. See respectively: AMP, 1850, vol. 2, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1850x02>; AMP, 1880, vol. 4, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1880x04>; AMP, 1882, vol. 7, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1882x07>; AMP, 1912, vol. 2, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1912x02>; AMP, 1924, vol. 2, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1924x02>.

<sup>344</sup> The publisher was known under different names depending on who was leading the company at the time. See: Masson et Cie Paris, *Masson et Cie, 1804-1954: un siècle et demi d'édition médicale et scientifique* (Masson et Cie, 1954).

<sup>345</sup> In 1928 there would be some troubled waters between the association and the publisher. The printer was called a beggar (schooier). However a contract draft for the year 1929 was drawn up. See: Nationaal Archief Den Haag, Nederlandse Vereniging voor Psychiatrie, access number 2.19.221, inventory no. 816, letter to Dr. W. M. van der Scheer, from C. van Rossen, Amsterdam, 5 December 1928; Nationaal Archief Den Haag, Nederlandse Vereniging voor Psychiatrie, access number 2.19.221, inventory no. 816, letter to Dr. F. J. Stuurman, Santpoort, 7 December 1928; Nationaal Archief Den Haag, Nederlandse Vereniging voor Psychiatrie, access number 2.19.221, inventory number 816, "tussen ondergetekenden", 1929.

<sup>346</sup> This was a family company, and would go through a few name changes when another generation took over the company.

some time published the weekly periodical *The Lancet*, *The Medical Times* and Winslow Forbes' *Journal of Psychological Medicine*.<sup>347</sup> Likewise for the printing arrangements, C. L. Robertson recalled in an editorial note how, in April 1861, the journal "[...] was transferred from the provincial printer to an excellent London establishment".<sup>348</sup>

Since no or very little source material about the exchanges between these associations and publishing houses has survived, it is difficult to pinpoint what advantages there were to be gained out of a corporation by both parties. This makes the reasons that associations changed printers and/or publishers, or why publishers agreed to print the journals of these psychiatric associations, unclear. However, there are a few justifications that can explain the actions undertaken by the associations and publishing houses.

From the publishing companies' point of view it was of paramount importance that, when undertaking such ventures, they could secure enough financial return and have the possibility to expand their business in the future.<sup>349</sup> (Scientific) journals and especially those founded by societies could be attractive to them for predominantly two reasons.<sup>350</sup> Firstly, the serial character of periodicals ensured a continuous flow of prints, which gave some financial security, although this was not always the case: journals often needed a few years to make a profit or break even. Secondly, associations provided publishing houses with a stable and reliable number of consumers because associations' members automatically received the associations' journals when paying their membership fee. This practice guaranteed the publishing house a minimum level of revenue. In addition, this pool of consumers could also supply the company with new authors.

This is also in accordance with observations made by other scholars. German Elias Berrios for example has stated that although publishing companies found

---

<sup>347</sup> Brittany Pladek, "A Variety of Tastes": The "Lancet" in the Early-Nineteenth-Century Periodical Press', *Bulletin of the History of Medicine* 85, no. 4 (2011): 560–63; 'Samuel Highley', Open Library, accessed 28 March 2019, [https://openlibrary.org/publishers/Samuel\\_Highley](https://openlibrary.org/publishers/Samuel_Highley); University of Bristol Library, *List of Medical Works, Lately Published by Highley and Son, 24, Fleet-Street, London* ([London : Highley and Son], 1814), <http://archive.org/details/b21438377>; 'John Churchill', Open Library, accessed 28 March 2019, [https://openlibrary.org/publishers/John\\_Churchill](https://openlibrary.org/publishers/John_Churchill); Berrios, 'Forbes Winslow and His Journal', 493–94.

<sup>348</sup> "Note by Dr. Robertson", *Journal of Mental Science*, vol. 8, no. 43, 462, <https://www.cambridge.org/core/journals/journal-of-mental-science/issue/22F185637C28070DB66AECOC33A13088>.

<sup>349</sup> Gillian Page, Robert Campbell, and Jack Meadows, *Journal Publishing* (Cambridge University Press, 1997), 2; Dawson and Topham, 'Introduction: Constructing Scientific Communities', 14.

<sup>350</sup> Page, Campbell, and Meadows, *Journal Publishing*, 2–4; Dawson and Topham, 'Introduction: Constructing Scientific Communities', 4 and 14.



textbooks or monographs a safer investment, psychiatric associations' access to mailing lists and substantial contacts among their members could help to ease publishers' reluctance. In contrast, private individuals who tried to set up a psychiatric journal often did not have access to such large scale networks as psychiatric associations.<sup>351</sup> Furthermore, the relationship between psychiatric associations and publishing houses depended upon the reputation of the alienist representing a psychiatric society.<sup>352</sup> The earlier examined qualities that psychiatrist-editors should ideally possess (time management, foreign contacts, writing skills, etc.) were quite valuable in order to negotiate with printers and win their trust, guaranteeing that the journals were stable and published regularly.

From the associations' point of view, on the other hand, there were three factors that contributed to the decision-making process in choosing a printer and publisher. One of the most important factors was linked to better publication prices. Keeping printing costs as low as possible was an essential feature for associations as we shall see below. A second factor that could explain the replacement of printers or publishers is these companies' scientific reputation. Over the years, psychiatric associations continually sought out to work together with publishers that had a higher and better position. Making use of specialised and well-known publishing and printing companies helped ensure the stability of the journals and procured a greater visibility, for example via the booksellers and libraries often attached to these firms, which would not have been the case if they had solely made use of small and obscure printing companies.

### **Distribution frequencies and circulation rates**

Publication frequencies would also evolve throughout the nineteenth and twentieth centuries. When the *Psychiatrische Bladen* was founded in 1871, the association's goal was to minimally publish two times a year, but they would ultimately increase this amount to approximately every two months by the 1890s.<sup>353</sup> The same publication

---

<sup>351</sup> Berrios, 'Forbes Winslow and His Journal', 493.

<sup>352</sup> Berrios, 'Forbes Winslow and His Journal', 493.

<sup>353</sup> "Dertiende vergadering gehouden te Utrecht. Avondzitting. 10 October 1877", *Handelingen der Nederlandsche vereeniging voor psychiatrie*, 1877, vol. 1, 10, <http://hdl.handle.net/2027/mdp.39015062749778>; "Advies der Commissie benoemd in de Vergadering der Ned. Vereeniging voor Psychiatrie van 1 Juli 1896 te Deventer [...]", *Psychiatrische Bladen*, 1896, vol. 14, 87-88, <http://hdl.handle.net/2027/chi.098893780>.

interval was used by the AMP who published ten pages every two months.<sup>354</sup> The AZP was approximately published four times a year from its inception in 1844, increasing its publication rate to six issues a year by 1858, which continued into the early 1920s.<sup>355</sup> The SMMB was a quarterly journal but, around the turn of the century, the Belgian association too would increase its publication rate to six per year and by 1923 would publish 16 issues a year, of which eight were dedicated to neurology, and eight to psychiatry.

These climbing publication frequencies reflect similar changes to those that can be observed in the wider area of (scientific) publishing throughout the nineteenth and early twentieth centuries, as the speed of information flow and content creation increased.<sup>356</sup> The publication frequency of the JMS, however, would not follow this pattern. The British journal would appear quarterly from 1855 onwards and would not change this practice.<sup>357</sup> The reasons for this are unclear, although the association was aware that it could have a negative effect on the continued existence of the journal. In 1925 the president of the British society, Michael J. Nolan, remarked that a member had told him many years before that “[...] the journal was too slow, and did not come out rapidly enough [...]” to consider his work for publication in the JMS.<sup>358</sup> With the increasing speed of scientific output it was essential to keep the same pace as other journals, as it became a general concern of scientists that their work needed to be published quickly. This lack of a higher publication interval was probably compensated for by the longstanding history of the JMS and its reputation, as the circulation rate of the journal suggests that its distribution expanded. Robertson observed in 1862 how “[t]he Journal now circulates in our most distant colonies [...]”, and that he had learned “[...] from a distinguished foreign visitor that no less than seven copies circulated in Sweden”.<sup>359</sup>

---

<sup>354</sup> Information found in: “Bibliographie. Ausländische. Baillarger, Cerise et Longet [...]”, *Zeitschrift für Psychiatrie*, 1844, vol.1, 149, <https://hdl.handle.net/2027/mdp.39015038797836>.

<sup>355</sup> “[cover image]”, *Allgemeine Zeitschrift für Psychiatrie*, 1920, vol. 76, <http://hdl.handle.net/2027/mdp.39015062205284>.

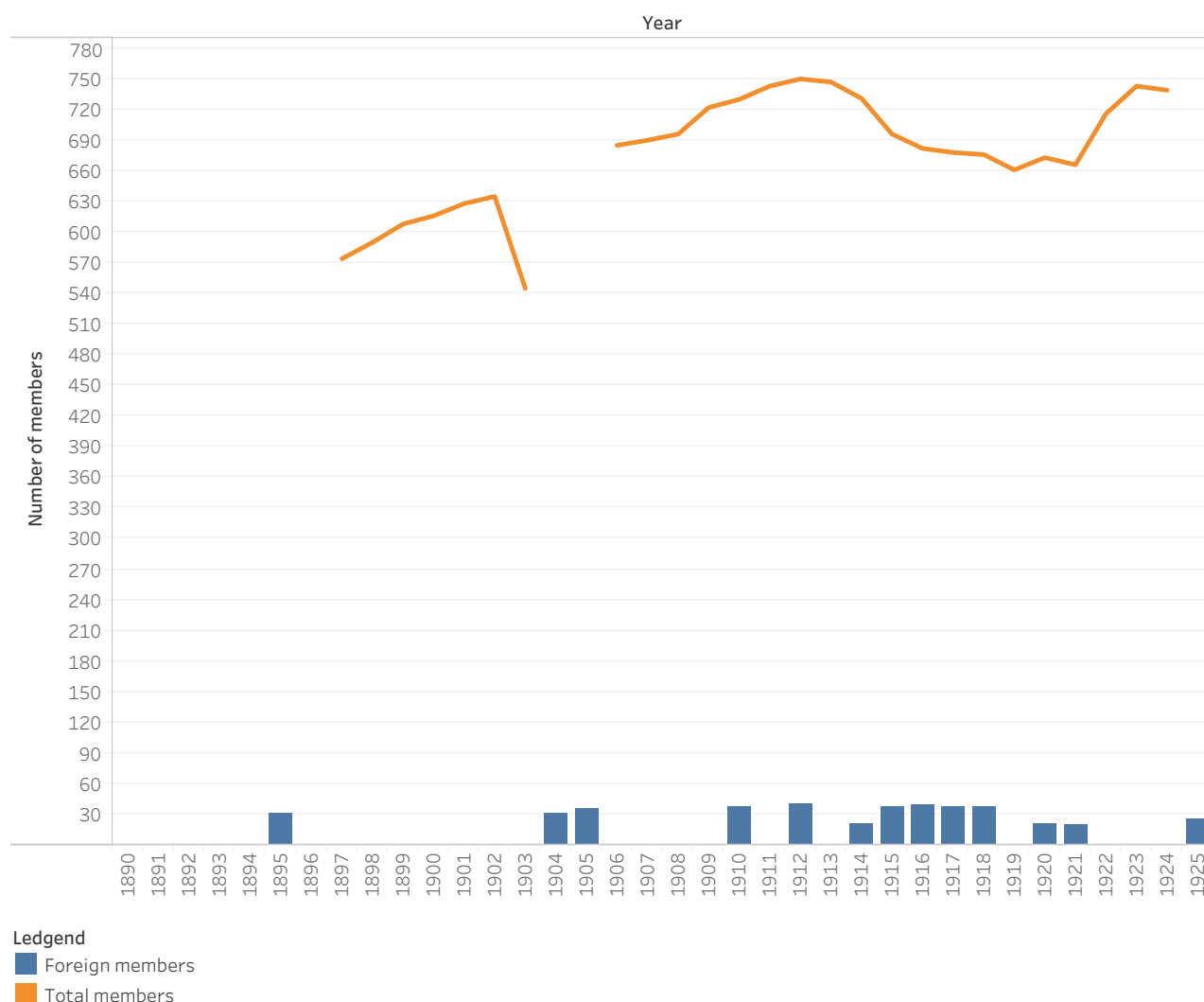
<sup>356</sup> Vandendriessche, ‘Arbiters of Science. Medical Societies and Scientific Culture in Nineteenth-Century Belgium’.

<sup>357</sup> “Note by Dr. Robertson”, *Journal of Mental Science*, 1862, vol. 8, no. 43, 462, <https://www.cambridge.org/core/journals/journal-of-mental-science/issue/22F185637C28070DB66AECOC33A13088>

<sup>358</sup> “Notes and news. Report of the Editors”, *Journal of Mental Science*, 1925, vol. 71, no. 295, 803, <https://www.cambridge.org/core/journals/journal-of-mental-science/issue/02D67B1CA64FC46582A5FBA3D5EB50B5>.

<sup>359</sup> “Note by Dr. Robertson”, *Journal of Mental Science*, 1862, vol. 8, no. 43, 462, <https://www.cambridge.org/core/journals/journal-of-mental-science/issue/22F185637C28070DB66AECOC33A13088>.

Over the years, the British psychiatric association achieved a steady increase in print run and subscriptions (**Appendix 8**),<sup>360</sup> although this was somewhat halted during the First World War. The total number of members declined because they had other engagements during the war – some explicitly asked to no longer receive the journal without losing their membership – as well as due to the untimely death of others. According to alienist-editor Thomas Drapes, these dwindling membership numbers were partly due to the many foreigners who had ceased asking for the journal.<sup>361</sup> Foreign membership stayed quite steady throughout the war years, with the exception of 1914, and mostly declined in the first few years after the war (**figure 18**).



**Figure 18.** Graph showing the total amount of JMS members and the number of foreign members (honorary members and correspondents) between 1890-1925. The number of foreign members stayed

<sup>360</sup> See for example: “treasurer’s accounts”, *Journal of Mental Science*, 1858, vol. 5, no. 27, 69, <http://hdl.handle.net/2027/hvd.hwlwcc>; “Notes and news. Report of the Editors”, *Journal of Mental Science*, 1925, vol. 71, no. 295, 802, <https://www.cambridge.org/core/journals/journal-of-mental-science/issue/02D67B1CA64FC46582A5FBA3D5EB50B5>.

<sup>361</sup> “Notes and news. Report of the Editors”, *Journal of Mental Science*, 1915, vol. 61, no. 255, 507, <http://hdl.handle.net/2027/njp.32101074924471>.

consistent throughout the years. Also notice the very low number of foreign members when we compare them with the number of foreigners that were a member of for example the Belgian psychiatric society.

When the war was over, the print run of the *Journal of Mental Science* rose sharply, and by 1924 had a circulation rate of 4100 copies.<sup>362</sup> The reason for this increase is not clear, but was probably caused by an increase of members. The journal's issues were always distributed across three groups of readers. First and foremost the members of the association who received the journal automatically. Secondly, there were the interested individuals who did not have a membership and bought the journal directly from the printer, a bookstore or the association. The remaining journal issues were stock, kept for later use as a gift or exchanged with other associations and journals.<sup>363</sup> By 1914 the JMS exchanged approximately 70 journals coming not only from the United Kingdom, but also the United States, France, Belgium, Germany, Italy and Russia.<sup>364</sup> The journals were available for reading in the associations' library, meaning that the amount of actual readers also lay higher than the journal's print run for most periodicals.

The print run of the *Journal of Mental Science* lay in a mid-range segment if we compare it to three other British journals. The renowned *British Medical Journal* which was founded in 1840, had a circulation of 24000 copies by 1909 and at the time was considered to have the largest medical circulation in the world.<sup>365</sup> The famous journal *The Lancet*, also a weekly periodical, had a circulation rate of 8000 by 1830, only seven years after its launch.<sup>366</sup> In comparison, the JMS reached a print run of 4100 by 1924. While *The Lancet's* circulation was only double that of the British psychiatric journal, the latter only reached a circulation of 4000 copies after 70 years. In addition, the *Journal of Mental Science's* print run in 1900 – the most approximate year available to compare it to the 1830 circulation of *The Lancet* – only amounted to a 1000 copies. The

---

<sup>362</sup> "Notes and news. Report of the editors", *Journal of Mental Science*, 1925, vol. 71, no. 295, 802, <https://www.cambridge.org/core/journals/journal-of-mental-science/issue/02D67B1CA64FC46582A5FBA3D5EB50B5>.

<sup>363</sup> Fyfe, 'Journals, Learned Societies and Money', 288.

<sup>364</sup> These numbers are based on a manual count of exchange journals. The exact number is 67. See: "Exchange Journals", *Journal of Mental Science*, 1914, vol. 60, no. 248-251, backmatter, <http://hdl.handle.net/2027/njp.32101074924463>.

<sup>365</sup> John Burnham, 'The British Medical Journal in America', in *Medical Journal's and Medical Knowledge: Historical Essays*, ed. W.F. Bynum, Stephen Lock, and Roy Porter (London: Routledge, 1992), 170.

<sup>366</sup> Pladek, 'A Variety of Tastes', 565.

*Medico-Chirurgical Review* on the other hand, which appeared quarterly, circulated in fairly small amounts and only slowly increased its print run. In 1820, four years after its creation, it had a print run of 200 copies and during 1822–1823, seven years into its existence, its circulation amounted to 1575 copies.<sup>367</sup> Depending on the journals the JMS is compared with, it either fell short of an adequate reach or did fairly well among the many general magazines and scientific periodicals published in the nineteenth century.

Measuring a journal's success and outreach is not only based upon their print run and how fast or slow their circulation rate grows but also depends on how long the journal has been in existence (the JMS for example had had more time to increase its readership), the languages they used, the size of their member base and/or the medical corpus residing in their country as well as the number of physicians and alienists they could reach across borders. Although difficult to compare with the JMS due to the size of the United Kingdom in comparison with the Netherlands, the circulation rate of the *Psychiatrische Bladen* was rather low. After 58 years, the Dutch journal of psychiatry had by 1929 a print run of 350.<sup>368</sup> In all likelihood the Dutch journal circulated mainly among members. In addition, the Netherlands had a relatively low quantity of foreign members which, combined with language issues, limited the circulation and reception of the journal throughout Europe more than it did the British or French journal.<sup>369</sup> To give an example, in the Belgian psychiatric association 48,7% of members was of foreign origin by 1900, while foreigners in the British and Dutch psychiatric association in 1925 respectively consisted of 3,5% and 7,5%. The chances of the Dutch journal reaching far across its borders was relatively low, although the Dutch journal did reach over the Channel, where the British psychiatric association received it at least from 1886 to 1895.<sup>370</sup>

---

<sup>367</sup> Pladek, 'A Variety of Tastes', 566; Loudon and Loudon, 'Medicine, Politics and the Medical Periodical 1800-50', 58.

<sup>368</sup> [draft of a contract between the Nederlandse Vereniging voor Psychiatrie and printing company F. van Rossen from 1929, page 1], inventory no. 816, access number 2.19.221, Nederlandse Vereniging voor Psychiatrie, Nationaal Archief Den Haag. The Dutch association counted in 1925, 237 members. See: "Naamlijst der ereleden en der gewone leden in januari 1925", *Psychiatrische Bladen*, 1925, vol. 29, 1.

<sup>369</sup> Andersen, 'De Société de Médecine Mentale de Belgique in Transnationaal Perspectief (1869-1900)', 58.

<sup>370</sup> This is based on keyword searches (including misspellings) in the British journal: psy\* bladen; psychiatrische bladen; psych. Bladen; psychiairische bladen; psychiatrische bladen. Although the Dutch journal sporadically pops up in the retrospect section of the JMPS wherein publications and debates from other countries were briefly discussed. See the headers "Retrospect" and "progress of psychiatry" in the JMS. For an example of the Dutch retrospect see J. F. G. Pieterse, "Part III – Psychological

The high number of foreign members in the Belgian and French association for psychiatry were in large part due to the fact that the policies these societies employed were more focused on reaching out across their borders. The French language also assisted to achieve a wider outreach, as English had not yet reached its status as a global lingua franca.<sup>371</sup> Although we have no numbers about the print run of the *Annales Médico-Psychologiques* their membership lists and the efforts and motivation of the association's staff give an indication. The French alienist Jules Falret for example remarked in 1865 that “[...] It is useful and desirable that we should seek to attach to our Society, through official links, distinguished men who have acquired a distinguished reputation abroad, who are in a position to put us in touch with the scientific movement of their country and who can thus serve as intermediaries in spreading in their own country the ideas to which we devote our efforts”.<sup>372</sup> For French alienists the attachments of foreign specialists to their organisation and journal manifested itself as a crucial focal point to acquire knowledge and information.

Above I alluded to different factors that give an indication of a journal's success and outreach. However, print-runs or information about language use only illustrates part of the whole picture. Knowing that information circulated is one thing, their actual use is another (e.g. being read and discussed or practical applications in asylums). Receiving the journal did not mean it was used. The *Psychiatrische Bladen* for example was added to the library collection of the British psychiatric association without any discussion about its content in their journal, most likely due to its language. Belgium physician and alienists were probably one of the only exceptions that could navigate the Dutch language and did not have to deal with the limitations that this caused other psychiatric societies. To be able to measure the usage of journals' content a few parameters exist. Aside from the circulation rate, historians Bynum and Wilson have

---

Retrospect. 1. Dutch Retrospect”, *Journal of Mental Science*, 1892, vol. 38, no. 163, 599-605, <http://hdl.handle.net/2027/iau.31858021512862>.

<sup>371</sup>Italians, Russians, Germans, Austrians and Americans spoke French to a certain extend, while Frenchmen seemed to have been less versed in other language, such as for example German. See: J. Falret, “Raport sur les membres associés étrangers”, AMP, 1865, vol. 5, 285 and 287, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1865x05>; Andersen, ‘De Société de Médecine Mentale de Belgique in Transnationaal Perspectief (1869-1900)’, 58–59.

<sup>372</sup> “[...] cet échange de communications verbales ou écrites ne doit pas seulement avoir lieu dans les limites restreintes de notre territoire national; il est utile et désirable que nous cherchions à rattacher à notre Société, par des liens officiels, des hommes distingués, qui ont acquis à l'étranger une réputation méritée, qui se trouvent en position de nous mettre en relation avec le mouvement scientifique de leur pays et qui peuvent servir ainsi d'intermédiaires pour répandre dans leur propre contrée les idées auxquelles nous consacrons nos efforts”. See: J. Falret, “Raport sur les membres associés étrangers”, AMP, 1865, vol. 5, 282, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1865x05>.

mentioned the use of footnotes and investigating the extent to which information found in other journals was summarised.<sup>373</sup> Both are interesting and useful parameters and although I have not been able to use them in any systematic way, my findings in chapter 5 highlight that the reaction to and the citation of publications by specific authors can be placed in a very different light if we pay attention to it. It forms a pre-indication of how the use of citation analysis and discourse analysis of summarised information opens up a more fine-grained view on the responses of alienists on the literature that appeared across Europe or the world.

### **Text and illustrations as a journal's currency**

The editor-in-chief and his editorial staff had to deal with different practical obstacles that were thrown their way. These included discussions about the number of editors, the use of language, but also – and this was of course essential for the further existence and development of these periodicals – the price of publishing and, in correlation with this, the quantity of text and illustrations. In 1924 only a third of the costs of the *Journal of Mental Science* for example was covered by journal sales and income from advertisements.<sup>374</sup> Prices would become especially pressing during the First World War. Despite the war, JMS still appeared, as did the Dutch, German and French journal, but had to face external factors that were beyond the editors' direct control and threatened the publication of the journal.<sup>375</sup> A low rate of article contributions, rising prices for paper and other printing supplies, and dwindling labour forces at the printer shops meant that publications were less voluminous or appeared with some delay.<sup>376</sup> Journal editors struggled to balance offering qualitative and rich content with publication costs that would become increasingly expensive also after the war years.

Trying to keep the journals' head above water and guaranteeing its continued publication was dealt with in numerous ways. Firstly, the government could be asked

---

<sup>373</sup> Bynum and Wilson 1992 p170-172

<sup>374</sup> The Multigraph Collective, *Interacting with Print*, 15–32; Nicholas Mason, *Literary Advertising and the Shaping of British Romanticism* (JHU Press, 2013), 11–22.

<sup>375</sup> The Belgium journal was the only one that did not appear during the war. Nothing is recorded about this in the journal issues that were published.

<sup>376</sup> "Notes and news. Report of the editors", *Journal of Mental Science*, 1915, vol. 61, no. 255, 507 <http://hdl.handle.net/2027/njp.32101074924471>; "Notes and news. Report of the editors", *Journal of Mental Science*, 1916, vol. 63, no. 259, 808, <http://hdl.handle.net/2027/njp.32101074924489>; "Notes and news. Report of the editors of the journal", *Journal of Mental Science*, 1917, vol. 63, no. 264, 608-609, <http://hdl.handle.net/2027/njp.32101074924497>; "Notes and news. Report of the editors of the journal", *Journal of Mental Science*, 1918, vol. 64, no. 267, 392, <http://hdl.handle.net/2027/njp.32101074924133>.

for support. The BSMMB, for example, had always received a yearly subsidy from the government that fluctuated between 400 and 600 Belgian francs.<sup>377</sup> Yet, by 1921 the association's board had to acknowledge that even this contribution was not enough of a support system. Famenne, the treasurer of the society, bluntly stated during a meeting: "[...] with our expenses far exceeding our revenues, it is obvious that the situation is downright bad. However, to reduce our expenses is impossible: it would be the death of our Bulletin".<sup>378</sup>

While trying to acquire more governmental support as a countermeasure, the board simultaneously tried to raise the number of memberships, which forms a second often used strategy, and also began to include advertisements in the pages of the *Bulletin*.<sup>379</sup> Aside from a higher membership rate, increasing the subscription fee was also a tactic employed. The British association as well increased their subscription fee to alleviate their financial burdens.<sup>380</sup> In the Netherlands, member fees for the *Nederlandsche Vereeniging voor Psychiatrie* varied between 4 guilder (*gulden*) and 10 guilder per year, those for non-members would vary between 6 guilder and 8 guilder.<sup>381</sup>

---

<sup>377</sup> See for example: B. C. Ingels, "Séance ordinaire du 14 octobre 1874, tenue à Bruxelles", *Bulletin de la Société de Médecine Mentale de Belgique*, 1874, no. 5, 6, <http://hdl.handle.net/2027/mdp.39015070250868>; B. C. Ingels, "Procès-verba, de la séance ordinaire du 28 octobre 1875, tenue à Bruxelles au Palais de l'Université", *BSSMB*, 1875, no. 7, 7-8, <http://hdl.handle.net/2027/mdp.39015070250868>; B.C. Ingels, "Procès-verbal de la séance ordinaire tenue à Bruxelles, le 28 avril 1883, au Palais de l'Université", *BSSMB*, 1883, no. 29, 10, <http://hdl.handle.net/2027/mdp.39015070251049>; B. C. Ingels, "Procès-verbal de la séance ordinaire tenue à Bruxelles, le 25 avril 1885 au Palais de l'Université", *BSSMB*, 1885, no. 37, 10, <http://hdl.handle.net/2027/mdp.39015070250686>; Jul. Morel, "Procès-verbal de la séance ordinaire tenue au Palais de l'Université à Bruxelles, le samedi 26 juillet 1800. Correspondance", *BSMMB*, 1890, no. 58, 254, <http://hdl.handle.net/2027/mdp.39015070250702>; Famenne, "Procès-verbal de laséance ordinaire tneua à la Maison des Médecins, à Bruxelles, le samedi 27 janvier 1912. Rapport du trésorier sur la situation financière de la société", *BSMMB*, 1912, no. 160, 15, <http://hdl.handle.net/2027/mdp.39015070275006>; Famenne, "Procès-verbal de la séance ordinaire tenue à la Maison des Médecine, a Bruxelles, le smaedi 31 janvier 1914. Rapport du trésorier pour l'exercice 1913", *BSMMB*, 1914, no. 172, 25, <http://hdl.handle.net/2027/mdp.39015070275139>. See also: Andersen, 'De Société de Médecine Mentale de Belgique in Transnationaal Perspectief (1869-1900)', 54-55.

<sup>378</sup> "[...] nos dépenses dépassant de beaucoup nos recettes, il est évident que la situation est franchement mauvaise. Or, diminuer nos dépenses est chose impossible : ce serait la mort de notre Bulletin". See: Famenne, "Rapport du tesorier", *BSMMB*, 1921, no.184-185, 23, <http://hdl.handle.net/2027/mdp.39015070274983>.

<sup>379</sup> See: Famenne, "Rapport du tesorier", *BSMMB*, 1921, no.184-185, 23, <http://hdl.handle.net/2027/mdp.39015070274983>; "Procès-verbal de la séance de reprise des travaux, tenue à la Maison des Médecins, à Bruxelles, le samedi 31 mai 1919. Relèvement du taux de la cotisation", *BSMMB*, 1914-1919, no.172-177, 287; <http://hdl.handle.net/2027/mdp.39015070275139>.

<sup>380</sup> "Treasurer's report", *Journal of Mental Science*, 1920, vol. 66, no. 275, 481, <http://www.archive.org/details/britishjournalof65roya>.

<sup>381</sup> See for example: "Advies der commissie benoemd in de Vergadering der Ned. Vereeniging voor Psychiatrie van I Juli 1896 te Deventer, in zake de verandering van Art. 22 van het reglement [...]", *Psychiatrische bladen*, 1896, vol. 14, 88, <http://hdl.handle.net/2027/chi.098893780>; [cover page], *Psychiatrische en Neurologische Bladen*, 1924, vol. 28, private digital scan; [cover page], *Psychiatrische en Neurologische Bladen*, 1915, vol. 19, private digital scan.



In Belgium, regular members and associated members of the SMMB cost 10 francs, rising in 1919 to 20 francs per year.<sup>382</sup> Costs for the French journal were 20 francs for those living in Paris, 23 francs for those residing outside of Paris and 26 francs for foreigners.<sup>383</sup>

A third strategy that was used to control a journals' publishing expenses was the publication of advertisements. By 1900 the staff of the *Journal of Mental Science* noted that “[a]dvertisers are beginning to recognise the advantages which so widely read a journal offers them, and thus some relief of the expenses of publication is obtained by the Association”.<sup>384</sup> Advertising in general expanded from the eighteenth century onwards with the rise of print culture, and became a central element in retail economies, helping sustain newspapers, magazines and journals.<sup>385</sup> As the authors of *Interacting with Print* also pointed out, advertising is not often factored into research about European print culture, although it formed a crucial part of it. In addition, publications and advertisements are often nationally specific and its role and functions as well as how people interacted with it diverged.<sup>386</sup> Advertisements – discreetly inserted at the end of each issue – started to appear in the JMS around the turn of the century<sup>387</sup>, and while the amount of advertisements would increase, it did not always yield much revenue.<sup>388</sup>

From 1922 onwards the *Société de Médecine Mentale de Belgique* as well would be compelled to insert advertisements, and did so on a large scale: announcements were included on almost every other page which changed the cachet of the journal completely. This was something that Antoine Ritti had not allowed, wanting to keep the clean and scientific character of the journal intact. Around the turn of the century the

---

<sup>382</sup>“Règlement de la Société de Médecine mentale de Belgique”, BSMMB, no. 1, 1873, 6, <http://hdl.handle.net/2027/mdp.39015070250843>; “Procès-verbal de la séance ordinaire du 29 novembre 1919. Communications diverses”, BSMMB, 1914-1919, no. 155-157, 300, <http://hdl.handle.net/2027/mdp.39015070275139>.

<sup>383</sup> “A nos abonnés”, AMP, 1863, vol. 1, III, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1863x01>.

<sup>384</sup> “Occasional notes”, *Journal of Mental Science*, 1900, vol. 46, no. 193, 323, <http://hdl.handle.net/2027/mdp.39015046989029>.

<sup>385</sup> The Multigraph Collective, *Interacting with Print*, 15–19, especially p15.

<sup>386</sup> The Multigraph Collective, *Interacting with Print*, 17–18; Velle, ‘Bronnen Voor de Medische Geschiedenis’, 87.

<sup>387</sup> For example: [last pages], *Journal of Mental Science*, 1905, vol. 51, no. 215, <http://hdl.handle.net/2027/mdp.39015046987973>.

<sup>388</sup> “Notes and news. Report of the editors of the journal”, *Journal of Mental Science*, 1906, vol. 52, no. 219, 813, <http://www.archive.org/details/britishjournalof52roya>; “Notes and news. The editors’ report”, *Journal of Mental Science*, 1910, vol. 56, no. 235, 759, <http://hdl.handle.net/2027/njp.32101074924430>

*Psychiatrische Bladen* also began to integrate advertisements in its pages.<sup>389</sup> These ranged from the promotion of asylums and sanatoriums, to selling pills and syrups, hospital clothing, bed frames or medical equipment such as Röntgen machines. In the Dutch journal these advertisements were sometimes of foreign origin, for example from Germany (**figure 19**). Promoting foreign institutions, instruments or literature was a relatively common practice in other medical and psychiatric journals as well. The New-York based *Medico-legal Journal* for example included an announcements for the “authorized translation” of the French alienist Emmanuel Regis’ popular book *A practical manual of mental medicine*, and avertisements for the *Bulletin de la Société de Médecine Mentale de Belgique*, for the price of 11 francs per year – edited by Jules Morel, who was at that time relatively known in certain American circles.<sup>390</sup>

A last strategy that was used by multiple psychiatric societies, such as the British psychiatric association, the *Nederlandse Vereeniging voor Psychiatrie* and the SMMB, were investments.<sup>391</sup> The income from stocks that were sold or dividends that were paid out could contribute to the upkeep of the journal or the association. Aside from this approach, some societies also succeeded to gain revenue from other side activities such as selling extra journals or handbooks, or charged a fee for the distribution of medical certificates as did the British psychiatric association.<sup>392</sup>

---

<sup>389</sup> The first time this happens is in 1904. See for example: *Psychiatrische Bladen*, 1904, vol. 8, private digital scan.

<sup>390</sup> [advertisement for the BSMMB], *The Medico-legal journal*, 1896, vol. 14, no page number [PDF page 291], <https://hdl.handle.net/2027/mdp.39015035859076?urlappend=%3Bseq=291>; [advertisement for A practical manual of mental medicine], *The Medico-legal journal*, 1896, vol. 14, no page number [PDF page 294], <https://hdl.handle.net/2027/mdp.39015035859076?urlappend=%3Bseq=294>.

<sup>391</sup> “The treasurer’s annual balance sheet 1889-90”, *JMS*, 1890, vol. 36, no. 155, 576, <http://hdl.handle.net/2027/iau.31858021512847>; Famenne, “Rapport du tresorier”, *BSMMB*, 1919, no. 175-177, 286, <http://hdl.handle.net/2027/mdp.39015070275139>; “Dertiende vergadering, gehouden te Utrecht. Avondzitting. 10 oktober 1877”, *Handelingen der Nederlandsche Vereeniging voor Psychiatrie*, 1877, vol. 1, 7, <http://hdl.handle.net/2027/mdp.39015062749778>.

<sup>392</sup> “The medico-psychological association. For the year 1901. Revenue account”, *Journal of Mental Science*, 1902, vol. 48, no. 203, [799], <http://hdl.handle.net/2027/mdp.39015046988005>.

**Psychiatrische en Neurologische Bladen**  
UITGEGEVEN DOOR DE  
Nederlandsche Vereeniging voor Psychiatrie en Neurologie.

**Redactie:**  
Prof. J. K. A. WERTHEIM SALOMONSON te Amsterdam, *Redacteur-Gérant*,  
Prof. G. C. VAN WALSEM, te Leiden, *Secretaris der Redactie*, Dr. D. SIEREMERS te  
Loosduinen, J. VAN DER KOLK te Leiden, Dr. W. H. OOX te Utrecht,  
Dr. J. C. TH. SCHEFFER, Leiden.

Abonnementprijs f 6,00 per jaargang  
(6 Afl.), voor leden der Ned. Vereeniging  
voor Psychiatrie en Neurologie, voor 1903  
vastgesteld op f 4,00.  
Afsonderlijke Afl. f 1,50.

**Uitgever:**  
**F. VAN ROSSEN,**  
Amsterdam.

Prijs der Advertenties f 0,20 per regel  
Boekaanmeldingen f 0,10 per regel.  
Grootte letters naar plaatsruimte.  
Als voor dit Tijdschrift bestemde Ad-  
vertenties geldere men direct te seken  
aan den Uitgever.

No. 2                      Maart/April                      1904.



**ELECTRO  
MEDISCHE  
APPARATEN**

VAN  
**W. A. HIRSCHMANN,  
BERLIJN.**

Depôt en alleenverkoop  
voor Nederland en Koloniën

**GUDENDAG.**

FABRIEK en MAGAZIJN van  
Chirurgische Instrumenten.

Keizersgracht 528.  
**Amsterdam.**

Inrichtingen tot het doorlichten en  
photografeeren met  
Röntgen stralen.

Geïllustreerde prijs-courant op  
aanvraag gratis en franco

**Nervenheilanstalt zu Görlitz**  
(Prouss.-Schles.)

**Offene Kuranstalt und Pensionat für Nervenkranken.  
Heil- und Pflegeanstalt für Nerven- und Gemüthskranken.  
Aerztliches Pädagogium für jugendliche Kranke.**

Diese seit dem Jahre 1855 bestehende, mit den Fortschritten der Wissenschaft wie den Anforderungen der Zeit stetig weiterentwickelte Anstalt, inmitten grosser Gärten, an den anmuthigen Parkanlagen der Stadt gelegen, nimmt kranke Damen wie Herren auf und bietet neben dem Comfort der gebildeten Stände alle Hilfsmittel der Behandlung und Pflege von Kranken. Besondere Sorgfalt wird auf die Trennung der leichten, resp. Nervenkranken von schweren Krankheitsformen, sowie auf die Theilnahme der Patienten am Familienleben und an regelmässiger Beschäftigung gewendet. Verschiedene getrennte Gebäude und einzelne kleine Villen gestatten jede mögliche Rücksicht auf individuelle Anforderungen und werden die ärztlichen Bemühungen durch ein zahlreiches gebildetes Beamtenpersonal unterstützt. — Für die in neuerer Zeit sich immer mehr häufenden Fälle von Nerven- und Gemüthskranken im jugendlichen und kindlichen Alter ist innerhalb der Anstalt ein methodisches

**ärztliches Pädagogium**

eingerichtet in welchem eigene Lehrer für die hauptsächlichsten Lehrgegenstände — Gymnasial- und Realschulfächer — und ausserdem Instructoren für Handfertigkeiten, mechanische, artistische und körperliche Übungen angestellt sind, um regelmässigen Unterricht zu ertheilen und die geistige und sittliche Entwicklung der Zöglinge neben den Aerzten zu überwachen und zu fördern.

Prospecte über die Heilanstalt wie das Pädagogium sind zu erhalten von  
**Dr. KAHLBAUM.**

**Kurhaus voor rustige Zenuwzieken**

van Sanitäts Rath **Dr. Müller** en  
Sanitäts Rath **Dr. Rehm**  
te **Blankenburg a. Harz.**

Gelegen in het schoonste gedeelte van den  
Harz, zoowel in den zomer als in den winter  
geregeld bezocht.

Uitvoerig prospectus gratis en franco.



Dormiol

SCHLAFMITTEL

in Dosen von 0.5–3.0 gr.

Dem Chlorhydrat an Wirkung gleich ohne dessen Nachteile.  
Keine Nebenwirkungen beobachtet. Wird auch von Herzkranken vertragen, für welche besonders  
**DORMIOLCAPSELN zu 0.5 empfohlen werden.**

Ausführliche Litteraturberichte durch:  
**KALLE & Co., chem. Fabrik, Biebrich a. Rh.**

Prompt wirkendes  
und billiges. . .

**Figure 19.** Example of advertisements for medical appliances (left side), sanatoriums and sleeping pills (right side). Note in particular the foreign advertisements of a German origin. Source: *Psychiatrische Bladen*, 1904, vol. 8.

The reason that strategies to raise money were so essential was because an increase in publication costs was not only an inconvenience, it also had an effect on what was printed and how extensively content could be featured in a journal, for example the publication of lengthy articles or the inclusion of illustrations.<sup>393</sup> From early on many recognised that the inclusion of illustrations and graphs were a “valuable feature”, a “necessity” and “of great importance” for making scientific publications more appealing.<sup>394</sup> Staff members of the JMS had stated more than once that “[...] money

<sup>393</sup>“Notes and news. The report of the editors”, *Journal of Mental Science*, 1922, vol. 68, nr.283, 426-428, <http://www.archive.org/details/britishjournalof68roya>.

<sup>394</sup> See for example: “Advies der Commissie benoemd in de Vergadering der Ned. Vereeniging voor Psychiatrie van 1 Juli 1896 te Deventer in zake de verandering van Art. 22 van het reglement [...]”, *Psychiatrische Bladen*, 1896, vol. 14, 87, <http://hdl.handle.net/2027/chi.098893780>; “Part IV. Notes and news. The W. and S. Tuke prize”, *Journal of Mental Science*, 1875, vol. 21, no. 95, 457, <http://www.archive.org/details/britishjournalof21roya>; “Notes and news. Election of officers”, *Journal of Mental Science*, 1889, vol. 35, no. 151, 443-444, <http://hdl.handle.net/2027/hvd.hw1wmm>; “Notes

should be spent freely on the Journal, including, of course, the engravings”.<sup>395</sup> Including these was not only a matter of creating a more attractive journal or attracting readers’ curiosity, it also had a scientific side. Integrating images could open up conversations between specialists, they made written observations more complete and added a layer of objectivity, allowing readers to judge for themselves about the accuracy of experiments.<sup>396</sup> Funds, however, were regularly insufficient to include images, graphs or drawings on a large scale, which was often not only a nuisance for the editorial team, but for authors as well, as they occasionally had to pay themselves to include illustrations. *If* images were integrated and who paid for them could depend on very technical details. Depending on the image technique used, the costs were borne by either the author or the editors. In the *Psychiatrische Bladen* the use of the halftone technique (*rastercliché*) had to be partly paid for by the author, while line engravings (*lijnclichés*) on the other hand were at the association’s expense, the latter being less costly.<sup>397</sup>

The use of photographs was often connected to psychiatric experiments – a confirmation that the experiment had been executed – and aided to visually depict pathologies on a macro or micro scale.<sup>398</sup> In psychiatry, Jean-Martin Charcot was, although not the first psychiatrist who used photography, certainly one of the most famous via his photographs of hysterical patients at *La Salpêtrière*, where he recorded bodily symptoms and linked them to neurological lesions.<sup>399</sup> When photographic images of people were used in the journals under review, they were primarily used to illustrate pathological tendencies. However, their use remained rather limited across the nineteenth and part of the twentieth centuries. Historian Myriam Posner has shown that diagrams and charts were the most widely used as illustrations accompanying

---

and News. Report of the editors – 1919”, *Journal of Mental Science*, 1920, vol. 66, no. 272, 481, <http://www.archive.org/details/britishjournalof65roya>.

<sup>395</sup> For this specific quote see: “Notes and news. Election of officers”, *Journal of Mental Science*, 1889, vol. 35, no. 151, 443, <http://hdl.handle.net/2027/hvd.hw1wmm>. For another example see: “Notes and news. Statement of accounts”, *Journal of Mental Science*, 1880, vol. 26, 115, 447, <http://hdl.handle.net/2027/hvd.hwlwbv>.

<sup>396</sup> Beatriz Pichel, ‘Reading Photography in French Nineteenth Century Journals’, *Media History* 25, no. 1 (2019): 52–53.

<sup>397</sup> “Aan onze medewerkers”, *Psychiatrische Bladen*, 1917, vol. 21, no. 5, 373-374, private digital copy.

<sup>398</sup> Pichel, ‘Reading Photography in French Nineteenth Century Journals’.

<sup>399</sup> Pichel, ‘Reading Photography in French Nineteenth Century Journals’, 51.



medical articles, while photographs of people only formed a small part of the content inside the *American journal of Psychiatry*.<sup>400</sup>

A similar trend is noticeable across European journals. In the AMP, the use of images accompanying scientific articles or clinical observations remained low. The volume of 1910 included two photographs (within the same article), and fifteen years later, in the volume of 1925, another two photos were used to illustrate the tendencies and characteristics of patients.<sup>401</sup> In the BSMMB as well the use of photographs was scarce. In the sample years 1900, 1905, 1910 (two photos)<sup>402</sup> and 1920 (6 photos)<sup>403</sup>, there only appeared a limited amount of photos. Yet, features that previously could only be described with words (facial expressions of a patient, the deformation of a body), could now be visually expressed through photographs, giving visual proof of observations and facilitating a form of objectivity.<sup>404</sup>

Graphs (line graphs or bar charts), but even more, statistical numbers and tables about for example patient and types of diseases would remain the most common and dominant feature to accompany articles. In recent years numerous historians have pointed towards the growing use of images<sup>405</sup>, it seems that this depended on the type of media (newspapers, illustrated magazines, other periodicals), the discipline involved and the audiences to be reached. Journals published by psychiatric associations do not seem to belong to a category of periodicals prone to include images, and in particular photographs, on a large scale. It would rather remain an obscure and new practice until

---

<sup>400</sup> 'The Case of the Missing Faces – Miriam Posner's Blog', accessed 6 February 2020, <http://miriamposner.com/blog/the-case-of-the-missing-faces/>; Miriam Posner, 'Miriamposner/Ajp\_charts', 2 October 2015, [https://github.com/miriamposner/ajp\\_charts](https://github.com/miriamposner/ajp_charts).

<sup>401</sup> Arsimoles et Halberstadt, "La paralysie Générale juvénile", AMP, 1910, vol. 11, 386-387, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1910x11>; Auguste Wimmer, "Les troubles mentaux précurseurs de l'encéphalite épidémique chronique", AMP, 1925, vol.1, 309 and 323, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1925x01>; D. Santenoise and M. Vidacovitch, "Contribution Physiologique à l'étude des Psychoses d'intoxications (Rôle étiologique du déséquilibre neuro-végétatif)", AMP, 1925, vol. 2, 151-152, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1925x02>.

<sup>402</sup> Sano, "Note sur un aliéné inconnu", BSMMB, 1910, no. 149, 116-117, <http://hdl.handle.net/2027/mdp.39015070275147>.

<sup>403</sup> F. D'Hollander, "Deux cas d'anomalies morphologiques aux mains et aux pieds. Main en pince de homard et ectrodactylie", BSMMB, 1920, no. 183, 514-519, <http://hdl.handle.net/2027/mdp.39015070274991>.

<sup>404</sup> Pichel p52-53; "from a photograph chapter "illustratin nature: photogprahy and the scientific press".

<sup>405</sup> L. Brake and Marysa Demoor, eds., *The Lure of Illustration in the Nineteenth Century - Picture and Press* (Basingstoke: Palgrave Macmillan, 2009); Belknap, 'Illustrating Natural History'; Geoffrey Belknap, ed., *From a Photograph: Authenticity, Science and the Periodical Press, 1870-1890*, 2016; Pichel, 'Reading Photography in French Nineteenth Century Journals'.

the mid 1920s.<sup>406</sup> This newness is especially illustrated in books, but also articles, where the number of images and plates was often explicitly mentioned on the title page, or in the beginning of a review stating that a publication made use of images.<sup>407</sup> The fact that this needed to be mentioned is an indication that it was not yet that common a practice.

The majority of journal content consisted of course of text itself, yet rising prices could cause complications. This was a struggle that many editors had to deal with during the First World War. So too did the editors of the BSMMB in 1918, who had decided “[...] to postpone until further notice the insertion of original works, communications and analyses in the bulletin, and to limit publications to a summary of the minutes of the meetings”.<sup>408</sup> During the same period the editors of the *Psychiatrische Bladen* asked their contributors to “economise” (*zuinig zijn*) with the size of publications as compositor prices (*zetloon*) had increased.<sup>409</sup> In the Dutch psychiatric journal, authors were charged if they wanted to include longer articles – a practice that was probably less doable for young, early-career psychiatrists than alienists with a longer track record – and curtailing articles stayed a rule until at least 1922.<sup>410</sup> Aside from a backlash due to the war, other features had an impact on the price of publishing. The *Psychiatrische Bladen* for example tried to persuade contributors to publish in a lingua franca to reach readers outside of the Netherlands, however, typesetting and publishing content in a foreign language also brought extra costs with it until at least the 1930s.<sup>411</sup>

Besides price fluctuations, the sheer volume of content that was available inside domestic and foreign periodicals and books required difficult decisions to be made. The publishing space inside journals was often limited and editors needed to balance the

---

<sup>406</sup> We do see however that they were sometimes shown during meetings and conferences through light projections (see later on in this chapter). See also: ‘The Case of the Missing Faces – Miriam Posner’s Blog’.

<sup>407</sup> This was not the case when for example only tabulations were included.

<sup>408</sup> “[...] de surseoir jusqu’ à nouvel ordre à l’insertion dans le bulletin des travaux originaux, communications et analyses, et de limiter les publications au résumé des comptes rendus des séances”. “Procès-verbal de la séance de reprise des travaux, tenue à la maison des médecins, à Bruxelles, le samedi 31 mai 1919. Publication du Bulletin”, BSMMB, 1914-1919, 287, <http://hdl.handle.net/2027/mdp.39015070275.139>.

<sup>409</sup> “Aan onze medewerkers”, *Psychiatrische Bladen*, 1917, vol. 21, no. 5, 373-374, Hendrick Conscience Bibliotheek Antwerp, private digital scan.

<sup>410</sup> “Mededeling der redactie”, *Psychiatrische Bladen*, 1922, vol. 26, 11, <http://hdl.handle.net/2027/umn.31951002685823a>.

<sup>411</sup> “Aan onze medewerkers”, *Psychiatrische Bladen*, 1917, vol. 21, no. 5, 373-374; “Mededeling der redactie”, *Psychiatrische Bladen*, 1922, vol. 26, 11, <http://hdl.handle.net/2027/umn.31951002685823a>; [draft of correspondence beginning with “tusschen ondergeteekenden ...”, page 3], inventory no. 816, acces no. 2.19.221, Nederlandse Vereniging voor Psychiatrie, NA Den Haag.

number of pages dedicated to its different sections (original articles, reviews, minutes).<sup>412</sup> This led to the decision in the *Journal of Mental Science's* editorial board that quarterly reports on foreign psychological medicine would occasionally be kept to a minimum or even be fully removed from the journal, to make room for contributions of British psychiatrists and reviews of the annual meetings.<sup>413</sup> During the First World War these different sections also had to be curtailed out of necessity because there was a lack of information and content available. The sections on mental hospitals, medico-legal notes or book reviews were either not published at all or in small quantities.<sup>414</sup>

Between the 1910s and the 1920s, original contributions were becoming more important and a trend occurring in many of the psychiatric periodicals across Europe. Those appearing in the JMS from 1925 onwards increased in length, resulting in a cutting down of other sections in the journal.<sup>415</sup> The editor-in-chief, John R. Lord, commented on the necessity to “move with the times” because “scientific psychiatry” was becoming more important among the younger generations.<sup>416</sup> Scientific work began to take on large, monograph proportions which did not easily fit into the journal. The British editorial board contemplated whether or not author’s monographs should be published in the journal or separately. The latter format would benefit from being able to include “[...] ample illustrations and diagrams, which we cannot afford to produce under present conditions”.<sup>417</sup>

Around the 1920s it was not yet common to publish lengthy papers with many statistics, charts and references, only the journal *Brain* had done this before. The *Journal of Mental Science* was thus standing on a crossroad as to the future of the

---

<sup>412</sup> “Part III. Quarterly report on the progress of psychological medicine”, *Journal of Mental Science*, 1867, vol. 13, no. 62, 219, <http://hdl.handle.net/2027/hvd.hwlwbr>.

<sup>413</sup> “Part III. Quarterly report on the progress of psychological medicine”, *Journal of Mental Science*, 1867, vol. 13, no. 62, 219, <http://hdl.handle.net/2027/hvd.hwlwbr>.

<sup>414</sup> “Notes and news. The report of the editors”, *Journal of Mental Science*, 1922, no. 283, 428, <http://www.archive.org/details/britishjournalof68roya>.

<sup>415</sup> “Notes and news. Report of the editors”, *Journal of Mental Science*, 1925, vol. 71, no. 295, 802-803, <https://www.cambridge.org/core/journals/journal-of-mental-science/issue/02D67B1CA64FC46582A5FBA3D5EB50B5>.

<sup>416</sup> “Notes and news. Report of the editors”, *Journal of Mental Science*, 1925, vol. 71, no. 295, 803, <https://www.cambridge.org/core/journals/journal-of-mental-science/issue/02D67B1CA64FC46582A5FBA3D5EB50B5>.

<sup>417</sup> “Notes and news. Report of the editors”, *Journal of Mental Science*, 1925, vol. 71, no. 295, 802, <https://www.cambridge.org/core/journals/journal-of-mental-science/issue/02D67B1CA64FC46582A5FBA3D5EB50B5>.

journal.<sup>418</sup> Journals had to balance price and content: in some cases making (more) room for original publications, but often still continuing to publish book and journal reviews and meeting reports. In the *Annales Médico-Psychologiques*, the section that reviewed books and journals (“*Revue des journaux*” or “*Journaux et revues*”) would slowly decline from the mid 1880s onwards in favour for slightly more original articles (*chronique*).<sup>419</sup> The Dutch editorial board as well would in 1914 suggest taking drastic measures to balance the costs of the journal and the increasing writing activities of its members. It wanted to curtail the association’s meeting notes and discontinue the publication of literature reviews.<sup>420</sup> However, one or a few book reviews and some meeting notes did appear once in a while, but most of the journal would become devoted to article publication.

By taking such measures the Dutch editorial committee wanted to ensure the publication of the journal and maintain or increase its reputation because “[...] without it [illustrations, honorarium for authors, extra reprints] it is expected that, especially the younger generation, would not publish their article in our journal, when it brings costs with it, instead publishing in a foreign organ, where they receive a welcome increase of their income”.<sup>421</sup> C. U. Ariëns Kappers and L. Bouman, the editor-in-chief and editorial board’s secretary, asked in addition for a subsidy increase with 400-500 gulden “[...] to secure our journal a place in the scientific world, not only in our country but also outside its borders [...]”.<sup>422</sup> The journal’s outward and inward communication flow shifted depending on the economic and commercial conjunctures. When the financial situation was problematic, a national centred outlook on information

---

<sup>418</sup> “Notes and news. Report of the editors”, *Journal of Mental Science*, 1925, vol. 71, no. 295, 803, <https://www.cambridge.org/core/journals/journal-of-mental-science/issue/02D67B1CA64FC46582A5FBA3D5EB50B5>.

<sup>419</sup> The keywords “*revues des journaux*” and “*journaux et revues*” are in 1866 mentioned in 14 pages while by 1867 this had risen to 56 pages. Its highpoint was reached in 1885 with 67 pages mentioning one of these keywords but would decline from 1886 onwards when only 32 pages mention the keywords. By the 1920s the keywords are mentioned on average on 12 pages.

<sup>420</sup> Nationaal Archief Den Haag, Nederlandse Vereniging voor Psychiatrie, access number 2.19.221, inventory no. 816, letter from 1914 beginning with “Aan het bestuur der Nederl. Vereeniging voor Psychiatrie en Neurologie”, page 2-3.

<sup>421</sup> “[...] want zonder dat is het niet te verwachten, allerminst van de jongeren, dat zy hun publicaties plaatsen in ons tydschrift, terwyl dit kosten met zich brengt, in plaats van in een buitenlandsch orgaan, waardoor zy een niet onwelkome vermeerdering hunner inkomsten ondervinden.” See: [letter from 1914 beginning with “Aan het bestuur der Nederl. Vereeniging voor Psychiatrie en Neurologie”, page 4], inventory no. 816, access no. 2.19.221, Nederlandse Vereniging voor Psychiatrie, Nationaal Archief Den Haag.

<sup>422</sup> “[...] om aan ons tydschrift die plaats te verzekeren in de wetenschappelyke wereld, niet slechts van ons land maar ook daarbuiten [...]”. Nationaal Archief Den Haag, Nederlandse Vereniging voor Psychiatrie, access number 2.19.221, inventory no. 816, letter from 1914 beginning with “Aan het bestuur der Nederl. Vereeniging voor Psychiatrie en Neurologie”, page 4.



dissemination prevailed where original articles from countrymen were prioritised and more international engagements were put on hold. Bringing in foreign information through book and periodical reviews became less essential.

Problems with prices, space allocation and illustrations were not only the concern of the editorial staff. The authors contributing to the journal were also affected and had a role to play. Although the editors were important for outlining the journal's trajectory and were responsible for evaluating and editing publications, they also relied heavily upon the content that was sent to them by the authors and depended on responses to their requests. According to Savage, communications to be printed in the journal and even original articles were still rather limited by 1883.<sup>423</sup> The editors of the *Journal of Mental Science* included requests for support and asked to "receive contributions of interest, clinical records, etc." on multiple occasions.<sup>424</sup> Most of the associations under review had the custom of publishing oral communications from meetings in extenso. Papers read during gatherings of the British association for psychiatry, for example, had to be published in the journal – as written in its bylaws – ensuring there was content available for the journal.<sup>425</sup> The AMP was no exception here, but took a more critical stance on these contributions. Ritti made a point of distinguishing between qualitative and less qualitative lectures, only selecting the most interesting and valuable ones for publication.<sup>426</sup>

### Defining the target audience

All psychiatric societies had started out with the same problem, namely the isolation of asylum physicians and the need for communication among them. By publishing periodicals, psychiatric associations catered to a select and predominantly national group of male alienists, and in particular the associations' members and similar foreign associations. The latter group were sent copies free of charge in return for their own publications.<sup>427</sup> Domestic members received the journal automatically upon paying

---

<sup>423</sup> "Part IV. Notes and news. The annual general meeting of the medico-psychological association, 1883"; *Journal of Mental Science*, 1883, vol. 29, no. 127, 437, <http://www.archive.org/details/britishjournalof29roya>.

<sup>424</sup> "Notes and news. Notice to contributors", *Journal of Mental Science*, 1919, vol. 65, no. 268, 63, <http://www.archive.org/details/britishjournalof65roya>.

<sup>425</sup> "Notes and news. Notice to contributors", *Journal of Mental Science*, 1919, vol. 65, no. 268, 63, <http://www.archive.org/details/britishjournalof65roya>.

<sup>426</sup> Georges Vernet, "Ant. Ritti", AMP, 1920, vol. 12, 113-114, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1920x12>.

<sup>427</sup> See for example: "reglement der Nederlandsche Vereeniging voor Psychiatrie", *De Handelingen*, 1867, vol.1, 169-170, <http://hdl.handle.net/2027/mdp.39015062749778>; "Notes and news. Notice to

their membership fee, as did most foreign association members who did not have to pay a contribution in most cases. This restricted pool of readers was, in the beginning, sufficient for the goals that the associations wanted to achieve via publishing the proceedings of their meetings and other relevant content, but the associations' board also began to aspire a wider audience. The larger the audience the more recognition for the psychiatric profession and its scientific activities.

### Navigating between the alienist expert, new sub-specialities and the general practitioner

The ambition of many of these journals was to make the journal's content appropriate for a wider range of people that were involved in the care of the insane, causing variations in the target audience. The *Journal of Mental Science* for example, stated in 1853 that it would embrace topics "[...] not only interesting to medical men, but to visiting justices, asylum architects, and chaplains".<sup>428</sup> Although it is doubtful if the latter two in particular read the journal since membership lists indicate that most, if not all, were physicians or academics. Nonetheless the association's staff would try to continuously apply this vision.

The *Allgemeine Zeitschrift für Psychiatrie* and the AMP wanted not only to cater to psychiatrists but also those who, on a legal or criminological basis, came into contact with the insane, as is apparent from the elaborate journal titles they adopted.<sup>429</sup> In the early 1880s the *Psychiatrische Bladen* tried to shift its initial target audience to include more general physicians but here, as elsewhere, they would never become its primary users. The reason for trying to adapt its audience was inspired by a form of national protectiveness of the profession, an undercurrent that ran through many of these scientific periodicals. The editors of the Dutch journal expressed it in 1883 as follows: "[...] it is probably not just curiosity that the reading groups formed by physicians in our

---

correspondents", *Journal of Mental Science*, 1865, vol. 11, no. 53, 149, <http://hdl.handle.net/2027/hvd.hw1wce>. The exchange of journals was sometimes difficult to streamline as complaints were issued that exchange periodicals were irregularly received, either due to underpayment and high postal prices, or problems with the bookseller parcel delivery systems. See for example: "Notes and news. Notice to correspondents", *Journal of Mental Science*, 1865, vol. 11, no. 555, 456, <http://hdl.handle.net/2027/hvd.hw1wce>; "Notes and news. Notice to correspondents", *Journal of Mental Science*, 1864, vol. 9, no 48, 624, <http://www.archive.org/details/britishjournalof09roya>.

<sup>428</sup> "Prospectus", *The Asylum Journal*, 1853, vol. 1, no. 1, 6, <http://www.archive.org/details/britishjournalof01roya>. In a similar fashion see: "Treasurer's report", *The Asylum Journal*, 1857, vol. 3, no. 19, 3, <http://hdl.handle.net/2027/hvd.hw1wb0>.

<sup>429</sup> Respectively the *Allgemeine Zeitschrift für Psychiatrie und psychisch-gerichtliche Medicin* and the *Annales médico-psychologiques. Journal destiné a recueillir tous les documents relatifs a l'aliénation mentale, aux névroses, et a la médecine légale des aliénés*.

country usually also call for the delivery of a journal about psychiatry from abroad”<sup>430</sup>, adding that they hoped that “[...] our psychiatrists, who occasionally put the fruits of their studies in foreign journals, are patriotic enough to scatter the seeds of their knowledge on their own soil, and the physicians of our country understand it, how much they do well with it, and how they keep up the honour of our country, by supporting a venture that wants to show the world that the Netherlands is not behind in the practice and application of the knowledge of suffering, the consequences of which are so deeply affecting domestic and social life”.<sup>431</sup>

Dutch alienists were worried about a knowledge drain in their country on two intertwined levels. Firstly, physicians in the Netherlands did not rely enough on the psychiatric knowledge that was produced in their own nation. Secondly, this knowledge was not (sufficiently) acknowledged inside the Netherlands itself due to the lack of a publication outlet and would instead be found in foreign publications. By trying to make their periodicals more available alienists wanted to create more understanding about the necessity and relevance of psychiatry among general practitioners and alienists alike.

Because of these concerns, the Dutch psychiatric association’s board no longer only addressed its initial target group. The lectures, discussions and other announcements that appeared from now on in the journal, “[...] deserved every medic’s attention [...]”.<sup>432</sup> One way to attain more outreach was not only to offer the journal to members but to make it more widely available. Individuals who were not a member of the psychiatric association could also buy the periodical. The *Psychiatrische Bladen* could be bought between 6 and 8 guilders a year by at least the turn of the century, but probably also earlier.<sup>433</sup> The editors of the JMS advertised that issues were supplied to

---

<sup>430</sup> “[...] het zal toch wel geen louter nieuwsgierigheid zijn, dat de leesgezelschappen der geneeskundigen in ons land doorgaans ook een tijdschrift over psychiatrie uit het buitenland ontbieden”. See: “Inleiding”, *Psychiatrische Bladen*, 1883, vol. 1, I, <http://hdl.handle.net/2027/chi.098893536>.

<sup>431</sup> “[...] [wij hopen dat] onze psychiaters, die nu en dan de vruchten hunner studie in vreemde tijdschriften neêrleggen [*sic.*], patriottisch genoeg gestemd zijn, om het zaad hunner kennis op eigen bodem uit te strooien, en de geneesheeren van ons land het begrijpen, hoeveel goed ze er mede doen, en hoe ze de eer van ons land ophouden, door eene onderneming te steunen, die het der wereld wil toonen, dat ook Nederland niet achter staat in de beoefening en toepassing der kennis van een lijden, welks gevolgen zoo diep ingrijpen in het huislijk en maatschappelijk leven”. See: “Inleiding”, *Psychiatrische Bladen*, 1883, vol. 1, III, <http://hdl.handle.net/2027/chi.098893536>.

<sup>432</sup> “[...] de aandacht verdient van elken medicus [...]”. See: “Inleiding”, *Psychiatrische Bladen*, 1883, vol. 1, III.

<sup>433</sup> See for example: *Psychiatrische en Neurologische Bladen*, 1905, vol. 9, no. 1, [cover page], private digital scan; *Psychiatrische en Neurologische Bladen*, 1924, vol. 28, no. 1 and 2, [cover page], private digital scan.

members via their preferred bookseller or were sent to members directly for 16 pence in stamps for postage per year. Non-members would be charged 6 pence, or 8 pence if delivered by post, per issue.<sup>434</sup> Arrangements with foreign postal services also made sending or receiving the journals easier. The United Kingdom for example had an agreement with the German Postal Union since 1863, which improved circulation.<sup>435</sup>

Even while psychiatric associations wanted to open up their journals to point out the relevance of their jobs and make their discoveries more widely known, schools, libraries and local authorities only made use of these journals on a limited scale.<sup>436</sup> The majority of their audience would remain limited to a select group of experts, mainly asylum physicians. The prominence of the latter also guided the content of these journals. The *Psychiatrische Bladen* did not only include information about important scientific discoveries, but also covered more practical subjects related to the asylums, as can be glimpsed from article titles such as “A visit to *rijkskrankzinnigen-gesticht* Medemblik”, “Overview of the changes in Dutch asylums in 1909” or “The position of the physician in the asylum”.<sup>437</sup> The coverage of the same topics and concerns are also found in the Belgian, German, British and French psychiatric journal.

The journals’ audiences did not solely change because the associations’ staff wanted to alter the medical community’s and the general public’s negative view about their profession or make their expertise more available. While the psychiatric field evolved and changed, psychiatric journals did as well, altering their focus and content, something that is gleaned from many journals’ name changes. The name *Allgemeine Zeitschrift für Psychiatrie und psychisch-gerichtliche Medicin*, makes clear that legislative developments in psychiatry was part of the content that the German board thought useful for its readers from the very beginning in 1844. The *Journal of Mental Science* only began to consider “trials in lunacy” as a crucial subject in 1862 when it gained

---

<sup>434</sup> “Prospectus”, *The Asylum Journal*, 1853, vol. 1, no. 1, 6-7, <http://www.archive.org/details/britishjournalof01roya>.

<sup>435</sup> “Periodicals received in exchange with the journal of mental science”, *Journal of Mental Science*, 1863, vol. 8, no. 44, 622, <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/past-title/journal-of-mental-science/all-issues/4F51B1E4B3F81774A5D21EE614CDFD45>.

<sup>436</sup> “Notes and news. Report of the editors”, *Journal of Mental Science*, 1925, vol. 71, no. 295, 802, <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/past-title/journal-of-mental-science/all-issues/4F51B1E4B3F81774A5D21EE614CDFD45>.

<sup>437</sup> For example: “Varia: Een bezoek aan het rijkskrankzinnigen-gesticht te Medemblik”, *Psychiatrische Bladen*, 1886, vol. 4, 212, <http://hdl.handle.net/2027/chi.098893714>; J. H. Schuurmans Stekhoven, “voorlopig algemeen overzicht der beweging in de Nederlandsche krankzinnigengestichten over het jaar 1909”, *Psychiatrische Bladen*, 1910, vol. 14, 444, private digital scan, Hendrik Conscience Library, Antwerp; “De positie van den geneesheer in het gesticht”, *Psychiatrische Bladen*, 1920, vol. 24, 411, private digital scan, Hendrik Conscience Library, Antwerp; “Psychiatrische cijfers uit Java”, *Psychiatrische Bladen*, 1925, vol. 29, 326, private digital scan, Hendrik Conscience Library, Antwerp.

more attention from the public and medical and legal professionals,<sup>438</sup> whereas the Dutch editors of the *Psychiatrische Bladen* would only begin to include information about judicial-psychological developments from 1883 onwards.<sup>439</sup>

Neurology as well began to establish itself as a prominent (sub)field in psychiatry due to new insights in anatomy and physiology and the development of new methods and better equipment.<sup>440</sup> Periodicals exclusively dedicated to neurology began to appear, and the editorial board of the German, French, Belgian, British and Dutch psychiatric association made sure that this topic was covered as well, alongside the other subjects they deemed important. By incorporating neurology, these association journals not only showed they kept abreast with recent developments, but could also cater to a new group of alienists: no longer only those working in asylums, but also those attached to clinical laboratories and universities. While this was an opportunity to gain a wider reach, neurologists or those attached to a university would never become members of psychiatric associations on the same level as asylum physicians did. In the membership list of the SMMB in 1890, for example, which counted 177 members in total, only 25 of those carried the title of professor.<sup>441</sup>

### **The singularity of the Dutch language: where is the international audience?**

The earlier mentioned publications of Jelgersma highlight another important characteristic of psychiatric journals: language use. 18 out of 116 of his publications were in a foreign language<sup>442</sup>, while the French alienist Antoine Ritti did not publish in any language other than French, neither did he publish in a journal outside France.<sup>443</sup> The journals under study were published in four different languages, of which German, French and English were seen as suitable for communicating in an international setting,

---

<sup>438</sup> "V. Medico-legal cases", *Journal of Mental Science*, 1862, vol. 8, no. 43, 464, <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/past-title/journal-of-mental-science/all-issues/4F51B1E4B3F81774A5D21EE614CDFD45>.

<sup>439</sup> "Inleiding", *Psychiatrische Bladen*, 1883, vol. 1, III, <http://hdl.handle.net/2027/chi.098893536>.

<sup>440</sup> Hirschmüller and Whitrow, 'The Development of Psychiatry and Neurology in the Nineteenth Century'.

<sup>441</sup> Ordinary members with a professorship: 8; associated members with a professorship: 4; honorary members with a professorship: 13. See: "Liste des membres de la société de médecine mentale", BSMMB, 1890, no. 56, 3-8, <http://hdl.handle.net/2027/mdp.39015070250702>.

<sup>442</sup> This was mostly due to his contributions in foreign journals which counted 16 publications in total. M. J. van Erp Taalman Kip, "G. Jelgersma", *Psychiatrische Bladen*, 1924, vol. 28, no. 5, 326-329, private digital scan, Hendrik Conscience Library, Antwerp. For an example of a foreign publication see: G. Jelgersma, "XI. Der Fall 'Zingerle' von Balkenmangel im Grosshirn", *Archiv für Psychiatrie und Nervenkrankheiten*, 1899, vol. 32, no. 1, 330, <https://archive.org/details/archivfrpsychia04nervgoog/page/n8/mode/>.

<sup>443</sup> "Travaux D'ant. Ritti", AMP, 1920, vol. 12, 388-393, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1920x12>.

which is also evidenced by their use at various international conferences. Dutch, however, was not. This makes it a particular trait of the Dutch journal, and raises questions about the journal's visibility in and outside the Netherlands. The medical historian Burnham has, in similar research on psychiatric journals, but for the interwar period and especially for the period after the 1950s, observed that there was a switch to English in journals such as the German *Archiv für Psychiatrie und Nervenkrankheiten*. A similar trend was noticeable in the journals published in smaller countries such as the Scandinavian *Acta psychiatrica scandinavica* making it more attractive for contributions from outside Scandinavia and as a result became more international.<sup>444</sup>

The primary goal of the Dutch psychiatric association and its journal would remain nationally anchored throughout the nineteenth century and the start of the twentieth century. The overall language of publications was therefore, not surprisingly, Dutch.<sup>445</sup> The journal's language had been a point of debate from its creation, leading to different opinions on this matter.<sup>446</sup> Language would become an important question in the visibility of the journal. On at least five occasions the editors voiced concern that not enough "modern languages" were used, advocating for a change in this trend. The first time this happened was in 1897, which coincided with the name change of the journal to *Psychiatrische en Neurologische Bladen* (Psychiatric and Neurological journal). While the publication of articles in other languages had haphazardly occurred before 1897<sup>447</sup>, it was from this year onwards that the use of French, German and English was officially allowed for original contributions. The editors believed that this ensured that Dutch research was disseminated abroad.<sup>448</sup>

The second time the issue was raised was in 1908. At this time, several problems were troubling the journal such as not having enough financial means to give authors a compensation fee or being able to include pictures or drawings to accompany the

---

<sup>444</sup> This research was based on the article language and the language of citations. Burnham, 'Transnational History of Medicine after 1950', 16–20.

<sup>445</sup> In contrast: the *Gesellschaft praktischer Ärzte zu St. Petersburg* published their journal *Vermischte Abhandlungen aus dem Gebiete der Heilkunde* integrally in German. See for example: *Vermischte Abhandlungen aus dem Gebiet der Heilkunde von einer Gesellschaft praktischer Aerzte zu St. Petersburg*, vol. 1, 1821, <https://opacplus.bsb-muenchen.de/title/10842461>.

<sup>446</sup> "Dertiende vergadering gehouden te utrecht. Avondzitting. 10 oktober 1877", PB, 1877, vol. 1, 10, <http://hdl.handle.net/2027/mdp.39015062749778>.

<sup>447</sup> This was for example the case in 1879 on the occasion of the International Medical Congress held in Amsterdam in 1879. See: "Bijdragen van de H. H. Leden der psychiatrische Vereeniging op het Internationaal Medisch Congres, gehouden te Amsterdam in 1879", *Handelingen der Nederlandsche Vereeniging voor Psychiatrie*, 179-236 [page 475-534 of the pdf], <http://hdl.handle.net/2027/mdp.39015062749778>.

<sup>448</sup> "Voorwoord", PB, 1897, vol. 1, 2, <http://hdl.handle.net/2027/mdp.39015075811045>.

articles. However, the core problem for the editors lay in the fact that the work of many fellow countrymen was not found in the journal. According to the editors this was due to their language, which limited “[...] the sphere of influence for the journal. [...] Foreigners’ knowledge of the articles written in Dutch is virtually non-existent, and in foreign literature one can repeatedly observe how important facts and opinions, written in our language, remain completely unknown outside our borders”.<sup>449</sup> The language policy that had been set up about ten years earlier had not produced the intended effects yet. From 1911 onwards the number of articles in a foreign language slowly rose, with a sudden outburst in 1914 (**figure 20**) – the reasons for this are unclear.

While there had been a slow and small rise in the amount of articles published in a foreign language, the editors kept urging authors to write in another language throughout the 1910s and 1920s.<sup>450</sup> They tried to encourage authors by giving them 100 free copies of their article when it was written in a “modern language”, while only offering 25 reprints when it was written in Dutch.<sup>451</sup> As historian Joris Vandendriesche has brought to light, considerable numbers of reprints were frequently requested – often at the authors’ own expense – for distribution among colleagues and friends. These copies were an important component for physicians to obtain and maintain their scientific and public image and sustain and broaden their professional network.<sup>452</sup> Offering as many as 100 free copies should therefore have been a reasonable incentive for authors to contribute in a language other than their mother tongue. In practice, however, this call for action was not endorsed by the contributors to the *Psychiatrische Bladen*. Until 1914, authors mostly kept sending in articles in their mother tongue. Dutch psychiatrists who *did* publish their articles in a foreign language most often did so in German (at first sporadically, but then more frequently in the 1910s and 1920s).

---

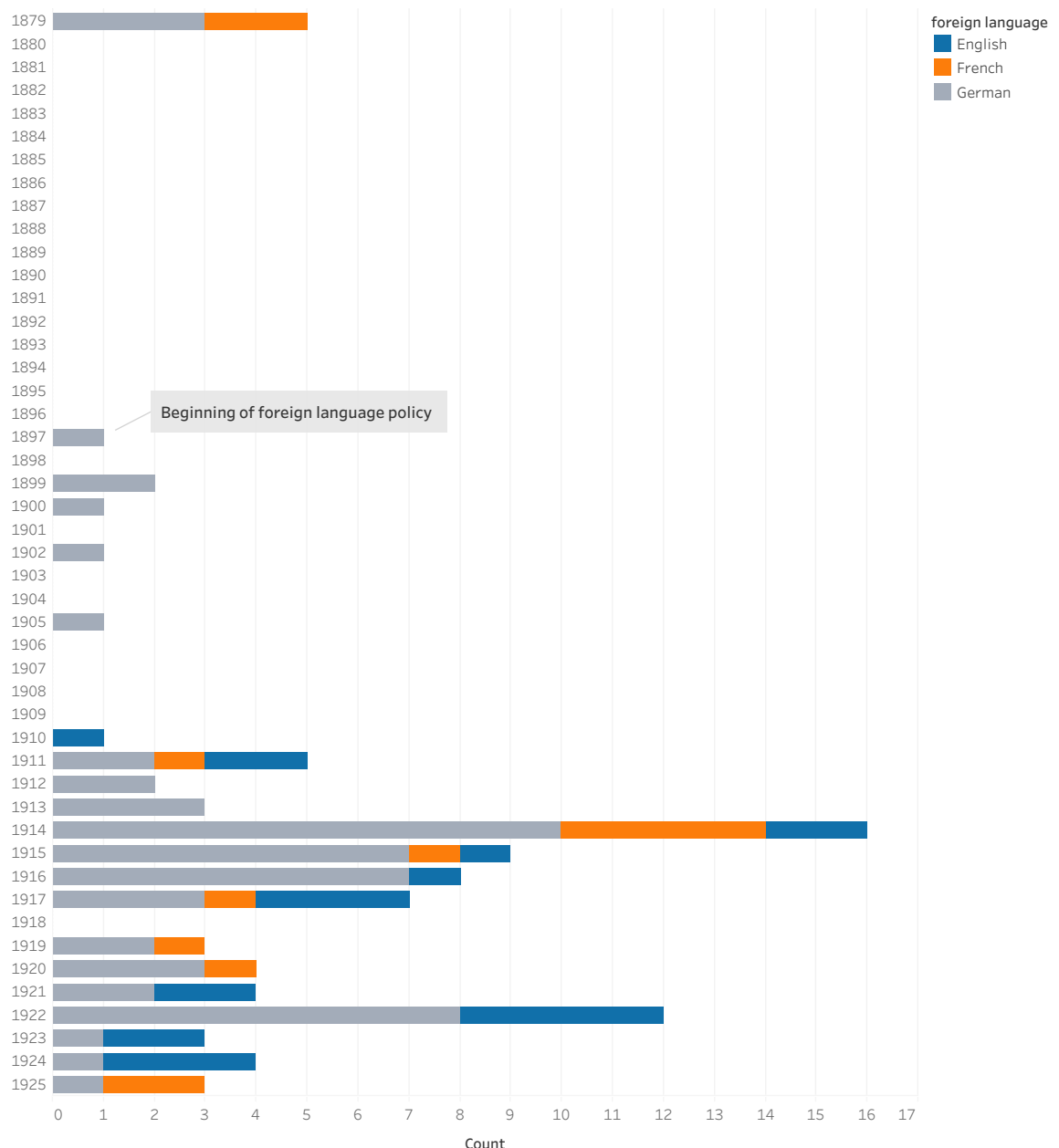
<sup>449</sup> “[...] beperkte invloedssfeer van het tijdschrift. [...] Kennisneming door buitenlanders van de in ’t Hollandsch geschreven artikelen is nagenoeg buitengesloten en herhaaldelijk kan men in de buitenlandsche litteratuur constateeren, hoe belangrijke, in onze taal neergelegde feiten en meeningen over de grenzen volkomen onbekend blijven.” See: “De Psychiatrische en Neurologische Bladen”, PB, 1908, vol. 12, 466, <http://hdl.handle.net/2027/mdp.39015075810138>.

<sup>450</sup> See for example: C. U. Ariëns Kappers, “Aan onze medewerkers”, PB, 1917, vol. 21, 374, private digital scan, Hendrik Conscience Library, Antwerp; “Mededeeling der redactie”, PB, 1922, vol. 26, 11, <http://hdl.handle.net/2027/umn.31951002685823a>.

<sup>451</sup> See for example: C. U. Ariëns Kappers, “Aan onze medewerkers”, PB, 1917, vol. 21, 373-374, private digital scan, Hendrik Conscience Library, Antwerp; [title page], PB, 1924, vol. 28, no. 1 and 2, private digital scan, Hendrik Conscience Library, Antwerp.

<sup>452</sup> Joris Vandendriesche, ‘Setting Scientific Standards: Publishing in Medical Societies in Nineteenth-Century Belgium’, *Bulletin of the History of Medicine* 88, no. 4 (2014): 639–40.

In second place came articles published in English, followed by French, which was only used a dozen times.



**Figure 20.** Articles published in a foreign language in the *Psychiatische Bladen*. The first time an article appeared in a foreign language was in 1879 which was due to it having been read at an international conference and was later on published in the journal. After the introduction of a language policy, articles in another language were slow to appear. From the middle of the 1910s this slightly improved in comparison with the years before, yet its numbers stayed small: in 1900, 28 contributions were published in Dutch, while only 1 article appeared in German. Ten years later, 15 contributions were written in Dutch, while only 1 was published in English. Note that in “empty” years there were only publications in Dutch, with the exceptions of: 1918, for which no data was available at the time of this research, and 1919-1920 which consists of incomplete data. Source: data is based on the various table of contents in the *Psychiatische Bladen* and a list with original articles created by the journal editors. For the latter see: P. Nieuwenhuijse, “Naamregister der oorspronkelijke stukken in dit tijdschrift verschenen in de jaren 1897-1913”, PB, 1913, vol. 17, 691-712, personal digital copy, Hendrik Conscience Library, Antwerp.

Adapting a nationally orientated journal to one that was also partly intended for an international audience of psychiatrists, was a slow and difficult process. The number of



publications written in a foreign language – even with the increase in the 1910 and 1920s – remained low. Because no figures are available about the exact number of subscriptions (aside from association membership), it's hard to establish if articles in another language contributed to any change in international readership. Tensions kept existing between the national level – characterised by the journal's Dutch language and the Dutch knowledge it contained – and the editors' expectations for the journal on an international level – earning recognition from foreigners for Dutch alienists' scientific contributions. This process was chiefly carried by the Dutch alienists themselves, by writing in another language than their mother tongue. Only on a very sporadic and inconsistent basis would a foreigner publish in the *Psychiatrische Bladen*. This was for example the case in 1900 with a piece by the German physician Carl Von Ehrenwall, who was the chief physician at the asylum in Ahrweiler.<sup>453</sup>

While internationalising the Dutch journal was difficult, there was a tendency among Dutch alienists to connect to psychiatrists and physicians from the German-speaking regions. Firstly, when Dutch alienists published in a foreign language in the *Psychiatrische Bladen* it was primarily in German. The Netherlands' attraction to the German language and the German-speaking community is also demonstrated by several German advertisements that appeared in the Dutch journal. Secondly, some also would go on to publish in German journals, such as Jelgersma did. Between 1886 and 1922 he published 16 papers in German,<sup>454</sup> most of which appeared in specialist journals such as the *Neurologisches Centralblatt*, *Internationale Zeitschrift für Psychoanalyse* and the *Journal für Psychologie und Neurologie*.<sup>455</sup> Similar patterns are found in travel accounts, reporting about the condition of German asylums and universities, or the tendency to use German by Dutch alienists during international conferences, or even attend and actively participate in German national congresses. During a national meeting of German physicians and natural scientists in 1848, for example, the section on psychiatry counted 13 psychiatrists of whom four were Dutch (Van der Kolk, Schneevoegt, Leeuwen and Everts).<sup>456</sup> That members of the Dutch

---

<sup>453</sup> Von Ehrenwall, "Moderne Gesichtspunkte bei der Behandlung von Geisteskranken", PB, 1900, vol. 4, 237-245, <http://hdl.handle.net/2027/mdp.39015075810054>.

<sup>454</sup> Most of them were published in the twentieth century. Between 1914 and 1922 he published six articles in German journals.

<sup>455</sup> M. J. van Erp Taalman Kip, "G. Jelgersma", PB, 1924, vol. 28, 326-329, personal digital scan, Hendrik Conscience Library, Antwerp.

<sup>456</sup> Among the other 13 alienists there was one British alienist present and eight German psychiatrists. See: Flemming, "Ueber die Section für Anthropologie und Psychiatrie auf der Versammlung zu Aachen", AZP, 1848, vol. 5, 105, <http://hdl.handle.net/2027/mdp.39015038797851>.

psychiatric journal sought connection with the German-speaking region is an interesting evolution from a linguistic point of view because, while the interest in English and German in the Netherlands grew during the nineteenth century, French would however remain the leading foreign language until the 1940s when it was overtaken by English.<sup>457</sup> This begs the question if the use of the German language by Dutch alienists meant they were more inclined to read about, adhere to and use German knowledge and information to a greater extent than for example Belgian alienists who, due to the use of French in elite and academic circles, would be more likely to favour the literature of their French neighbours as they shared the same language. Future research could definitely benefit from taking this kind of question into account if we want to obtain a more precise idea about the psychiatric knowledge circulation in certain countries.

### **Conclusion psychiatric journals: between national cohesion and international visibility**

The reason for psychiatric societies' to create a scientific journal was twofold. Firstly, given their low status in society and among other medical practitioners, they wanted to establish cohesion between those employed in psychiatric institutions and form a unitary front towards the outside world. Secondly, they believed it was essential that knowledge and information could circulate widely among alienists, as access to knowledge and communication between peers was hindered by the remote locations alienists frequently worked in.

The editors and editorial teams appointed by the board of psychiatric associations formed a vital cornerstone to reach these aims. They played a crucial role as gatekeeper, not only of the circulation of psychiatric knowledge itself (e.g. deciding on including or excluding research) but they also kept watch over the scientific quality of the journal, as it was associations' primary representative towards other psychiatrists and medical peers. In addition, their role as gatekeepers involved maintaining a status quo inside their psychiatric community. Because of their crucial position, editors had to, ideally, possess specific qualities. Attributes that were sought after were: an extensive knowledge of the field, literary abilities, previous editing skills, an unbiased attitude, good time management, knowledge of foreign languages or having access to foreign connections. In addition, editors and members of the editorial

---

<sup>457</sup> Frans Wilhelm, 'Foreign Language Teaching and Learning in the Netherlands 1500–2000: An Overview', *The Language Learning Journal* 46, no. 1 (2018): 18–20.

board were always nationally anchored and were never from foreign countries. There are some exceptions to be found, but this was very limited during the nineteenth and twentieth centuries in comparison to the twenty-first century.<sup>458</sup>

The scientific and professional cohesion among peers, and the journal's outward visibility and prestige, was determined by the manner in which a journal was edited. This in turn depended on a multitude of factors such as the journal's origin, timeframe, language, editorial policies, size of the editorial staff and the division of tasks. Although editors' or editorial boards' main policies and the direction that was outlined for most of these journals remained similar, editors nevertheless tried to introduce novelties to boost their journal's reputation or gave more or less attention to certain parts of the journal.

Editors had to deal with a variety of tasks, ranging from the choice of publisher to reviewing, summarising, translating and editing content. One of the editors' main concerns was keeping abreast with all (foreign) literature that was published. Because of the rise of monographs and journals alike, there was a need for changing editorial practices to manage the workload. The editors of psychiatric journals began to rely more and more on shared editorial responsibilities. This meant larger groups of editors (editorial committees) were created, although an editor-in-chief maintained general oversight. Delegating tasks to multiple people, often volunteers, made information management in most cases more efficient although the practice of shared authority was also thought to have a negative impact on a journal's content and structure. Through the development of different editorial practices, the periodicals matured, becoming more structured and consistent in the content that was offered to readers.

While the target audience of these journals was primarily limited to alienists employed in asylums, the associations' board nevertheless tried to attract the attention of general physicians and specialists in the field of neurology. The latter ensured that the content of psychiatric journals across Europe would begin to partly shift towards neurological content, leading to name changes these journals. The intended readers were predominantly national in nature, which is in stark contrast with today. However, in the nineteenth century there would also be a push towards international visibility. This becomes especially noticeable in the practice of exchanging journals between psychiatric associations. Not only because information and news could be condensed

---

<sup>458</sup> See chapter 3. Jules Morel served in several editorial and advisory boards for foreign periodicals.

and published in the various national journals across Europe, but these foreign periodicals were also consultable for members in associations' library. Through these mechanisms, the journal's readers and association members were kept informed about developments in other countries.

Language formed herein a crucial factor on different levels. Editorial staff and possible volunteers needed to be fluent in the most common languages (French, English, German) with some also speaking Italian or Spanish. In addition, periodicals publishing articles in English and French had a far wider reach than many other publications. Yet, not all psychiatric journals across Europe had the same degree of circulation on a national or international level. A lack of publications in a foreign language was especially problematic for the editorial team of the *Psychiatrische Bladen*. Dutch was not an international language, which made the content of the journal inaccessible for foreigners. The staff tried to counteract this by introducing a foreign language policy in 1897 to encourage publications in English, French or German but this never became popular on a generalised level.

Aside from language choices and the competencies of the editorial staff, the journals' visibility was on the one hand also influenced by their choice of printer and publisher, and on the other, by the amount of text and illustrations that could be published. These two parts were regulated by financial means, and more specifically, by the costs involved to publish a journal. The associations' board always chose for publishing houses with a reputable and established name and were most often specialised in printing medical material. Making use of well-known publishing houses guaranteed a certain visibility. The choice of publishers stayed fairly stable for all journals and they were often engaged in a long-term professional relationship. Printers, on the other hand, were changed more frequently as editors continuously tried to reduce printing costs. During the war years especially, prices for printing material rose and editors had to limit the content they published and restrict the number of pages. Illustrations formed another challenging feature. While it was a crucial aspect to attract authors and readers, they were often costly. The editors of the Dutch psychiatric journal for example made a distinction between line engravings and a half tone technique. The former being cheaper, was financed by the association, while authors had to pay half of the price themselves for the latter. Across the nineteenth century and part of the twentieth century the use of illustrations, and especially photographs, would not be used frequently. Depending on how freely an editorial board could spend

money on images and engravings, or were able to allow more publication space to authors, the more appealing and visible the journals became.

## The personal and public benefits of asylum tourism

Travelling served as another knowledge container for alienists and became a valuable method to acquire information and keep abreast with developments abroad. While nineteenth century psychiatrists developed their own specific forms of scientific travel, such journeys are as old as medicine itself and can be situated in a longer history of travel.<sup>459</sup> Since the Enlightenment there has been a “scientization of travel” with individuals undertaking various semi-scientific or intellectual journeys, such as the early voyages of discovery or embarking on a Grand Tour.<sup>460</sup> This scientisation developed further over the eighteenth century and reached its high point during the nineteenth century, a period marked by professionalisation and specialisation in the sciences. This contributed to a sharper delineation between scientific travel and leisure tourism – both having a distinct purpose – yet also retaining some similarities.<sup>461</sup> This overlap still forms part of academia today, where academic tourism has grown considerably due to a higher mobility of students and staff.<sup>462</sup>

While travelling has been an object of scholarly study in various fields, it has created three particular research gaps that I would like to address. Firstly, travel across Europe itself is currently a mostly blank canvas as it has been seldom investigated. The

---

<sup>459</sup> Thomas Müller, ‘Reisende Psychiater. Zum Transfer medizinischen Wissens zwischen europäischen Ärzten im späten 19. Jahrhundert’, in *Die Welt erfahren: Reisen als kulturelle Begegnung von 1780 bis heute*, ed. Arnd Bauerkämper, Hans Erich Bödeker, and Bernhard Struck (Frankfurt am Main: Campus, 2004), 265.

<sup>460</sup> Sverker Sörlin, ‘National and International Aspects of Cross-Boundary Science: Scientific Travel in the 18th Century’, in *Denationalizing Science: The Contexts of International Scientific Practice*, ed. Elisabeth Crawford, Terry Shinn, and Sverker Sörlin (Dordrecht: Springer Netherlands, 1993), 4–5; Ana Simões, Ana Carneiro, and Maria Paula Diogo, ‘Travels of Learning. Introductory Remarks’, in *Travels of Learning*, ed. Ana Simões, Ana Carneiro, and Maria Paula Diogo, vol. 233, Boston Studies in the Philosophy of Science (Dordrecht: Springer Netherlands, 2003), 1–2.

<sup>461</sup> The Scottish alienist Alexander Reid Urquhart, medical director of the Murray asylum in Scotland, for example devoted numerous of his holidays to travelling across Europe to study architecture, pictures, books, and music, inspect asylums and make friends. See: “Notes and news. Obituary. Alexander Reid Urquhart”, *Journal of Mental Science*, 1917, vol. 63, no. 263, 630, <http://hdl.handle.net/2027/njp.32101074924497>. See also: Simões, Carneiro, and Diogo, ‘Travels of Learning. Introductory Remarks’, 3–4; Sörlin, ‘National and International Aspects of Cross-Boundary Science’, 45–48.

<sup>462</sup> João P. Cerdeira Bento et al., eds., *Academic Tourism: Perspectives on International Mobility in Europe*, Tourism, Hospitality & Event Management (Springer International Publishing, 2021). Michael Heffernan and Heike Jöns, ‘Research Travel and Disciplinary Identities in the University of Cambridge, 1885–1955’, *The British Journal for the History of Science* 46, no. 2 (2013): 255–86; Heike Jöns, ‘Academic Travel from Cambridge University and the Formation of Centres of Knowledge, 1885–1954’, *Journal of Historical Geography* 34, no. 2 (2008): 338–62; Bento et al., *Academic Tourism*.

history of science in particular has been mainly explored from a (post)colonial perspective.<sup>463</sup> Yet, it is precisely Europe to which a large proportion of alienists confined themselves when visiting mental institutions and hospitals. Secondly, although a large and heterogenous mix of research has appeared about the cultural, political, economical and social implications of leisure travel<sup>464</sup>, the development of scientific journeys remains largely underexplored.<sup>465</sup> An exception are the contributions of medical historian Thomas Müller, focusing on medical-psychiatric travel in Europe within a comparative and transnational framework.<sup>466</sup> His and other scholar's studies have made valuable contributions, some even facilitating research about European scientific travel, such as the project "Exploring the European Mind" which documented the journeys of four nineteenth century psychiatrists and was

---

<sup>463</sup> Simões, Carneiro, and Diogo, 'Travels of Learning. Introductory Remarks', 1; Pedro M. P. Raposo et al., 'Moving Localities and Creative Circulation: Travels as Knowledge Production in 18th-Century Europe', *Centaurus* 56, no. 3 (2014): 169.

<sup>464</sup> Rudy Koshar, *German Travel Cultures, Leisure, Consumption and Culture* (Oxford New York: Berg, 2000), 11–12. See also: Benedikt Bock, *Baedeker & Cook: Tourismus am Mittelrhein 1756 bis ca. 1914* (Peter Lang, 2010); John K. Walton, *Histories of Tourism: Representation, Identity and Conflict* (Channel View Publications, 2005); Edward Chaney, *The Evolution of the Grand Tour: Anglo-Italian Cultural Relations since the Renaissance*, 1 edition (London: Routledge, 2000); Peter Hulme, *The Cambridge Companion to Travel Writing* (Cambridge, U.K. ; New York: Cambridge University Press, 2002); Richard Gassan, 'The First American Tourist Guidebooks: Authorship and the Print Culture of the 1820s', *Book History* 8 (2005): 51–74; Rudy Koshar, "'What Ought to Be Seen": Tourists' Guidebooks and National Identities in Modern Germany and Europe', *Journal of Contemporary History* 33, no. 3 (1998): 323–40; John Towner, 'The Grand Tour: A Key Phase in the History of Tourism', *Annals of Tourism Research* 12, no. 3 (1985): 297–333.

<sup>465</sup> See for example: Thomas Müller, 'Vergleich Und Transferanalyse in Der Medizingeschichte? Eine Diskussion Anhand von Reiseberichten Als Quelle / Comparison and Transfer Analysis in the History of Medicine? Using Travel Reports as a Source', *Medizinhistorisches Journal* 39, no. 1 (2004): 57–77; Heffernan and Jöns, 'Research Travel and Disciplinary Identities in the University of Cambridge, 1885–1955'; Maria Dorothee Böhmer, 'The Making and Travelling of Knowledge: A Biography of a Medical Case History in 19th Century Europe' (PhD thesis, 2013); Ana Simões, Ana Carneiro, and Maria Paula Diogo, eds., *Travels of Learning* (Dordrecht: Springer Netherlands, 2003); Nina Gerassi-Navarro, *Women, Travel, and Science in Nineteenth-Century Americas: The Politics of Observation* (Cham: Palgrave Macmillan US, 2017).

<sup>466</sup> See the writings and presentations by Thomas Müller: Thomas Müller, 'Die Reise Des Französischen Psychiaters Falret in Die Badische Anstalt Illenau Bei Achern' (Jahrestagung des AK Psychiatriegeschichte Baden-Württemberg, Zentrum für Psychiatrie Reichenau, Konstanz, 2013); Thomas Müller, 'Psychiater des 19. Jahrhunderts, ihre Reisen und der Wissenstransfer. Ein internationales Phänomen', in *Wissenstransfer in der Psychiatrie: Albert Zeller und die Psychiatrie Württembergs im 19. Jahrhundert*, ed. Thomas Müller, Bodo Rüdensburg, and Martin Rexer (Zwiefalten: Verl. Psychiatrie und Geschichte, 2009); Thomas Müller, 'Die Welt Erfahren. Reisende Psychiater Aus Württemberg Und Die Wissenstransfer in Der Psychiatrie Des 19. Jahrhunderts', in *Bd. 11 Der „Schriftenreihe Der Deutschen Gesellschaft Für Die Geschichte Der Nervenheilkunde“*, ed. W. J. Bock and B. Holdorff (Würzburg: Königshausen und Neumann, 2008), 85–98; Müller, 'Reisende Psychiater. Zum Transfer medizinischen Wissens zwischen europäischen Ärzten im späten 19. Jahrhundert'; Thomas Müller, 'Reisende Psychiater. Über Den Transfer Medizinischen Wissens, Die Formen Der Repräsentation Dieses Wissens Und Die Berufspolitik Im 19. Jahrhundert' (Seminar „Geschichte der Psychotherapie und Psychiatrie“, Institut für Geschichte der Medizin des Zentrums für Human- und Gesundheitswissenschaften der Berliner Hochschulmedizin, Berlin, 2002).

launched in the early 2000s.<sup>467</sup> Lastly, there is much that we don't know or comprehend yet about the social, political and economic dimensions of scientific travels to asylums. In the 1850s the well-known French alienist Alexander Brière de Boismont remarked, "[a]ll asylum physicians understand the need to imitate foreign institutions, to study their organisation and to introduce the improvements they have observed"<sup>468</sup>, demonstrating how important asylum travels were for psychiatrists. Due to alienists' fascination with and concerns about asylum construction and management, this has led historians of psychiatry and architecture to chiefly emphasise this sole aspect within their scholarly work.<sup>469</sup> And although this is undeniably an important theme in the history of psychiatry, the concept of psychiatric travel itself and its understanding have been figuratively and literally overshadowed by the asylum. Current research has not considered the practical implications and limitations of scientific travel, nor the multiple factors that motivated alienists or physicians to undertake such journeys, nor how their travel reports were received and used by alienists across Europe.<sup>470</sup>

To resolve these hiatuses, I will focus on four different aspects. Firstly, a more detailed exploration of the reasons why asylum travel in particular has not been studied in-depth and why many questions have escaped the historian's attention. The answer to this question lies within the specific characteristics of asylum travel reports – our

---

<sup>467</sup> 'European Journeys', Museum of the mind, accessed 1 November 2017, <https://museumofthemind.org.uk/projects/european-journeys/reports>.

<sup>468</sup> "Tous les médecins d'asiles comprennent la nécessité d'imiter les établissements étrangers, d'étudier leur organisation et d'introduire chez eux les améliorations qu'ils y ont observées". See: A. B. de B. [Alexandre Brière de Boismont], "Intorno ad un viaggio scientifico ai manicomj delle principale nazione di Europa, da Giuseppe Girolami, medico-direttore dell' ospizio di San-Benedetto in Pesaro, 1854", AMP, 1856, vol. 2, 145, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1856x02>.

<sup>469</sup> See for example: Heinz-Peter Schmiedebach, 'Inspecting Great Britain. German Psychiatrists' Views of British Asylums in the Second Half of the Nineteenth Century', in *International Relations in Psychiatry: Britain, Germany, and the United States to World War II*, ed. Volker Roelcke, Paul Weindling, and Louise Westwood (Rochester: University of Rochester Press, 2010); Müller, 'Reisende Psychiater. Zum Transfer medizinischen Wissens zwischen europäischen Ärzten im späten 19. Jahrhundert', 287–88; William Parry-Jones, 'The Model of the Geel Lunatic Colony and Its Influence on the Nineteenth-Century Asylum System in Britain', in *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*, ed. Andrew Scull (Philadelphia: University of Pennsylvania Press, 1981), 201–17; Akira Hashimoto, 'A "German World" Shared among Doctors: A History of the Relationship between Japanese and German Psychiatry before World War II', *History of Psychiatry* 24, no. 2 (2013): 180–95; Akira Hashimoto, 'Invention of a "Japanese Gheel": Psychiatric Family Care from a Historical and Transnational Perspective', in *Transnational Psychiatries: Social and Cultural Histories of Psychiatry in Comparative Perspective c. 1800-2000*, ed. Waltraud Ernst and Thomas Müller (Newcastle upon Tyne: Cambridge Scholars Publishing, 2010), 142–61.

<sup>470</sup> The focus of these works is on the concept of family care and focusses only on the aspect of transfer. These authors have written multiple articles on this topic, only a few are listed here: Hashimoto, 'A "German World" Shared among Doctors'; Hashimoto, 'Invention of a "Japanese Gheel": Psychiatric Family Care from a Historical and Transnational Perspective'; Müller, 'Reisende Psychiater. Zum Transfer medizinischen Wissens zwischen europäischen Ärzten im späten 19. Jahrhundert'; Müller, 'Vergleich Und Transferanalyse in Der Medizingeschichte?'

only window onto psychiatrists' journeys. The structure of these accounts bring with it some historiographical complexities and consequences and explains why many questions have escaped the historian's attention.

A second aspect that is covered are the practical implications of travel. To better understand scientific journeys, it is crucial to take into account the various arrangements that were necessary. To analyse how psychiatric knowledge was disseminated and employed by alienists, we need insight in how they acquired it.<sup>471</sup> In the context of travelling, this means understanding how these journeys were organised and what preparatory steps psychiatrists had to take. Were visits embarked upon with personal money or were they sponsored by the government, asylum administrations or universities? How did alienists experience their travels and, once back, how did they convey their experiences and discoveries to peers? Were specific formats and stylistic genres used? Did private money or a sponsorship make a difference in how alienists reported their findings or what content they included?

A third focus point is alienists' personal scientific gain. It was often customary to travel abroad for a few months after graduation or before taking up a position as asylum physician. Alienists completed their medical training at foreign universities, studying under famous physicians, and went on a "Grand Tour" of the most prestigious and well-known asylums of Europe.<sup>472</sup> Alienists had their own scientific agenda and personal and professional motives to embark on such journeys. Was the reason for visiting asylums only to observe its management or did they have other functions such as educational purposes or to build a network of peers? In what kind of activities were alienists involved during these travels? What did the travelling and the hosting alienists gain by these visits? Were these study trips undertaken by alienists of all ranks, such as early-career alienists, established asylum physicians or university professors?

A last aspect that is covered is how alienists catered to their peers. In addition to alienists' own motivations these also often blended with forces from outside: their colleagues, the government or scientific institutions. Did it become an obligatory part of psychiatrists' scientific and professional development? Travelling, and more specifically the reports resulting from it, created a source of scientific information that

---

<sup>471</sup> Peter Burke, *What Is the History of Knowledge* (Oxford: Polity Press, 2015), Chapter process. Four stages (epub).

<sup>472</sup> The nineteenth century has been characterised as the age of "asylum building mania". See: Andrew Scull, 'The Asylum, Hospital and Clinic', in *The Routledge History of Madness and Mental Health*, ed. Greg Eghigian (Basingstoke: Taylor & Francis Ltd, 2017), 105.



was publicly available. Were travel reports considered useful and truthful forms of knowledge by colleagues? Was information from these reports extracted and used by other alienists?

### **Travel reports: their purpose and historiographical consequences**

In order to retain the information that alienists absorbed during various asylum visits, it required their observations to be cast in a specific medium, either for private use or for distribution among colleagues. While the former consisted of personal diaries and notebooks, the latter took the form of travel accounts. What I label as travel reports are all accounts describing visits by physicians or alienists to one or multiple asylums or clinics outside their own localities.<sup>473</sup> This could be in the author's own country or across its borders, but it is the latter that will be highlighted here. What makes these reports unique is that the asylum stood front and central, with detailed descriptions of all its specific characteristics. Spatial separation, be it for curative, healing, managerial, or custodial reasons, has been a dominant response in the west to psychiatric illness.<sup>474</sup> While these accounts existed in various formats – official reports for the government, accounts published in periodicals or travel books – their goal and content were generally similar.

They were largely used as a reference point for comparison with the asylums in their home country or those of other nations. Those who did not, or could not, travel were in this manner offered an, often very detailed, window on foreign mental institutions. The main body of these texts systematically went over the asylums that were visited with meticulous descriptions of the number of mentally ill and the number of staff, the movement/rotation of patients, the kind of treatments that were performed, the food that was served, the (working) routines of the patients, the arrangement and decoration in rooms, the types of light, heating, doors and windows that were used and the general layout of buildings. Depending on the format, they were sporadically laced with more personal remarks and observations. The textual

---

<sup>473</sup> Müller pointed out how the term 'Reisberichte' could be discerned from 'Bildungsreisen' and 'Forschungsreisen'. Müller, 'Reisende Psychiater. Zum Transfer medizinischen Wissens zwischen europäischen Ärzten im späten 19. Jahrhundert', 267.

<sup>474</sup> James Moran, Leslie Topp, and Jonathan Andrews, eds., *Madness, Architecture and the Built Environment: Psychiatric Spaces in Historical Context*, 1 edition (New York ; London: Routledge, 2007), 1–16, especially p1. "spatial separation has been one of the most frequent social responses to madness. From the early modern period to the present, designing and creating alternative spaces, whether conceived as curative, healing, managerial, or custodial, has dominated the western response to those considered mentally troubled"

description of these asylums was sometimes accompanied by sketches to illustrate the layout of the asylum and its surrounding area (**figure 21**). Apart from bird's-eye view drawings, more detailed depictions of asylums were integrated from the 1890s and 1900s onwards due of the rise of photography (**figure 22**).

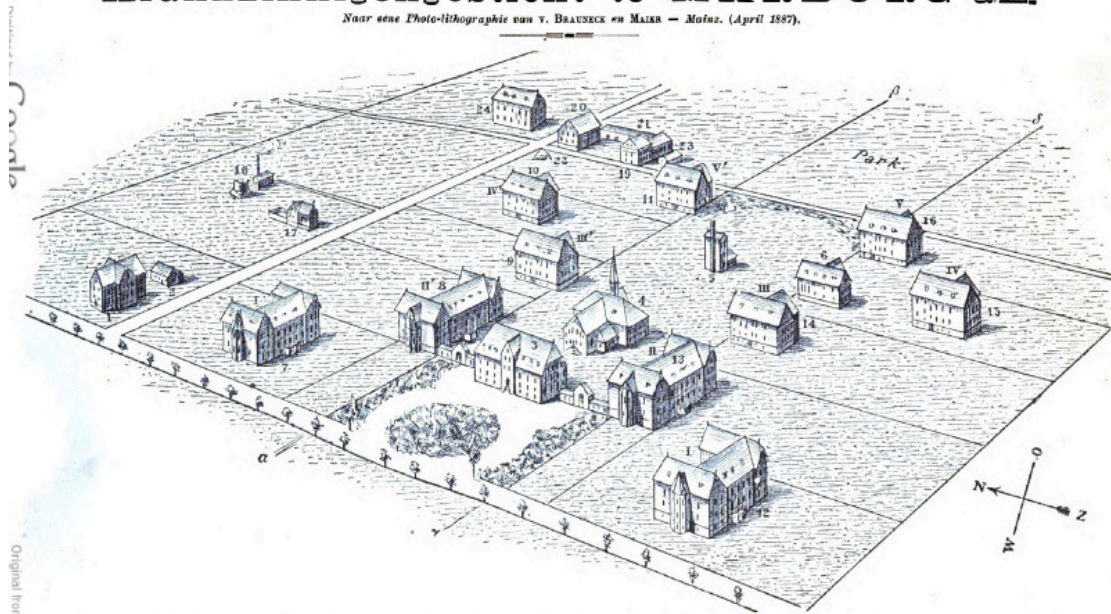
Because of the reports' specific and often repetitive structure, it is the references to the asylum buildings and management that stand out, while relevant information about the reasons for travelling, the interactions taking place, the means of transportation, how long physicians travelled for, and so on, is harder to deduce. However, and although it is sometimes infinitesimal, we *can* glean this information from these accounts. In other words, travel reports have not yet been sufficiently mined for the information they can reveal. Similarly to periodicals, researchers have taken travel and its subsequent writings for granted and have not paid attention to their specific characteristics and implications, either as objects used by contemporaries or as a historical source. A plea to change this has been echoed by others, but seems to have only stayed within the margins of historical research.<sup>475</sup>

---

<sup>475</sup> Jerry Bentley, 'Travel Narratives', World History Sources. Center for History and New Media George Mason University, accessed 29 January 2019, <https://chnm.gmu.edu/worldhistorysources/unpacking/travelscholar.html>; Gérard Chouin, 'Seen, Said, or Deduced? Travel Accounts, Historical Criticism, and Discourse Theory: Towards an "Archeology" of Dialogue in Seventeenth-Century Guinea', *History in Africa* 28 (2001): 54 especially; Adam Jones, 'Travelers' Accounts as Sources', *Oxford Research Encyclopedia of African History*, 24 October 2018, 5–12.

# Krankzinnigengesticht te MARBURG a.L.

Naar eene Photo-lithographie van v. BRAUNECK en MAIER — Mainz. (April 1887).



VERKLARING: 1. Woning van den directeur; — 2. Kevengebouw van den directeur; — 3. Directie-gebouw; — 4. Keuken en feestzaal; — 5. Ketelhuus (reservoir); — 6. Waschhuus; — 7. I. Pensionat, mannen; — 8. II. Klinische afdeling, mannen; — 9. III. Wankafdeling, mannen; — 10. IV. Rustige, reconval, mannen; — 11. V. Arbeiderscolonie, halftrist; — 12. I. Pensionat, vrouwen; — 13. II. Klinische afdeling, vrouwen; — 14. III. Wankafdeling, vrouwen (azaroth); — 15. IV. Rustige, reconval, vrouwen; — 16. V. Halftristige, werkzame vrouwen; — 17. Lijkkapel, daarachter seeliekamer en macereerplaats; — 18. Oliegasfabriek; — 19. Tuinmanswoning; — 20. Schuur, stalling voor paarden; — 21. Stalling voor koeien en varkens; — 22. Iskeldor; — 23. Plantenkast; — 24. Woning voor den 2en geneesheer, e. a.

**Figure 21.** Drawing of the asylum Marburg in Germany, accompanied with a legend to describe the buildings. Source: P. Wellenbergh, "De zorg voor de krankzinnigenverpleging in Hessen (provincie Cassel), *Psychiatrische Bladen*, 1887, vol. 5, between p.200 and 201 [page 212 of the pdf], <http://hdl.handle.net/2027/chi.098893772>.



**Figure 22.** Third class pavilions at the Am Steinhof asylum in Vienna, one of the largest mental institutions in Europe.<sup>476</sup> Source: L. Vernon Briggs, "'Am Steinhof'. Hospital and sanatoria in Vienna for mental and

<sup>476</sup> More information about this asylum and its architecture can be found in: Leslie Topp, 'Otto Wagner and the Steinhof Psychiatric Hospital: Architecture as Misunderstanding', *The Art Bulletin* 87, no. 1 (2005): 130–56.

The content in these reports was most often based on two sources of information. On the one hand there were the notebooks that alienists took with them on their travels and in which they wrote down or sketched their observations about the asylums, and their encounters with other alienists (**figure 23**). On the other hand, psychiatrists often drew information from additional material. This could be by citing earlier work from colleagues, information obtained from questionnaires that were sent around<sup>477</sup>, or by information obtained from annual asylum reports. The latter was either gleaned from published reports in journals, received during the time spent at a psychiatric institution or sent along later by the asylum’s physician. Therefore it is not always straightforward to distinguish the author’s voice from that of other information that found its way into the travel accounts – which is important to keep in mind when investigating and using these sources.<sup>478</sup>

The transformative process these travel accounts went through has also contributed to historian’s narrow focus. These published reports stemmed from personal observations and private writings, and stenographic notes and anecdotes were transformed and edited into publishable accounts intended to be publicly disseminated among a wider audience of alienists and physicians, and meant to invite comments and evaluations from peers (compare **figure 23** and **figure 24**). The Dutch alienist Wellenbergh mentioned in a publication that, if he would have just send a reproduction of his travel journal “[...] the copy would have been a kaleidoscopic appearance, a ‘bunten Wirrwar’ without any value”,<sup>479</sup> which made it necessary to make a selections of his notes that were reworked to be published in the *Psychiatrisch Bladen* on the request of the editor. Because of this transformation process, the

---

<sup>477</sup> See for example: G. A. Tucker, *Lunacy in many lands*, (Sydney: Charles Potter, 1887), 32, <http://archive.org/details/b21293296>.

<sup>478</sup> Only remarked upon in a footnote by Müller, ‘Reisende Psychiater. Zum Transfer medizinischen Wissens zwischen europäischen Ärzten im späten 19. Jahrhundert’, 268 (footnote 16).

<sup>479</sup> “[...] eene copie van mijn reisjournaal, dan ware de taak vrij eenvoudig; daar de aantekeningen echter meestal staande het bezoek gemaakt zijn en de gelegenheid om deze behoorlijk voor den druk uitte werken, mij ontbreekt, zoude die copie een kaleidoscopisch aanzien, een “bunten Wirrwar” vertoonen zonder eenige waarde”. See: P. Wellenbergh, “De zorg voor de krankzinnigenverpleging in Hessen (provincie Cassel), *Psychiatrische Bladen*, 1887, vol. 5, 194, <http://hdl.handle.net/2027/chi.098893772>.



personal experiences of psychiatrists stand out less, which makes the multiple reasons for travelling less discernible to historians.

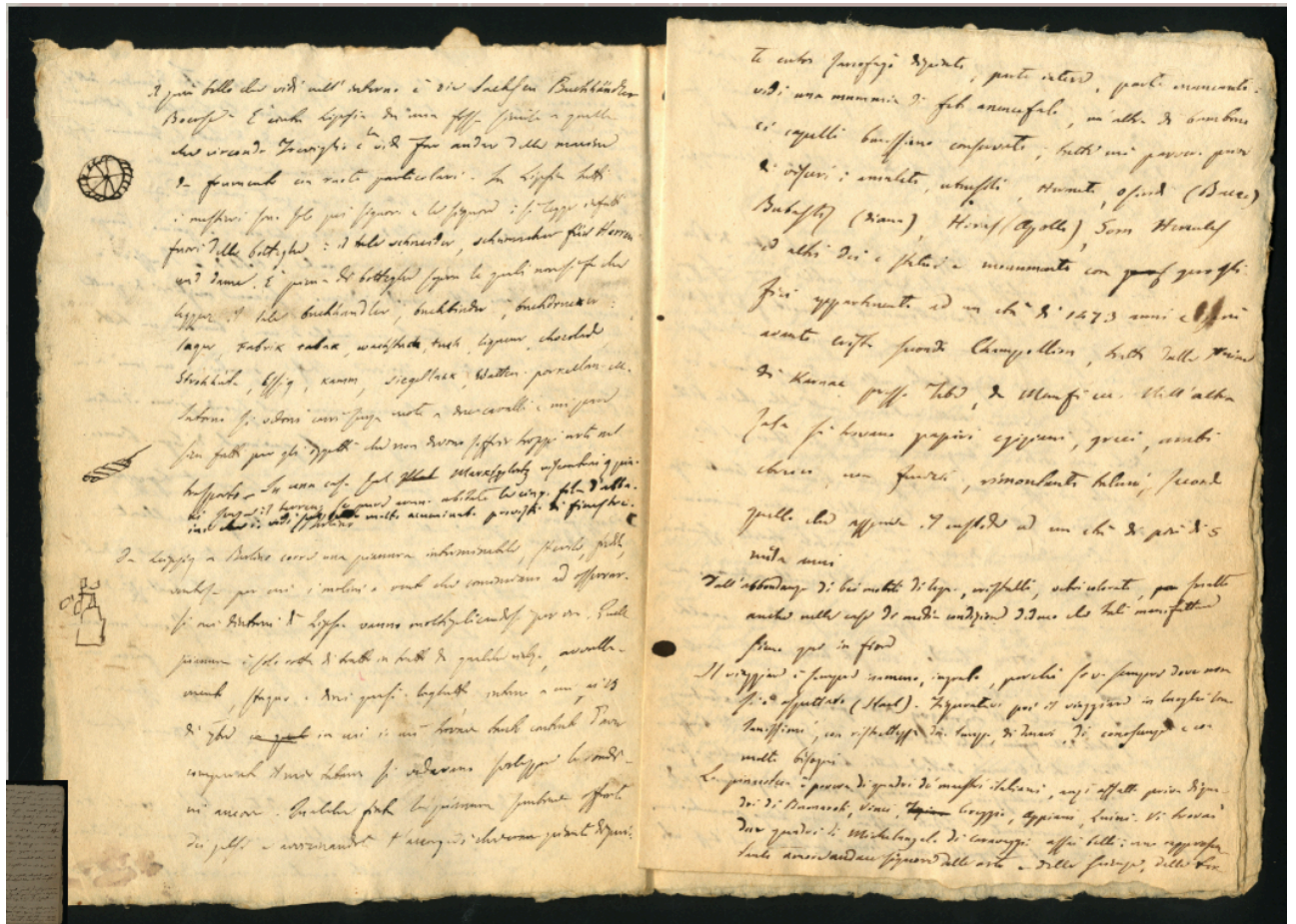
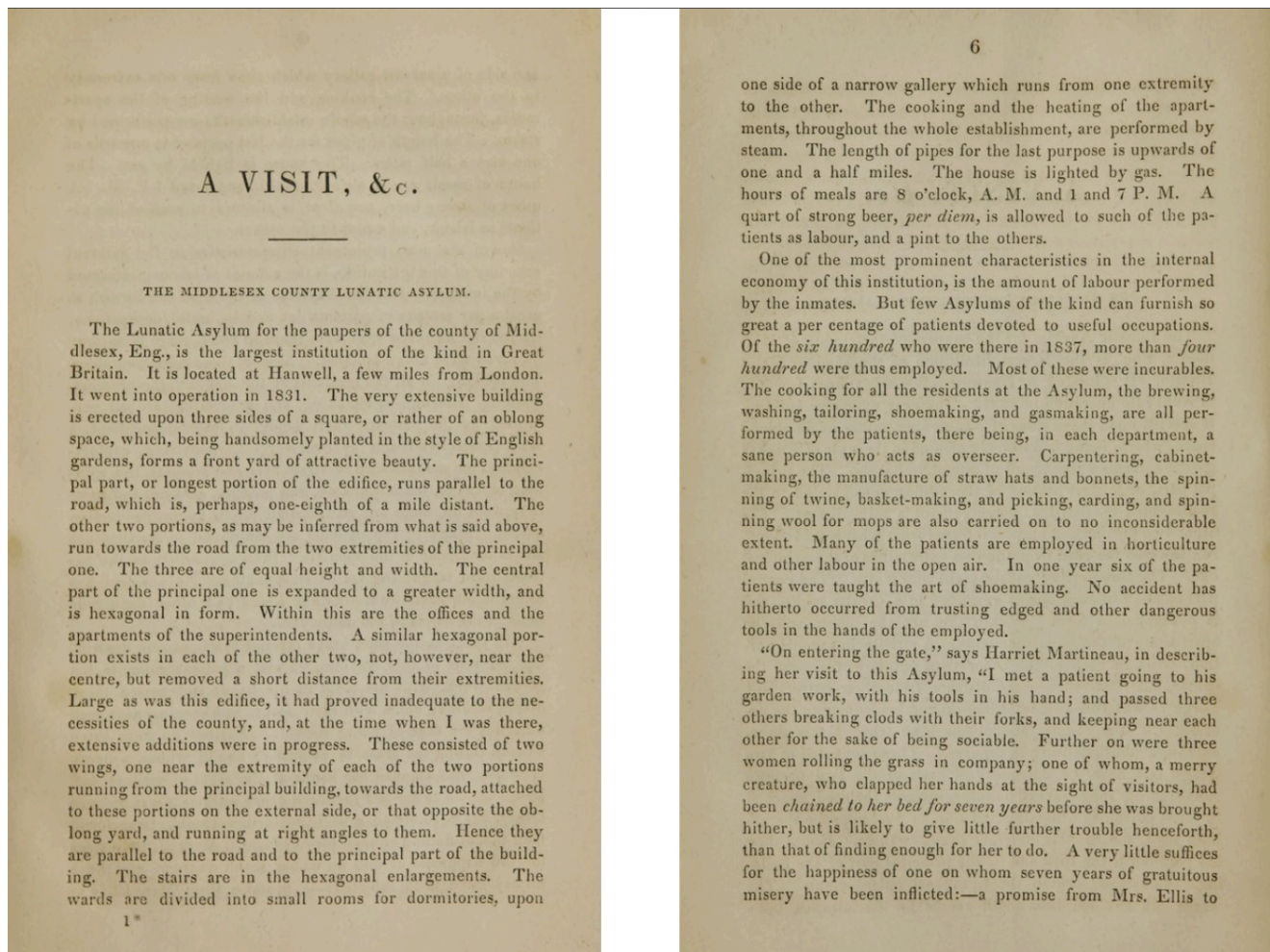


Figure 23. Private notes made by Andrea Verga of a journey he made through several cities in Germany and Prussia. Source: "Il viaggio in Germania", 1837/09/01-1837/11/30 (Fascicolo), Diari e note di viaggio, 1799–1892 (Serie), Archivio Andrea Verga, ASPI, <https://www.aspi.unimib.it/collections/object/detail/11595/>.



**Figure 24.** A published account of a visit to the Middlesex County asylum in the United Kingdom by the American alienist Pliny Earle. Source: Pliny Earle, *A visit to thirteen asylums for the insane in Europe [...]*, (Philadelphia: J. Dobson, 1841),5-6, <https://wellcomelibrary.org/item/b21117172>.

### Practical arrangements: scientific travel as a team effort?

According to historians Bernhard Struck, Hans Erich Bödeker and Arnd Bauerkämper, research has been shifting its focus to travel practices (e.g. travel preparation and its costs).<sup>480</sup> However, I have not yet encountered any research that emphasised these aspects, in particular in psychiatry. Organising scientific journeys required a large amount of preparation as these were no spur of the moment undertakings. The word 'travel' itself is derived from the French 'travail', which in the seventeenth century meant suffering or labour<sup>481</sup>, and gradually changed to its current meaning. Still, the notion that it meant suffering and hard work is interesting to keep in mind. Although

<sup>480</sup> Bernhard Struck, Hans Erich Bödeker, and Arnd Bauerkämper, 'Inleitung', in *Die Welt erfahren: Reisen als kulturelle Begegnung von 1780 bis heute*, ed. Arnd Bauerkämper, Hans Erich Bödeker, and Bernhard Struck (Frankfurt am Main; New York: Campus, 2004), 10–11.

<sup>481</sup> Anne D. Wallace, *Walking, Literature, and English Culture: The Origins and Uses of Peripatetic in the Nineteenth Century*, (Oxford: Oxford University Press, 1994), 18–19; 'Definition of Travel', Merriam Webster, accessed 9 April 2021, <https://www.merriam-webster.com/dictionary/travel>.



much has changed since the seventeenth century, tourism and scientific travel in the nineteenth century and at the start of the twentieth century still demanded some endeavour and effort of those who undertook such journeys.<sup>482</sup> This meant not only preparatory steps, such as selecting places to visit, being able to reach those places in terms of the distance (travelling time) and costs involved, and securing the right documents such as letters of introduction, but also the visits themselves could be quite an undertaking. For example, the German alienist Pelman from the *Irrenheilanstalt* in Siegburg, who travelled for six weeks in the United Kingdom and France during the summer of 1869, said about a visit to the Colney Hatch asylum that it took him “[...] 5 hours to walk through the departments” and that he was “dead tired and glad when it was over”.<sup>483</sup>

### **Travel guides, financial means and travel distances**

A first step in preparing for such journeys was acquiring information about places of interest. Multiple tactics were used or combined: (1) consulting travel guides intended for those interested in asylums and hospitals, (2) consulting other travel reports such as those published in medical or psychiatric journals, and (3) enquiring into and exchanging information with colleagues and friends from across the world.

Asylum travel guides in particular were often used in preparation for such visits. These monographs, such as the *Uebersicht der öffentlichen und privaten Irren-Anstalten Deutschlands, der Schweiz und der Niederlande* (1859)<sup>484</sup> and *Uebersicht der öffentlichen und privaten Irren- und Idioten-Anstalten aller europäischen Staaten* (1863)<sup>485</sup> published by Albrecht Erlenmeyer, were eagerly read and used. The latter book was the consequence of the success of the former.<sup>486</sup> Erlenmeyer’s 1863 edition was described by a British reviewer as a “[...] pamphlet [which] will form a valuable aid to members of this association travelling abroad who may wish to visit the asylums they

---

<sup>482</sup> Koshar, *German Travel Cultures*, 8.

<sup>483</sup> “Nahm doch das einfache durchwandern der abtheilungen volle 5 stunden in anspruch und ich war todmüde und froh, wie es zu ende war”. See: Pelman, “Reiseerinnerungen aus Frankreich und England”, *AZP*, 1871, vol. 27, 307, <http://hdl.handle.net/2027/chi.72724911>.

<sup>484</sup> Albrecht Erlenmeyer, *Uebersicht der öffentlichen und privaten Irren-Anstalten Deutschlands, der Schweiz und der Niederlande*, (Wetzlar: G. Rathgeber, 1859), [https://reader.digitale-sammlungen.de/de/fs1/object/display/bsb10286348\\_00005.html](https://reader.digitale-sammlungen.de/de/fs1/object/display/bsb10286348_00005.html).

<sup>485</sup> Albrecht Erlenmeyer, *Uebersicht der öffentlichen und privaten Irren- und Idioten-Anstalten aller europäischen Staaten*, (Neuwied: J. H. Heuser, 1863), [https://reader.digitale-sammlungen.de/de/fs1/object/display/bsb10286350\\_00005.html](https://reader.digitale-sammlungen.de/de/fs1/object/display/bsb10286350_00005.html).

<sup>486</sup> Albrecht Erlenmeyer, *Uebersicht der öffentlichen und privaten Irren- und Idioten-Anstalten aller europäischen Staaten*, (Neuwied: J. H. Heuser, 1863), 1, [https://reader.digitale-sammlungen.de/de/fs1/object/display/bsb10286350\\_00005.html](https://reader.digitale-sammlungen.de/de/fs1/object/display/bsb10286350_00005.html).

pass *en route*”, yet he also had doubts about the accuracy of some of the British asylum descriptions.<sup>487</sup>

One of the best examples of such a travel guide, and well known among psychiatrists desiring to visit asylums in the German-speaking regions, was the monograph written by Heinrich Laehr, *Die Heil- und Pflegeanstalten für Psychisch-Kranke des deutschen Sprachgebietes* (1882). This was not just one of the many accounts about mental hospitals in Germany; it was *the* travel guide in psychiatry and quite a popular book – by 1901 it was on its fourth edition.<sup>488</sup> The Dutch alienist P. Wellenbergh stated that “Anyone who has ever had the opportunity to visit a series of institutions in a certain country or region, [...] has experienced the great benefit of such a psychiatric Baedeker [...]”.<sup>489</sup> That Wellenbergh – and others – called Laehr’s publication a *Baedeker* is not a coincidence, as these were well-known travel and tourist guides published by Karl Baedeker and became such a common term that it became a synonym for travel guides in general.<sup>490</sup> Karl Baedeker’s books were full of information about travel routes and facilities, as well as descriptions of the most noteworthy sights and attractions one should visit, accompanied by maps and illustrations.<sup>491</sup> Comparing general tourist guides with the accounts that were written by psychiatrists we see some overlap in the features that are mentioned, such as their straightforward descriptions of buildings, information about travel routes and hotels and other practical warnings.

Psychiatrists, as much as the everyday tourist, had to have their guidebook to inform them properly. Laehr’s 1882 book especially was an explicit call for action and a plea to internationalise this type of guides, so that for each country or region in Europe

---

<sup>487</sup> “Notes, news, correspondence, etc.”, JMS, 1863, vol. 9, no. 45, 149, <http://www.archive.org/details/britishjournalof09roya>.

<sup>488</sup> P. Wellenbergh, “Boekbeoordeeling. Les établissements pour le traitement des maladies mentales et des affections nerveuses des Pays-Bas, des Colonies Néerlandaises et de la Belgique en 1900, par le Dr. A. H. van Amiel, Beiden, S. C. van Doesburgh, 1901”, PB, 1901, vol. 5, 266, <http://hdl.handle.net/2027/mdp.39015075810062>.

<sup>489</sup> “Wie ooit in de gelegenheid kwam, bezoeken te moeten afleggen aan een reeks gestichten van een zeker land of landsgedeelte, [...] heeft het groot nut van zo’n psychiatrischen Baedeker ondervonden [...]”. See: P. Wellenbergh, “Boekbeoordeeling. Les établissements pour le traitement des maladies mentales et des affections nerveuses des Pays-Bas, des Colonies Néerlandaises et de la Belgique en 1900, par le Dr. A. H. van Amiel, Beiden, S. C. van Doesburgh, 1901”, PB, 1901, vol. 5, 266, <http://hdl.handle.net/2027/mdp.39015075810062>. Hendrik A. Th. *Dedichen* used similar language in his book *Die Heil- und Pflege-Anstalten für psychisch Kranke in den skandinavischen Ländern im Jahre 1900*, (Berlin: Georg Reimer, 1901), VI, <https://www.degruyter.com/document/doi/10.1515/9783111666549/html>

<sup>490</sup> ‘Baedeker’, Longman Dictionary of Contemporary English, accessed 10 April 2021, <https://www.ldoceonline.com/dictionary/baedeker>.

<sup>491</sup> The internet archive has many of these digitized. See: ‘Baedekers Collection’, Internet Archive, accessed 10 April 2021, <https://archive.org/details/baedekers>.



a psychiatric compendium would be available. In this project, language was crucial. To make these psychiatric travel books available to everyone, it was asserted that “[...] they must be written in French, English, German or Italian”.<sup>492</sup> Van Andel produced such a book for the Netherlands and Belgium in 1901 (written in French), and the Norwegian alienist Henrik A. Th. Dedichen, physician-in-chief of his own *privatasyll* in Oestre Aker, published a German edition for Scandinavia: *Die Heil- und Pflege-Anstalten für psychisch Kranke in den skandinavischen Ländern im Jahre 1900* (published in 1901). Both did so at the request and through the encouragement of Laehr himself.<sup>493</sup>

These monographs were built according to a similar layout, giving interested psychiatrists a basic notion about the name of the asylum, its director and physicians, the number of patients, general information about the history of the mental hospitals and its geographical location – sometimes the full address – as well as mentioning the nearest railway and tramway stops.<sup>494</sup> This was all accompanied by indexes to find the asylums in question by country or by type of mental hospital (public versus private, *Heilanstalt* versus *Pflegeanstalt*), but also a geographical map of all these places was often included (**figure 25**). Heinrich Laehr wrote about such an accompanying map that it was “[...] intended to give a quick overview of the care currently available and to help the visitors, who – in the interest of the institutions themselves – turn their attention to them, not only to find their way around more easily, but also to increase their inclination to such journeys, a considerable aid to keeping their minds active in the institutions”.<sup>495</sup> These maps functioned literally and figuratively as a roadmap for

---

<sup>492</sup> “Pour que ces guides soient à la portée de tout le monde, ils doivent être écrits en français, anglais, allemand ou italien”. See: A. H. van Andel, *les établissements pour le traitement des maladies mentales et des affections nerveuses des Pays-Bas, des colonies néerlandaises et de la Belgique en 1900*, (Leiden: S. C. van Doesburgh, 1901), 3, <http://archive.org/details/39002086345734.med.yale.edu>.

<sup>493</sup> A. H. van Andel, *les établissements pour le traitement des maladies mentales et des affections nerveuses des Pays-Bas, des colonies néerlandaises et de la Belgique en 1900*, (Leiden: S. C. van Doesburgh, 1901), 1, <http://archive.org/details/39002086345734.med.yale.edu>; Hendrik A. Th. Dedichen, *Die Heil- und Pflege-Anstalten für psychisch Kranke in den skandinavischen Ländern im Jahre 1900*, (Berlin: Georg Reimer, 1901), III, <https://www.degruyter.com/document/doi/10.1515/9783111666549/html>.

<sup>494</sup> For an example see: A. H. van Andel, *les établissements pour le traitement des maladies mentales et des affections nerveuses des Pays-Bas, des colonies néerlandaises et de la Belgique en 1900*, (Leiden: S. C. van Doesburgh, 1901), 12 and 37, <http://archive.org/details/39002086345734.med.yale.edu>.

<sup>495</sup> “[...] bestimmt, einen raschen Ueberblick über die zur Zeit vorhandene Fursorge zu gewähren und den Eisenden, welche – und zwar sehr im Interesse der Anstalten selbst – ihnen ihre Aufmerksamkeit zuwenden, nicht nur zur leichteren Orientiruug zu verhelfen, sondern auch die Neigung zu solchen Reisen zu vermehren, ein erhebliches Hilfsmittel, den Geist in den Anstalten regsam zu erhalten”. See: Heinrich Laehr, “Vorrede”, *Die Heil- und Pflegeanstalten für Psychisch-Kranke in Deutschland, der Schweiz un den benachbarten deutschen Ländern*, (Berlin: Georg Reimer, 1875), x, <http://archive.org/details/39002086344885.med.yale.edu>. The map in question can be found at the end of the book [page 205 in the pdf].

psychiatrists: it was a visual representation of the most important mental institutions and displayed the railway network across Europe – the latter being the most important means of transportation in the nineteenth century.



**Figure 25.** Example of the type of maps regularly found in psychiatric travel guides. The map depicts the locations of the asylums and the railway network. Source: A. H. van Andel, *Les établissements pour le traitement des maladies mentales et des affections nerveuses des Pays-Bas, des colonies Néerlandaises et de la Belgique en 1900*, (Leiden: S. C. van Doesburgh, 1901), 97 [page 103 in the pdf], <http://archive.org/details/39002086345734.med.yale.edu>.

Psychiatrists did not only decide where to travel based on these broadly set up guides. Reading earlier reports by colleagues in medical and psychiatric journals provided them often with more up-to-date information due to shorter publication intervals, gave them additional information about how worthwhile it was to visit a certain asylum and to obtain further practical details. An illustration of this practice are the three travel letters

that the Dutch alienist Wellenbergh wrote for the *Psychiatrische Bladen* about his exploration of asylums and clinics in Germany in the late 1880s.<sup>496</sup> He for example recommended the reader, in case of nice weather, to “[...] take the Zahnradbahn to the Kahlenberg and from there walk straight through the Wienerwald (direction indicators everywhere) to the village [Klosterneuburg], which can be reached in an hour”<sup>497</sup> or warned them that “[w]hoever visits Rypnick, does best to go there from Ratibor, and not, as the undersigned, from Oderberg, where it is very difficult to get accommodation”.<sup>498</sup> Those who wanted to stay in Vienna to enrich their medical knowledge, Wellenbergh recommended to take a room in the “very conveniently located” *Hôtel de France* situated at the Schottenring – which still exists today.<sup>499</sup> While these kind of recommendations are not systematically found in all asylum reports, those who did give their readers advice, assisted future travellers in better preparing for their journeys by keeping them up to date with the latest information.

Alienists also prepared for their travel by consulting friends, acquaintances and colleagues who lived in the country of interest or had already visited it. They too, operated as a kind of guidebook, providing necessary information before departure. In 1897, the Italian psychiatrist Giulio Cesare Ferrari, who was a friend of the Belgian alienist Sano Fritz, sent the latter a *Baedeker* about Venice in preparation for his travels.<sup>500</sup> A month earlier Fritz had also given Ferrari practical information on how to visit the asylums of Belgium and Holland: “[...] you will have great advantage to take a 'quinzaine' subscription, for 35 francs you have free travel on the whole network for 15 days, you need your portrait for that”.<sup>501</sup> Another example is the Italian Augusto Tebaldi, who had asked his colleague Serfino Biffi – also an Italian – to send his reports about his earlier trips to Germany and his report about Gheel, in order to prepare for a

---

<sup>496</sup> Wellenbergh psybladen 1887 p??? & p 194-p215 +++ PB1888 p...-p104.

<sup>497</sup> Wellenbergh pb 1888 p90 “Bij fraai weder is 't aan te bevelen om met de Zahnradbahn naar den Kahlenberg te sporen en van daar dwars door het Wienerwald (overal handwijzers) naar het plaatsje te wandelen, dat men in een uur bereikt.”

<sup>498</sup> ‘Wie Rypnick bezoekt, doet het best van Ratibor uit daarheen te gaan, en niet, zoals ondergeteekende, van Oderberg, alwaar hoogst moeielijk logiest e verkrijgen is’. P. Wellenbergh psybladen 1888 p52.

<sup>499</sup> Psybladen 1888 p82 « zeer gunstig gelegen »

<sup>500</sup> [letter from Sano Fritz to G. C. Ferrari, dated 15 October 1897], Sano Fritz (fascicolo), Carteggio (serie), Archivio Giulio Cesare Ferrari (fondo), ASPI, <https://www.aspi.unimib.it/collections/object/detail/4806/>.

<sup>501</sup> “[...] vous avez grande avantage à prendre un abonnement de ‘quinzaine’, pour 35 francs vous avez libre parcours sur tout le réseau pendant 15 jours, il vous faut votre portrait pour cela”. See: [letter from Sano Fritz to G. C. Ferrari, dated 3 September 1897], Sano Fritz (fascicolo), Carteggio 1886-1932 (serie), Archivio Giulio Cesare Ferrari (fondo), ASPI, <https://www.aspi.unimib.it/collections/object/detail/4806/>.

visit.<sup>502</sup> The French physician Billod who, as an assignment for the minister of *l'instruction publique*, travelled in 1884 to twelve Italian asylums, prepared for his journey by also making use of his network of peers. One of the people with whom he discussed his impending travels was the Italian professor Andrea Verga – Billod called him the Nestor of Italian psychiatry – whom he asked to give information on the most essential places to visit.<sup>503</sup> The information and expertise provided by peers, formed a central component to choose places to visit and prepare their journey.

Other factors needed to be taken into account as well: the time that was needed to travel somewhere and, even more important, the financial costs involved. By 1914 most of Europe could be reached within five days from London. Reaching the United States took five to twenty days depending on the location. Travelling to South America, Africa, the inner depths of Asia or Australia took between 30 to over 40 days.<sup>504</sup> The financial means psychiatrists could invest determined how long these scientific journeys lasted – this could be a few weeks, months or even longer – and how many countries could be visited. The German alienist Pelman for example travelled for six weeks in total,<sup>505</sup> while the American physician William Letchworth travelled through Europe for seven months on end,<sup>506</sup> and the British<sup>507</sup> alienist Tucker toured across the world for three and a half years<sup>508</sup>, travelling more than 140000 miles (225308 km),<sup>509</sup> on which he spent about £5000.<sup>510</sup>

---

<sup>502</sup> [letter from Augusto Tebaldi to Serafino Biffi, dated 19 January 1863], Tebaldi Augusto (fascicolo), Carteggio (serie), Archivio Serafino Biffi, ASPI, <https://www.aspi.unimib.it/collections/object/detail/10084/>.

<sup>503</sup> [letter from Billod to Verga, dated 14 May 1883], Billod Eugène (fascicolo), Carteggio (serie), Archivio Andrea Verga, ASPI, <https://www.aspi.unimib.it/collections/object/detail/10334/>; E. Billod, *Les aliénés en Italie : établissements qui leur sont consacrés, organisation de l'enseignement des maladies mentales et nerveuses*, (Paris: G. Masson, 1884), 15-17, <https://gallica.bnf.fr/ark:/12148/bpt6k766742>.

<sup>504</sup> J. G. Bartholomew, *An atlas of economic geography*, (London: Oxford university press, 1914), map 12B, isochronic distances, [page 94 in the pdf], <http://www.archive.org/details/atlasofeconomicg00bart>.

<sup>505</sup> Pelman, "Reiseerinnerungen aus Frankreich und England", AZP, 1871, vol. 27, 307, <http://hdl.handle.net/2027/chi.72724911>.

<sup>506</sup> William P. Letchworth, *The insane in foreign countries*, (New York: G. P. Putnam's sons, 1889), xi, <http://www.archive.org/details/insaneinforeignc00letcuoft>.

<sup>507</sup> According to C. J. Cummins, Tucker was an American. But it is unclear where this information comes from or if it is accurate. G. A. Tucker could also have been a British citizen residing in one of the colonies of the United Kingdom. See: C. J. Cummins, *New South Wales, and Department of Health, A History of Medical Administration in NSW 1788-1973* (North Sydney, N.S.W.: NSW Dept. of Health, 2003), 40.

<sup>508</sup> G. A. Tucker, *Lunacy in many lands*, (Sydney: Charles Potter, 1887), 1564, <http://archive.org/details/b21293296>.

<sup>509</sup> G. A. Tucker, *Lunacy in many lands*, (Sydney: Charles Potter, 1887), 2, <http://archive.org/details/b21293296>.

<sup>510</sup> G. A. Tucker, *Lunacy in many lands*, (Sydney: Charles Potter, 1887), 22, <http://archive.org/details/b21293296>. In 2020 this would have been over £650 000 or more than

While travelling was a common practice, it was not for everyone because journeys could be rather expensive and only certain alienists had the means to undertake longer excursions. The Belgian physician C. Crommelinck, for example, was not able to travel through France and Germany after his studies, and thus was grateful when the opportunity to travel was extended to him by the government in the early 1840s when they allocated 1000 Belgian francs for a trip through the United Kingdom, France and Germany.<sup>511</sup> In his travel report he wrote about the experience: “Woman, child, clientele, I gave up everything, and even though the subsidy granted to me by the government was not enough to cover a third of the costs of the trip I was going to undertake, I am convinced that more than one colleague envied my mission, so much so, I like to say it again, it was beautiful and alluring”.<sup>512</sup> Financial aid could ensure that more alienists could undertake scientific journeys – however, at the moment it is unclear since when or how common this practice was across Europe. In France, the *Conseil général de la Seine* made sure that every year there was a certain amount of money available in order for alienists to travel – how these subsidies were allocated, however, is also unclear and more research is necessary.<sup>513</sup> These kinds of stipends were all the more important because psychiatrists were often confined to their own asylums, putting them in a disadvantaged position to obtain funding, as opposed to universities, who gradually took up the task to allocate funds to professors for scientific travel.<sup>514</sup> Tourism – be it scientific or otherwise – was for those who could afford it.<sup>515</sup>

### Permission and letters of introduction

Apart from deciding where to travel and acquiring enough financial means to undertake these journeys, more aspects needed to be settled. These ranged from securing

---

€763980. See: ‘Inflation Calculator’, Bank of England, accessed 10 April 2021, <http://www.bankofengland.co.uk/monetary-policy/inflation/inflation-calculator>, (Note that 1885 was taken as the reference year and that inflation calculations at the time of writing only go until 2020); ‘Currency Converter’, fxtop.com, accessed 10 April 2021, <https://fxtop.com/en/currency-converter.php>.

<sup>511</sup> C. Crommelinck, *Rapor sur les hospices d’aliénés de l’Angleterre, de la France et de l’Allemagne*, (Courtrai: Jaspin, 1842), 9, <https://gallica.bnf.fr/ark:/12148/bpt6k5604087m>.

<sup>512</sup> “Femme, enfant, clientèle, j’ai tout abandonné, et quoique le subside que m’accordait le gouvernement ne pût suffire pour subvenir aux tiers des frais du voyage que j’allais entreprendre, je suis convaincu que plus d’un confrère enviait ma mission, tant, je me plais à le répéter, elle était belle et séduisante”. See: C. Crommelinck, *Rapor sur les hospices d’aliénés de l’Angleterre, de la France et de l’Allemagne*, (Courtrai: Jaspin, 1842), 158, <https://gallica.bnf.fr/ark:/12148/bpt6k5604087m>.

<sup>513</sup> Charles Vallon and Armand Marie, *Les aliénés en Russie*, (Montévrain: L’École d’Alember, 1899), v, <https://wellcomelibrary.org/item/b21000220>.

<sup>514</sup> Heffernan and Jöns, ‘Research Travel and Disciplinary Identities in the University of Cambridge, 1885–1955’.

<sup>515</sup> Koshar, *German Travel Cultures*, 16.

lodging, over acquiring a passport, to getting permission to visit the asylums of their choice and being formally introduced – the latter being part of nineteenth-century social etiquette. Lodging could be in a hotel, as did the German alienist Pelman, as we saw earlier, but this could also take the form of lodging offered with the physician-in-chief, as was the case for the British psychiatrist Bedford Pierce when visiting the Friends Hospital Frankford in the United States, staying a week at Albert C. Buckley's house.<sup>516</sup> This show of hospitality was an essential feature as I will discuss later on.

Alienists also had to go through an administrative process of procuring a passport, which could be a troublesome task, as the English doctor John Webster discovered in the 1850s. He complained and warned other travellers that: “[...] during all the former journeys I have made to France – and they are numerous – [...] my passports were always delivered gratis by the French authorities in London. This year, however, before that still indispensable document could be obtained, *five shillings* were demanded [...]”.<sup>517</sup> Another indispensable document was a letter of introduction. As a means of introduction, alienists often exchanged visiting cards to make themselves known, but more common, especially for larger travels, were introductions made between the visitor and the visited by a third party. These introductions were regularly needed to gain access to asylums and clinics and could greatly assist alienists during their travels in other countries. A peculiar example of this, and which suggests how common this practice was, are the almost sixty letters of introduction that the alienist Tucker had at his disposal.<sup>518</sup> Aspiring to visit “all the leading Institutions in the world”, he wrote in 1882 to the Colonial Secretary of New South Wales (Australia) requesting “[...] a letter or other recognition from the Government (without salary) to the authorities of the various Asylums, which will facilitate my inspecting institutions and collecting information”.<sup>519</sup>

---

<sup>516</sup> "The Friends' Hospital, Frankford", *Typescript account of Pierce's visit to the USA in October 1925, describing his experiences and also his visits to hospitals there*, [page 20 of pdf],

<https://wellcomelibrary.org/item/b24958505>.

<sup>517</sup> Cursive text in original document. See: John Webster, *Notes of a recent visit to several provincial asylums for the insane in France*, reprinted from no. XII of the *Journal of Psychological Medicine and Mental Pathology* October 1850, 34, <http://archive.org/details/b21943588>. Another example can be found in: C. Lockhart Robertson, "An account of a visit to the Asylum for the Insane, on the Isola di S. Servolo, Venice", *JMS*, 1858, vol. 4, no. 24, 225, <http://hdl.handle.net/2027/msu.31293010415846>.

<sup>518</sup> 57 letters of introduction to be exact. See: G. A. Tucker, *Lunacy in many lands*, (Sydney: Charles Potter, 1887), 23-32, <http://archive.org/details/b21293296>.

<sup>519</sup> G. A. Tucker, *Lunacy in many lands*, (Sydney: Charles Potter, 1887), 1, <http://archive.org/details/b21293296>.



Credentials were forwarded to him as an introduction to the various governments across the world, whereafter he obtained official authorisation and/or introductory letters to the asylums in several countries. These were given to him by a variety of high placed people, such as the *Ministère de la Justice* (France, Italy, Spain), the *Inspection Générale des Etablissements de Bienfaisance et des Asiles d'Aliénés* (Belgium), the Ministry of the Spiritual, Educational, and Medical Department (Prussia), or the Office of Commissioners in Lunacy (United Kingdom). For visiting British asylums, he was in particular assisted by the English Agent-General Sir Saul Samuel from whom he obtained a circular letter to all the British Consuls abroad and which assisted in sending a letter of introduction to the superintendents of the various asylums in England and Wales.<sup>520</sup> While these letters of introduction often opened many doors and made travel and the observation of hospitals and asylums an easier undertaking, they were not always a necessary requirement. Although the American Pliny Earle wrote that he had a letter of introduction to the Dutch Professor Vander Kolk to visit him in Utrecht,<sup>521</sup> he later on noted that while he had been in Antwerp without letters of introduction, he went to their asylums anyway “[...] in hope of being allowed to see its several apartments without any special assistance of the kind alluded to”.<sup>522</sup>

Another type of assistance, but which also functioned as a form of introduction, was when visiting alienists were accompanied by individuals who knew the country and the asylums in question. Having an already established network and contacts in place aided psychiatrists in gaining access. The French alienists Ferrus and Bréton, who travelled to the United Kingdom in 1834, mentioned the assistance of numerous people. One of them was Doctor Thompson of Sarsfield who had studied in France, and had “[...] sacrificed his vacation time [...]” to serve as Ferrus’ and his colleague’s support and interpreter in the various cities they visited.<sup>523</sup> A local contact person could not

---

<sup>520</sup> G. A. Tucker, *Lunacy in many lands*, (Sydney: Charles Potter, 1887), 2, <http://archive.org/details/b21293296>.

<sup>521</sup> Pliny Earle, *A visit to thirteen asylums for the insane in Europe [...]*, (Philadelphia: J. Dobson, 1841), 24, <https://wellcomelibrary.org/item/b21117172>. Earle refers to letters of introduction on other instances as well. See: Pliny Earle, *A visit to thirteen asylums for the insane in Europe [...]*, (Philadelphia: J. Dobson, 1841), 42 and 55, <https://wellcomelibrary.org/item/b21117172>.

<sup>522</sup> Pliny Earle, *A visit to thirteen asylums for the insane in Europe [...]*, (Philadelphia: J. Dobson, 1841), 28, <https://wellcomelibrary.org/item/b21117172>.

<sup>523</sup> “[...] à sacrifié le temps de ses vacances [...]”. See: G. Ferrus, *Des aliénés, considérations : 1° sur l'état des maisons qui leur sont destinées tant en France qu'en Angleterre [...]*, (Paris: Madame Huzard, 1834), 58-59, <https://gallica.bnf.fr/ark:/12148/bpt6k57310440>.

only facilitate access to asylums, but also provided other forms of assistance such as serving as translator, or providing lodging.

Alienists counted on different types of support throughout the organisation of their journeys: beforehand, during, and after their travels. Each step of the way they were assisted in their endeavours, be it in the form of previously written works of colleagues, writing to peers for information, receiving financial aid from the government, making use of local contacts or obtaining permission and introductory papers to facilitate access to asylums and hospitals. The well-known Belgian alienist Joseph Guislain, who went to Italy in 1839, and Ferrus, who travelled in 1834 to the United Kingdom, both mentioned approximately 25 people each who had offered assistance or guidance during their journeys.<sup>524</sup> These travels were only possible with the active involvement of peers and acquaintances, and many alienists often extensively thanked the physicians they had met for their help, their enquiries and their hospitality. These 'acknowledgements', as we know them now in the twenty-first century, were not yet fully standardised and could take on different forms. Historian Elwin Hofman stated that there was a shift from obliged words of gratitude (*erkentelijkheid*) to a more emotional and personal nuance in these acknowledgements.<sup>525</sup> Although we cannot explicitly extrapolate this to nineteenth-century psychiatrists, we nonetheless see elements of both obliged gratitude and a more personal form of appreciation appear in these travel accounts. Asylum travels were by no means a solitary endeavour.

### **The road to personal scientific gain**

While most asylum visits started out as personal and private undertakings, and alienists had their own various motives for scientific travel, this characteristic is easily overshadowed by the focus found in subsequently published asylum reports. These are usually directed at information about asylum buildings and its management as this was of interest to a wider public of experts. This particular feature has made historians regularly overemphasise the role of the buildings themselves. Yet, this was far from

---

<sup>524</sup> Joseph Guislain, *Lettres médicales sur l'Italie, avec quelques renseignements sur la Suisse : résumé d'un voyage fait en 1838, adressé à la Société de médecine de Gand*, (Gand: F. et E. Gyselynck, 1840), 5-7, <https://gallica.bnf.fr/ark:/12148/bpt6k106851d>; G. Ferrus, *Des aliénés, considérations : 1<sup>o</sup> sur l'état des maisons qui leur sont destinées tant en France qu'en Angleterre [...]*, (Paris: Madame Huzard, 1834), 58-59,

<https://gallica.bnf.fr/ark:/12148/bpt6k57310440>

<sup>525</sup> Elwin Hofman, 'Een kleine geschiedenis van het dankwoord | cultuurgeschiedenis.be', accessed 30 April 2019, <https://cultuurgeschiedenis.be/een-kleine-geschiedenis-van-het-dankwoord/>.



reality as various aspects stood central, as a comment by the Dutch alienist Wellenbergh illustrates: “For the psychiatrist, Graz offers two things: 1° the presence of Professor von Krafft Ebing and his clinic, 2° the large asylum for the insane Feldhof”.<sup>526</sup> The value that was assigned to certain reputable and prominent physicians is further illustrated by how alienists framed and constructed the reports they wrote. While the French alienist Bénédicte Auguste Morel discussed his travels in letters published in the *Annales Médico-Psychologiques* in 1845, he for example did not refer first to the specific *asylums* he visited, but always referred first to the *medical superintendents* he encountered.<sup>527</sup> Their names would have certainly rung a bell with many of the readers of these reports (see more about alienists’ status in chapter 4). It was not the asylum building but the asylum physician and other experts who formed the cornerstone of alienists’ travels.

Personal encounters stood front and central as alienists were surrounded by not only the physicians working in clinics and asylums, but also the attendants and psychiatric patients, and other visiting physicians as well.<sup>528</sup> These encounters were also frequently looked back upon with delight for its social aspects and professional purposes. An unnamed British alienist had visited Broadmoor asylum while accompanied by various alienists from the United Kingdom, France, and the German-speaking regions, and reminisced in the *Journal of Mental Science* how it would always be “[...] remembered as a red-letter day”.<sup>529</sup> The latter is an expression used to refer to

---

<sup>526</sup> “Voor den psychiater biedt Graz tweederlei: 1° de tegenwoordigheid van professor von Krafft Ebing en zijn kliniek, 2° het groote gesticht voor krankzinnigen Feldhof”. See: P. Wellenbergh, “Weenen en Graz”, PB, 1888, vol. 6, 96, <http://hdl.handle.net/2G27/chi.098893837>.

<sup>527</sup> See for example: Bénédicte Auguste Morel, “Pathologie mentale en Belgique, en Hollande et en Allemagne”, AMP, 1845, vol. 6, 197 and 200 and 206, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1845x06>; Bénédicte Auguste Morel, “Pathologie mentale en Italie, en Allemagne, et en Suisse. 4e lettre. [...]”, AMP, 1846, vol. 7, 174, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1846x07>; Bénédicte Auguste Morel, “Pathologie mentale en Belgique, en Allemagne, en Italie et en Suisse. 5e lettre. [...]”, AMP, 1846, vol. 7, 377, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1846x07>. In a similar fashion, the Dutch psychiatrist P. Wellenbergh put the physicians-in-chief who directed the asylums he had visited also in a rather central position in his report. See: P. Wellenbergh, “De zorg voor de krankzinnigenverpleging in Hessen (provincie Cassel)”, PB, 1887, vol.5, 194, <http://hdl.handle.net/2027/chi.098893772>.

<sup>528</sup> “Il y avait en même temps que moi plusieurs autres visiteurs : nous fûmes introduits dans la salle du comité, où l’on nous fit inscrire nos noms et qualités sur un registre destiné ad hoc”. See: C. Crommelinck, *Rapor sur les hospices d’aliénés de l’Angleterre, de la France et de l’Allemagne*, (Courtrai: Jaspin, 1842), 44, <https://gallica.bnf.fr/ark:/12148/bpt6k5604087m>.

<sup>529</sup> “Broadmoor Criminal Lunatic Asylum. Par M. A. Motet, 1881”, JMS, 1882, vol. 27, no. 120, 594, <http://www.archive.org/details/britishjournalof27roya>.

an important and special day, having its origin in the early eighteenth century when it was a practice to highlight festive days in red on a calendar.<sup>530</sup>

Travelling provided alienists with a wide range of professional opportunities. Interesting in this regards is the semantics behind the the German word ‘bewandert’, which is now a synonym for educated, wise or experienced, yet in the fifteenth century meant nothing more than being ‘well travelled’.<sup>531</sup> Travelling thus was an important way to develop ones expertise. It was an ideal environment to build a wider professional network – which they could later fall back on for a variety of things – and gave them the possibility to meet, listen to and work with renowned experts. Through visiting a combination of university clinics and asylums they had the opportunity to gain insight into specific diseases that were not frequently found in their own asylums, or learn first-hand how to apply certain medical techniques. It was an occasion to not only learn new things from a theoretical point of view, but also through learning by doing. These travels thus largely revolved around the social-scientific encounters between peers, which also came with their own social customs and protocols.

#### **Hospitality and information control**

Most of alienist’s foreign visits were amicable encounters between peers, and hospitality formed a vital part of it. The physician-in-chief in particular was an important component in the customs revolving hospitality. It could take on many forms, such as being offered lodging on the asylum grounds, as we saw earlier, but primarily by being welcomed by the physician-in-chief himself, as this displayed an interest and engagement towards the visiting alienist. Making visiting physicians feel welcome was co-responsible for shaping their views on the asylum they were visiting and the opinions they formed about the asylum’s doctors, patients and personnel. Most hosting alienists readily offered their services to whoever came to visit them. The Dutch alienist P. Wellenberg wrote about his encounter with the German physician Hergt, director of the Illenau asylum in Achern (Baden, Germany), telling his peers how he was received by “[...] an honourable and very amiable elderly man. As much as he had a kind word for everyone, he was immediately prepared to do everything in his power to make my

---

<sup>530</sup> ‘Red-Letter-Day’, Oxford Advanced Learner’s Dictionary, accessed 10 April 2021, <https://www.oxfordlearnersdictionaries.com/definition/english/red-letter-day?q=red-letter+day>.

<sup>531</sup> Struck, Bödeker, and Bauerkämper, ‘Inleitung’, 14.

stay there as pleasant and instructive as possible”.<sup>532</sup> The 69-year-old Swiss alienist Paul-Louis Ladame had a similar experience in 1911 on a visit to the Uchtspringe asylum in Germany, which was directed by the 20 years younger Konrad Alt, who had implemented an elaborate family care system and was an important pioneer.<sup>533</sup> Ladame wrote: “As I got off the train I found Professor Konrad Alt, the energetic creator of Uchtspringe, who kindly placed himself at my service and showed me all the scientific and therapeutic resources at his disposal [...]”.<sup>534</sup>

In some cases, this hospitality and enthusiasm could become enshrouded in national reverence and acknowledgement. When the French psychiatrists Vallon and Marie travelled to Russia in the late 1890s and visited the asylum of Malaya-Okta – located in a very remote suburb of Saint Petersburg and directed by the female physician Nicol'skaya –, they were greeted on arrival by a fanfare and patients singing the *Marseillaise* and the Russian anthem, followed by a dinner and other festivities.<sup>535</sup> During Wellenbergh's visit to Illenau, he was greeted with enthusiasm for his “Dutch-ness” as he was a fellow countryman of Schroeder vander Kolk, about whom they spoke frequently with praise.<sup>536</sup> Social etiquette seemed to demand a homage to those psychiatrists that were its national figureheads.

Alienists who organised and coordinated their visits in advance, announcing their arrival in a timely manner, had significantly higher chances of being able to meet with the alienist-in-chief and his core group of physicians. This way visiting alienists had the advantage of having a first line of communication with the alienist(s) running the day-to-day medical requirements of the mental institution and provided them with the most reliable and detailed information. This was not only in the interests of the visiting

---

<sup>532</sup> “[...] een eerwaardig en zeer beminlijk grijsaard. Gelijk hij een vriendelijk woord voor ieder over heeft, was hij onmiddellijk bereid om alles wat in zijn vermogen is te doen, opdat mijn verblijf er zoo aangenaam en leerzaam mogelijk zou worden”. See: P. Wellenbergh, “Illenau. Het congres der zuid en zuidwest-Duitsche neurologen en psychiaters te Baden-Baden”, PB, 1885, vol. 3, 186, <http://hdl.handle.net/2027/chi.098893659>.

<sup>533</sup> Thomas Müller, ‘Re-Opening a Closed File of the History of Psychiatry: Open Care and Its Historiography in Belgium, France and Germany, c. 1880-1980’, in *Transnational Psychiatries: Social and Cultural Histories of Psychiatry in Comparative Perspective c. 1800-2000*, ed. Waltraud Ernst and Thomas Müller (Newcastle upon Tyne: Cambridge Scholars Publishing, 2010), 189–90.

<sup>534</sup> “A la descente du train je trouverai le professeur Konrad Alt, l'énergique créateur d'Uchtspringe, qui se mit aimablement à ma disposition et me fit voir à fond toutes les ressources scientifiques et thérapeutiques don't il dispose”. See: P.-L. Ladame, “Une visite à la colonie Agricole d'Uchtspringe”, AMP, 1911, vol. 13, 231, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1911x13>.

<sup>535</sup> Charles Vallon and Armand Marie, *Les aliénés en Russie*, (Montévrain: L'École d'Alembert, 1899), 148-149, <https://wellcomelibrary.org/item/b21000220>.

<sup>536</sup> P. Wellenbergh, “Illenau. Het congres der zuid en zuidwest-Duitsche neurologen en psychiaters te Baden-Baden”, PB, 1885, vol. 3, 186, <http://hdl.handle.net/2027/chi.098893659>.

psychiatrist, the hosting alienist, and especially the chief physician, also benefited from this. The French alienists J. Christian and A. Ritti for example were disappointed that the German alienist Ed. Hess had not announced his visit in advance, as they were both absent at the time he visited *Charenton*. Christian furthermore added: “I regret all the more that I did not see Mr. Hess because I could have rectified certain errors of judgement that I find in his article”.<sup>537</sup> Knowing who came to visit and when, and being able to provide a personal tour of the asylum gave physicians-in-chief more control over what was witnessed by a visitor and which information and answers were given to questions.

### **Growing networks and meeting the expert**

The Dutch alienist P. Wellenbergh, and most of his peers, found that travelling “[...] encourages and promotes the mutual acquaintance of psychiatrists and neurologists from different countries”.<sup>538</sup> Being able to meet and converse with the medical superintendent or other physicians working in a foreign asylum often led to introductions to many other individuals with whom alienists could discuss a variety of topics. These newly forming network of peers also grew the longer an alienist spent time in a certain place and one’s network of acquaintances and colleagues could quickly expand. The German alienist Brosius experienced this during a visit to Paris where on one and the same day he met four of his French colleagues, all at different locations, all having a well-known reputation.<sup>539</sup>

Although Brosius did not get the chance to meet renowned alienists such as Baillarger, Trélat, Moreau de Tours and August Voisin, he did meet Delasiauve, the medical superintendent at the Salpêtrière and main editor of the *Journal de Médecine Mentale*. They met each other at two o’clock in the afternoon at Delasiauve’s house. The French alienist Bourneville, one of the assistant editors of the *Journal de Médecine Mentale*, was also present. Brosius recounted how “[...] with great friendliness and

---

<sup>537</sup> “Je regrette d’autant plus de n’avoir pas vu M. Hess que j’aurais pu rectifier certaines erreurs d’appréciation que je trouve dans son article”. See: J. Christian, “Les impressions d’un médecin aliéniste allemand sur la Maison nationale de Charenton. Réponse à M. le Dr Ed. Hess, de Stephansfeld”, AMP, 1900, vol. 12, 6, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1900x12>.

<sup>538</sup> “[...] de kennismaking van psychiaters en neurologen van verschillende landen onderling daardoor aangewakkerd en bevorderd.” See: P. Wellenbergh, “Boekbeoordeeling. Les établissements pour le traitement des maladies mentales et des affections nerveuses des Pays-Bas, des Colonies Néerlandaises et de la Belgique en 1900, par le Dr. A. H. van Amiel, Beiden, S. C. van Doesburgh, 1901”, PB, 1901, vol. 5, 266, <http://hdl.handle.net/2027/mdp.39015075810062>.

<sup>539</sup> Brosius, “Eine psychiatrische Wanderung durch Paris”, AZP, 1867, vol.24, 732-733, <https://opacplus.bsb-muenchen.de/Vta2/bsb10087041/bsb:3000998>.

liberality my colleagues presented me with their older and newer works".<sup>540</sup> At four o'clock Delasiauve accompanied him to a meeting of the *Académie Imperiale*. Here he met Jules Falret with whom he could speak in German, and who invited him to visit his institution in Vanves near Paris the following day. Later in the evening Delasiauve also visited Brière de Boismont at his house in the *Rue Faubourg Sainte Antoine* in Paris. These encounters and the social activities that accompanied them, be it an asylum visit, a personal call to an alienist's house or attending assemblies, formed the perfect occasion to develop one's network and frequently gave rise to long-lasting scientific correspondence and close friendships.

The conversation and discussions between alienists were also very diverse and did not only revolve around asylum management itself. Brosius, for example, spoke at length with Delasiauve and Bourneville about pseudo-mania<sup>541</sup>, and while the French alienist Bénédict Augustin Morel, traveled across Europe in 1845, he spoke to many of his foreign colleagues about the plans of French psychiatrists to create their own society, wanting to know the opinion of foreign peers on this matter. He mentioned in one of his published travel letters that this idea was met with sympathy and was indorsed by the various foreign doctors that he had come across during this trip.<sup>542</sup> The amicable discussions during and after these encounters, not only ensured that travelling alienists gained various new knowledge. Those welcoming them likewise could benefit from these contacts as they had the opportunity to discuss a variety of psychiatric topics and problems. When the Belgian alienist C. Crommelinck visited Wakefield asylum in the United Kingdom in 1841, he recounted in his report how "[...] Dr. Corsellis and Mrs. Corsellis are eager to take advantage of the advice that a foreign visitor might give them, and they like nothing better than to enter into a discussion about their patients or their institution, because they have as a principle: From the clash of opinions comes insight".<sup>543</sup> Face-to-face communication was and is one of the

---

<sup>540</sup> "Mit grosser Freundlichkeit und Liberalität beschenken mich die Herren Collegen mit ihren ältern und neueren Werken". See: Brosius, "Eine psychiatrische Wanderung durch Paris", AZP, 1867, vol.24, 732, <https://opacplus.bsb-muenchen.de/Vta2/bsb10087041/bsb:3000998>.

<sup>541</sup> Brosius, "Eine psychiatrische Wanderung durch Paris", AZP, 1867, vol.24, 732, <https://opacplus.bsb-muenchen.de/Vta2/bsb10087041/bsb:3000998>.

<sup>542</sup> "[...] divers médecins étrangers que j'ai connus dans mon voyage, a généralement excité leurs sympathies: c'est de voir se fonder chez nous une Société médicale [...]". See: Bénédict Augustin Morel, "Pathologie mentale en Belgique, en Hollande et en Allemagne", AMP, 1845, vol.6, 221, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1845x06>.

<sup>543</sup> "Je dois vous dire cependant que le Dr. Corsellis et Madame Corsellis, sont avides de profiter des conseils que pourrait leur donner un visiteur étranger, et ils n'aiment rien tant que d'entamer une discussion dont leurs malades ou leur établissement font l'objet, car ils ont pour principe: Du choc des opinions rejaillit la lumière". See: C. Crommelinck, *Rapport sur les hospices d'aliénés de l'Angleterre*, de

most important facets in transmitting information and knowledge,<sup>544</sup> and foreign visits were in this regard an ideal environment for mutual exchange.

Although making the acquaintance of any foreign alienist could be beneficial and an opportunity to learn, there were nonetheless different categories of psychiatrists: there were the many “ordinary” alienists, and there were those who enjoyed worldwide fame and were recognised as experts in their field across Europe’s psychiatric communities (see chapter 3). Having the opportunity to meet these prominent alienists, formed a principal incentive to travel. It enabled alienists to form a closer professional relationship with renowned peers, to attend the lectures they gave, or work together with them. As the Austrian-Hungarian physician Viszanik wrote in 1845, travelling gave him the chance “[...] to engage in personal communication with the best known men in this field, and thus to increase my knowledge by exchanging mutual views”.<sup>545</sup> Throughout the nineteenth and early twentieth centuries, alienists sometimes solely travelled for this reason in particular. The British Daniel Hack Tuke, for example, travelled specifically to the New Jersey State Lunatic Asylum in Trenton during his trip to the United States in 1885, in order to be able to meet and speak with the famous mental health reformer Dorothea Dix, at the time already 77 years of age and in poor health.<sup>546</sup> She was an American social reformer who campaigned for asylum reform in the United States to secure better moral treatment for mentally ill people and had been inspired by the writings of Philippe Pinel and William Tuke – the latter being Daniel Hack Tuke’s great-grandfather.<sup>547</sup>

Among the foreign visitors alienists received in their asylum, being a host to illustrious and widely known psychiatrists offered the opportunity to engage with these specialists and learn from them. The Dutch alienist J. H. Simon Thomas, superintendent of the *Buitenzorg* asylum in India – then a colony of the Netherlands – had the honour

---

*la France et de l'Allemagne*, (Courtrai: Jaspin, 1842), 64,  
<https://gallica.bnf.fr/ark:/12148/bpt6k5604087m>.

<sup>544</sup> Burke, *What Is the History of Knowledge*, [e-book], chapter 2 concepts. Subsection, ‘Innovation’.

<sup>545</sup> “[...] mich mit den bekanntesten Männern in diesem Fache in persönlichen Verkehr zu setzen, und so durch Austausch gegenseitiger Ansichten meine bisherigen Kenntnisse zu vermehren”. See: Michael Viszánik, *Die Irrenheil- und Pflegeanstalten Deutschlands, Frankreichs, sammt der Cretinen-Anstalt auf dem Abendberge in der Schweiz mit eigenen Bemerkungen*, (Wien: Carl Gerold, 1845), 5,  
<http://archive.org/details/39002086343259.med.yale.edu>.

<sup>546</sup> D. H. Tuke, *The insane in the United States & Canada*, (London: H. K. Lewis, 1885), 145,  
<http://www.archive.org/details/39002086342913.med.yale.edu>.

<sup>547</sup> ‘Dix, Dorothea Lynde (1802-1887)’, American National Biography, accessed 11 April 2021,  
<https://www.anb.org/view/10.1093/anb/9780198606697.001.0001/anb-9780198606697-e-1500181;jsessionid=F98B769F2786D3DA73C671E1AB3A8EC3?a=1&d=10&n=Dorothea+Dix&q=1&rr=1&ss=0>.

of receiving the psychiatrist and professor Emil Kraepelin in his asylum at the beginning of the 1900s. A.Q. van Braam Houckgeest, second physician at *Het Groot Graffel* asylum in Warnsveld, and presumably a friend of Thomas, writes in his obituary: “For the doctors of this institution [*Buitenzorg*] this was an event of importance, to have the German Grand Master some time in their midst, of which I found traces after years. Indeed, Simon Thomas had added, in the registers, to some of his diagnoses, which had been difficult or doubtful, between brackets: ‘Diagnosis confirmed by Prof. Kraepelin’, which apparently had been a great satisfaction for him”.<sup>548</sup> The example of Hack Tuke visiting Dorothea Dix, and that of Simon Thomas making use of Kraepelin’s experience when he came to visit, indicates how these encounters with experts provided not only an access point to knowledge and a growing network but also created a form of legitimacy for alienist’s knowledge and expertise in their own national environment.

### **Learning by doing**

Physicians could not only learn from talking with and making enquiries to prominent alienists. Travelling also gave visiting psychiatrists the opportunity to learn by doing, or at least to observe practices up close in other regions of Europe to enrich their knowledge. This brings us to another reason why psychiatrists undertook these journeys. The Dutch physician Manicus, for example, attended lectures by Carl Friedrich Otto Westphal while travelling through Germany.<sup>549</sup> Aside from (practical) colloquiums that helped alienists to enrich their psychiatric knowledge and become familiar with a variety of foreign views, psychiatry was and is a field that considerably depends on clinical observations of patients’ behaviour and symptoms.

In order to learn and add to their knowledge, psychiatrists needed to be in close contact with the mentally ill and the asylum was no better place to do so. Depending on which cases were admitted to alienists own asylums, visiting other places gave travelling psychiatrists the opportunity to observe other case material and learn from it. The Dutch alienist Wellenbergh made excessive use of this possibility. In many of the

---

<sup>548</sup> “Voor de artsen van dit gesticht was dit een gebeurtenis van belang, den Duitschen grootmeester eenigen tijd in hun midden te hebben, waarvan ik na Jaren nog de sporen vond. Simon Thomas had namelijk, in de registers der ziektegeschiedenissen, bij enkele van zijne diagnoses, die moeilijk of twijfelachtig waren geweest, tusschen haakjes toegevoegd: “Diagnose bevestigd door Prof. Kraepelin”, wat blijkbaar eene voldoening voor hem geweest was”. See: A. Q. van Braam Houckgeest, “In memoriam, Dr. J. H. Simon. Thomas”, PB, 1917, vol. 21, 3, personal digital scan, Hendrick Conscience library, Antwerp.

<sup>549</sup> Manicus [read by van der Lith], “Psychiatrisch onderwijs”, *Handelingen der Nederlandsche Vereeniging voor Psychiatrie*, 1875, vol. 1, 139, <http://hdl.handle.net/2027/mdp.39015062749778>.

clinics and asylums he visited he spent multiple days, and several hours a day, being present during briefings, medical rounds and other activities if the physicians allowed him to be, in order to hear and see as much as possible.<sup>550</sup> In Marburg he also enjoyed the “rich experience” of professor Cramer who “in a clear manner” explained some psychological phenomena to him during his morning rounds.<sup>551</sup> In addition, while he was visiting the urban poorhouse of Breslau, the physician-in-chief Hirt had given him permission to visit whenever he wanted and had “[...] made the diseases that were present there (about 200) available [...]” for him to inspect to his heart’s content.<sup>552</sup> Alienists could observe and analyse interesting cases or specific forms of illnesses that were more frequent in one country than another during their travels, and describe these cases for the general reader as well when they published their reports.

Practical objectives also took other forms than the observation or examination of various pathologies. Bénédict Augustin Morel visited the mental institution *Abendberg*, dedicated to the treatment of children who were diagnosed with motoric and intellectual disabilities, in the 18040s. He mentioned about his visit to this institution, which was under the direction of the Swiss physician Guggenbühl, that “[...] the hours I spent with him were very interesting: I attended all the children’s exercises”.<sup>553</sup> Wellenbergh also found an opportunity to learn from the physicians he came across during his travels in Germany. From the German physician Tuczek, employed at the Marburg asylum, he learned about the acetone reaction to spot those patients that simulated food refusal: the urine of patients who did not eat for multiple days would contain acetone.<sup>554</sup> Spending a considerable time in different mental institutions and clinics across Europe brought with it a large amount of new knowledge that could later be implemented in an alienist’s own asylum, and ranged from asylum management, over developing a better understanding and diagnosing of certain diseases, to being able to use new diagnostic tools.

---

<sup>550</sup> P. Wellenbergh, “De zorg voor de krankzinnigenverpleging in Hessen (provincie Cassel), *Psychiatrische Bladen*, 1887, vol. 5, 196, <http://hdl.handle.net/2027/chi.098893772>.

<sup>551</sup> “[...] rijke ervaring [...]” and “[...] de heldere wijze [...]”. See: P. Wellenbergh, “De zorg voor de krankzinnigenverpleging in Hessen (provincie Cassel), *Psychiatrische Bladen*, 1887, vol. 5, 212, <http://hdl.handle.net/2027/chi.098893772>.

<sup>552</sup> “[...] de daar aanwezige ziekten (circa 200) ter beschikking”. See: P. Wellenbergh, “De zorg voor krankzinnigen in Silezië”, PB, 1888, vol. 6, 44, <http://hdl.handle.net/2G27/chi.098893837>.

<sup>553</sup> “[...] les heures que j’ai passées avec lui ont été on ne peut plus intéressantes: j’ai assisté à tous les exercices des enfants”. See: B. A. Morel, “Pathologie mentale en Italie, en Allemagne, et en suisse. 4<sup>e</sup> lettre. De L’établissement de l’Abendberg [...]”, AMP, 1846, vol. 7, 174, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1846x07>.

<sup>554</sup> P. Wellenbergh, “De zorg voor de krankzinnigenverpleging in Hessen (provincie Cassel), *Psychiatrische Bladen*, 1887, vol. 5, 214, <http://hdl.handle.net/2027/chi.098893772>.



### “Purposes of reference and comparison”.<sup>555</sup> The problem of reliable knowledge when catering to the stay-at-home psychiatrist

Aside from alienists’ various personal travel motives, another goal of travelling was to provide information about asylum management by publishing reports. During these travels, psychiatrists became messengers, mediators, and importers of information. As mentioned earlier, these reports were useful for psychiatrists preparing to travel and needing information about places that were worthwhile visiting, but these accounts had another function as well. They made it possible for alienists to compare the evolution, modernisation, and efficiency of asylums in other countries and were vital to make changes in their own mental institutions.

Two main players had an interest in these reports. Firstly, there were the authorities who could use these reports to make regional or nationwide changes to asylum constructions and management if necessary. It was also sometimes the authorities, such as government departments or asylum boards and committees,<sup>556</sup> that facilitated these travels and sent one or more psychiatrists on a research trip in the name of the government. However, most asylum journeys were still solo undertakings without the influence of a higher governing body. Travel accounts appearing in scientific journals were always private undertakings, while monographs (a sample of 33 books) had an almost equal ratio between solo undertakings (18) or travel as part of an assignment (15).

Secondly, alienists themselves also had an interest in these reports, in particular those psychiatrists that did not or could not undertake any travelling. It was used as a reference tool and to make comparisons between various asylums across Europe, allowing alienists to implement local changes in how they managed and directed their psychiatric institutions. In addition, these travel reports also served the directors and

---

<sup>555</sup> “[...] documents are often of great value, and when collected would serve many useful purposes of reference and comparison [...]”. See: John Chatto, “To the editor of the Asylum Journal”, *The Asylum Journal*, 1853, vol. 1, no. 2, 32, <http://www.archive.org/details/britishjournalof01roya>.

<sup>556</sup> This is for example stated on the cover of these books. See for example: G. Ferrus, *Des aliénés, considérations : 1°sur l'état des maisons qui leur sont destinées tant en France qu'en Angleterre, sur la nécessité d'en créer de nouvelles en France... 2°sur le régime hygiénique et moral... 3°sur quelques questions de médecine légale*, (Paris: Madame Huzard, 1834), <https://gallica.bnf.fr/ark:/12148/bpt6k57310440>; C. Crommelinck, *Rapport sur les hospices d'aliénés de l'Angleterre, de la France et de l'Allemagne*, (Courtrai: Jaspin, 1842), <https://gallica.bnf.fr/ark:/12148/bpt6k5604087m>; Alderman et al., *Report of a deputation consisting of Alderman T.H. Jenkins, D.M. Cassidy, and Joseph Wiglesworth, appointed to visit asylums on the Continent [...]*, (Preston: Lancashire asylums board, 1900), <http://archive.org/details/b28133493>; G. Stefano Bonacossa, *Sullo stato de'mentecatti e degli ospedali per i medesimi in varii paesi dell' Europa*, (Torino: Fratelli Favale, 1840), <https://wellcomecollection.org/works/i694sjuv>.

physicians-in-chief of asylums that had been visited, being a tool of comparison and verification, to determine where their institution stood in relation to other European asylums. An unnamed British alienist recommended his peers to read a report by the German physician Pelman – who had recently visited the United Kingdom – as “His ‘notes’ on our asylums are able and interesting, and it may be of service to us to see these in the light they were seen by a thinking foreigner”.<sup>557</sup> Likewise, another unnamed British psychiatrist recommended his peers to read the report of the French alienist A. Motet about Broadmoor asylum, stating that “[t]o the English reader also it cannot fail to be interesting to know the impression produced upon a stranger by a visit to our State criminal asylum”.<sup>558</sup>

As these reports were relied upon by various people, in particular the stay-at-home-psychiatrist, alienist-travellers had an important task to uphold towards their colleagues once they returned from their journey. Constructing these reports was a balancing act between producing facts and opinions on the one hand, and maintaining – or disrupting – the professional relationships in the psychiatric communities across Europe. The British alienist Webster wrote in one of his reports: “[...] I felt more anxious to communicate facts than opinions, even should the statements produce unfavourable impressions respecting some of the institutions described, the fault was not mine, seeing my chief object was to be a faithful reporter”.<sup>559</sup> In a culture where print was an important means of communication, debate about the credulity and reliability of the available material was never faraway.<sup>560</sup> Although these travel accounts were useful, they were also often criticised and needed to meet certain standards. In the following paragraphs I will explore what made someone a reliable or accurate observer, and which factors contributed to the quality and value of such reports.

### **The trained and untrained observer**

Correctly and meticulously visiting asylums and hospitals was an art in itself, and required careful observing specific features in a medical setting. To accomplish this

---

<sup>557</sup> “Dr. Pelman’s notes on the English public asylums”, *JMS*, 1870, vol. 16, no. 75, 416, <http://www.archive.org/details/britishjournalof16roya>.

<sup>558</sup> “Broadmoor Criminal Lunatic Asylum. Par M. A. Motet, 1881”, *JMS*, 1882, vol. 27, no. 120, 594, <http://www.archive.org/details/britishjournalof27roya>.

<sup>559</sup> John Webster, Notes of a recent visit to several provincial asylums for the insane in France, reprinted from no. XII of the *Journal of Psychological Medicine and Mental Pathology* October 1850, 12-13, <http://archive.org/details/b21943588>.

<sup>560</sup> The Multigraph Collective, *Interacting with Print*, 13.

task, special handbooks were published by experts who outlined how this should be approached by physicians and non-medical individuals, such as the handbook *Suggestions to hospital and asylum visitors* published in 1895.<sup>561</sup> Enquiries needed to be made about the attendants, food, clothing of the patients, occupations and amusements, precautions against fire, the use of restraint, bathing, care of the sick, night services, care of the dying, and admissions and discharges, in order to get a faithful picture of hospitals and mental institutions.<sup>562</sup> Alienists needed to find a balance between all the different aspects they had to take into account and how these were framed and structured (text versus statistics, and detailed versus broad descriptions) in their reports. The credibility and reliability of travel reports depended on how well this mediation process was accomplished. Verification and trust in information formed an important part of knowledge dissemination.<sup>563</sup> Another factor that strongly contributed to how alienists perceived the usability and reliability of these reports was if these accounts were written by a “trained” or “untrained” observer.<sup>564</sup> The difference between the two was found on the one hand in the seniority and experience of an alienist, and on the other, the duration of their asylum visit.

As mentioned earlier, these travels were costly arrangements and only available to those that could afford them. An automatic implication of alienists financial means is that asylum travel was primarily undertaken by somewhat older psychiatrists, on average 45 years of age. Given that many physicians graduated in their late twenties, most travelling alienists were already established and relatively experienced members of the psychiatric community. This degree of seniority is linked to that of experience. The Austrian-Hungarian physician Michael Viszánik was, in a review about his travels, described as an “[...] older, experienced man, and after several years of administration of the mental hospital in Vienna, seemed particularly suitable for the assessment of other mental institutions [...]”.<sup>565</sup> Experience was necessary in order to be able to make

---

<sup>561</sup> John S. Billings and Henry M. Hurd, *Suggestions to hospital and asylum visitors*, (Philadelphia: J. B. Lippincott company, 1895), <http://archive.org/details/68110410R.nlm.nih.gov>.

<sup>562</sup> John S. Billings and Henry M. Hurd, *Suggestions to hospital and asylum visitors*, (Philadelphia: J. B. Lippincott company, 1895), 32-43, <http://archive.org/details/68110410R.nlm.nih.gov>.

<sup>563</sup> Burke, *What Is the History of Knowledge*, [e-book], chapter 3 Processes. Subsection ‘Verification’.

<sup>564</sup> John S. Billings and Henry M. Hurd, *Suggestions to hospital and asylum visitors*, (Philadelphia: J. B. Lippincott company, 1895), 6, <http://archive.org/details/68110410R.nlm.nih.gov>.

<sup>565</sup> “[...] älterer, erfahrener Mann und nach mehrjähriger Verwaltung der Irrenanstalt zu Wien für Beurtheilung anderer Irrenanstalten besonders geeignet erschien [...]”. See: “Michael Viszánik, Med. D., Mitglied und emeritirter Decan der medicinischen Facultat, Primärarzt der k. k. Irrenheilanstalt zu Wien etc. Die Irrenheil- und Pflegeanstalten Deutschlands, Frankreichs, sammt der Cretinen-Anstalt auf dem Abendberge in der Schweiz, mit eigenen Bemerkungen. Wien, 1845”, AZP, 1846, vol. 3, 133, <http://hdl.handle.net/2027/chi.72724733>.

precise observations, although this was not always a guarantee for accuracy, and mistakes were sometimes made which regularly brought criticism with it.<sup>566</sup>

The time alienists spend inside a psychiatric institution and its surrounding area also determined how accurate peers perceived travel reports to be. The Belgian physician C. Crommelinck, for example, was often dissatisfied with the travel reports he read, as they only gave very brief overviews.<sup>567</sup> To obtain any understanding of the management of foreign asylums alienists found it necessary to inspect establishments multiple times. “[...] they should be *visited* and *revisited* [...]”,<sup>568</sup> exclaimed Crommelinck. This opinion was shared by many, among them Baron Jaromir Mundy (see chapter 3) who believed that numerous travel reports only gave superficial accounts because these visits only lasted a few hours instead of a few days or more. Mundy himself was a fervent traveller, renowned for having visited asylums in almost every country in Europe, and often stayed many weeks or even months at an asylum to examine it more thoroughly.

### **Between abstract statistics and seeing with one’s own eyes**

The above characteristics of the trained and untrained observer were intertwined with how information in travel reports was displayed (descriptions versus statistics). As a trained observer, paying attention to detail was key, which is especially noticeable when we look at how the exterior and interior of asylums were described, the number of staff and their tasks, the cured-uncured patient ratio, and even the weight of food portions for patients of each class was frequently written down. Textual descriptions and statistics alike received criticism from readers who doubted the accuracy of reports. The French alienist Lasègue criticised a report of C. Crommelinck as mostly useless because “[i]n more than one circumstance, the author sketches such broad outlines, that the serious reader can neither form an opinion on such outlooks, nor be

---

<sup>566</sup> For example: “Hier stellen sich in der Beschreibung der Irrenanstalten Sachsens mehrere Mängel dar. Mangel an Genauigkeit zeigt schon die auffallend falsche Benennung zweier Mitglieder der den Landes-Irrenanstalten vorgesetzten Behörde [...]”. Translation: “The description of the insane asylums in Saxony shows several deficiencies. The lack of accuracy is already shown by the conspicuously wrong naming of two members of the authority in charge of the state insane asylums”. See: “Michael Viszánik [...]. Die Irrenheil- und Pflegeanstalten Deutschlands, Frankreichs, sammt der Cretinen-Anstalt auf dem Abendberge in der Schweiz, mit eigenen Bemerkungen. Wien, 1845”, AZP, 1846, vol. 3, 134, <http://hdl.handle.net/2027/chi.72724733>.

<sup>567</sup> C. Crommelinck, *Rapport sur les hospices d’aliénés de l’Angleterre, de la France et de l’Allemagne*, (Courtrai: Jaspin, 1842), 20-23, <https://gallica.bnf.fr/ark:/12148/bpt6k5604087m>.

<sup>568</sup> “[...] il faut le *visiter* et le *revisiter* [...]”. See: C. Crommelinck, *Rapport sur les hospices d’aliénés de l’Angleterre, de la France et de l’Allemagne*, (Courtrai: Jaspin, 1842), 22, <https://gallica.bnf.fr/ark:/12148/bpt6k5604087m>.

trusted with the regal decisions that follow this abrupt examination”.<sup>569</sup> This aim for exactitude is especially noticeable in the use of statistics and tabular data in many travel reports: the meticulous way in which statistics, tables and graphs were incorporated as proof of the development and scientific conduct in these asylums. Another example brings us back to the earlier-mentioned book of Erlenmeyer *Übersicht der öffentlichen und privaten Irren- und Idioten-Anstalten aller europäischen Staaten*. While his work was seen as valuable, it was highlighted by reviewers that not all information was correct. An unknown British alienist found that his descriptions of British asylums were not very accurate,<sup>570</sup> and the German physician Caspar Max Brosius realised, after having visited Swiss asylums himself, that Erlenmeyer’s statistical tables contained “grave mistakes and errors”.<sup>571</sup>

Both textual descriptions and statistics had their drawbacks, but the latter were an important feature, especially when it came to making comparisons between asylums. This evolution, which has been called the “quantification of reality”, is a trend that has been observed since the eighteenth century.<sup>572</sup> Statistical inference was viewed as an objective manner of scientific research.<sup>573</sup> In 1841 the American alienist Pliny Earle pointed out his use of “copious statistics” on the front cover of his travel account of asylums in Europe to frame his work in a context of credibility and accuracy.<sup>574</sup> Hack Tuke too, who visited France in 1878, noted that numbers were important, complaining that he did not possess any statistics about the use of prolonged baths, rendering him unable to make credible observations about the use of this practice.<sup>575</sup> The French alienist Lasègue as well remarked that “Scientific reports

---

<sup>569</sup> “Dans plus d'une circonstance, l'auteur esquisse à si grands traits, que le lecteur sérieux ne peut ni se former une opinion sur de semblables aperçus, ni recevoir de confiance les décisions souveraines qui suivent ce brusque examen”. See: Ch. Lasègue, “Rapport sur les hospices d’aliénés de l’Angleterre, de la France et de l’Allemagne; par le docteur Crommelinck”, AMP, 1845, vol. 6, 456, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1845x06>.

<sup>570</sup> “Notes, news, correspondence, etc.”, JMS, 1863, vol. 9, no. 45, 149, <http://www.archive.org/details/britishjournalof09roya>.

<sup>571</sup> “General statistics of asylums for the insane”, JMS, 1864, vol. 9, no. 48, 622, <http://www.archive.org/details/britishjournalof09roya>.

<sup>572</sup> Struck, Bödeker, and Bauerkämper, ‘Inleitung’, 16.

<sup>573</sup> Theodore M. Porter, *Trust in Numbers, The Pursuit of Objectivity in Science and Public Life*, Course Book (Princeton: Princeton University Press, 1996), especially 6 and 11-12 and 18 and 34 and 49.

<sup>574</sup> Pliny Earle, *A visit to thirteen asylums for the insane in Europe. To which are added a brief notice of similar institutions in transatlantic countries and in the United States and an essay on the causes, duration, termination, and moral treatment of insanity*, (Philadelphia: J. Dobson, 1841), [cover page], <https://wellcomelibrary.org/item/b21117172>.

<sup>575</sup> D. Hack Tuke, *A few notes on lunacy in France. Suggested by a recent visit to French asylums. Read at the annual meeting of the Medico-Psychological Assoc., July 26, 1878*, (Lewes: Alex. Reivington, 1878), 1-2, <http://archive.org/details/b22350123>.

require the same precision as architects' drawings, because, like them, they are intended for a practical application which can only be achieved by the strictest and most scrupulous accuracy".<sup>576</sup> Not being provided with accurate material caused problems for alienists' studies and deprived them of a firm basis to judge the newest developments in psychiatry. Yet, the credibility of numbers had a social and moral dimension as well<sup>577</sup> and the use of statistics was not always so straightforward as we shall see in chapter 3 and 4.

Travel and travel writing consisted of a circular movement: alienists travelled and wrote reports, other psychiatrists read these reports, and could in turn, stimulate them to travel as well. This could either be brought about because they were satisfied with the information the accounts provided, and, became curious about certain asylums, or, when they were not persuaded by the authors' arguments, it could evoke the reader to travel as well. Making their own observations was the only way to be sure of the information and knowledge gathered.<sup>578</sup> It was important for alienists to not only rely on travel reports, but also, to "[...] go and study things on site", as the French alienist F. Fusier remarked in 1855.<sup>579</sup>

### **Conclusion asylum tourism: a gateway to knowledge, networks and legitimacy**

Researchers have taken the act of travelling for granted and have not considered the personal, scientific and historical implications resulting from travel writing, yet these are quite revealing about the practical arrangements of travel and its scientific benefits on a personal and public level.

Alienists counted on different types of support before, during, and after their travels. Each step of the way they were assisted in their, often time consuming and

---

<sup>576</sup> "Les comptes-rendus scientifiques exigent la même précision que les dessins des architectes, parce qu'ils sont, comme eux, destinés à une application pratique à laquelle on ne peut arriver que par la plus sévère et la plus scrupuleuse exactitude". See: Ch. Lasègue, "Rapport sur les hospices d'aliénés de l'Angleterre, de la France et de l'Allemagne; par le docteur Crommelinck", AMP, 1845, vol. 6, 456, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1845x06>.

<sup>577</sup> Porter, *Trust in Numbers, The Pursuit of Objectivity in Science and Public Life*, especially 6 and 11-12 and 18 and 34 and 49.

<sup>578</sup> C. Crommelinck, *Rapport sur les hospices d'aliénés de l'Angleterre, de la France et de l'Allemagne*, (Courtrai: Jaspin, 1842), 98, <https://gallica.bnf.fr/ark:/12148/bpt6k5604087m>; B. A. Morel, "Pathologie mentale en Belgique, en Hollande et en Allemagne", AMP, 1845, vol. 6, 197, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1845x06>; See: Fr. Meeus, "Over Krankzinnigenverzorging. Aanvullend antwoord op een schrijven van Dr. Bouman", PB, 1903, 265, <http://hdl.handle.net/2027/mdp.39015075810088>.

<sup>579</sup> "[...] aller étudier les choses sur les lieux". See: F. Fusier, *Études médicales faites dans les asiles d'aliénés les mieux organisés de France, d'Allemagne et de Suisse sur les dispositions d'intérieur d'un asile d'aliénés*, (Chambéry: Imprimerie du Gouvernement, 1855, 8, <http://www.biusante.parisdescartes.fr/histmed/medica/cote?274457>.

costly, endeavours. Broadly setup travel guides functioned as literal and figurative roadmaps, reports published in periodicals contained additional and often more-up-to-date information about places of interest, and friends and colleagues from across Europe were frequently asked for recommendations. When fortunate enough, the government assisted travel via financial aids – although more research is necessary to determine how common this practice was. Additional practical arrangements that required the assistance of others was securing lodging, acquiring a passport, obtaining permission to visit asylums or be formally introduced to physicians-in-chief. Especially letters of introduction were, although not always necessary, a common and valuable commodity to gain easy and full access to mental institutions across Europe.

Many of these journeys started out as private undertakings, intended for personal enrichment. Travelling abroad consisted out of a combination of visiting asylums and universities, which were not only meant to gain insight into the layout of mental institutions and asylum management. Travelling had a far larger purpose. The the people alienists came into contact with during social-scientific encounters were high on psychiatrists' agenda and formed the cornerstone of these travels. It provided them with the opportunity to build a wider professional network which they could fall back on for a variety of reasons. In addition, these encounters stimulated engaging discussions and gave the opportunity to listen to and work together with some of the most renowned experts in the field. They gained new theoretical insights as well as enriched their skillset via practical exercises.

The impressions made during these visits and the hospitality extended were essential for several reasons. They could have a lasting effect on the personal bonds between alienists and often gave rise to long-lasting scientific correspondence as well as close friendships. The hospitality received could also leave either a positive or negative mark on the mental institutions that alienists visited based on their perception. For this reason many physicians-in-chief found it essential that they could guide visitors around themselves. Not only did it form an advantage for the visiting physicians, as they had a direct line of communication with the alienist(s) running the day-to-day medical requirements, it also gave the chief physician more control over what the visiting physician witnessed, and the answers that were given to questions. In this manner medical superintendents watched over the reputation of their asylum. Travel facilitated not only encounters with experts, provided an access point to knowledge and a growing network, but also created a form of legitimacy inside

alienists' national frameworks due to the endorsement of their work by the colleagues they came into contact with.

Making travel reports available to a wider public brought another set of goals and problems with it. It served as a tool to compare the evolution, modernisation and efficiency of asylums in other countries with alienist's own mental institutions. These reports were intended for, and read by, two specific groups. On the one hand the government or other authorities who used these reports to make regional or nationwide changes to asylum constructions and its management if necessary. On the other hand, there were the alienists who used it as a travel guide, and those that did not or could not undertake any travelling, used it as a reference and comparison tool. The main problem with publicly available reports was their reliability. Accounts were often criticised and were held to certain standards. Its reliability was based on alienists being either "trained" or "untrained" observers which depended on their seniority and accumulated experience as asylum physicians. Visiting mental institutions and hospitals was an art in itself and required the careful observation of specific features within a medical setting. In addition, it depended on the duration of the visit as well. A stay of a couple of hours was often not considered enough time for accurate observations as longer stays and multiple visits were preferred. The use of statistics or detailed descriptions also had an impact on alienists' opinions and could provoke various reactions about the credibility and accuracy of reports.

### International conferences: a balancing act between access to, and understanding of, knowledge

Another medium of international communication that was used among alienists were international conferences, which brought large groups of physicians and psychiatrists together. The creation and attendance of conferences had been growing in importance since the middle of the nineteenth century on a national level, but also increasingly on an international scale. By the turn of the century there was not a single discipline that did not hold at least one international conference.<sup>580</sup> Contemporaries, were aware of

---

<sup>580</sup> See for example: Union of International Associations, *Les congrès internationaux de 1681 à 1899: full list* (Bruxelles: Union des Associations Internationales, 1960); Union of International Associations, *Les congrès internationaux de 1900 à 1919: full list* (Bruxelles: Union des associations internationales, 1964).



the growth of collective scientific activities and commented on it becoming an important vehicle of communication.<sup>581</sup>

The magnitude of these congresses has not escaped the historian's attention and research has become quite a lively undertaking in the past 15 years.<sup>582</sup> It has also drawn historians to investigate very specific aspects, which we can divide into different approaches. Firstly, there are studies focusing on international conferences as a phenomenon. Secondly, there is the research that focusses on particular conference. Both often lead to the inability to analyse differences between conferences or overlook the typical features of one conference compared to another.<sup>583</sup> Thirdly, there are those who study the qualitative aspects: the outcomes and effects of international conferences. For example why congresses were (in)effective or how difficult it was to reach agreement. A fourth component are the studies focusing on collectivity and community-building among scientists – with the help of either network metaphors or social network analysis. Lastly, there is research that has focussed on the mechanisms of international conferences, such as their origin, membership, procedures and organisation.<sup>584</sup> These various approaches are almost never combined, although they each bring a piece of the puzzle to the table concerning the dissemination process of knowledge that occurred at these events. The mechanisms of international conferences in particular, are a feature that has not received the attention it

---

<sup>581</sup> J. Christian, "chronique. Le congrès de phrénatrie et de psychopathologie, tenu à Anvers du 7 au 9 septembre 1885", AMP, 1885, vol. 2, 371.

<sup>582</sup> See for example: Thomas D'haeninck, 'Sociale Hervormers Op Zoek Naar Een Moreel Reveil' (PhD thesis, Universiteit Gent, 2018); Martine Kaluszynski, 'The International Congresses of Criminal Anthropology. Shaping the French and International Criminological Movement, 1886-1914', in *Criminals and Their Scientists. The History of Criminology in International Perspective* (Cambridge: Cambridge University Press, 2006), 301–16; Nir Shafir, 'The International Congress as Scientific and Diplomatic Technology: Global Intellectual Exchange in the International Prison Congress, 1860–90', *Journal of Global History* 9, no. 1 (2014): 72–93; Dirk Jan Wolffram, 'Deftige hervormers. Internationale congressen van statistici en hygienisten in de negentiende eeuw', in *Identiteitspolitiek: media en de constructie van gemeenschapsgevoel*, ed. Marcel Boersma (Hilversum: Uitgeverij Verloren, 2010), 111–23; Anne Rasmussen, 'Les Congrès internationaux liés aux Expositions universelles de Paris (1867-1900)', *Cahiers Georges Sorel* 7, no. 1 (1989): 23–44; A. Rasmussen, 'Jalons pour une histoire des congrès internationaux au XIXe siècle: régulation scientifique et propagande intellectuelle', *Relations Internationales* 0, no. 62 (1990): 115–33; Anne Rasmussen, 'L'internationale scientifique, 1890-1914' (1995); Chris Leonards and Nico Randeraad, 'Going Places. French, Swiss, British and American Visitors to International Social Reform Congresses, 1876-1913. Working Paper.' (Maastricht/Ghent University. TIC Collaborative, 2017); Thomas D'haeninck, 'Hervormers En de Sociale Kwestie in België', 2016; Nico Randeraad, 'Triggers of Mobility: International Congresses (1840-1914) and Their Visitors', *Jahrbuch Für Europäische Geschichte/European History Yearbook* 16 (2015): 63–82; W. H. McMenemey, 'Medical History: International Congress of Medicine 1867 and Some of the Personalities Involved', *British Medical Journal* 3, no. 5563 (1967): 487–89; Debra Everett-Lane, 'International Scientific Congresses, 1878-1913: Community and Conflict in the Pursuit of Knowledge' (2004).

<sup>583</sup> Everett-Lane, 'International Scientific Congresses, 1878-1913', 28.

<sup>584</sup> Everett-Lane, 'International Scientific Congresses, 1878-1913', 29–30.

deserves.<sup>585</sup> Aside from these shortcomings, these various research approaches have contributed in bringing to light interesting patterns about international gatherings for different disciplines. Yet, for the history of medicine and psychiatry especially, there has not been any large-scale investigation, aside from some smaller enquiries into a single conference.<sup>586</sup>

While international gatherings shared some homogenous characteristics regardless of their social, political, cultural or economic nature, they did not all operate in the same way, nor acquired the same outcomes and experiences, as Everette shows with regard to the International Zoological Congress, International Congress of Criminal Anthropology and the International Geological Congress that took place between 1878 and 1913.<sup>587</sup> In fact, they could be quite diverse and members of each conference reached opposite ideas about how to find solutions or consensus within their fields.<sup>588</sup> This is one of the reasons that it is important to lay bare all the different features of international psychiatry conferences and combine the different aspects that have been researched before into one study.

First, I will discuss how medical, and especially psychiatric, conferences were set up. Understanding these internal mechanisms is important to grasp how physicians interacted with each other before, during, and after a conference because information circulation did not only take place during the convention itself but covered a far wider transfer arena. In terms of conference organisation some historians have touched upon features such as language, location and the formation of delegations, but this is frequently outlined only very briefly and researchers have often merely hinted at the fact that these aspects caused dispute between congress members<sup>589</sup> While historian Debra Everette-Lane illustrated various aspects involved in the construction of international conferences such as the problems with voting, representation, or the

---

<sup>585</sup> An exception is: Rasmussen, 'Les Congrès internationaux liés aux Expositions universelles de Paris (1867-1900)', 41–44; Shafir, 'The International Congress as Scientific and Diplomatic Technology', 79–83; Everette-Lane, 'International Scientific Congresses, 1878-1913'.

<sup>586</sup> See for example: Kaluszynski, 'The International Congresses'; McMenemey, 'Medical History'; Thérèse Lempérière and Roger Ropert, 'La Révolution neuroleptique, le congrès de 1955', in *Psychiatries dans l'histoire: actes du 6e Congrès de l'Association européenne pour l'histoire de la psychiatrie*, ed. Jacques Arveiller (Caen: Presses universitaires de Caen, 2008), 233–40.

<sup>587</sup> Everette-Lane, 'International Scientific Congresses, 1878-1913', 15–16.

<sup>588</sup> Everette-Lane, 'International Scientific Congresses, 1878-1913', 272–74.

<sup>589</sup> Everette-Lane, 'International Scientific Congresses, 1878-1913', 13–14; Kaluszynski, 'The International Congresses', 307–9.

difficulties with opposing camps convening<sup>590</sup>, conference organisation covered much more ground.

Secondly, physicians communicated with each other in a variety of ways. These included not only the typical social gatherings but also a range of objects that facilitated knowledge or information transfers during these large-scale events. Previous studies has left researchers blind to the fact that these congresses (the congresses and their published proceedings) were a “specific technology of communication”.<sup>591</sup> In other words: they have not recognised these conferences as knowledge containers in themselves, bound to specific sets of practices and characteristics. This becomes all the more significant when taking into account that of all the forms of communication that exist(ed), face-to-face communication is an important manner to transfer information.<sup>592</sup>

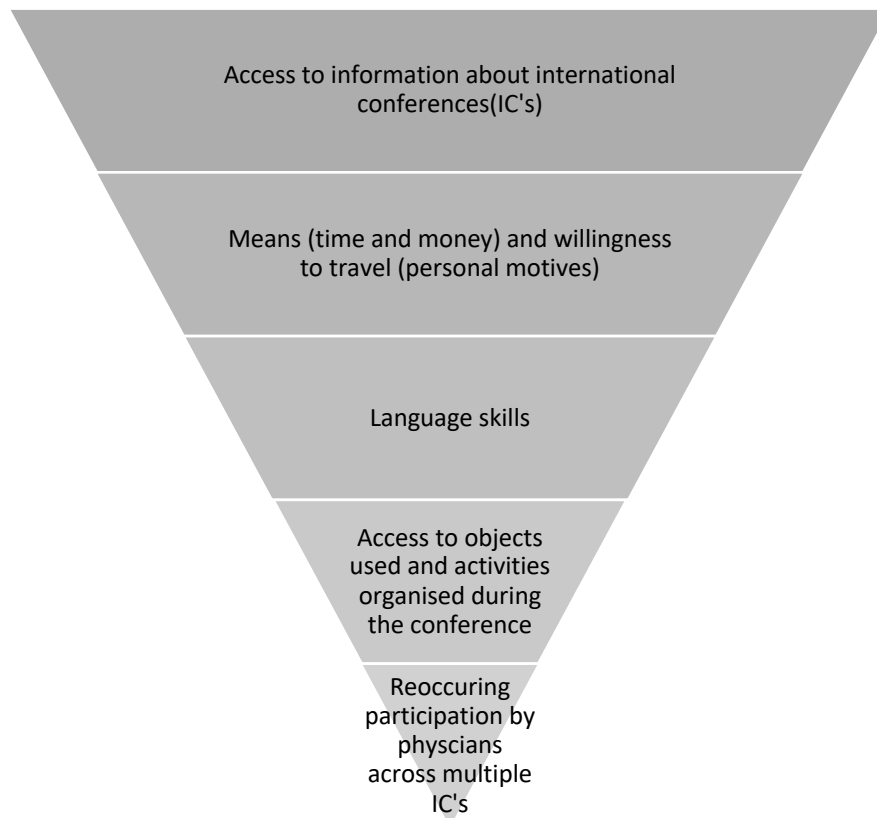
Focusing on these two aspects (internal mechanisms and communication facilities) will highlight that these conferences were a balancing act between, on the one hand, access to knowledge for as many physicians as possible, and on the other, the understanding of knowledge by as many participants as possible. The conferences’ internal mechanisms and a variety of communication facilities created what we could call an inverted pyramid system. The access and understanding of information and knowledge was shaped on different levels: from the moment the idea of creating an international conference was raised, to the social events taking places at these conferences and the objects used (**figure 26**). Although these conferences were large-scale events, they were in many ways also only accessible to elite groups of physicians and psychiatrists. This component played a vital role in the probability of knowledge transfers taking place as well as the development of lasting professional relationships between alienists.

---

<sup>590</sup> Everett-Lane, ‘International Scientific Congresses, 1878-1913’, 272–361.

<sup>591</sup> Shafir, ‘The International Congress as Scientific and Diplomatic Technology’, 73.

<sup>592</sup> Burke, *What Is the History of Knowledge*, [e-book], Chapter 3 Processes. Subsection ‘Disseminating knowledges’.



**Figure 26.** Inverted pyramid illustrating the different layers that defined the probability of alienists gaining access to, and understanding of, the information and knowledge that was provided to them. These reached from access to information about conferences taking places, over disposing of sufficient financial means, physician’s personal movies, to the access of objects and activities during conferences and the frequency with which physicians participated in multiple conference.

### **Why organise an international conference, and how?**

Knowledge, and especially scientific knowledge, seems to be often put on a pedestal of objectivity, while its flow and perception is often regulated by an amalgam of everyday life decisions and processes. Various mechanisms were in place to make international conferences possible and to try to guarantee their success, with several factors contributing to the way these events functioned and how they were used by the people who attended them. Historical studies need to include the organisation of conferences (e.g. who were the main organisers? Who sponsored these events?), the outreach strategies that were in place (e.g. was this organised with the help of other countries? How were people notified about conferences?), the intrinsic problems of travelling, and people’s motivation for attending these conferences.

International congresses were wrapped in an ethos characterised by a desire for inclusiveness, equality, commonality, collaboration, universality and alliance – although these aspirations were largely ideological in nature.<sup>593</sup> Nonetheless, what

<sup>593</sup> Everett-Lane, ‘International Scientific Congresses, 1878-1913’, 5–6.

drew scientists, and in this case psychiatrists, together except for these ideals? Most often the demand for international gatherings is explained by the need to solve (common) problems and find answers to specific questions. But even more so, it was fuelled by alienists' need for a 'holistic' understanding of the knowledge in their field, in order to procure a thorough understanding of all or different facets of psychiatry. Other mediums for acquiring knowledge, at least in the eyes of some contemporaries, fell short in this department. As a source of knowledge, journals and national meetings were not elaborate enough to offer the psychiatrist a full understanding of his field.<sup>594</sup> Organising international conferences was an effort to alleviate this problem, as it offered instant access to the knowledge of eminent alienists from different nations, and formed a completely different way to interact with knowledge and information, as opposed to that in written form.

### **The role of the bureau d'organisation and the comités de propagande internationaux**

From an organisational point of view, these events required the cooperation of multiple people. An organising committee (*bureau d'organisation*<sup>595</sup>) was put in place by the hosting country. Each member of this task group had their own role to play: as president, secretary, treasurer or as part of the party and excursion committee. Together, their tasks included choosing a conference theme, arranging venues and rooms to organise the meetings, vetting papers, organising social activities such as garden parties, excursions to asylums and hospitals or arranging interesting exhibitions, providing accommodation and transport options for conference attendees, and sending out invitations once the conference was organised.<sup>596</sup> These committees also had absolute control over which papers were allowed or refused. This could be done in a variety of ways: some papers were accepted to be read in full, others only by abstract or title, but were later on often inserted in the published proceedings.<sup>597</sup> Through these

---

<sup>594</sup> Crocq fils, "Discours", in: *Congrès International de Neurologie de Psychiatrie, d'Électricité médicale & d'Hyponologie. Première session tenue à Bruxelles du 14 au 28 septembre 1897. Rapports*, (Paris: Baillière et Cie., 1898), 23, <http://archive.org/details/b2170207x>; [announcement of] International congress on psychiatry, neurology, psychology and the nursing of lunatics. To be held at Amsterdam, 2<sup>nd</sup>-7<sup>th</sup> September 1907, inventory no. 668, access no. 2.19.221, Nederlandsche Vereniging voor Psychiatrie, National Archief Den Haag.

<sup>595</sup> There was also often a *comité exécutif du congrès* but most often it consisted largely out of the same individuals as those from the *bureau d'organisation*.

<sup>596</sup> "Extrait du procès-verbal de la séance de la Société médico-psychologique du 25 février 1889", in: Ant. Ritti (ed.), *Congrès International de Médecine mentale tenue à Paris du 5 au 10 août 1889. Comptes rendus*, (Paris: G. Masson, 1890), 13, <http://archive.org/details/b21702068>.

<sup>597</sup> The Times, July 28 1881, accessed 24/11/2020, <https://www.thetimes.co.uk/archive/article/1881-07-28/9/5.html>.

national organising committees these international conferences took on a very national character. Being able to organise such a conference was seen as an honour and a chance to show off a country's path of "psychiatric progress" and accomplishments. These committees were the scene where psychiatrists could "perform"<sup>598</sup> and showcase their national expertise and competences on an organisational and scientific level.

Yet, over the course of their assignment, these committees also needed to be able to navigate international waters as well. This international dimension is illustrated by the fact that they also needed to rely upon their foreign colleagues for organisational matters in order to make these international conferences a success. Each participating country established a national propaganda bureau (*comités de propagande internationaux*) in the run-up to an international conference, which was structured in a similar fashion to that of the national organising committee.<sup>599</sup> One of the key tasks that was on several occasions delegated to these propaganda bureaus, was the collection of subscriptions of their fellow countrymen for the conference at hand.<sup>600</sup> For example, a Belgian doctor who wanted to participate would send his subscription to the Belgian committee, who in turn were in contact with the principal organisers in the hosting nation.

Furthermore, conversations and discussions between the *bureau d'organisation* and the *comité de propagande international* about the arrangements to be made for the conference were put in motion a couple of years before the conference would take place. The Dutch alienist Jacob van Deventer, who was *secrétaire général* for the international conference in Amsterdam in 1907, was in 1904 already in contact with among others the French alienist Auguste Marie, and well-known Italian psychiatrists Giulio Cesare Ferrari and Augusto Tamburini – all members of the

---

<sup>598</sup> Joris Vandendriessche, Evert Peeters, and Kaat Wils, *Scientists' Expertise as Performance: Between State and Society, 1860–1960* (Routledge, 2015); Michael Brown, *Performing Medicine: Medical Culture and Identity in Provincial England, c.1760-1850*, 2011.

<sup>599</sup> See for example: *XV congrès international de médecine. Lisbonne – 19-26 avril 1906. Bulletin Officiel*, 1905, no. 5, 36-38, in: inventory no. 73, access no. 2.19.221, Nederlandsche Vereniging voor Psychiatrie, Nationaal Archief Den Haag; "National committees", *XVIIth international congress of medicine (London, 1913). Daily Journal*, 14, <http://archive.org/details/b2807645x>; "Comité de Propagande Internationaux", in: G. A. M. van Wayenburg (ed.), *Compte rendu des Travaux du 1<sup>er</sup> congrès international de Psychiatrie, de Neurologie, de Psychologie et de l'Assistance des aliénés tenue à Amsterdam du 2 à 7 Septembre 1907*, (Amsterdam: J. H. de Bussy, 1908), xv-xxiv, <http://archive.org/details/b2129575x>.

<sup>600</sup> See for example: *XV congrès international de médecine. Lisbonne – 19-26 avril 1906. Bulletin Officiel*, 1905, no. 5, 40-41, in: inventory no. 73, access no. 2.19.221, Nederlandsche Vereniging voor Psychiatrie, Nationaal Archief Den Haag.

propaganda committee of their respective countries – in order to establish some common ground and avoid difficulties with the organisation.<sup>601</sup>

### The secretary as the cornerstone of the conference

One function in the organisation committee was more important than all others: the secretary. He was the manager of the conference<sup>602</sup>, and was the ones that took most of the workload upon him before, during, and after the conference. He was responsible for all correspondence, the overall organisation and the regulations. As part of the team he also decided which papers were accepted, took care that accepted communications were transformed into brief abstracts, that these were translated into the main languages (most often English, French and German) and published for distribution among the attendees. After the conference he supervised the editing of the reports, communications and discussions, and the printing of the conference proceedings.<sup>603</sup> The secretary made an important contribution to the flow and smoothness of these events.

Furthermore, we observe that the people involved in these committees were at times the same. This means that they also built experience when it came to organising these events. The Belgian alienist Fritz Sano, physician in Antwerp, was involved in at least two conferences: in 1902 he functioned as *secrétaire général* of the *Congrès international de l'assistance des aliénés spécialement de leur assistance familiale* in Antwerp, also working hard on editing the *comptes rendus* of the congress. The president, Jan Alexander Peeters, had praised him for finishing this task in only six months where many would need a year to publish and distribute the proceedings.<sup>604</sup>

---

<sup>601</sup> Van Deventer Jacob à “cher ami” [26/12/1904], Lettere di altri ad altri (Sottoserie), Carteggio (Serie), Archivio Giulio Cesare Ferrari, ASPI, <https://www.aspi.unimib.it/collections/object/detail/4021/>.

<sup>602</sup> Miguel Bombarda, “Discours”, 41 in: *XV Congrès International de Médecine. Lisbonne 19-26 avril 1906. Volume générale*, (Lisbonne: Adalino do Mendonca, 1906), <https://archive.org/details/xvcongrsinterna02unkngoog>.

<sup>603</sup> J. Al. Peeters, “Préface”, Fritz Sano (ed.), *Congrès international de l'assistance des aliénés et spécialement de leur assistance familiale tenue à Ancers du 1 au 7 septembre 1902. Rapports et compte-rendu des séances*, (Antwerpen: De Nederlandsche Boekhandel, 1903), 4, <http://hdl.handle.net/2027/mdp.39015030965928>; The Times, July 28 1881, accessed 24/11/20, <https://www.thetimes.co.uk/archive/article/1881-07-28/9/5.html>.

<sup>604</sup> J. Al. Peeters, “Préface”, Fritz Sano (ed.), *Congrès international de l'assistance des aliénés et spécialement de leur assistance familiale tenue à Ancers du 1 au 7 septembre 1902. Rapports et compte-rendu des séances*, (Antwerpen: De Nederlandsche Boekhandel, 1903), 4, <http://hdl.handle.net/2027/mdp.39015030965928>.

For the third *Internationaler Kongress für Irrenpflege* in Vienna in 1908 he was also the secretary of the Belgian propaganda committee.<sup>605</sup>

The French alienist Antoine Ritti, physician at Charenton, was often involved in the organisation of international conferences. In 1878 he was the secretary on the organisation committee of the *Congrès international de médecine mentale* in Paris; in 1889 he took up the role of *secrétaire général* and editor in the organisation committee of the *Congrès international de médecine mentale* in Paris; in 1897 he was a member of the international organisation committee for the *Congrès international de neurologie, de psychiatrie, d'électricité médicale et d'hyponologie* in Brussels; and in 1900 was part of the psychiatry section at the *Congrès international de médecine* as *secrétaire général* also in Paris. Many of the physicians involved in these committees were very committed to their task. The organisation of these conferences and their success thus depended on a selective group of people. It were these physicians and psychiatrists that took care to balance all the different components of these conferences, and who were the “boundary spanners”<sup>606</sup> on an organisational level, especially when it came to communication with national and foreign peers, and making these international gatherings into functioning events.

**Language problems: if not solved “[...] there will always be a gap in the international congresses”<sup>607</sup>**

In the process of knowledge dissemination the significance of language cannot be underestimated. It was, and is, an essential aspect of communicating and understanding information. The majority of alienists and physicians had knowledge of one or more languages besides their mother tongue. In most cases this was either French, English or German. Through letters from different alienists, we also know that some of them, such as Jules Morel and multiple Italian alienists, had at least a passive – and in some cases also active – knowledge of German, French and English.<sup>608</sup> Aside

---

<sup>605</sup> [Small booklet with conference programme] III. Internationaler Kongress für Irrenpflege. 7. bis 11. Oktober. Wien 1908, (Wien: Paul Gerin), 5, Inventory no. 73, Access no. 2.19.221, Nederlandsche Vereniging voor Psychiatrie, Nationaal Archief Den Haag.

<sup>606</sup> Paul Williams, ‘The Competent Boundary Spanner’, *Public Administration* 80, no. 1 (1 January 2002): 103–24; Leonards and Randerad, ‘Going Places. French, Swiss, British and American Visitors to International Social Reform Congresses, 1876–1913. Working Paper.’, 3.

<sup>607</sup> “Avant-propos”, in: G. A. M. van Wayenburg (ed.), *Compte rendu des Travaux du 1er congrès international de Psychiatrie, de Neurologie, de Psychologie et de l’Assistance des aliénés tenue à Amsterdam du 2 à 7 Septembre 1907*, (Amsterdam: J. H. de Bussy, 1908), vi, <http://archive.org/details/b2129575x>.

<sup>608</sup> See for example: Lettere a Biffi (Sottoserie), Carteggio (serie), Archivio serafino Biffi, ASPI, <https://www.aspi.unimib.it/collections/object/detail/9899/>; Lettere a Ferrari (Sottoserie), Carteggio



from their knowledge of these main languages, some also had an interest in others such as Spanish or Italian. The Belgian alienist Fritz Sano, for example, had told his Italian colleague and friend Giulio Cesare Ferrari that he was eager to learn the Italian language as he had wanted to learn it for some time.<sup>609</sup> Yet, knowing a variety of languages was not the case for everyone and could complicate communication during international conferences.<sup>610</sup>

How organisation committees handled language use before, during and after the conference varied. At the *Congrès international de médecine* in Brussels in 1875 the preferred language was French, but it was also explicitly mentioned that any other language could be used,<sup>611</sup> and during the 1897 *Congrès international de neurologie et de psychiatrie*, organised in the same city, it was stated in the conference rules that discourses could be delivered in “any language”.<sup>612</sup> While some organisation committees did not accurately define the main language to use during speeches and debates, most committees stipulated this more clearly, but almost never was the official language of a conference reduced to only one. This was partly done to not provoke tensions between different nations, as assigning one official language could create the impression that one was held in higher esteem than another.

The organisation committee of the international conference of medicine held in Rome in 1894 allowed Italian, French, German and English during the meetings,<sup>613</sup> and the organisation committee of the international conference of psychiatry and neurology held in Amsterdam in 1907 had decided that most communication (such as

---

(Serie), Archivio Giulio Cesari Ferrari, ASPI, <https://www.aspi.unimib.it/collections/object/detail/340/>; Lettere a Verga (Sottoserie), Carteggio (Serie), Archivio Andrea Verga, ASPI, <https://www.aspi.unimib.it/collections/object/detail/10210/>; Andersen, ‘De Société de Médecine Mentale de Belgique in Transnationaal Perspectief (1869-1900)’, 58.

<sup>609</sup> [letter from Sano Fritz to G. C. Ferrari, dated 14/08/1898], Sano Fritz (Fascicolo), Lettere a Ferrari (Sottoserie), Carteggio (Serie), Archivio Giulio Cesare Ferrari, ASPI, <https://www.aspi.unimib.it/collections/object/detail/4806/>.

<sup>610</sup> Etienne Martin, “VIIe congrès d’anthropologie criminelle”, *Archives d’Anthropologie Criminelle de Médecine Légale et de Psychologie Normale et Pathologique*, 1911, vol. 26, 881, <https://criminocorpus.org/fr/bibliotheque/page/19694/>; Eugène-Humbert Guitard, “Lettres de Londres: le XVIIe Congrès international de médecine”, *Bulletin de la Société d’histoire de la pharmacie*, vol. 1, no. 4, 1914, 52, [http://www.persee.fr/doc/pharm\\_0995-838x\\_1913\\_num\\_1\\_4\\_1212](http://www.persee.fr/doc/pharm_0995-838x_1913_num_1_4_1212).

<sup>611</sup> “Règlement”, in: *Congrès périodique international des sciences médicales. 4me session – Bruxelles – 1875. Compte-rendu*, (Paris: J.-B. Baillière, 1876), vi, <https://gallica.bnf.fr/ark:/12148/bpt6k97886149>.

<sup>612</sup> “langue quelconque”. See: “Règlement général”, in: Crocqu fils (ed.), *Congrès international de Neurologie de Psychiatrie, d’Électricité médicale & d’Hyponologie. Première session tenue à Bruxelles du 14 au 21 septembre 1897. Fascicule I. Rapports*, (Paris: Baillière et Cie., 1898), 8, <http://archive.org/details/b2170207x>.

<sup>613</sup> “Regolamento generale”, in: *Atti dell’ XI congresso medico internazionale. Roma 29 marzo – 5 aprile 1894. Volume I. Parte Generale*, (Torino: Rosenberg & Sellier), 35, <https://archive.org/details/attidellxicongr04unkngoog>.

the conference programme and housing possibilities) would be published in three to four different languages.<sup>614</sup> This stands in contrast to the decisions made during the international medical congress in Paris in 1900 where only French was used as the official language to communicate and share printed information with participants. However, during the general assemblies, French, German, English and Italian – the latter being added last minute – could be used.<sup>615</sup>

Similar rules applied during the international medical congress in Lisbon in 1906 where French was used by the organisers to communicate with participants, while French, English and German could be used during the general meetings.<sup>616</sup> The conference president Costa Alemão, explained these choices as follows: “In order not to make the Congress the confusion of Babel, we had the courage to suppress our own language, which represents an enormous sacrifice, which was not always understood and appreciated by those who tried to impose theirs on us”.<sup>617</sup> French, German and English would remain the most commonly used languages during conferences, and French in particular, as conferences to a large extent took place in French-speaking areas (France and Belgium), making these regions an epicentre of transnational exchanges. Less mainstream languages such as Italian or Spanish were primarily used during international conferences held in those respective countries.

The command of more than one language formed an important pillar for alienists to be able to partake in international conferences. For some, the use of these languages came quite naturally. The Dutch alienist J. Van Deventer applauded the Belgian Jules Morel’s “outstanding command of languages”.<sup>618</sup> The same was true for an unidentified Dutch psychiatrist, working at the psychiatric clinic in Oetgeest, who

---

<sup>614</sup> [various documents about the Internationaal congres voor psychiatrie, neurologie, psychologie en krankzinnigenverpleging], inventory no. 668, access no. 2.19.221, Nederlandsche Vereniging voor Psychiatrie, National Archief Den Haag.

<sup>615</sup> “Règlement”, *Ville congrès international de médecine tenue à Paris du 2 au 9 août 1900. Organisation. Assemblées générales. Énoncé des travaux. Liste des membres*, (Paris: Imprimerie nationale, 1901), 7, <http://archive.org/details/xiiiecongrsinter00inte>.

<sup>616</sup> “Règlement”, in: *XV Congrès International de Médecine. Lisbonne 19-26 avril 1906. Volume générale*, (Lisbonne: Adalfino do Mendonca, 1906), 15-16, <https://archive.org/details/xvcongrsinterna02unkngoog>.

<sup>617</sup> “Pour ne pas faire du Congrès la confusion de Babel, nous-avons eu le courage de supprimer notre langue même, ce qui représente un sacrifice énorme, qui n’a pas toujours été compris et bien apprécié par ceux qui ont prétendu nous imposer la leur”. See: “Assemblée générale de clôture” in: *XV Congrès International de Médecine. Lisbonne 19-26 avril 1906. Volume générale*, (Lisbonne: Adalfino do Mendonca, 1906), 77, <https://archive.org/details/xvcongrsinterna02unkngoog>.

<sup>618</sup> “uitmuntende talenkennis”. See: J. Van Deventer ‘het eerste internationaal congres voor krankzinnige verpleging voornamelijk gezinsverpleging, september Antwerpen 1902, page 7, inventory no. 72, access no. 2.19.221, Nederlandsche Vereniging voor Psychiatrie, National Archief Den Haag.

did not have a preference for holding his discourse in either Dutch or French.<sup>619</sup> However, for others, language could form an obstacle and halt the discovery of new ideas and information. The German psychiatrist Hans Laehr, son of the alienist Heinrich Laehr, did not understand Spanish and complained during the international conference in Madrid in 1903, that the lectures he attended were mostly in Spanish and he could not grasp what was being said, let alone write a report to his fellow countrymen in the *Zeitschrift*.<sup>620</sup> Due to a lack of language skills some alienists were excluded from benefiting from this particular knowledge container.

Conference organisers were painstakingly aware of this, as language choice and miscommunication were problems that plagued all international conferences, also evoking a sense of frustration among conference organisers.<sup>621</sup> At the end of the 1907 congress in Amsterdam, the general secretary van Wayenburg laid bare this problem very precisely: "If communication channels have reached today an extraordinary perfection, thanks to steam and electricity, the way of exchanging ideas, or rather communications in the psychological sphere are still at a level of perfection that the peoples of Central Africa would not envy us about. They at least can make themselves understood with the help of signs".<sup>622</sup>

Solving these language issues was an important albeit difficult aspect for organisation committees and, while ideas to address these issues were formulated, not many of them were also implemented.<sup>623</sup> While the Dutch physician van Wayenburg

---

<sup>619</sup> [letter from unknown Dutch psychiatrist, dated 31 Mei 1938 in response to the Tweede Nederlandsch-Belgisch congres van neurologie en psychiatrie], inventory no. 669, access no. 2.19.221, Nederlandsche Vereniging voor Psychiatrie, National Archief Den Haag.

<sup>620</sup> Hans Laehr, "Bericht über den 14. Internationalen Aerkongress", *AZP*, 1903, vol. 60, 995-996, <http://hdl.handle.net/2027/hvd.32044097071062>.

<sup>621</sup> "Avant-propos", G. A. M. van Wayenburg (ed.), *Compte rendu des Travaux du 1er congrès international de Psychiatrie, de Neurologie, de Psychologie et de l'Assistance des aliénés tenue à Amsterdam du 2à 7 Septembere 1907*, (Amsterdam : J. H. de Bussy, 1908), vi, <http://archive.org/details/b2129575x>.

<sup>622</sup> "Si les voies de communication ont atteint aujourd'hui une perfection extraordinaire, grâce à la vapeur et à l'électricité, la manière d'échanger les idées, ou plutôt les communications dans la sphère psychique sont encore à un degré de perfection que les peuples de l'Afrique centrale ne nous envieraient pas. Eux du moins peuvent se faire comprendre à l'aide de signes". See: "Samedi 7 septembre 3 heures à Schéveningue", in: G. A. M. van Wayenburg (ed.), *Compte rendu des Travaux du 1er congrès international de Psychiatrie, de Neurologie, de Psychologie et de l'Assistance des aliénés tenue à Amsterdam du 2à 7 Septembere 1907*, (Amsterdam : J. H. de Bussy, 1908), 906, <http://archive.org/details/b2129575x>. For the sake of clarity, I do not agree with the language used in this quote. Its sole purpose is to illustrate how important language use and communication was found by congressionists.

<sup>623</sup> "Avant-propos", G. A. M. van Wayenburg (ed.), *Compte rendu des Travaux du 1er congrès international de Psychiatrie, de Neurologie, de Psychologie et de l'Assistance des aliénés tenue à Amsterdam du 2à 7 Septembere 1907*, (Amsterdam : J. H. de Bussy, 1908), vi, <http://archive.org/details/b2129575x>.

pointed out some essential problems, he also indirectly suggested a few solutions. He mentioned the use of one language but, as touched upon earlier, this practice was not possible from a social and ethical point of view. Furthermore, there were issues with the translation of reports into different languages, which was especially problematic for co-rapporteurs. It was custom that one or more *rapporteurs* were chosen to introduce the main topic of discussion, but as they were not always from the same country, difficulties arose to understand what the other speaker would discuss if reports were not available in advance in their primary language.

Another issue van Wayenburg touched upon was the need for interpreters during the debates to translate the most essential remarks for those who needed it. Official interpreters would not be used during the period under study, but several conference regulations stated that communications could be held in other languages if there was somebody present during the meeting who was able to translate them.<sup>624</sup> Attendees themselves also tried to contribute to the smoothness of discussions. This is for example demonstrated by the Luxembourgish Buffet who was willing to serve as an interpreter during the meetings.<sup>625</sup>

Two other types of language-facilitating experiments were attempted by conference organisers. One was the use of Esperanto. It was an artificial language constructed in the 1880s by the Polish ophthalmologist L. L. Zamenhof and was created to facilitate international communication. Its supposed strength lay in the fact that it could be learned quickly, used by anyone in the world, and made indifference and division between people caused by language unnecessary. During the 1907 Amsterdam conference it had been suggested by van Wayenburg to use Esperanto as the main language for future conferences. While this would not be the case it was experimented with during the international medical conference held in London in 1913, where some smaller meetings were organised in this language.<sup>626</sup>

Yet another experiment would take place at congress in London. While a rosette had been used to designate different ranks of conference members (congress

---

<sup>624</sup> "Règlement", in: *XV Congrès International de Médecine. Lisbonne 19-26 avril 1906. Volume générale*, (Lisbonne: Adalino do Mendonca, 1906), 15-16, <https://archive.org/details/xvcongrsinterna02unkngoog>.

<sup>625</sup> See: J. Van Deventer Sz., *Het eerste internationaal congres voor krankzinnigenverpleging voornamelijk gezinsverpleging, van 1-7 September [1902] gehouden te Antwerpen*, (Overgedrukt uit de *Psychiatrische en Neurologische Bladen*, 1903, no. 1), 7, inventory no. 72, access no. 2.19.221, Nederlandsche Vereniging voor Psychiatrie, National Archief Den Haag.

<sup>626</sup> "Special notices", *XVIIth international congress of medicine (London, 1913). Daily Journal*, 16-17, <http://archive.org/details/b2807645x>.

presidents, members of the organising committee, secretaries, attendees, students, etc.) during the eleventh international medical conference held in Rome in 1894,<sup>627</sup> its purpose would take a different turn at the seventeenth international medical congress in London. The members of the conference were asked to wear small flags indicating the languages the wearer could speak. They had a choice among English (a flag with the Union Jack), French (red), German (blue), Italian (green) and Spanish (yellow).<sup>628</sup> It illustrates how acute language problems could be: the difficulties that existed between nations/languages, the disarray that could emerge with face-to-face communication between individuals from different countries, and the demarcation lines that were drawn between them due to an inability to speak one or multiple foreign languages. On the other hand, it demonstrates the inventive means that were explored to aid in avoiding language miscommunication, and being an attempt to unite physicians according to the languages they could speak. The rosettes created a visual means to locate the people one could most easily engage with.

Language, being a banal and mundane aspect of daily life, became something very present and tangible during international conferences in the nineteenth and early twentieth centuries. Congress organisers and visitors were highly aware of its difficulties. Language, in addition to access to information about upcoming conferences, travel distances and costs, illustrates how the mechanisms that interfered with the process of knowledge access, comprehension and dissemination consisted of various layers. Before, during and after international conferences these could have ramifications for psychiatrists' desire to further develop their knowledge and engage in scientific discussions.

### **Promoting the conference versus psychiatrists' motivation**

One of the tasks of the organisation committee and especially the secretary was to inform various interested parties about upcoming conferences. Handwritten or mostly typed circulars were sent around with a request to participate, including an elaborate brochure with the (preliminary) programme, housing possibilities, congress rules, and papers to confirm participation in the conference (**figure 27**). Foreign governments

---

<sup>627</sup> "L'organizzazione materiale", *Atti dell' XI congresso medico internazionale. Roma 29 marzo – 5 aprile 1894. Volume I. Parte Generale*, (Torino: Rosenberg & Sellier), 19, <https://archive.org/details/attidellxicongr04unkngoog>.

<sup>628</sup> "Notices", *XVIIth international congress of medicine (London, 1913). Daily Journal*, 12, <http://archive.org/details/b2807645x>.

were notified so they could send one or multiple, most often medically schooled, representatives to the conference.<sup>629</sup> Medical and psychiatric societies and universities received letters of invitation so these valued associations could send delegates as well. This type of invitations were filled with social rituals that needed to be followed. It was expected, almost obliged even, that countries and the most important psychiatric and medical associations delegated people to attend the conference. The more of these were present, the better the success of, and the goodwill towards, the conference.<sup>630</sup>

In addition, a large pool of psychiatrists and physicians could be reached as potential attendees because upcoming conferences were regularly announced in the journals of these associations. Those involved in the organisation and/or propaganda committee also often received a number of circulars to be sent to whomever they saw fit to attend the conference.<sup>631</sup> Organising committees also targeted specific physicians or psychiatrists to request their contribution of a paper and their presence as a speaker, trying to attract well-known and important names to the conference. One of them was for example the Belgian alienist Jules Morel, who gained some prominence in the United States (see chapter 3). By sending circulars all over the world and to as many people and organisations as possible, the chances to attract a larger group of participants rose.<sup>632</sup> In essence this means that most physicians and psychiatrists had access to information about impending conferences, as a large portion of them were members of one or more important associations.

---

<sup>629</sup> The Times, July 28 1881, accessed 24/11/2020, <https://www.thetimes.co.uk/archive/article/1881-07-28/9/5.html>.

<sup>630</sup> Rasmussen, 'Les Congrès internationaux liés aux Expositions universelles de Paris (1867-1900)'.

<sup>631</sup> [letter from Lipman Otto to Ferrari G. C., dated 16 august 1922], Lipman Otto (Fascicolo), Lettere a Ferrari (Sottoserie), Carteggio (serie), Archivio Giulio Cesare Ferrari, ASPI, <https://www.aspi.unimib.it/collections/object/detail/4599/>.

<sup>632</sup> For example: [letter from Moritz Ellinger from the Medico Legal Society to the Nederlandsche Vereniging voor Psychiatrie, dated March 1889], inventory no. 71, access no. 2.19.221, Nederlandse Vereniging voor Psychiatrie, Nationaal Archief Den Haag.



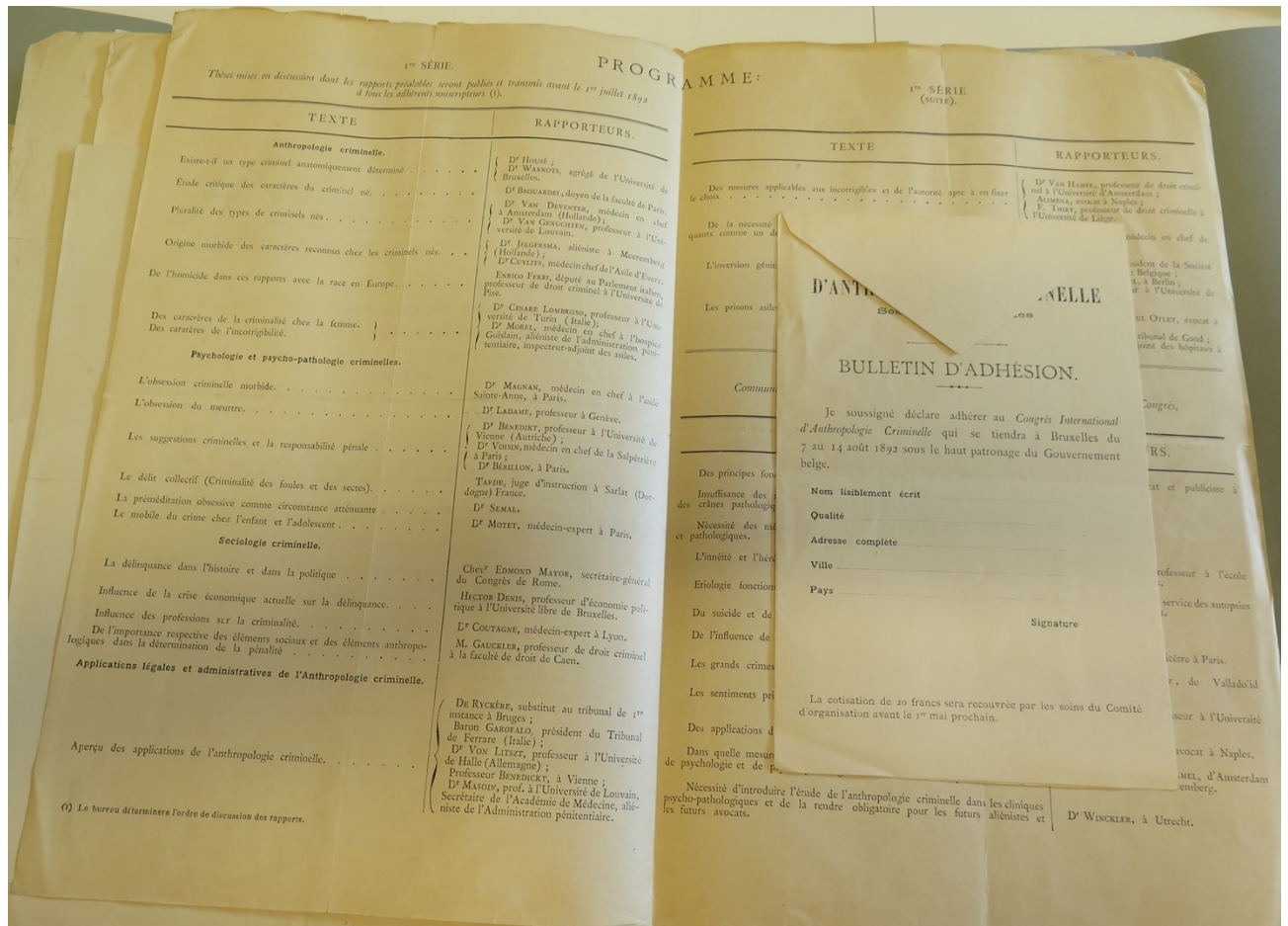


Figure 27. Programme and inscription form of the Congrès International d'Anthropologie Criminelle 1892 to be held in Brussels. Source: [Programme and Bulletin d'adhésion for the Congrès International d'Anthropologie Criminelle 1892], inventory no. 71, access no. 2.19.221, Nederlandse Vereniging voor Psychiatrie, Nationaal Archief Den Haag.

### Distance, travel time and costs

Outreach strategies and promoting the conference were crucial to inform as many alienists and physicians as possible about upcoming conferences. However, having access to and knowledge of these events did not necessarily mean that this pool of possible attendees would participate. What motivated alienists and physicians to attend or forgo their presence at these large events? International congresses were largely subject to the same conditions as those that motivated alienists to travel to asylums across Europe. Psychiatrists had to weigh their time investment and financial means against the benefits of being present at international conferences. The spatial turn plays an important role in science and knowledge circulation, although this is something that has been underrated for a long time, even by those working in the field of geography.<sup>633</sup> From a geographical perspective especially, the aspect of distances is

<sup>633</sup> David N. Livingstone, 'A Geography of Science?', in *Putting Science in Its Place: Geographies of Scientific Knowledge* (University of Chicago Press, 2003), 2–3.

something that we need to take into account. Most conferences took place in Western Europe in cities like Paris or Brussels and were important hubs for organising conferences as these were convenient locations. This was not only the case for medical and psychiatric international events, other conferences, such as those about social and public welfare, as well were organised in the same cities.<sup>634</sup>

It is this distance to and the ways in which alienists could reach conferences, as well as the costs involved, that determined their willingness to travel, and their access to this particular knowledge environment. This is illustrated by the imbalance between those who were members of a conference and those who participated in it. Alienists and psychiatrists could become a member of a conference without being physically present, but were guaranteed to receive the conference proceedings in which they could read the opening speeches, the different reports that were communicated and the discussions that followed. At the *Congrès international de médecine* held in Rome in 1894 only one third (2268) of all members (6366) effectively participated (figure 28).

NAZIONE	Membri	Partecipanti	NAZIONE	Membri	Partecipanti
Africa Sud. . . . .	2	»	Inghilterra . . . . .	445	285
America Nord . . . . .	127	105	Italia . . . . .	3230	828
America Sud. . . . .	34	3	Lussemburgo . . . . .	7	2
Australia. . . . .	87	3	Malta . . . . .	14	6
Austria. . . . .	301	131	Monaco . . . . .	3	»
Belgio . . . . .	40	11	Norvegia . . . . .	71	5
Bulgaria . . . . .	3	1	Paesi Bassi. . . . .	53	29
China . . . . .	1	»	Portogallo. . . . .	21	1
Cuba. . . . .	1	»	Rumania . . . . .	56	35
Dalmazia. . . . .	88	20	Russia . . . . .	193	63
Danimarca . . . . .	42	33	Serbia. . . . .	23	»
Egitto . . . . .	10	1	Spagna . . . . .	128	12
Francia. . . . .	308	118	Svezia . . . . .	7	36
Germania. . . . .	796	478	Svizzera. . . . .	93	59
Giappone. . . . .	6	»	Tunisia . . . . .	12	1
Grecia . . . . .	2	1	Turchia. . . . .	21	»
Indie inglesi . . . . .	4	»			

Figure 28. List of members and participants to the International Medical Congress held in Rome in 1894. There was often a large discrepancy between those who subscribed to the conferences and those who actually attended the event. Austria, France, Germany and the United Kingdom in particular had the most participants versus members. Source: "La propaganda", in: *Atti dell' XI congresso medico*

<sup>634</sup> D'haeninck, 'Sociale Hervormers Op Zoek Naar Een Moreel Reveil', 98–101.



Members and participants from more remote countries vis-à-vis conference hubs, having to travel longer distances, were most often smaller in number (e.g. South Africa, South America, China, Cuba, Egypt, Japan, British India, Tunisia and Turkey) as observed in **figure 28**. The time and effort it took to travel (distances, travel comfort, transportation possibilities), were factors that could severely limit certain individuals' presence. The French alienist Paul Sérieux (39 years old), for example, wrote to the Italian alienist Giulio Cesare Ferrari, that he would not be attending the international medical conference in Madrid because “[...] long trips make me very tired”.<sup>635</sup> He was not prepared to travel more than 300 to 500 kilometres from his residence in Neuilly-sur-Marne in France to attend an event as he was present at conferences much closer to his home such as in Brussels and Cologne.<sup>636</sup> Historian Thomas D’Haeninck also demonstrated that Belgian and Dutch congressionists attending international social welfare conferences undertook an average travel distance of 269 kilometres in the 1850s and 1860s, which would grow to circa 442 kilometres between the 1890s and the 1910s.<sup>637</sup>

Travelling could be a laborious undertaking. The Italian alienist Ferrari had arranged his journey to the *Congrès international de psychologie* in Paris (1900) months in advance and it took him 27 hours to reach Paris by train.<sup>638</sup> The Dutch alienist Halbertsma on the other hand, travelled three days in advance to attend the international conference in Copenhagen which started on 10 August 1884.<sup>639</sup> Aside from the fact that distances and travel comfort possessed their own challenges, travel costs could also form an obstacle. Travelling could be expensive, and not all physicians had the means or were willing to spend large amounts of money on transportation, accommodation and social activities on-site. Organisation committees tried to remove some of these obstacles to attract visitors, for example by offering railway reductions

---

<sup>635</sup> “[...] les longs voyages me fatiguent beaucoup”. See: [Letter from Sérieux Paul to Ferrari G. C., dated 10 February 1903], Sérieux Paul (Fascicolo), Lettere a Ferrari (Sottoserie), Carteggio (Serie), Archivio Giulio Cesare Ferrari, <https://www.aspi.unimib.it/collections/object/detail/4848/>.

<sup>636</sup> Calculations of distance based on Google Maps. For data see: TIC/2TBI Nodegoat database. Paul Sérieux.

<sup>637</sup> D’haeninck, ‘Sociale Hervormers Op Zoek Naar Een Moreel Reveil’, 396 (appendix 11).

<sup>638</sup> Ferrari all’Esposizione di Parigi, ASPI, <https://www.aspi.unimib.it/collections/collection/detail/13/>.

<sup>639</sup> [Letter from Halbertsma to the Nederlandsche Vereniging voor Psychiatrie, dated 4 August 1884], inventory no. 70, access no. 2.19.221, Nederlandse Vereniging voor Psychiatrie, Nationaal Archief Den Haag.

for participants. The committee of the international medical congress in Brussels in 1875 had announced that: “Steps are being taken by the Committee to obtain a discount on the price of rail travel. If successful, membership cards will be mailed to interested parties. Their card will be sent in due course to the members who have requested it by wiring their membership fee”.<sup>640</sup>

However, reductions could not always be obtained for the railway system or travel by ferry in all countries. For the *congrès international de médecine* held in Rome in 1894, reductions were given by the shipping companies located in Barcelona, Bordeaux, New York, Bremen, Rome and Geneva.<sup>641</sup> Railway companies in the United Kingdom, Belgium, France, Spain, Portugal and Russia and the *Compagnie des Chemins de fer de l’Orient, de Serbie et de Bulgarie* participated as well, while German, Austrian, Hungarian and Swiss railway networks did not.<sup>642</sup> But even these arrangements were not always enough to convince physicians to travel. The German Otto Lipman, for example, complained in 1922 to his Italian colleague Ferrari that, even with provided arrangements, the travel costs would still be too expensive for many of his German colleagues.<sup>643</sup>

Multiple reasons could motivate an individual to (not) participate to a conference, such as private or professional obligations, or practical travel obstacles could have an impact. This is also reflected in the overall presence of alienists and physicians at conferences, especially if we take into account those who frequented conferences either barely or very often. Of the attendees that I researched across 28 conferences, 93,37% of visitors were known to only have visited one or two medical/psychiatric conferences (these could also include international conferences organised within their own country) and another 5,65% attended between three and five international conferences. A mere 0,90% attended between six and ten

---

<sup>640</sup> “Des démarches sont faites par le Comité pour obtenir une réduction sur le prix du parcours sur les voies ferrées. Si elles aboutissent, les cartes de membres en porteront l’avis aux intéressés. Leur carte sera envoyée en temps opportun à MM. les membres qui l’auront demandée en envoyant le montant de leur cotisation”. See: *Congrès périodique international des sciences médicales. 4me session – Bruxelles – 1875. Compte-rendu*, (Paris: J.-B. Baillière, 1876), xxii, <https://gallica.bnf.fr/ark:/12148/bpt6k97886149>.

<sup>641</sup> “Compagnies qui ont accordé des rabais”, *Atti dell’ XI congress medico internazionale. Roma 29 marzo – 5 aprile 1894. Volume I. Parte Generale*, (Torino: Rosenberg & Sellier), 58, <https://archive.org/details/attidellxicongr04unkngoog>.

<sup>642</sup> “Compagnies qui ont accordé des rabais”, *Atti dell’ XI congress medico internazionale. Roma 29 marzo – 5 aprile 1894. Volume I. Parte Generale*, (Torino: Rosenberg & Sellier), 59, <https://archive.org/details/attidellxicongr04unkngoog>.

<sup>643</sup> [letter from Lipman Otto to Ferrari G. C., dated 16 august 1922], Lipman Otto (Fascicolo), Lettere a Ferrari (Sottoserie), Carteggio (serie), Archivio Giulio Cesare Ferrari, ASPI, <https://www.aspi.unimib.it/collections/object/detail/4599/>.

conferences, and those who visited more than ten represent a negligible 0,09%. Yet, it is mainly among the latter two groups that we find important experts in the field such as the British George Edward Shuttleworth, who was an authority in the field on “mental deficiency” (9 conferences), the Italian Augusto Tamburini, professor and asylum director of the *manicomio* in Reggio Emilia (13 conferences), and the French alienist August Marie, a physician-in-chief at Villejuif and later on Sainte-Anne, (13 conferences).

Those alienists who were most invested in attending and participating in international conferences were also prepared to travel longer distances from their home bases. This is also something that D’Haeninck has pointed out in relation to frequent conference visitors, making this a common phenomenon.<sup>644</sup> Tamburini, who had lived mostly in Reggio Emilia, Modena and Rome, travelled for example to Lisbon, Budapest and Berlin to attend conferences; the French alienist Valentin Magnan, physician at *l’hôpital Sainte-Anne* in Paris, travelled to conferences in Copenhagen, Lisbon and Saint Petersburg; and the Austrian-Hungarian Benedikt Moritz, a neurologist at the university of Vienna, undertook conference travels to Madrid, Moscow and Saint Petersburg. Alienists who attended numerous conferences regularly travelled over 800 or 1000 kilometres, which is in stark contrast with the travel distance that the French alienist Paul Sérieux was willing to cross, or the average distances travelled by Belgian and Dutch congressionists with an interest in social welfare.

Not only had travel distances an effect on alienists motivation to attend a conference in order to listen to the various presentations and discussions being held, its impact was felt even more when physicians that would present a paper at the conference were absent. Not surprisingly, it was those who had to travel (much) farther distances that more often cancelled on attending a conference. For example, during the Psychiatric conference in Amsterdam in 1907, the Japanese professor of psychiatry Imamura Shinchichi from the Imperial University of Kyoto, the American physician Clark Bell from New York, the Russian physician Toutyckine from the Kostugény du Zemtsvo asylum and the Lebanese H. Twaites from the Lebanon Hospital for the Insane near Beyrout were not present to deliver their paper.<sup>645</sup> An exact reason for their absence is

---

<sup>644</sup> D’haeninck, ‘Sociale Hervormers Op Zoek Naar Een Moreel Reveil’, 267.

<sup>645</sup> While the papers of these people were recorded in the transaction of the *Congrès international de psychiatrie*, other sources mention they were not present. See: W. Vos, “Internationaal Congres voor Psychiatrie, Neurologie, Psychologie en Krankzinnigenverpleging, gehouden te Amsterdam 2-7 September 1907. Verslag over de 3<sup>e</sup> Sectie: Krankzinnigenverpleging (met gebruikmaking van officieele

never given, but the fact that many had to travel far could have had an impact on their decision. But, as we shall see later on in chapter 3, speakers not being present could also be mitigated to a certain extent.

Personal motives and alienists' means had an impact upon their willingness and ability to attend all or specific conferences. Travel distance, time investment and the costs involved already considerably reduced the pool of attendees from those who had expressed a general interest in the conference. This illustrates the differences in alienists' possibilities to attend due to various obstacles before these conferences had even started – something that has hitherto been largely ignored.

### **Making a lasting impression on conference attendees**

The tasks of the conference committee members was not over once they had secured reductions for transportation, during the conference as well they had to preserve attendees willingness to participate and keep the impact of the conference and people's impressions of it as high as possible. The overall smoothness and success of a conference could form the basis of alienists' future attendance. Physicians' impressions did not only depend on the value of the scientific papers that were presented or the social events that were organised, but the everyday organisational features had an impact on their judgement as well.

Once alienists had decided to travel to a conference, there was the question of lodging. Many different options were available: booking a hotel or boarding house in advance, only arranging lodging once arrived, or stay with friends or colleagues. While the general secretary of the 1881 international medical conference in London had “[...] engaged a considerable hotel for the accommodation of his guest”,<sup>646</sup> the Belgian physician Fritz Sano had proposed to G. C. Ferrari to stay with him in 1910 for a conference as: “Staying in Brussels [...] during the exhibition is expensive, I must advise you to come and live with us, you would be doing us a great pleasure”.<sup>647</sup> The earlier-mentioned Dutch alienist Halbertsa did not stay in a hotel but found lodging with the

---

gegevens)”, PB, 1908, vol. 12, 152 and 162 and 178 and 189 and 263,  
<http://hdl.handle.net/2027/mdp.39015075810138>.

<sup>646</sup> *The Times*, July 28 1881, accessed 24/11/2020, <https://www.thetimes.co.uk/archive/article/1881-07-28/9/5.html>.

<sup>647</sup> “Le séjour à Bruxelles [...] ces temps d'exposition est coûteux, aussi dois je vous conseiller de venir habitez chez nous, vous nous ferez un immense plaisir”. See: [Letter from Sano Fritz to Ferrari G. C., dated 15 June 1910], Fritz Sano (Fascicolo), Lettere a Ferrari (Sottoserie), Carteggio (serie), Archivio Giulio Cesare Ferrari, ASPI, <https://www.aspi.unimib.it/collections/object/detail/4806/>.

Supreme Court Attorney C. C. W. Liebe, for example.<sup>648</sup> Hotel bookings could be done personally, via a travel agency – such as *Thomas Cook & Son* – or through the general secretary of the conference. The organising committee of international conferences often provided services to find lodgings and provided lists with prices.<sup>649</sup>

All operations that are involved in the construction and reception of knowledge are encased by social codes.<sup>650</sup> This was no less the case when it came to housing arrangements during international conferences. Participants expected assistance from the organising committee upon their arrival and during the conference. A certain standard and amount of comfort was expected when it came to how activities or lodging were organised. Hans Laehr, the director of the *Schweizerhof* in Berlin-Zehlendorf, and his German colleague Albert Oliven, director of the *Heil- und Pflgeanstalt Berolinum*, allow us a glimpse into the development and arrangement of these practical formalities, showing the chaos that was sometimes present at these events.<sup>651</sup>

While attending the international medical conference in Madrid in 1903 they were not pleased with its organisation, such as the lack of distribution of the conference *Bulletin* – I will discuss this later on – and the poor management of accommodation: high hotel prices, inadequate accommodation and the embezzlement of money. In an outraged account Albert Oliven described to his peers how a privy councillor had told him “[...] that he and his wife were to be accommodated by the Housing Committee in a coachmen's tavern of the lowest class, and that the price of 500 pesetas paid in advance to the Committee was returned only through the mediation of a Spanish colleague, after deduction of a certain sum”.<sup>652</sup> In another case he had heard that

---

<sup>648</sup> Letter from Halbertsma to the Nederlandsche Vereniging voor Psychiatrie, dated 4 August 1884, inventory no. 70, access no. 2.19.221, Nederlandse Vereniging voor Psychiatrie, Nationaal Archief Den Haag.

<sup>649</sup> Brochure about the Internationaal Congress voor Pschiatrie, Neurologie, ... in Amsterdam in 1907, inventory no. 668, access no. 2.19.221, Nederlandse Vereniging voor Psychiatrie, Nationaal Archief Den Haag; *Atti dell' XI congress medico internazionale. Roma 29 marzo – 5 aprile 1894. Volume I. Parte Generale*, (Torino: Rosenberg & Sellier), 62, <https://archive.org/details/attidellxicongr04unkngoog>.

<sup>650</sup> Christian Jacob, 'Lieux de Savoir: Places and Spaces in the History of Knowledge', *KNOW: A Journal on the Formation of Knowledge* 1, no. 1 (2017): 88.

<sup>651</sup> Hans Laehr [and Albert Oliven], "Bericht über den 14. Internationalen Aerztekongress", *AZP*, 1903, vol. 60, 995-1006, <http://hdl.handle.net/2027/hvd.32044097071062>.

<sup>652</sup> “[...] dass er mit seiner Frau durch dieses Wohnungskomitee in einer Fuhrmannskneipe letzter Ordnung untergebracht werden sollte, und dass er den mit 500 Pesetas an dieses Komitee vorausbezahlten Preis nur durch die Vermittelung eines spanischen Kollegen nach Abzug einer gewissen Summe zurück erhielt [...]”. See: Hans Laehr [and Albert Oliven], "Bericht über den 14. Internationalen Aerztekongress", *AZP*, 1903, vol. 60, 1003-1004, <http://hdl.handle.net/2027/hvd.32044097071062>.

“[...]a professor was to be accommodated in a brothel with his wife [...]”.<sup>653</sup> While we cannot say if these incidents hold any truth, it is important to recognise that they circulated nonetheless, and did not create the best of conditions to attract favourable reviews about the conference. Laehr as well as not pleased with the chaotic organisation, nor with the various scientific lectures which he did not fully understand. Experiences such as the one in Madrid might have contributed to him not being a fervent traveller as over the course of his career he only attended four conferences related to psychiatry (Washington in 1887, Paris in 1889, Madrid in 1903 and Berlin in 1910). Laehr’s and Oliven’s experiences illustrate how everyday aspects could have an impact on attendees’ perceptions of these conferences, their participation in future events, and the access to and sharing of knowledge in an international environment.

#### **“Bringing men from different countries into easy personal communication”<sup>654</sup>**

The main goal of international conferences was bringing peers together. These venues and encounters were not only used to facilitate the circulation of knowledge but also to create more cohesion and lasting professional relationships between alienists from across the world. For some, international conferences were places of first encounters, for others an opportunity for re-encounters. Creating bonds between peers was an often-mentioned feature during conference inauguration speeches, and several historians as well have echoed that conferences were important meeting places. Through the lens of material culture, and theoretical frameworks combining the history of science with that of spaces, the context and environment in which social interactions took place has been gaining more attention from historians during the past 15 years.<sup>655</sup> However, the context and environment in which social interactions happened during medical and psychiatric conferences has not been thoroughly studied yet. Below I will focus on the role of communication in relation to the location where conferences took

---

<sup>653</sup> “[...] Ein Professor sollte, wie allgemein erzählt wurde, mit seiner Frau in einem Bordell untergebracht werden [...]”. See: Hans Laehr [and Albert Oliven], “Bericht über den 14. Internationalen Aerkongress”, *AZP*, 1903, vol. 60, 1003-1004, <http://hdl.handle.net/2027/hvd.32044097071062>.

<sup>654</sup> The Times, July 28 1881, accessed 24/11/2020, <https://www.thetimes.co.uk/archive/article/1881-07-28/9/5.html>.

<sup>655</sup> See for example: David N. Livingstone, *Putting Science in Its Place: Geographies of Scientific Knowledge*, Science. Culture (Chicago, Ill.: University of Chicago Press, 2003); David N. Livingstone, ‘Science, Site and Speech: Scientific Knowledge and the Spaces of Rhetoric’, *History of the Human Sciences* 20, no. 2 (2007): 71–98; Diarmid A. Finnegan, ‘The Spatial Turn: Geographical Approaches in the History of Science’, *Journal of the History of Biology* 41, no. 2 (2008): 369–88; Diarmid A. Finnegan, ‘Finding a Scientific Voice: Performing Science, Space and Speech in the 19th Century’, *Transactions of the Institute of British Geographers* 42, no. 2 (2017): 192–205; Majerus, ‘Material Objects in Twentieth Century History of Psychiatry’; Ankele and Majerus, *Material Cultures of Psychiatry*, 2020.

place and the objects that were used, shaping alienists' access to and understanding of knowledge, and further downscaled the pool of psychiatrists who could benefit from international conferences.

### **Buildings and objects as knowledge facilitators**

Access to conferences' scientific and social events, depended on more than having the means and motivation to travel or possessing language skills, buildings and objects were crucial facilitators as well. Their attributes simplified the manner in which practical or scientific information was acquired by physicians and helped ease interaction between people. They give an opportunity to see conferences and the knowledge dissemination that took place in a new light.

Material culture can be defined in multiple ways depending on the disciplinary context in which it is used, but in history it most often refers to a wide range of objects – a bed, straitjacket, pill, chair, piano, clothes, a wall, an isolation cell, corridor, room or even a whole building – and the meaning and interaction that is ascribed to them.<sup>656</sup> They form a means to study values, ideas, practices and attitudes of everyday life.<sup>657</sup> Similarly to what historian Benoît Majerus did for the history of psychiatric institutions by focusing on the materiality of the wall, bed, pill and straitjacket,<sup>658</sup> I too will consider four objects as a reference point in the following paragraphs: the conference buildings, lecture rooms, and considerably smaller in size, the daily journals distributed during the conference and membership cards. These were particularly chosen because of their mundaneness, as it are often special or unconventional objects that are paid attention to.<sup>659</sup>

### **Membership cards and the gauging of expertise**

Face-to-face meetings among physicians were essential, not only to have the opportunity to meet specialists in the field, but also to gauge the expertise of peers and

---

<sup>656</sup> Ankele and Majerus, *Material Cultures of Psychiatry*, 2020; Majerus, 'Material Objects in Twentieth Century History of Psychiatry'; Benoît Majerus, 'The Straitjacket, the Bed, and the Pill: Material Culture and Madness', in *The Routledge History of Madness and Mental Health*, ed. Greg Eghigian (Basingstoke: Taylor & Francis Ltd, 2017), 263–76.

<sup>657</sup> Jules David Prown, 'Mind in Matter: An Introduction to Material Culture Theory and Method', *Winterthur Portfolio* 17, no. 1 (1982): 1–3; Anne Gerritsen and Giorgio Riello, 'Introduction. Writing Material Culture History', in *Writing Material Culture History*, ed. Anne Gerritsen and Giorgio Riello (London: Bloomsbury Academic, 2015), 1–2; Monika Ankele and Benoît Majerus, eds., 'Material Cultures of Psychiatry', in *Material Cultures of Psychiatry* (Transcript Verlag, 2020), 16–18.

<sup>658</sup> Majerus, 'Material Objects in Twentieth Century History of Psychiatry'; Majerus, 'The Straitjacket, the Bed, and the Pill: Material Culture and Madness'.

<sup>659</sup> Ankele and Majerus, 'Material Cultures of Psychiatry', 2020, 11.

especially the accuracy and trustworthiness of their scientific research and publications. A reporter from *The Times* described how important these international events were: “We know the French and the German *savants* perfectly by reputation, and we read their writings with much interest; but, when we see them in the flesh, we learn for the first time in what spirit these writings ought to be studied or received”.<sup>660</sup> Via in-person discussions and conversations, physicians and alienists gained insight into the personalities that lay behind the façade of research and specific character traits were gauged: Were they modest or overconfident? Did they make their facts fit their doctrine or the other way around? Could their scientific observations be accepted with confidence or was distrust necessary? Did they twist the truth? Were they wrongly convinced of the correctness of their theories?<sup>661</sup> The *Times*’ reporter continued by asserting that “[a]ll mental work, in short, must be stamped with the peculiarities of the mind by which it has been accomplished; and, until we can read the signs of these peculiarities, we are scarcely able to estimate correctly the value of that which is offered under their imprint”.<sup>662</sup>

Observing and gauging experts could only happen in the various buildings and rooms where conference attendees met, and to gain access to these places, one needed an inscription card for the congress (**figure 29**). This small but indispensable object was the foundation for being a member of the conference as this card gave access to the event in the widest sense of the word. Not only did it allow entrance to the scientific meetings that were held, it was also a requirement for obtaining reductions for the railway as we saw earlier, and provided free or reduced entrance to social and cultural activities.<sup>663</sup> During the international medical conference in Rome in 1893, for example, holders of the *Carte d’admission* had free visiting access to the museums, galleries, libraries and hospitals scattered around Rome.<sup>664</sup> In other words, these conference

---

<sup>660</sup> The *Times*, July 28 1881, accessed 24/11/2020, <https://www.thetimes.co.uk/archive/article/1881-07-28/9/5.html>. Another example is: “[...] it is one of the disadvantages of the ‘silver streak’ that it diminishes the opportunities of personal intercourse between the surgeons and physicians of our own and of other countries”. See: The *Times*, July 28 1881, accessed 24/11/2020, <https://www.thetimes.co.uk/archive/article/1881-07-28/9/5.html>.

<sup>661</sup> The *Times*, July 28 1881, accessed 24/11/2020, <https://www.thetimes.co.uk/archive/article/1881-07-28/9/5.html>.

<sup>662</sup> The *Times*, July 28 1881, accessed 24/11/2020, <https://www.thetimes.co.uk/archive/article/1881-07-28/9/5.html>.

<sup>663</sup> Train tickets and museum coupons in the programme booklet for the 11th Nederlandsch natuur- en geneeskund congres in Leiden on 4-7 april 1907, inventory no. 73, access no. 2.19.221, Nederlandse Vereniging voor Psychiatrie, Nationaal Archief Den Haag.

<sup>664</sup> *Atti dell’ XI congresso medico internazionale. Roma 29 marzo – 5 aprile 1894. Volume I. Parte Generale*, (Torino: Rosenberg & Sellier), 62, <https://archive.org/details/attidellxicongr04unkngoog>.



cards often opened doors, and provided a wide range of possibilities for interacting with (foreign) peers, being able to engage in polite enquiries, as well as serious academic discussions. However, procuring this card was not always ideally arranged and administrative issues were possible. During Albert Oliven's visit to the conference in Madrid, he had to deal with some of these problems which did not make his conference attendance a smooth experience. When he arrived a day in advance, the official bureau had not yet opened, which caused a stampede of people a day later, as the circa 7000 physicians in attendance needed to procure their cards. Oliven depicted the situation as one wherein even "[a] psychiatrist accustomed to dealing with maniacal patients is unable to describe the scenes that unfolded here when the bureau, located in a small bunk with only one entrance and one exit, was opened".<sup>665</sup>



**Figure 29.** Proof of membership of J.C.J. Van der Hagen to the international congress for psychiatry, neurology, psychology and care for the insane, held in Amsterdam in 1907. Source: Inventory no. 73, access no. 2.19.221, Nederlandse Vereniging voor Psychiatrie, NA Den Haag.

### Conference buildings as a representation of national splendour

Historian Diarmid Finnegan rightfully stated that “Spaces of science are tangible places that condition cognitive content and sanction scientific authority”.<sup>666</sup> Spaces shape how

<sup>665</sup> “Die Szenen zu schildern, die sich, als eses in einer kleinen Kojen befindliche mit nur einem Eingange und einem Ausgange versehene Bureau geöffnet wurde, hier abspielten, vermag elbst ein an den Umgang mit maniakalischen Patienten gewöhnter psychiater nicht”. See: Hans Laehr [and Albert Oliven], “Bericht über den 14. Internationalen Aertzekongress”, AZP, 1903, vol. 60, 1003, <http://hdl.handle.net/2027/hvd.32044097071062>.

<sup>666</sup> Finnegan, ‘The Spatial Turn’, 383.

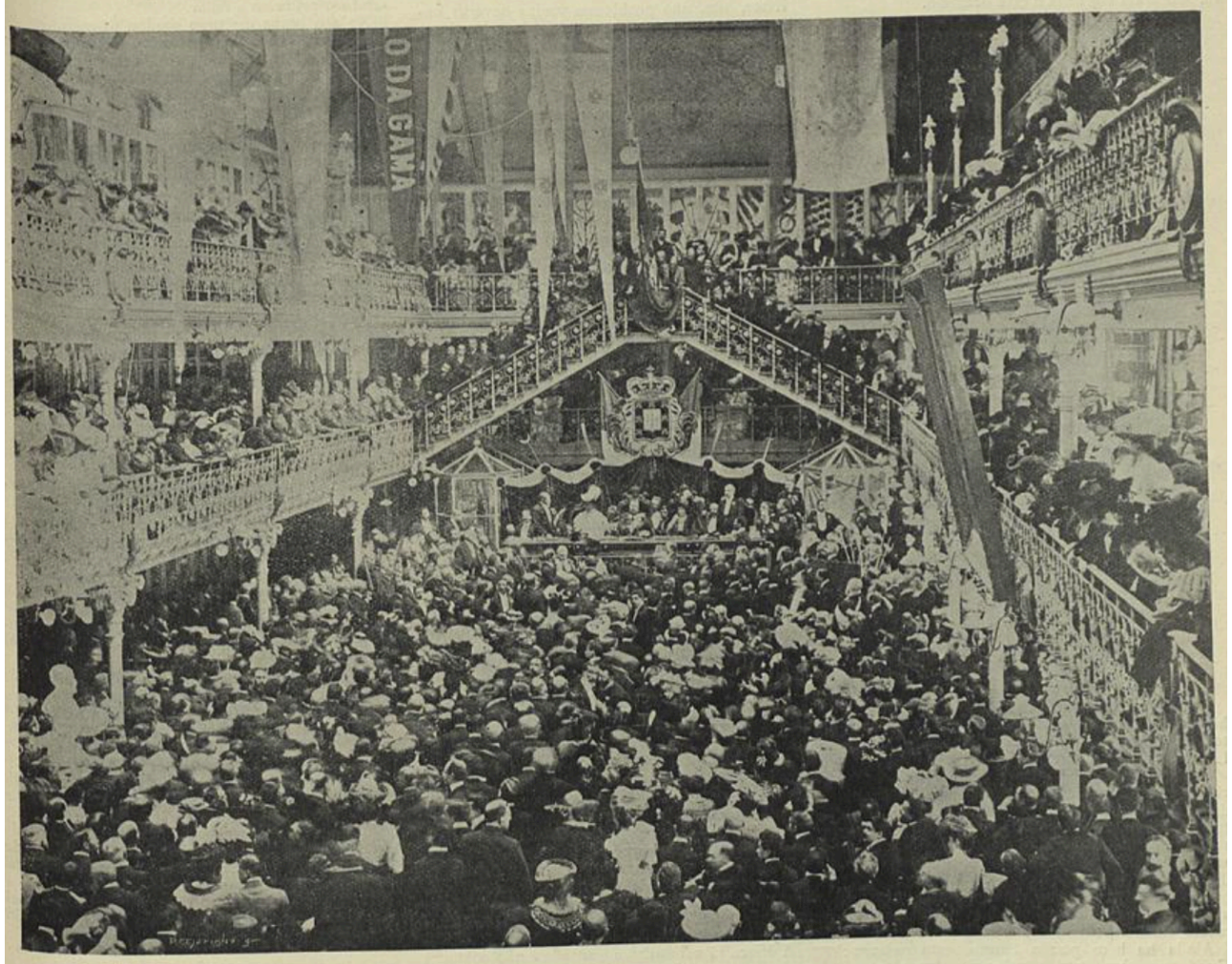
knowledge is created, disseminated, discussed and consumed. In itself a building is a very commonplace object, but without it these international conferences would not have been possible and would not have produced the grandeur with which they were often associated. Despite this being evident, historians of psychiatry or science – and in particular those focusing on conferences – have not paid attention to the nature and representation of these specific locations. Yet they play an essential role, not only in terms of their practicality but also in what these venues represented. Although we have no written sources left that could inform us about the reasons why a specific place was chosen, the buildings themselves are sometimes quite revealing in this regard.

The buildings chosen for conferences' opening ceremony illustrate how scientific, organisational and national accomplishments were showcased as these were often held at lavishly decorated venues marked with meaning. The opening ceremony of the international medical conference in Lisbon in 1906 was held in the aptly named "sala Portugal" of the Geographical Society: a room that, measuring 50 metres long and 16 metres wide and having two sets of galleries, was used for exhibitions, receptions and other large-scale events.<sup>667</sup> During the opening ceremony, the king and queen of Portugal, seated on the central platform, inaugurated and opened the conference while surrounded by a large number of people – the total number of conference participants was 1762<sup>668</sup> – filling the room floor to ceiling (**figure 30**). People had to gather on the stairs to watch and hear the inaugural proceedings, with speeches from the king, the organising committee and important delegates from various countries – the latter being a declaration of joy and thankfulness towards the Portuguese organisers, a practice that formed part of social-medical etiquette.

---

<sup>667</sup> 'Sociedade de Geografia de Lisboa', Lisboa ConVida, accessed 28 November 2020, <http://lisboa.convida.pt/poi/utilities/sociedade-de-geografia-de-lisboa-6427>; 'Congressos e Exposições. História', Sociedade de Geografia de Lisboa, accessed 28 November 2020, <http://www.socgeografialisboa.pt/historia/congressos-e-exposicoes/>.

<sup>668</sup> Miguel Bombarda, "Discours", in: *XV Congrès International de Médecine. Lisbonne 19-26 avril 1906. Volume générale*, (Lisbonne: Adalfino do Mendonca, 1906), 41, <https://archive.org/details/xvcongrsinterna02unkngoog>.



**Figure 30.** Opening ceremony of the 15th international medical congress in the *Sala Portugal* of the Geographical Society. Source: *Occidente. Revista Ilustrada de Portugal e do Estrangeiro*, vol. 29, no. 984, [cover page], [http://hemerotecadigital.cm-lisboa.pt/OBRAS/Ocidente/1906/N984/N984\\_item1/index.html](http://hemerotecadigital.cm-lisboa.pt/OBRAS/Ocidente/1906/N984/N984_item1/index.html).

Another telling example is the opening ceremony of the international medical conference in 1913 in London which took place in the Royal Albert Hall (**figure 31**).<sup>669</sup> The first stones for this terracotta building with its elliptic form and 1858 square metres of glazed-iron roof, were laid in 1867 under the patronage of the Prince Consort Albert.<sup>670</sup> A multitude of events have taken place here since its official opening in 1871, from musical concerts, through bodybuilding competitions, to suffragette meetings,

---

<sup>669</sup> "General meetings", *XVIIth international congress of medicine (London, 1913)*. *Daily Journal*, 11, <http://archive.org/details/b2807645x>.

<sup>670</sup> 'Roof', Royal Albert Hall, accessed 26 May 2019, <https://www.royalalberthall.com/about-the-hall/our-history/explore-our-history/building/roof/>; 'Mosaic Frieze', Royal Albert Hall, accessed 26 May 2019, <https://www.royalalberthall.com/about-the-hall/our-history/explore-our-history/building/mosaic-frieze/>; 'Construction', Archived - Wayback Machine, Royal Institute of British Architecture (RIBA), accessed 26 May 2019, <https://web.archive.org/web/20120208165405/http://www.architecture.com/LibraryDrawingsAndPhotographs/Albertopolis/TheStoryOf/RoyalAlbertHall/Construction.aspx>.



and in 1913 also the seventeenth international medical conference.<sup>671</sup> Besides the fact that this building could conveniently hold a large amount of people – at the time it could seat around 8000 to 10000 spectators split over four floors<sup>672</sup> – it was also particularly laced with meaning. The 243-metre-long mosaic that was commissioned for the building was a tribute to “[...] the advancement of the arts and sciences and works of industry of all nations [...]”.<sup>673</sup> No location seemed more suitable to commence an international gathering with over 7000 physicians. The opening and closing ceremonies which took place in this building were also a constant reference to the different nations that participated. During a two-hour ceremony, different speeches were given alternated with organ music and applause,<sup>674</sup> accompanied by a spectacle that consisted of “[a] mixture of dresses, uniforms and ceremonial costumes of the representatives [...]” as the Frenchman Lucien Liebert, working at the *Asiles de la Seine*, called it.<sup>675</sup> Individuals’ expertise and status were depicted by the elaborate clothing that was worn and the different medals and rosettes of honour and accomplishment that were worn on their jackets (**figure 32**).

---

<sup>671</sup> ‘1900s. Find out More about Events at the Royal Albert Hall during the 1900s’, Archived - Wayback Machine, Royal Albert Hall, accessed 26 May 2019, <https://www.royalalberthall.com/about-the-hall/our-history/explore-our-history/time-machine/1900s/>.

<sup>672</sup> Liebert, “Au Congrès de Londres”, *L’informateur*, 1913, vol. 9, 370, <https://gallica.bnf.fr/ark:/12148/bpt6k9648486r>; ‘Floor Plan and Seating’, Archived - Wayback Machine, Royal Insitute of British Architecture (RIBA), accessed 16 April 2021, <https://web.archive.org/web/20120208155358/http://www.architecture.com/LibraryDrawingsAndPhotographs/Albertopolis/TheStoryOf/RoyalAlbertHall/FloorPlan.aspx>.

<sup>673</sup> ‘Mosaic Frieze’.

<sup>674</sup> Eugène-Humbert Guitard, “Lettres de Londres: le XVIIe Congrès international de médecine”, *Bulletin de la Société d’histoire de la pharmacie*, vol. 1, no. 4, 1914, 52, [http://www.persee.fr/doc/pharm\\_0995-838x\\_1913\\_num\\_1\\_4\\_1212](http://www.persee.fr/doc/pharm_0995-838x_1913_num_1_4_1212).

<sup>675</sup> “[un] mélange des robes, des uniformes et des costumes d’apparat des représentants [...]”. See: Liebert, “Au Congrès de Londres”, *L’informateur*, 1913, vol. 9, 370, <https://gallica.bnf.fr/ark:/12148/bpt6k9648486r>.



**Figure 31.** Postcard of the exterior of the Royal Albert Hall from 1913. The Royal Albert Hall was used for the opening and closing ceremonies of the international medical conference in London in 1913. The main services offered by the conference organisers were located in this building as well.  
Source: <https://www.royalalberthall.com/about-the-hall/news/2012/march/why-was-the-hall-built/>,  
© Royal Albert Hall Archive.

DÉLÉGUÉS FRANÇAIS  
AU  
CONGRÈS INTERNATIONAL DE MÉDECINE DE LONDRES  
(6-12 Août 1913)



Professeur R. BLANCHARD,  
Secrétaire de l'Académie de Médecine.

Professeur L. LANDOUZY,  
Doyen de la Faculté de Médecine.

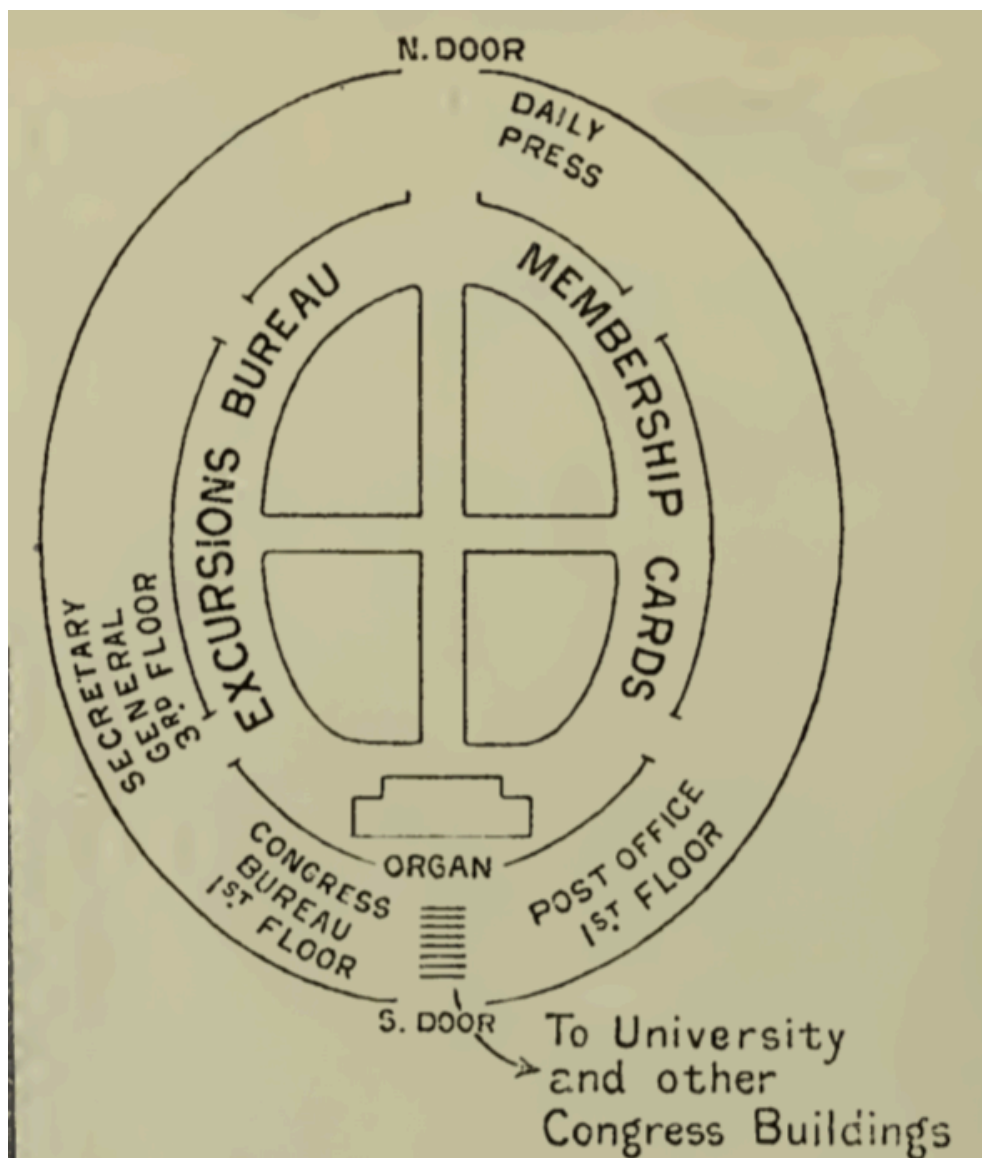
Docteur Fr. H. HALLOPEAU,  
Membre de l'Académie de Médecine.

**Figure 32.** French delegates during the international medical conference in London in 1913. Source: “Délégués français au Congrès international de médecine de Londres : professeur R. Blanchard, professeur L. Landouzy, docteur H. Hallopeau”, Collection de portraits, image no. CIPC0170, Banque d'images et de portraits, BIU Santé Médecine, Université de Paris, <https://www.biusante.parisdescartes.fr/histoire/images/index.php?refphot=CIPC0170>.

The national splendour and the scientific cachet of the conference that was on display was further highlighted by the often specific set-up of facilities during these conferences: they were intended to function as a micro-world dedicated to information and knowledge dissemination. The Dutch alienist J. van Deventer Szn., who was present at the conference in Budapest in 1909, mentioned in his report how “The central building, where the congress office was located, was equipped with reading and correspondence rooms, a buffet, a conversation room especially for the lady congress members, a press and information office, post, telephone and telegraph office, a



medical room for occurring accidents, as well as rooms for special meetings”.<sup>676</sup> A similar set-up was found at the London-based congress in 1913, where the Royal Albert Hall was decked out with offices for the daily press, stands for membership cards and excursions, a post office and rooms for the congress bureau and general secretary (figure 33). These various features provided to conference attendees were primarily directed towards information supply and different typed of communication.



**Figure 33.** Map of the Royal Albert Hall used for the international medical conference in 1913. The plan displays where attendees could find the various congress facilities such as the stand for membership cards, the post office, the excursions bureau or the office of the Daily Journal. The building was only a

<sup>676</sup> “In het centralebouw, waarin het congresbureau was gevestigd, waren ingericht lees- en correspondentiezalen, een buffet, een conversatielokaal speciaal voor de dames-congresleden, een pers- en informatiebureau, post-, telefoon- en telegraaf-kantoor, een geneeskundig zittingslokaal voor voorkomende ongevallen, zoomede lokalen voor speciale vergaderingen”. See: “Eenige beschouwingen naar aanleiding van het Internationaal Geneeskundig Congres te Budapest en verslag van een bezoek aan verschillende krankzinnigengestichten en aanverwante inrichtingen in Hongarije, Rumenië, Turkeije, Griekenland, Oostenrijk en Italië”, PB, 1910, vol. 14, 87, private digital scan, Hendrick Conscience Library, Antwerp.

short walk away from the other conference rooms. Source: XVIIth international congress of medicine (London, 1913). *Daily Journal*, 12, <http://archive.org/details/b2807645x>.

### Lecture rooms as a stage for science

Aside from the buildings that were used for inaugural sessions or closing banquets, there were the rooms designated for medical lectures and discussions. While scientists' expertise has recently been framed as a form of performance through which they gained authority,<sup>677</sup> conference rooms were also part of that performance. Historian Wiebe Bijker, inspired by Goffman's theatre metaphor, made a division between the 'back stage' which concerns the process of *producing* expert knowledge, and the 'front stage' which encompasses the *presentation* of expert knowledge as a finished product.<sup>678</sup> The meeting rooms at these conferences became, figuratively and literally, the front stages upon which alienists and physicians expressed their expertise in front of an international audience of specialists. Lectures took for instance place at the premises of the *Académie de médecine* in Brussels, the seat of the highest medical body in Belgium;<sup>679</sup> the University of London and Burlington House, in which multiple scientific societies resided;<sup>680</sup> the University of Budapest,<sup>681</sup> or at the *grande amphithéâtre du Collège de France* and the *amphithéâtre Richelieu* at the Sorbonne which were regularly used during conferences held in Paris.<sup>682</sup>

These venues had two things in common. Firstly, these were spaces that facilitated the production and performance of scientific speech. Lecture theatres became standard use in the nineteenth century and displayed not only the importance

---

<sup>677</sup> Vandendriessche, Peeters, and Wils, *Scientists' Expertise as Performance*.

<sup>678</sup> Vandendriessche, Peeters, and Wils, *Scientists' Expertise as Performance*, 3.

<sup>679</sup> "Régelement", in: *Congrès périodique international des sciences médicales. 4<sup>ème</sup> session – Bruxelles – 1875. Compte-rendu*, v, <https://gallica.bnf.fr/ark:/12148/bpt6k97886149>; Rita Schepers, 'The Legal and Institutional Development of the Belgian Medical Profession in the Nineteenth Century', *Sociology of Health & Illness* 7, no. 3 (1985): 330.

<sup>680</sup> The Times, July 23 1881, 27/11/2020, <https://www.thetimes.co.uk/archive/article/1881-07-23/7/11.html>.

<sup>681</sup> "Eenige beschouwingen naar aanleiding van het Internationaal Geneeskundig Congres te Budapest en verslag van een bezoek aan verschillende krankzinnigengestichten en aanverwante inrichtingen in Hongarije, Rumenië, Turkeije, Griekenland, Oostenrijk en Italië", PB, 1910, vol. 14, 87, private digital scan, Hendrick Conscience Library, Antwerp.

<sup>682</sup> "Extrait du procès-verbal de la séance de la Société médico-psychologique du 25 février 1889", in: *Congrès International de Médecine mentale tenue à Paris du 5 au 10 août 1889. Comptes rendus*, (Paris: G. Masson, 1890), 13, <http://archive.org/details/b21702068>; "Adresse de la section de neurologie", in: Ant. Ritti (ed.), *XIII<sup>e</sup> congrès international de médecine. Paris. Section de psychiatrie. Comptes rendus*, (Paris: Masson et Cie., 1900), vol. 8, 10, <http://www.biusante.parisdescartes.fr/hismed/medica/cote?90240x08>.



of science but also focused on the importance of the spoken word.<sup>683</sup> Secondly, these rooms were located in or near the main university of a city, or were associated with a higher scientific body that emanated scientific and national prestige. These locations were an embodiment of scientific practices and knowledge accumulation and by choosing this type of venue – similar to the selection of the Royal Albert Hall – the psychiatric field was literally and figuratively encompassed by knowledge, emphasising its scientific nature.

Historian Finnegan noted, “Where they [lectures] are delivered thus has a significant influence on their form, functions and impact”.<sup>684</sup> The Room’s layout – form and size, acoustics, the placement of desks and chairs, the use of projections or other apparatuses – determined the ways in which lectures and discussions could be held. Therefore, these rooms had what we could call material agency.<sup>685</sup> They shaped the range of interactions that were possible between participants and how a speaker could “perform” his expertise in front of his peers. In general, these rooms consisted of a desk – often with stacks of paper on top<sup>686</sup> – and multiple chairs on which the president and secretary of the section, and the speaker took place. Sometimes this set-up was placed on a platform. Facing them, wooden chairs or benches were placed, either one row after the other or, if it was an auditorium the seating areas had different levels. Depending on the room, visual objects could be used to support the presented discourses. These ranged from brain preparations, through the presentation of live animals and even patients, to the display of projections with a lantern slide, photographs and moving pictures.<sup>687</sup>

A widespread use of the latter three seems to have been relatively slow. By the end of the nineteenth century it was still only sporadically used, yet it was common enough that in 1897 the *salle des conférences de physique* at the university of Moscow

---

<sup>683</sup> Finnegan, ‘Finding a Scientific Voice’, 9.

<sup>684</sup> Finnegan, ‘Finding a Scientific Voice’, 5.

<sup>685</sup> Michael David Kirchhoff, ‘Material Agency: A Theoretical Framework for Ascribing Agency to Material Culture’, *Techné: Research in Philosophy and Technology* 13, no. 3 (2009): 206–20.

<sup>686</sup> *Occidente. Revista Ilustrada de Portugal e do Extrangeiro*, vol. 29, no. 984, 92-93, [http://hemerotecadigital.cm-lisboa.pt/OBRAS/Ocidente/1906/N984/N984\\_item1/index.html](http://hemerotecadigital.cm-lisboa.pt/OBRAS/Ocidente/1906/N984/N984_item1/index.html)

<sup>687</sup> “Séances générales”, in: *Congrès international de psychologie physiologique. Procès-verbaux sommaires*, (Paris: imprimerie nationale, 1889), 35, <http://cnum.cnam.fr/redir?8XAE332.10>; “Conférence sur l’assistance familiale des aliénés”, in: Fritz Sano (ed.), *Congrès international de l’assistance des aliénés et spécialement de leur assistance familiale tenu à Anvers du 1 au 7 septembre, 1902. Rapports et compte-rendu des séances*, (Antwerpen: De Nederlandsche Boekhandel, 1903), 838, <http://hdl.handle.net/2027/mdp.39015030965928>; “Section XI.—Neuropathology”, *XVIIth international congress of medicine (London, 1913). Daily Journal*, 126, <http://archive.org/details/b2807645x>.

– where the section on psychiatry convened – was equipped with an electrical device for projections which was at the disposal of the conference participants.<sup>688</sup> By the early twentieth century its use had risen and was, in 1913 at the international medical conference in London, used at least once in almost every section (surgery, general pathology, urology, dermatology, etc.). Of those sections related to the field of psychiatry in its broadest sense, only the section on neuropathology had on its programme a lecture on “curiosities in nervous pathology” by the Canadian physician Clarence Starr accompanied by lantern slides, and moving picture demonstrated by Weisenburg, while in the section dedicated purely to psychiatry none of the speakers made use of this technology.<sup>689</sup>

Aside from the use of image projections, a more basic feature that was essential in a conference room was a clear view of the speaker and suitable audio quality. The use of auditoriums – which were designed to offer a better visual and acoustic experience – was preferable to a common meeting room where this was not as optimised, for example because there was no difference in seating levels (compare **figure 34-35** with **figure 36**). During the international medical conference in London in 1913, the psychiatry section gathered in the Chemical Library of the Imperial College of Science and Technology in South Kensington, a space that was not optimised for lectures. The French professor P. Janet complained that he had been unable to understand several speakers.<sup>690</sup> Furthermore, rooms could often seat a considerable number of people. During the international conference in Paris in 1900 the *section de neurologie* was allocated the Richelieu amphitheater (**figure 35**), and the *section de psychiatrie* was allocated the south amphitheater of the *École de pharmacie* (**figure 34**),<sup>691</sup> both of which could hold about 600 people.<sup>692</sup> These international conferences were large events, thus locations needed to be spacious enough to allow the possible

---

<sup>688</sup> “Renseignements supplémentaires sur l’organisation des sections diverses, expositions, excursions, etc”, in: W. Roth, *Comptes-rendus du XII congrès international de médecine. Moscou, 7(19)-14(26) août 1897*, vol. 1, partie générale, 129, <http://archive.org/details/comptesrendusdu00inte>.

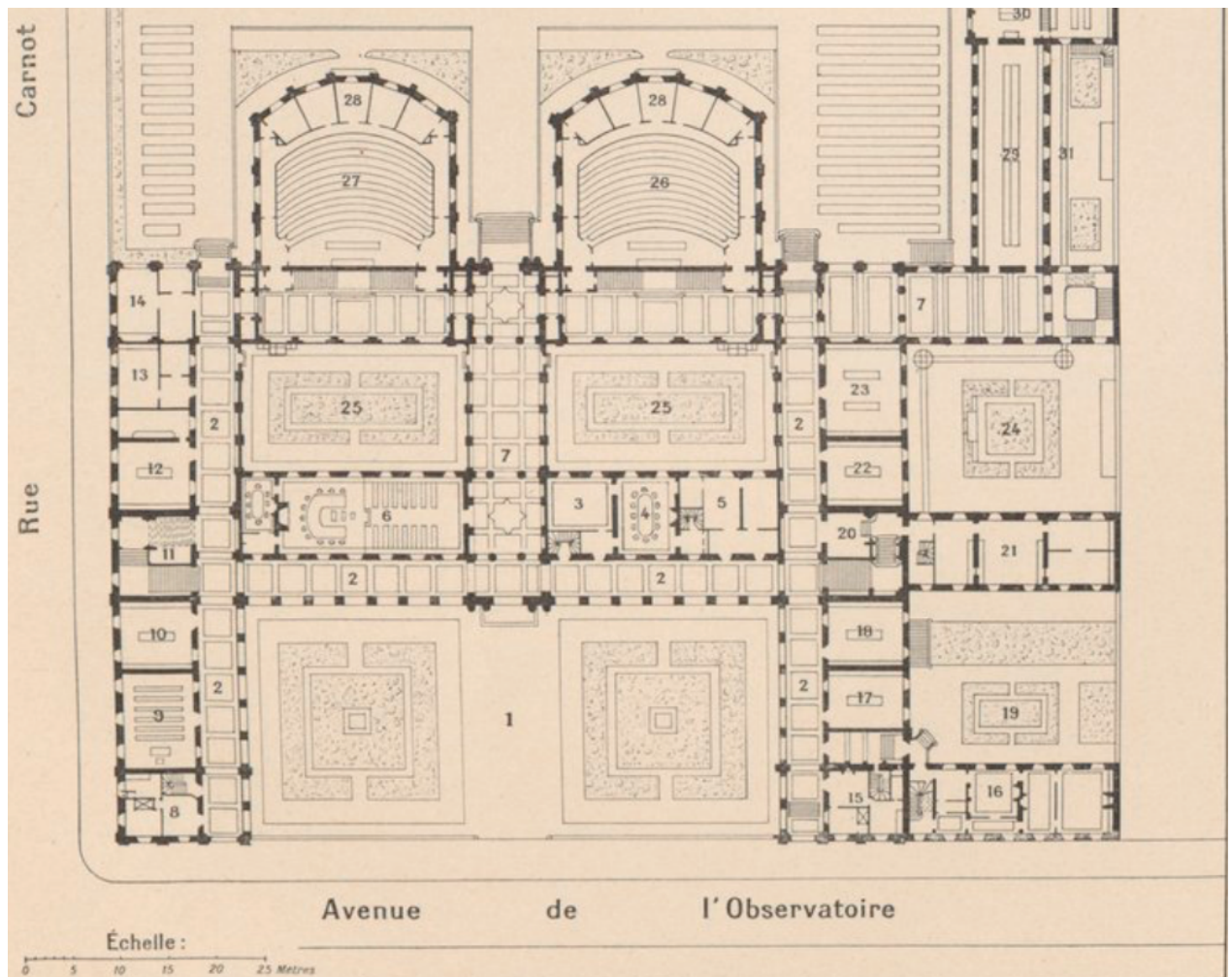
<sup>689</sup> “Section XI.—Neuropathology”, *XVIIth international congress of medicine (London, 1913)*. *Daily Journal*, 126, <http://archive.org/details/b2807645x>.

<sup>690</sup> “Section XII - Psychiatry”, *XVIIth international congress of medicine (London, 1913)*. *Daily Journal*, 129, <http://archive.org/details/b2807645x>; “Het 17e Internationaal Medisch Congres, London 6-12 Aug. 1913”, PB, 1913, vol. 17, 631-632, private digital copy, Hendrick Conscience Library.

<sup>691</sup> “Adresse de la section de neurologie”, in: Ant. Ritti (ed.), *XIIIe congrès international de médecine. Paris. Section de psychiatrie. Comptes rendus*, (Paris: Masson et Cie., 1900), vol. 8, 10, <http://www.biusante.parisdescartes.fr/hismed/medica/cote?90240x08>.

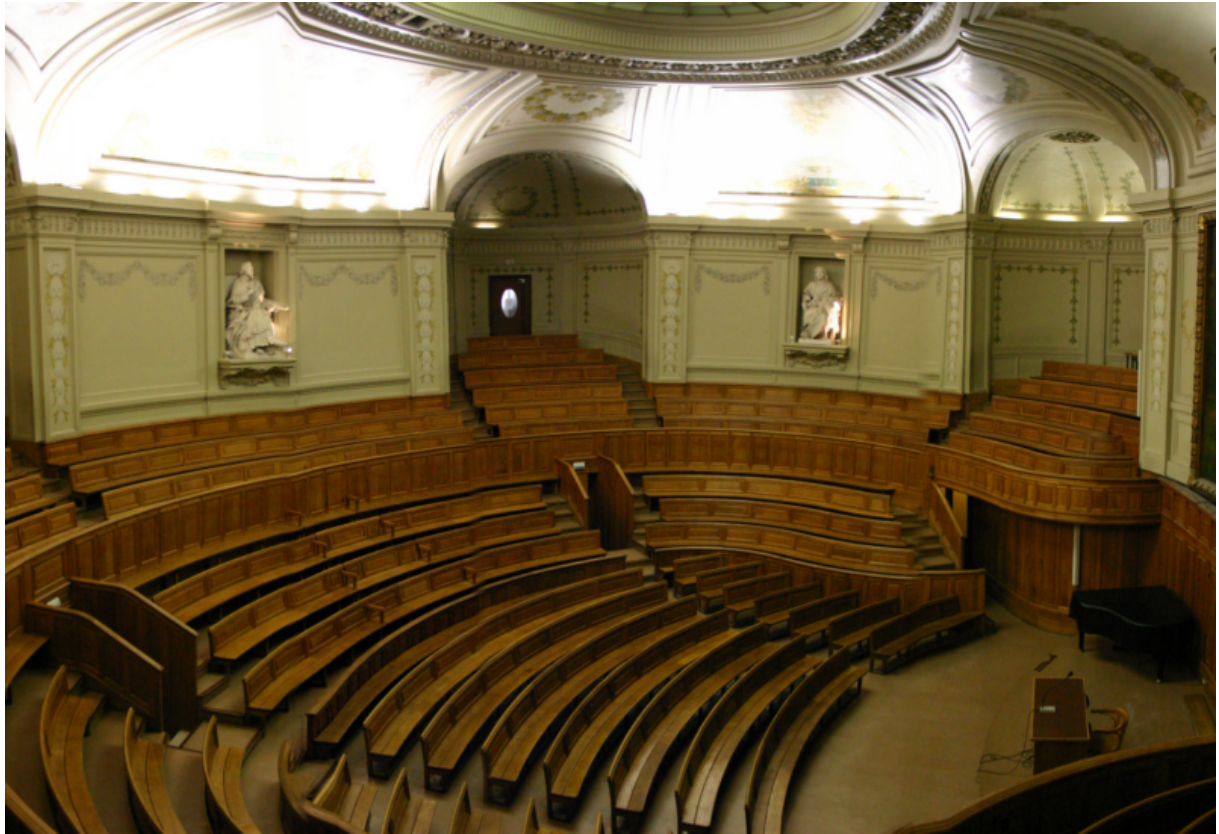
<sup>692</sup> “Amphithéâtres”, *Centenaire de l’École supérieure de pharmacie de l’université de Paris, 1803-1903*, (Paris: A. Joanin et Cie., 1904), 99-100, <https://gallica.bnf.fr/ark:/12148/bpt6k65347909>; ‘Amphithéâtre Richelieu – Location d’espaces’, Université Paris 1 Panthéon-Sorbonne, accessed 17 April 2021, <https://locations.univ-paris1.fr/amphi-richelieu/>.

presence of large groups of attendees, although this also mainly depended on the various sections at the conference, as not all necessarily drew an equal amount of interest.

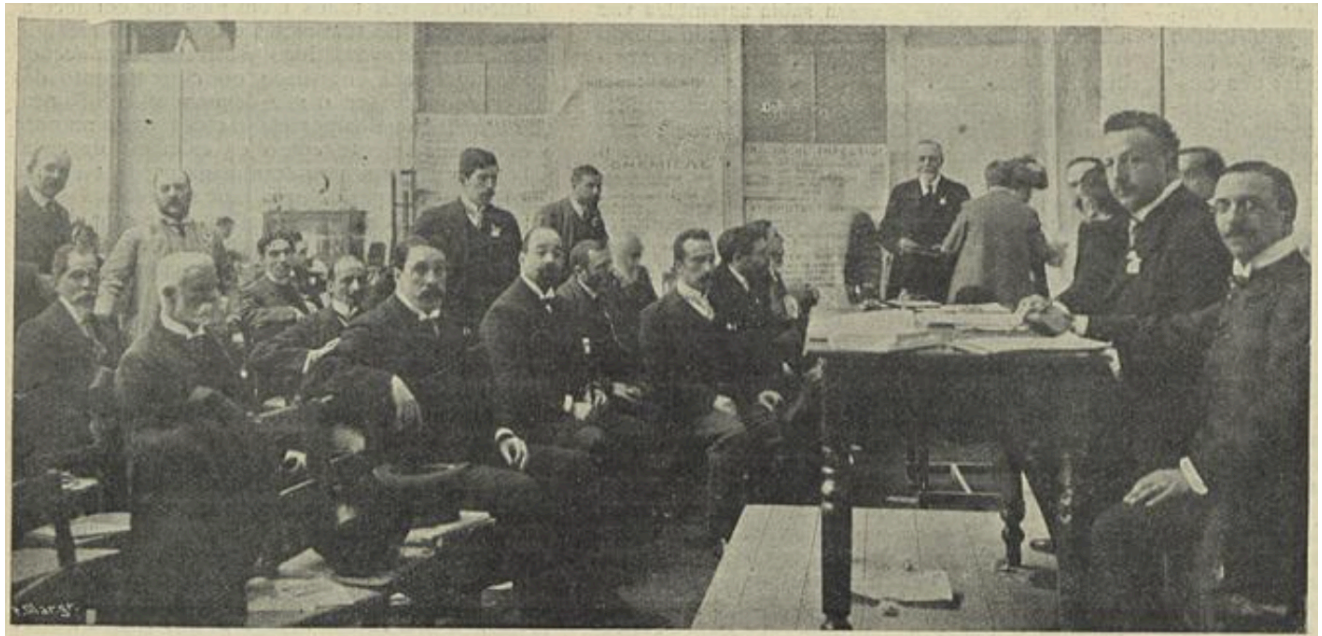


**Figure 34.** Cutout from the plan of the *École de pharmacie* in 1882. Number 27 on the maps displays the amphitheater used by the members of the psychology section during the international medical conference in Paris in 1900. Source: "Plan de l'École en 1882", *Centenaire de l'École supérieure de pharmacie de l'université de Paris, 1803-1903*, (Paris: A. Joanin et Cie., 1904), 97, <https://gallica.bnf.fr/ark:/12148/bpt6k65347909>.





**Figure 35.** Amphithéâtre Richelieu at the Sorbonne [no date]. Source: 'Amphithéâtre Richelieu – Location d'espaces', Université Paris 1 Panthéon-Sorbonne, accessed 17 April 2021, <https://locations.univ-paris1.fr/amphi-richelieu/>.



**Figure 36.** A conference room used during the International Medical conference in Lisbon in 1906. Source: "A V secção em trabalhos sob a presidencia do dr. Nuno Porto", *Occidente. Revista Ilustrada de Portugal e do Estrangeiro*, vol. 29, no. 984, [http://hemerotecadigital.cm-lisboa.pt/OBRAS/Ocidente/1906/N984/N984\\_item1/index.html](http://hemerotecadigital.cm-lisboa.pt/OBRAS/Ocidente/1906/N984/N984_item1/index.html).

While international conferences have been defined as places where collaboration could arise (for example developing a common classification system of psychiatric illnesses) and new knowledge was produced, it were also mainly places of knowledge consumption.<sup>693</sup> Psychiatrists gathered at these conferences from across the world (but mainly Europe), to showcase the knowledge they had gained about a particular subject, and bringing it to these international venues. Peers flocked together in order to absorb and learn from the variety of information available at international conferences. These interactions are in particular illustrated by the layout of the rooms that were used, and the objects found within them (e.g. light projector), which's primary function was oral communication.

Typical for these conferences was that physicians often wanted to attend a variety of lectures on multiple topics. This was especially the case in the field of psychiatry. During the nineteenth and early twentieth centuries the fields of psychiatry, psychology and neurology stood in an ambiguous relationship. Clear demarcation lines between these fields was not yet established, and several alienists had an interested in all of them. While most lecture rooms were well equipped for holding scientific meetings, the proximity of these rooms to one another were not always efficiently organised and was an aspect that physicians complained about. Lucien Libert for example, remarked in 1913 that “Unfortunately, the neurology section found itself sitting in premises separate and distant from psychiatric medicine, and this lack of conception and organisation made it very difficult for the medical journalist responsible for following the debates of the unitary science of neuro-psychiatry in London”.<sup>694</sup> The physical distance between rooms could either enhance or disrupt the flow of information between similar specialties, the latter being experienced as problematic. These problems could however be countered to a certain extend. The section on neurology and the section on psychology during the international medical conference in Paris in 1900, were not located in close proximity, being a 15-minute walk away from each other. Nonetheless, the *bureau* of the neurology section had invited the

---

<sup>693</sup> On the notion of ‘sites of consumption’ and ‘places of knowledge production’, see: Heike Jöns, ‘Transnational Mobility and the Spaces of Knowledge Production: A Comparison of Global Patterns, Motivations and Collaborations in Different Academic Fields’, *Social Geography* 2 (2007): 100.

<sup>694</sup> “malheureusement la section de neurologie se trouvait tenir ses assises dans des locaux distincts et éloignés de la médecine psychiatrique, et ce défaut de conception et d'organisation rendit fort difficile la tâche du journaliste médical chargé de suivre à Londres les débats de cette science unitaire qu'est la neuro-psychiatrie”. See: Libert, “Au Congrès de Londres”, *L'informateur*, 1913, vol. 9, 369, <https://gallica.bnf.fr/ark:/12148/bpt6k9648486r>.

participants of the psychology section to hold a joint meeting.<sup>695</sup> By organising joint meetings the gap between these specialties was figuratively and literally closed.

#### Conference bulletins: a window on the necessity of structure

International conferences were large events with various places being set-up to obtain a membership card, attend general assemblies, participate in meetings of different subsections, or partake in excursions and parties that were organised. Alienists had to find their way through this chaos of places, which required organisation committees to provide structure, as conference attendees needed to be able to make decisions about which of these activities they wanted to partake in and when. To this end, conference organisers often published conference *resumés* or *bulletins*. These appeared each day of the conference – sometimes also a few days before the conference started – and included a map of the conference buildings, the programme with all the various meetings, festivities, and visits, abstracts of papers and a membership list.<sup>696</sup> Other notices or messages could be published in the *bulletin* the next day, if delivered on time to the editor.<sup>697</sup>

Participants considered daily journals to be a crucial and vital part of the conference. It was relied upon for selecting which meetings or lectures to attend, or to get a brief understanding of the subject at hand, especially if attendees did not understand the language in which the lecture was held, and to make discussions among members easier.<sup>698</sup> Their value is in particular illustrated by how aware people were of

---

<sup>695</sup> Ant. Ritti (ed.), *XIIIe congrès international de médecine. Paris. Section de psychiatrie. Comptes rendus*, (Paris: Masson et Cie., 1900), vol. 8, 10, <http://www.biusante.parisdescartes.fr/hismed/medica/cote?90240x08>.

<sup>696</sup> “Avant-propos”, in: Emile de Grósz (ed.), *XVIe Congrès International de Médecine. Budapest : août-septembre 1909. Compte-rendus. Volume général*, x, [http://archive.org/details/b28120966\\_0022](http://archive.org/details/b28120966_0022); *XV Congrès International de Médecine. Lisbonne 19-26 avril 1906. Volume générale*, (Lisbonne: Adalino do Mendonca, 1906), 300, <https://archive.org/details/xvcongrsinterna02unkngoog>; “*XV congrès international de médecine. Lisbonne – 19-26 avril 1906. Bulletin Officiel*, 1905, no. 5”, inventory no. 73, access no. 2.19.221, Nederlandsche Vereniging voor Psychiatrie, Nationaal Archief Den Haag; Fritz Sano (ed.), *Congrès international de l'assistance des aliénés et spécialement de leur assistance familiale tenue à Ancers du 1 au 7 septembre 1902. Rapports et compte-rendu des séances*, (Antwerpen: De Nederlandsche Boekhandel, 1903), 6, <http://hdl.handle.net/2027/mdp.39015030965928>; G. A. M. van Wayenburg (ed.), *Compte rendu des Travaux du Ier congrès international de Psychiatrie, de Neurologie, de Psychologie et de l'Assistance des aliénés tenue à Amsterdam du 2 à 7 Septembre 1907*, (Amsterdam : J. H. de Bussy, 1908), XXXV, <http://archive.org/details/b2129575x>; *XVIIth international congress of medicine (London, 1913). Daily Journal*, <http://archive.org/details/b2807645x>.

<sup>697</sup> “Office of the daily journal”, *XVIIth international congress of medicine (London, 1913). Daily Journal*, 12, <http://archive.org/details/b2807645x>.

<sup>698</sup> “Règlement générale”, *Congrès International de Neurologie de Psychiatrie, d'Électricité médicale & d'Hyponologie. Première session tenue à Bruxelles du 14 au 28 septembre 1897. Rapports*, (Paris: Baillière et Cie., 1898), 7, <http://archive.org/details/b2170207x>.

its existence and participants reactions towards its distribution. The French physician Libert and the German alienist Oliven both expressed their frustration, complaining about the inefficient and untimely distribution of the daily journal during the conference in London in 1913 and the conference in Madrid in 1903.<sup>699</sup> Libert wrote for example in the *L'informateur des aliénistes et des neurologistes* that it was “[...] regrettable that the reports and summaries were not provided, for the most part, on time, the fault lies solely with the foreign rapporteurs who remained deaf to the Secretary General’s requests”.<sup>700</sup> However, when everything went well this was also noticed by attendees, who made remarks about the smooth distribution of this crucial object.

### **Advantages and restrictions of physical participation and from afar**

Aside from the above-mentioned features and characteristics, attendees’ behaviour was also dictated by conference rules and protocols. These generated a wide range of conditions in which lectures were given and debates held. The rules guiding alienists’ lecture and how knowledge was consumed, consisted of several components: the type of communication, time restrictions, the attendees participation and the presence or absence of speakers.

Two types of communications were repeatedly used. Firstly, there were the “*rappports*” which were generally larger reports that addressed the questions that the organising committee had chosen as the conference’s aim, and served to introduce subjects among participants. Secondly, there were the smaller “*communication*” which did not need to be related to the conference’s goals. In both categories the individuals allowed to present were chosen in advance by the organising committee. Sessions wherein larger reports were addressed, were not always the most ideal moment and location to hold extended discussions, but were often solely intended to listen to a discourse. For this reason the French alienist Lasègue suggested in 1878 during the *Congrès international de médecine mentale* to also organise smaller and more informal meetings to improve the debates and generate more thorough discussions among the

---

<sup>699</sup> Hans Laehr [and Albert Oliven], “Bericht über den 14. Internationalen Aerztekongress”, *AZP*, 1903, vol. 60, 1004, <http://hdl.handle.net/2027/hvd.32044097071062>; Libert, “Au Congrès de Londres”, *L'informateur*, 1913, vol. 9, 369, <https://gallica.bnf.fr/ark:/12148/bpt6k9648486r>.

<sup>700</sup> “[...] peut regretter que les rapports et les résumés n'aient pas été fournis, pour la plupart, en temps voulu, la faute en revient uniquement aux rapporteurs étrangers qui restèrent sourds aux sollicitations du secrétaire général”. See: Libert, “Au Congrès de Londres”, *L'informateur*, 1913, vol. 9, 369, <https://gallica.bnf.fr/ark:/12148/bpt6k9648486r>.



congress members. His proposition was not only one of scientific convenience, but also to merge different national forms of communication styles, mentioning that “We French have the reputation of liking speeches. Well, we must to some extent break with this habit, and adopt what is practised in England, where most questions are thus dealt with in the form of conversation rather than speeches”.<sup>701</sup> These larger lectures, smaller communications or informal discussions, all took place in their own designated rooms which were often adapted to the type of communication that was at hand.

Restrictions not only applied to the topics about which could be communicated. Those who wanted to ask a question or partake in a discussion often had to indicate this in advance. While it provided the section-president with a lever to manage the smoothness of the meetings, it also meant that spontaneous and unplanned contributions were not always allowed. Furthermore, not everyone had the right to speak or ask questions. Several conferences, such as the conference in Brussels in 1875,<sup>702</sup> had strict regulations that medical students only were allowed to *listen* to lectures and excluded them from taking the floor or make comments, which was reserved for seasoned physicians.

While different rules applied to what the speakers and the audience could and could not do, they were however both subject to time restrictions. While this slightly varied from conference to conference, individuals presenting a larger report or smaller *communications* needed to stay within a 15 or 20 minutes timeframe.<sup>703</sup> Replies and comments were allowed, but remarks or replies could often last no more than five or

---

<sup>701</sup> “Nous avons la réputation, nous Français, d’aimer les discours. Eh bien il faut dans une certaine mesure rompre avec cette habitude, et adopter ce qui se pratique en Angleterre, où la plupart des questions se traitent ainsi sous forme de conversation plutôt que de discours”. See: *Congrès international de médecine mentale, tenu à Paris, du 5 au 10 août 1878. Comptes rendus sténographiques*, (Paris: Imprimerie nationale, 1880), 16, <http://www.biusante.parisdescartes.fr/histmed/medica/cote?110817x1878>.

<sup>702</sup> “Règlement. Art. 14. Les élèves en médecine pourront obtenir des cartes d’entrée mais ne pourront être admis à prendre la parole”, in: *Congrès périodique international des sciences médicales. 4<sup>me</sup> session – Bruxelles – 1875. Compte-rendu*, vi, <https://gallica.bnf.fr/ark:/12148/bpt6k97886149>.

<sup>703</sup> See for example: *Congrès périodique international des sciences médicales. 4<sup>me</sup> session – Bruxelles – 1875. Compte-rendu*, vi, <https://gallica.bnf.fr/ark:/12148/bpt6k97886149>; *Congrès international de médecine mentale, tenu à Paris, du 5 au 10 août 1878. Comptes rendus sténographiques*, (Paris: Imprimerie nationale, 1880), 3, <http://www.biusante.parisdescartes.fr/histmed/medica/cote?110817x1878>; *Congrès International de Médecine mentale tenue à Paris du 5 au 10 août 1889. Comptes rendus*, (Paris: G. Masson, 1890), 10, <http://archive.org/details/b21702068>; *Congrès international de Neurologie de Psychiatrie, d’Électricité médicale & d’Hyponologie. Première session tenue à Bruxelles du 14 au 21 septembre 1897. Fascicule I. Rapports*, (Paris: Baillière et Cie., 1898), 7-8, <http://archive.org/details/b2170207x>; *Compte rendu des Travaux du 1<sup>er</sup> congrès international de Psychiatrie, de Neurologie, de Psychologie et de l’Assistance des aliénés tenue à Amsterdam du 2 à 7 Septembre 1907*, (Amsterdam : J. H. de Bussy, 1908), xxxv, <http://archive.org/details/b2129575x>; *XVI<sup>e</sup> Congrès International de Médecine. Budapest : août-septembre 1909. Compte-rendus. Volume général*, 95, [http://archive.org/details/b28120966\\_0022](http://archive.org/details/b28120966_0022).



ten minutes. However, exceptions could be made on the authority of the section-president. As chairman he not only had the capacity to prolong a speaker's allotted time, he also had to make sure that presenters stayed within the foreseen schedule. The Frenchman Eugène-Humbert Guitard, a historian visiting the conference in London for its history of medicine section, had commented upon this essential role of the section-president, stating in a report that "Dr. Moore is a distinguished chairman, but he cannot prevent most speakers from exceeding the quarter-hour time allotted to each paper. What can be exposed in a quarter of an hour? And yet we have to be quick: there are more than seventy papers on the list".<sup>704</sup> An essential part of scientific lectures was to captivate the audience and convince them of a certain standpoint. To accomplish this, speakers had to balance the amount of rational and emotion they put forward in their speech.<sup>705</sup> Time limitations complicated this even further and meant that physicians needed to be concise and at the same time clear enough to get their point across.

During these conferences, running out of time could become a problem and sometimes caused a rearrangement of the papers that were read in full and those that were only read by abstract or title. During the International congress of charities, correction and philanthropy held in Chicago in 1893, one of the afternoon sessions was supposed to start at 14h00, however, it would only begin at 14h40 and be adjourned by 16h05. During this time only two papers were read in full and afterwards discussed.<sup>706</sup> By the time that the paper of the Belgian alienist Jules Morel – who was absent at the time – should have been read, time was running out and the paper was only shortly outlined by the American Bannister, who had read the paper beforehand.<sup>707</sup> Morel, however, had constructed his paper in a way that he thought the paper would be read and commented upon, and expected feedback despite his absence: "I submit these lines to your learned appreciation and I should feel myself well

---

<sup>704</sup> "Le docteur Moore est un président distingué, mais il ne peut empêcher que la plupart des orateurs ne dépassent le temps d'un quart- d'heure qui est assigné à chaque communication. Que peut-on exposer en un quart-d'heure ? Et cependant il faut aller vite : il y a plus de soixante-dix mémoires inscrits". See: Eugène-Humbert Guitard, "Lettres de Londres: le XVIIe Congrès international de médecine", *Bulletin de la Société d'histoire de la pharmacie*, vol. 1, no. 4, 1914, 53, [http://www.persee.fr/doc/pharm\\_0995-838x\\_1913\\_num\\_1\\_4\\_1212](http://www.persee.fr/doc/pharm_0995-838x_1913_num_1_4_1212).

<sup>705</sup> Finnegan, 'Finding a Scientific Voice', 2 and 7–8.

<sup>706</sup> A paper by the British psychiatrist Daniel Hack Tuke and the French alienist Victor Parant.

<sup>707</sup> G. Alder Blumer and A. B. Richardson (eds.), "Commitment, Detention, Care and Treatment of the Insane", being a report of *The Fourth section of the International congress of charities, correction and philanthropy, Chicago, June, 1893*, (Baltimore: the Johns Hopkins Press,, 1894), 182 and 186, <https://wellcomelibrary.org/item/b28083532>.

rewarded if the *élite* of the American alienists who favour me with their kind attention, could also favour me with the expression of their opinions [...]”.<sup>708</sup> Others were less lucky, like for example the French alienist E. Régis, the Finn Emil Hougberg and Frederick Peterson from New York, whose papers were not covered at all during the conference.<sup>709</sup> This means that, during the conference itself, some communications and the knowledge they contained could not be addressed, although they would often appear later on in the published proceedings of the conference, as was the case with Morel’s paper which would be published in full.

When individuals were not able to attend this obstructed the personal, face-to-face communication and flow of information that were international conferences’ main goals. Papers of absent members were sometimes read by another participant or a member of the section-committee, and formed an intermediate solution, yet this too had its effect on the knowledge dissemination and communication among peers. Access to information and alienists’ willingness to participate in these large-scale events had an impact on the breadth of knowledge dissemination. It not only hampered the alienist’s own access to knowledge – as he was not able to meet important experts in the flesh – but hindered the knowledge access of others as well: by not being present, one’s own knowledge could not be fully shared. The Dutch psychiatrist L. Bouman and several other attendees were disappointed when, during a Saturday morning conference session, the physician Bonhoeffer was not present, while the programme had indicated that he would open the debate about infection and intoxication psychoses.<sup>710</sup> This particular session, which did not have that many participants to begin with, and the misfortune of Bonhoeffer’s absence, led to an uneventful debate, which made several of the attendees leave the session early in order to attend more interesting lectures.<sup>711</sup>

While the importance of (inter)national conferences has always been framed within scholars’ physical presence at these events, Individuals’ participation from afar

---

<sup>708</sup> Jules Morel, “The treatment of degenerative psychoses”, AJP, 1893-1894, vol. 50, 200, <http://hdl.handle.net/2027/ien.35558002007967>.

<sup>709</sup> G. Alder Blumer and A. B. Richardson (eds.), “Commitment, Detention, Care and Treatment of the Insane”, being a report of *The Fourth section of the International congress of charities, correction and philanthropy, Chicago, June, 1893*, (Baltimore: the Johns Hopkins Press,, 1894), 182 and 186, <https://wellcomelibrary.org/item/b28083532>.

<sup>710</sup> “Het 17e Internationaal Medisch Congres, London 6-12 Augs. 1913”, PB, 1913, vol. 17, 632-633, private digital copy, Hendrick Conscience Library.

<sup>711</sup> “Het 17e Internationaal Medisch Congres, London 6-12 Augs. 1913”, PB, 1913, vol. 17, 632-633, private digital copy, Hendrick Conscience Library.

should not be forgotten as it was not a one-time phenomenon and was made use of on multiple occasions by alienists and physicians. This highlights an interesting discrepancy: on the one hand, European physicians had an interest in international conferences or were explicitly invited as speakers, while on the other hand, many Europeans did not or could not attend certain meetings, especially those who were at a considerable travel distance. Jules Morel for example tended to be absent from conferences on different occasions but almost always sent in a paper that was read by one of the participants (see chapter 3). In 1894, he was absent from a conference in Rome where, while his paper was positively received, his absence was also lamented. The Italian professor E. Ferri found it regrettable that Morel was not present “[...] to give further discussion of his very important proposal, which represents one of the most fruitful applications of psychiatry and criminal anthropology to practical sociology, for the prevention of delinquency”.<sup>712</sup> These examples illustrate that an individual’s absence could be mitigated to some extent, but simultaneously created a different knowledge dynamic as the opportunities to exchange information and discuss knowledge were more restricted, laying bare the fragility of scientific communication.

### **Social activities as an epicentre of interaction**

While engaging in scientific debates could be a fruitful activity, it was not only the conference rooms that created an environment to engage with peers from across the world. Social activities formed a crucial part as well, maybe even more so than the purely scientific activities that took place. While historians, such as Kaluszynski, have pointed out that aside from meetings and lectures, social events also formed an important part of a conference, no details about the social, cultural and scientific protocols that surrounded these activities have been studied.<sup>713</sup> Further investigation is necessary into how these social activities played a role in nurturing relations between congress visitors, and in how far these were activities that everyone was able to take part in.

---

<sup>712</sup> “[...] per dare più discussione della sua importantissima proposta, che rappresenta una delle più feconde applicazioni della psichiatria e antropologia criminale alle sociologia pratica, per la prevenzione della delinquenza”. See: “Discussione”, *Atti dell’XI Congresso medico internazionale: Roma, 29 marzo-5 aprile 1894. Vol. IV, Psichiatria, neuropatologia ed antropologia criminale*, (Torino : Rosenberg and Sellier, 1895), 168, [http://archive.org/details/b28124169\\_0004](http://archive.org/details/b28124169_0004).

<sup>713</sup> Kaluszynski for example only devotes one sentence to social activities. See: Kaluszynski, ‘The International Congresses’, 308.

As a reporter of the Times remarked in 1881, “[a] congress would be nothing without hospitality”<sup>714</sup>, and stated that “[t]he social element, in fact, bids fair to overwhelm the scientific; and the profusion of entertainments, of sights, and of receptions will leave little leisure, and possibly less inclination, to devote hours to assembling in badly-ventilated rooms to hear and discuss papers in languages which many will understand but imperfectly, and which all will afterwards be enabled to read with deliberation”.<sup>715</sup> The number of activities that were available to the physicians and alienists during the nineteenth and early twentieth centuries were vast, and are still part of medical conferences today. During the international medical conference held in London in 1881, for eight days straight a wide arrangement of activities had been organised, including receptions, luncheons, dinners, garden parties, exhibitions and excursions.<sup>716</sup> On average there were six activities planned per day, and on some days these rose to as high as 16. A large part of social activities were open for everyone and no distinctions were made between conference attendees – there were one or two exceptions such as receptions only organised for the foreign participants.<sup>717</sup> The only limitation to participate was the capacity a certain place could hold and which varied between 25 to over a 1000 individuals. If registrations for an event exceeded its capacity, it was not a first come, first served principle that was used, but tickets would then be distributed by ballot.<sup>718</sup> These organisational principles thus had an impact on the number of people and whom one could interact with at some of these events.

No effort was spared by the organising committee to entertain the conference attendees. This broad range of entertainment helped people to feel welcome and fostered social connections, but it was also a means to display the richness of a city and its medical community from a financial, cultural and scientific point of view. The *College of Physicians and Surgeons* would for example, arrange entertainment “befitting their wealth and their *prestige*”.<sup>719</sup> Each kind of activity – soirées, garden parties, dinners,

---

<sup>714</sup> The Times, July 28 1881, accessed 24/11/2020, <https://www.thetimes.co.uk/archive/article/1881-07-28/9/5.html>.

<sup>715</sup> The Times, July 28 1881, accessed 24/11/2020, <https://www.thetimes.co.uk/archive/article/1881-07-28/9/5.html>.

<sup>716</sup> The Times, July 28 1881, accessed 24/11/2020, <https://www.thetimes.co.uk/archive/article/1881-07-28/9/5.html>; “General entertainments and excursions”, *XVIIth international congress of medicine (London, 1913)*. *Daily Journal*, 21-24, <http://archive.org/details/b2807645x>.

<sup>717</sup> The Times, July 23 1881, 27/11/2020, <https://www.thetimes.co.uk/archive/article/1881-07-23/7/11.html>.

<sup>718</sup> *congrès internationale de médecine 17\_1913\_London\_daily journal.pdf* p21

<sup>719</sup> The Times, July 28 1881, accessed 24/11/2020, <https://www.thetimes.co.uk/archive/article/1881-07-28/9/5.html>.

exhibitions, excursions – had its own purposes. *Soirées* and garden parties were ideal places to mingle with foreign colleagues from across the world, accompanied by music and food (**figure 37**).<sup>720</sup> These were often large-scale events with between 500 and 5000 people and held at scenic places. Conference attendees were received by the British king at Windsor, by the Dean of the Faculty of Medicine at the University of London, by Lady Pearce Gould at Regent’s Park College, or at the *Palácio de Monserrate* in Lisbon (**figure 38**). Garden parties were also sometimes held at different hospitals where social and scientific activities blended into each other as many of these hospitals had either installed an exhibition or had opened their wards for inspection by conference attendees.<sup>721</sup>



**Figure 37.** Garden party at Quinta das Necessidades with over 5000 people in attendance. Source: Occidente. Revista Ilustrada de Portugal e do Estrangeiro, 1906, vol. 29, no. 984, 94, [http://hemerotecadigital.cm-lisboa.pt/OBRAS/Ocidente/1906/N984/N984\\_item1/index.html](http://hemerotecadigital.cm-lisboa.pt/OBRAS/Ocidente/1906/N984/N984_item1/index.html).

<sup>720</sup> Occidente. Revista Ilustrada de Portugal e do Estrangeiro, 1906, vol. 29, no. 984, 94-95, [http://hemerotecadigital.cm-lisboa.pt/OBRAS/Ocidente/1906/N984/N984\\_item1/index.html](http://hemerotecadigital.cm-lisboa.pt/OBRAS/Ocidente/1906/N984/N984_item1/index.html); “General entertainments and excursions”, XVIIth international congress of medicine (London, 1913). Daily Journal, 21-24, <http://archive.org/details/b2807645x>.

<sup>721</sup> General entertainments and excursions”, XVIIth international congress of medicine (London, 1913). Daily Journal, 21-24, <http://archive.org/details/b2807645x>.





**Figure 38.** *Palácio de Monserrate* where conference attendees could attend a garden party. Source: Occidente. Revista Ilustrada de Portugal e do Extranjero, 1906, vol. 29, no. 984, 96, [http://hemerotecadigital.cm-lisboa.pt/OBRAS/Ocidente/1906/N984/N984\\_item1/index.html](http://hemerotecadigital.cm-lisboa.pt/OBRAS/Ocidente/1906/N984/N984_item1/index.html).

Dinners were another type of social activity and were often held at important and exceptional places too. While not on the official conference programme, a dinner was for example held at the Crystal Palace in London and was attended by “[...] a great many members of the Congress and their friends [...] [who] were gratified by a view of the fountains playing and a display of fireworks”.<sup>722</sup> However, these dinners often had a more restricted and exclusive nature. Four other dinners taking place during the conference in London in 1881, all were by invitation only. On what grounds these invitations were issued is unclear. However, these dinners were most likely reserved for well-known alienists and other representatives who had built up a reputation inside the medical and psychiatric communities. This means that several attendees moved in different circles than other participants. A certain hierarchy, and different core groups of physicians, alienists and most likely also government officials, were created. A consequence thereof was, for example, that not all alienists had a chance to talk or

<sup>722</sup> The Times, 10 august 1881, 27/11/2020, <https://www.thetimes.co.uk/archive/article/1881-08-10/4/2.html>.

discuss their field with the more illustrious alienists attending the conference. Furthermore, if we take into account that some alienists visited multiple conferences, this also most likely meant that they socialised with the same groups of peers throughout different conferences.

The Italian alienist Giulio Cesare Ferrari, for example, who had attended the international psychology conference in Paris in 1900, had had the chance and the luck to have been invited to many social gatherings. He wrote to his fiancée on multiple occasions that invitations were multiplying, that he had many to choose from and that between “invitations to lunch, champagne and soirées” he had not a moment of free time.<sup>723</sup> He was invited to a garden party of the President of the Republic and a dinner organised by Prince Rolando Bonaparte. These activities, and especially the exclusive gatherings, were also accompanied by social etiquettes and obligations. At the end of the psychological conference he wrote once more to his fiancée: “Finally the Congress has closed. It's about time. Tonight a banquet on the Eiffel Tower at 20 francs per person.<sup>724</sup> I had to accept because I was appointed Deputy Secretary General of the 5th International Congress of Psychology to be held in Rome in 1904”.<sup>725</sup> This example points out a couple of important mechanisms that were in place during these conferences, and especially illustrates how it was not possible for everyone to take part in these activities, either because they were not invited or because of, for example, financial reasons. Ferrari was clearly part of a higher echelon of the medical community, moving in more exclusive circles, as his invitation to the Eiffel Tower dinner conveys. A second aspect that the example demonstrates is that not all of these events were free of charge and most likely not all alienists and physicians had the means or the desire to spend money on them. Ferrari had accepted the invitation to this expensive dinner, on top of funding his conference travels at his own expense, out of a

---

<sup>723</sup> “[...] fra inviti a pranzo, champagne, soirés [...]”. See: Cartolina di Giulio Cesare Ferrari alla fidanzata Emilia Giordani (7) [dated 22 august 1900], ASPI, <https://www.aspi.unimib.it/collections/occurrence/detail/392/>. See also: Cartolina di Giulio Cesare Ferrari alla fidanzata Emilia Giordani (6) [dated 21 august 1900], ASPI, <https://www.aspi.unimib.it/collections/occurrence/detail/391/>.

<sup>724</sup> Today this would be approximately 80 euro. See: ‘Convertisseur Francs-Euro | Insee’, accessed 22 April 2021, <https://www.insee.fr/fr/information/2417794>.

<sup>725</sup> “Finalmente si è chiuso il Congresso. Era ora. Stasera banchetto sulla Torre Eiffel a 20 franchi a testa. Ho dovuto accettare perché sono stato nominato Segretario generale aggiunto del V° Congresso Internazionale di Psicologia che si terrà a Roma nel 1904. See: “Cartolina di Giulio Cesare Ferrari alla fidanzata Emilia Giordani (10), [dated 25 August 1900], ASPI, <https://www.aspi.unimib.it/collections/occurrence/detail/395/>.

feeling of obligation to attend, but in other circumstances he – and others – might have declined this invitation for financial reasons.

A last social activity I want touch upon are the excursions and exhibitions that were organised. Although a social activity – tea was often served at the end of visits – these events had a more scientific characteristic than certain other activities and were open to all conference attendees, although places could be limited and not all of these activities were free. Scientific excursions were angled towards knowledge absorption rather than the creation of new knowledge as visitors were shown around wards, operation theatres and laboratories. While wandering the halls of hospitals and asylums, inspecting the medical practices and the expertise of peers in different countries, it also offered the opportunity to get to know foreign asylum physicians and other alienists better, bonding over discussions of their surroundings. Although it gave the opportunity to make new acquaintances, it also sometimes meant passing up on the opportunity to strengthen ties that had been forged earlier. While Fritz Sano was in 1910 very enthusiastic that he would see G. C. Ferrari again, writing to him “[...] I am especially happy to hear that we will have the pleasure of seeing you in Antwerp”,<sup>726</sup> Jacob Van Deventer, on the other hand, wrote to Ferrari in August 1913 that he regretted they were not able to meet in London, telling him about his excursion to Broadmoor and visiting Jules Morel in Ghent.<sup>727</sup>

Aside from excursions and exhibitions being social events, they were also directed towards cooperation among peers and the opportunity to display one’s expertise. The organisation of an exhibition on medical and sanitary appliances in the arcades of the Royal Albert Hall, for example, had only been accomplished because various objects had been sent by different physicians from not only the United Kingdom, but also France, Germany, Austria, Norway, Sweden, India, America, Belgium, the Netherlands, Switzerland, Italy and Hungary.<sup>728</sup> Sir James Paget outlined that “distinguished foreigners” would be attracted to visit the exhibition “[...] not only to criticise and advise, but also [...] to learn: for sanitary science had been cultivated in this

---

<sup>726</sup> “[...] je suis surtout heureuse d’apprendre que nous aurons le plaisir de vous voir à Anvers”. See: [Letter from Sano Fritz to Ferrari G. C., dated 15 June 1910], Sano Fritz (fascicolo), Lettere a Ferrari (sottoserie), Carteggio (serie), Archivio Giulio Cesare Ferrari, ASPI, <https://www.aspi.unimib.it/collections/object/detail/4806/>.

<sup>727</sup> [letter from Van Deventer Jacob to Ferrari G. C., dated 30 August 1913], Van Deventer Jacob (fascicolo), Lettere a Ferrari (sottoserie), Carteggio (serie), Archivio Giulio Cesare Ferrari, ASPI, <https://www.aspi.unimib.it/collections/object/detail/4877/>.

<sup>728</sup> The Times, July 18 1881, accessed 24/11/2020, <https://www.thetimes.co.uk/archive/article/1881-07-18/12/1.html>.



country [the United Kingdom] with an intelligence and an industry unmatched elsewhere".<sup>729</sup> Connected to the display of these exhibitions was often the awarding of prizes to highlight excellent scientific work within the larger medical community. G. C. Ferrari, for example, had been awarded the gold medal at the exhibition in Paris in 1900 for the scientific work that he accomplished at the *Manicomio di San Lazzaro* in Reggio Emilia, and for his dedication to the *Rivista sperimentale di freniatria*, one of the important Italian psychiatric journals.<sup>730</sup>

### **Conclusion international conferences: access and understanding of knowledge through communication and interaction**

While national and international conferences became an essential part of how scientific knowledge circulated across the world and how scientists communicated with each other, this type of medium came with its own advantages and restrictions. The access to and the understanding of the knowledge that was provided at these events was a difficult balancing act. Communication and interaction in the widest sense of these words shaped alienists participation and involvement before, during and after international conferences took place.

A first step was their organisation: hosting countries changed regularly and gave physicians and alienists from various countries the opportunity to showcase the scientific knowledge and organisational talent they possessed. The secretary of the *bureau d'organisation*, took most of the workload upon him and was responsible for the overall success of the conference. While the organisation of conferences was largely a national matter (e.g. choosing the topic of the conference and the venues), cooperating with foreign physicians and psychiatrists was also needed. A *comité de propagande* was established in various countries, and helped to ease the overall organisation, for example by notifying peers and different medical and scientific organisations of a conference taking place.

One organisational matter that was a delicate issue was language use – which forms an important aspect of knowledge dissemination. The command of more than one language formed an important pillar for alienists to be able to partake in these international psychiatric conferences. In addition, it could bring national rivalry if one

---

<sup>729</sup> The Times, July 18 1881, accessed 24/11/2020, <https://www.thetimes.co.uk/archive/article/1881-07-18/12/1.html>.

<sup>730</sup> Cartolina di Giulio Cesare Ferrari alla fidanzata Emilia Giordani (7) [dated 22 august 1900], ASPI, <https://www.aspi.unimib.it/collections/occurrence/detail/392/>.

language was promoted as an official language over another. Organisers and attendees were painstakingly aware of the language choices that were made and the miscommunication that plagued international conferences. Several solutions were experimented with such as the use of Esperanto, translations by participants during a meeting or letting attendees wear rosettes to indicate the languages they spoke.

Outreach strategies were necessary to attract as much people to the conference as possible (e.g. government delegates, important members of scientific organisations and other physicians and alienists). While the majority of alienists and physicians had access to information about these events through various psychiatric journals, only a small portion did attend these international conferences, which depended on their financial means, the time they had available, the distances they needed to bridge and other personal motives. This meant that some – in most cases renowned alienists or those travelling often – were prepared to undertake longer travels, while others only attended close-by conferences, which had an impact on psychiatrists' access to knowledge. Organising committees tried to mediate alienists' reservations, for example by making reductions available for travel by train or steamboat. Conference organisers also did their best to make the conference experience of attendees as smooth and valuable as possible but problems and issues did arise, sometimes leaving attendees unsatisfied and, in some cases, most likely unwilling to attend similar conferences in the future. These experiences shaped alienists' current and future access to the knowledge present at these events.

One of the main goals of international conferences was to provide face-to-face communication between individuals from all over the world. It were places where experts' knowledge could be gauged, individuals were subjected to scientific scrutiny, and most important of all, the places were used to form professional and personal relations through the scientific, social and cultural activities that were available. These were in turn not only facilitated or disrupted by language use, but also by the buildings, rooms and the objects used such as light projectors, daily conference journals or membership cards. The latter was a vital component of international conferences as it gave psychiatrists access to knowledge and the opportunity to communicate with a variety of peers. Another much-valued object was the daily conference journal which allowed psychiatrists to gain an overview of what a conference had to offer and make decisions about which activities they wanted to partake in and when.

The buildings that were chosen to host opening ceremonies, closing banquets, scientific meetings or social activities often radiated national splendour and emphasised the importance of scientific knowledge. The Royal Albert Hall, with its inscription referring to the sciences, was used to open the international medical conference in 1913 in London, and the *Palácio de Monserrate* was used to hold a large garden party for attendees in Lisbon in 1906. The scientific meetings most often took place in the lecture halls of universities or rooms made available by medical, psychiatric or other scientific societies. By using these type of buildings psychiatry was depicted as a central and prestigious part of science.

Psychiatrists gathered at these conferences from across the world (but mainly Europe), to showcase the knowledge they had gained and peers flocked together in order to absorb and learn from it, making these events mainly places of knowledge consumption. Lecture rooms in particular were a literal and figurative stage on which alienists and physicians displayed their knowledge and the scientific merit of their research. These “performances” were guided by the layout and features of these rooms – its size, acoustics, the presence or absence of elevated seating areas, and the availability of technical equipment such as projectors. Lecture theatres had become standard and displayed not only the significance of science but also focused on the importance of the spoken word. The conferences’ regulations, such as time allotment further determined how alienists structured and delivered their speeches, making it crucial to bring a message across in a precise, understandable and convincing way.

While engaging in scientific debates could be a fruitful activity, social activities formed a crucial part of these conferences, maybe even more so than the purely scientific activities that took place. Organising committees spared no effort to entertain attendees and offered a broad range of entertainment to help them feel welcome and foster social connections, while simultaneously being able to display the financial, cultural and scientific richness of a particular city and its medical community. The majority of social activities was open for all attendees, yet these activities as well, further influenced the scale on which alienists had access to their colleagues from around the world – and the knowledge they possessed – as not everyone was always present at the various dinners, parties, soirees, exhibitions and excursions. In some cases alienists’ financial means or general interest in these activities determined their participation, while in other cases certain events only allowed the attendance of a select group of people.



# Chapter 3. Transnational psychiatrists: how to build knowledge, networks and reputation

Introduction: “the high priests of our science”<sup>731</sup>

While I highlighted the mechanisms and characteristics of the most commonly used mediums by psychiatrists for knowledge dissemination in the previous chapter, I have not yet taken into account the alienists themselves. People, and by extension the epistemic communities to which they belonged, were and are the transmitters and receivers of this information.

The knowledge that different alienists possessed and embodied was essential for contemporary peers across Europe during the nineteenth and early twentieth centuries. As Baron Jaromir von Mundy wrote in 1861, “[...] the names of Daguin, Pinel, Esquirol, Brierre de Boismont, Moreau de Tours, Willis, Hill, Conolly, Schroder van der Kolk, Guislain, Parigot, Langermann, Boiler, Damerow, &c., should be regarded as the fixed stars lighting up the still very clouded firmament of our science”.<sup>732</sup> For contemporaries, it was the work and contributions of these and other alienists that was relied upon for day-to-day psychiatric care in asylums, as well as for uncovering the pathology of a diverse range of mental illnesses (see chapter 5) and the discovery and development of new treatments and therapies (see chapter 4). For this reason, the alienists themselves will be central in this chapter. While this might come across as a form of “great men” history, this is not the aim of this chapter. Rather I want to highlight that the two individuals central in this chapter, were, each for different reasons exceptional people, while at the same time their experiences also are an illustration of more generic developments and mechanisms that took place in psychiatry.

The pool of psychiatrists that we could study is vast. Some had a widely known reputation across Europe. Names like those of the Frenchman Philippe Pinel or the Belgian Jozef Guislain were renowned and cited or mentioned repeatedly by many

---

<sup>731</sup> J. Mundy, “Five cardinal questions on administrative psychiatry”, (London: J. E. Adlard, 1861), reprinted from *The Journal of Mental Science*, 4, <https://wellcomecollection.org/works/j5utdz22>.

<sup>732</sup> J. Mundy, “Five cardinal questions on administrative psychiatry”, (London: J. E. Adlard, 1861), reprinted from *The Journal of Mental Science*, 4, <https://wellcomecollection.org/works/j5utdz22>.

alienists, regardless of nationality, and their names are today as well still very present in historiographic overviews of psychiatry. However, many currently lesser-known or unknown alienists have contributed or tried to contribute to the development of psychiatry. Both the Moravian physician Baron Jaromir von Mundy (03 October 1822 – 23 August 1894) (**figure 39**) and the Belgian alienist Jules Morel<sup>733</sup> (06 June 1841 – 13 December 1918) (**figure 40**) are less known in historiography today, which makes them interesting case studies, creating an opportunity for in-depth research and bringing different parts of psychiatric history to the surface.

The figure of Mundy has largely been ignored by historians and research has mainly focused on his founding of the Vienna ambulance service and his involvement in military (medical) service.<sup>734</sup> It is these accomplishments we regularly find references to in many (foreign) journals during the nineteenth century and in short biographies published after Mundy's death.<sup>735</sup> His interest in the *placement familial des aliénés* and in particular the Gheel colony in Belgium, has only been investigated by historian Thomas Müller.<sup>736</sup> Mundy's mobility and the transnational dimension of the activities he undertook in particular have not been thoroughly recognised.

The geographers David N. Livingstone and Peter Meusbürger have pointed out that we need to pay attention to the aspect of geography, emphasising that the places where and how people came into contact with different ideas play a crucial role in how they perceive, interpret and mobilise information.<sup>737</sup> Mundy spent a large part of his

---

<sup>733</sup> His official name was Julien Pierre Séraphin Morel. See: list of birth and death certificates, death certificate Morel no. 4203, Archief Gent, Ghent.

<sup>734</sup> Thomas Müller, 'Le placement familial des aliénés en France. Le baron Mundy et l'Exposition universelle de 1867', *Romantisme* 141, no. 3 (2008): 38; Markus Figl and Linda E. Pelinka, 'Jaromir Baron von Mundy. Founder of the Vienna Ambulance Service', *Resuscitation* 66, no. 2 (2005): 121–25; Jan Županič, 'Jaromír Freiherr von Mundy', in *Sozial-Reformatorisches Denken in Den Böhmisches Ländern 1848-1914* (Munich: Martin Meidenbauer, 2010), 255–71.

<sup>735</sup> See for example, the search results in Gallica while using "mundy" as a keyword. 'Search Results Mundy', Gallica, accessed 27 February 2021, <https://gallica.bnf.fr/services/engine/search/sru?operation=searchRetrieve&version=1.2&startRecord=0&maximumRecords=15&page=1&query=%28gallica%20adj%20%22mundy%22%29&filter=century%20all%20%2219%22>.

<sup>736</sup> Müller, 'Le placement familial des aliénés en France. Le baron Mundy et l'Exposition universelle de 1867'; Thomas Müller, 'Reisende Psychiater. Zum Transfer medizinischen Wissens zwischen europäischen Ärzten im späten 19. Jahrhundert', in *Die Welt erfahren: Reisen als kulturelle Begegnung von 1780 bis heute*, ed. Arnd Bauerkämper, Hans Erich Bödeker, and Bernhard Struck (Frankfurt am Main: Campus, 2004), 275–77; Županič, 'Jaromír Freiherr von Mundy'.

<sup>737</sup> David N. Livingstone and Charles W. J. Withers, *Geographies of Nineteenth-Century Science* (Chicago: University of Chicago Press, 2011); David N. Livingstone, 'Science, Text and Space: Thoughts on the Geography of Reading', *Transactions of the Institute of British Geographers* 30, no. 4 (2005): 391–401; David N. Livingstone, *Putting Science in Its Place: Geographies of Scientific Knowledge*, Science. Culture (Chicago, Ill.: University of Chicago Press, 2003); Heike Jöns, Peter Meusbürger, and Michael J Heffernan, 'Mobilities of Knowledge. An Introduction', in *Mobilities of Knowledge*, 2017, 1–19; Peter Meusbürger, 'The Nexus of Knowledge and Space', in *Clashes of Knowledge: Orthodoxies and*

life living not only in Vienna (Austria) but also in Paris (France) and London (United Kingdom), spending in total over 10 years in France and seven years in the United Kingdom.<sup>738</sup> He often travelled back and forth between these different locations. In 1865, for example, he divided his time between Austria and the United Kingdom, residing in Castle Raschitz in Moravia as well as his dwelling on King's Road in Brighton.<sup>739</sup> In addition, he stayed in Belgium for about six months while investigating the inner mechanisms of the Gheel colony.<sup>740</sup> These experiences were crucial in shaping his ideas and knowledge. Due to his aristocratic background on the one hand, and his possession of a doctor's degree on the other, he would occupy a dualistic position in the realm of psychiatry and would have an ambiguous reputation among his peers.

Even less research has been undertaken regarding Jules Morel. No detailed biographies of him exist and, aside from a handful of historians specialising in Belgian medical or psychiatric history, he is mostly unknown and his contributions forgotten. However, Morel was a zealous psychiatrist, and knowledge and learning were paramount to him. After he retired from his functions (as superintendent, alienist, editor) he re-enrolled at the University of Ghent to follow courses taught (in Dutch) at the faculty of Arts and Philosophy (*faculteit Letteren en Wijsbegeerte*) in the academic year 1917/1918. At this point in time Morel was already 76 years old.<sup>741</sup> Furthermore, he would acquire quite a reputation among his peers due to his research about the criminally insane, and his plea for better-educated alienists and nursing staff in asylums. In 1902 the Dutchman Jacob van Deventer Sz. described him as a physician "[...] whose

---

*Heterodoxies in Science and Religion*, ed. Günter Abel et al., Knowledge and Space 1 (New York: Springer, 2008), 35–90.

<sup>738</sup> Julius Leopold Pagel, 'Mundy, Jaromir Freiherr von', *Allgemeine Deutsche Biographie* 52 (1906) S.540-541 (Bayerische Staatsbibliothek, 1906), <https://www.deutsche-biographie.de/sfz67315.html#adbcontent>; Županič, 'Jaromír Freiherr von Mundy', 254.; He was with certainty present in France during meetings of the *Société Médico-Psychologique* in the following years: 1862-1863, 1865, 1867, 1872–1873. See for example:

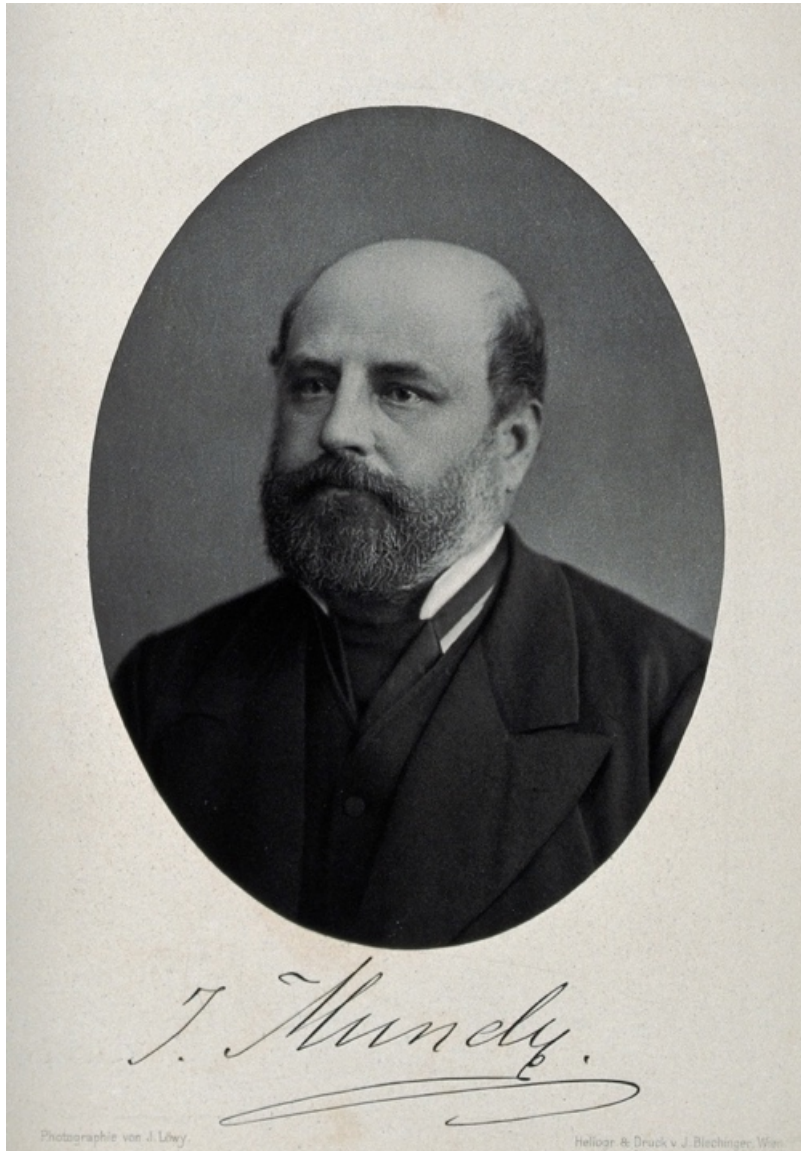
"Société savants. Société medico-psychologique. Séance du 22 avril 1863", AMP, 1863, vol. 2, 429, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1863x02>; "Sociétés savantes. Société medico-psychologique. Séance du 30 janvier 1865", AMP, 1865, vol. 5, 487, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1865x05>; "Sociétés savants. Société medico-psychologique. Séance du 27 mai 1867", AMP, 1867, vol. 10, 120, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1867x10>; "Séance solennelle du 26 mai 1902", AMP, 1902, vol. 16, 96 (footnote), <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1902x16>; "Séance solennelle du 26 mai 1902", AMP, 1902, vol. 16, 62 (footnote) and 96 (footnote), <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1902x1663>; "Séance du 14 novembre 1872", AMP, 1873, vol. 9-10, 153, [http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1873x09\\_10](http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1873x09_10).

<sup>739</sup> "Members of the association", *Journal of Mental Science*, 1865, vol. 11, no. 54, 304, <http://hdl.handle.net/2027/hvd.hwlwce>.

<sup>740</sup> Županič, 'Jaromír Freiherr von Mundy', 264.

<sup>741</sup> Universiteitsarchief Gent, Bronnen voor het inschrijven van studenten, ARUG\_AR0654.

name is widely known in the psychiatric world as a competent authority in every respect".<sup>742</sup> Morel would undertake an amalgam of activities which, in combination with the specialist position he would establish among his peers, would make him a true transnational knowledge broker.



**Figure 39.** Jaromir, Freiherr von Mundy. Photogravure after J. Löwy. Source: <https://wellcomecollection.org/works/am5vrcb2>. Credit: Wellcome Collection. Attribution 4.0 International (CC BY 4.0).

---

<sup>742</sup> “[...] Dr. Jules Morel [...] wiens naam in de psychiatrische wereld algemeen beken is als een in elk opzicht bevoegde autoriteit”. See: J. van Deventer Sz., “Het eerste Internationaal Congres voor krankzinnigenverpleging voornamelijk gezinsverpleging van 1-7 september gehouden te Antwerpen”, *Psychiatrische Bladen*, 1902, vol. 6, 476, private digital scan.





**Figure 40.** Photograph of Jules Morel. He sent a copy of this photo to the American journal *The Monthly Summary* in 1894 wherein he published a piece about “youthful offenders”.<sup>743</sup> Source: Portrait of Jules Morel, Guislain Museum, Ghent, no archival reference available.

I already hinted at it above, but aside from their relative obscurity in psychiatric history, my choice to study Mundy and Morel developed not out of their instant recognisability in the corpus of psychiatric journals (e.g. excessive mentions or citations) such as is the case with Pinel or Guislain, but rather out of their actions, which illustrate a high degree of transnationalism as well as a commitment to their field. As we shall see, *the* international scholar does not exist, and Morel and Mundy each represent a specific archetype of what defines a transnational psychiatrist.

Alienists could contribute to science in many ways: by writing or reading articles and books, giving or listening to lectures at universities and (inter)national conferences, or by travelling to different psychiatric institutions, hospitals and universities. In a world

---

<sup>743</sup> “Portrait of Dr. Jules Morel”, *The Monthly Summary. Journal of criminology*, 1894, vol. II, no. 3, frontispiece [page 136 of pdf], <https://hdl.handle.net/2027/hvd.hl1f75?urlappend=%3Bseq=136>.

that was becoming simultaneously more internationally as well as nationally orientated<sup>744</sup> this does not mean that it was a path that every psychiatrist followed. The degree to which alienists did so varied. Some chiefly did without venturing outside their borders – either because they did not see the value of explorations beyond their home country (this was a minority however) or because they did not have enough time or the financial means. This group of individuals was only acquainted with what occurred in other countries via foreign journals or summaries in national periodicals, as we saw in the previous chapter. In contrast, there were alienists who did travel to other countries for scientific reasons and could have repercussions that reached far beyond a psychiatrist’s own country. They not only contributed to their own knowledge or that of national peers, but presenting their findings via oral or written contributions also helped to disseminate information across different countries, and enrich the knowledge of colleagues abroad. Both Morel and Mundy belonged to the latter group. By zooming in on these two physicians I want to focus on the individual role of alienists concerning the transnational circulation of knowledge – the accumulation of new information and experiences, and the diffusion of personal expertise. Many mechanisms are at work simultaneously and different boxes need to be ticked before dissemination could take place.

In what follows I will explore the various factors that contributed to it. For the sake of clarity, I keep the different components of this process separate from each other, although they all coexist at the same time and form part of the same process. (1) A first characteristic is the creation of a network of peers or “community of practice”. The creation of these networks, as well as their expansion, formed a crucial part of how and to whom knowledge was or could be disseminated. However, belonging to these communities of practice did not happen haphazardly but was acquired through visibility among peers and different levels of exposure that were facilitated by scientific practices such as travelling, attending international conferences, publishing or other engagements such as activities within medical and psychiatric associations or editorial boards. It is through these activities that connections were formed and expanded resulting in often close knit networks. It assisted physicians in developing a “trademark” or “brand” through which they were recognised by

---

<sup>744</sup> Daniel Laqua, *The Age of Internationalism and Belgium, 1880-1930. Peace, Progress and Prestige* (Manchester: Manchester University Press, 2013), 1–44; Elisabeth Crawford, *Nationalism and Internationalism in Science, 1880-1939: Four Studies of the Nobel Population* (Cambridge: Cambridge University Press, 2002), 1–7.

colleagues. It was these trademarks that a psychiatrist's reputation was built on and which were the basis of whether or not they were accepted as part of the medical and psychiatric community. This in turn is a feature that could and would augment or reduce their knowledge's outreach.

(2) A second aspect that contributed to the reach of knowledge circulation, and the extensiveness of alienists' reputation and their trademark can be found in the social interactions that took place between psychiatrists. Scientific knowledge is socially constructed<sup>745</sup> and communication between specialists is herein an important ingredient. The American sociologist Randall Collins phrased it very accurately as “[...] ideas are in the process of communication between one thinker and another, and we perceive the ideas of another brain only by having them communicated to us”.<sup>746</sup> Mundy and Morel both made use of different styles of communication – this means not only the mediums of communication employed but also the rhetoric they used – which had a tremendous impact on the reach and acceptance of their ideas by colleagues.

## Communities of practice and knowledge brokers

Before exploring two representations (archetypes) of transnational psychiatrists and knowledge brokers by means of the two earlier-mentioned aspects it is important to reflect on certain concepts as well. The idea of communities of practice was developed in the late twentieth century by the sociologist Etienne Wenger-Trayner and has since been applied in a wide range of sectors such as business, organisational design, government, education, professional associations, development projects, and civic life.<sup>747</sup> In other words, it has mainly been used as a concept to make sense of the late twentieth and the twenty-first centuries. However, this framework can also be applied to the history of science and medicine because Wenger-Trayner defines communities

---

<sup>745</sup> Lena Eriksson, 'Science, Social Construction Of', in *The Blackwell Encyclopedia of Sociology*, ed. George Ritzer (Malden MA: Blackwell, 2007), 4101–5; Lena Eriksson, 'Scientific Knowledge, Sociology Of', in *The Blackwell Encyclopedia of Sociology* (Malden MA: Blackwell, 2007), 4105–8; Peter L Berger and Thomas Luckmann, *The Social Construction of Reality: A Treatise in the Sociology of Knowledge* (London: Penguin Books, 1991).

<sup>746</sup> Randall Collins, *The Sociology of Philosophies: A Global Theory of Intellectual Change* (Cambridge: Belknap Press of Harvard University Press, 2002), 2.

<sup>747</sup> Etienne Wenger-Trayner and Beverly Wenger-Trayner, 'Introduction to Communities of Practice. A Brief Overview of the Concept and Its Use', accessed 30 July 2020, <https://wenger-trayner.com/introduction-to-communities-of-practice/>.

of practice as “[...] groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly”.<sup>748</sup>

Wenger-Trayner defines three aspects in particular that are essential. A first aspect is the domain. He stresses that a community of practice is not an assortment of arbitrary connections between people, but is a group that “[...] has an identity defined by a shared domain of interest” which implies “a commitment to the domain, and therefore a shared competence that distinguishes members from other people”.<sup>749</sup> Secondly there is the “community” itself. Wenger-Trayner asserts that, because of common interests in a particular domain, its members “[...] engage in joint activities and discussions, help each other, and share information. They build relationships that enable them to learn from each other; they care about their standing with each other”.<sup>750</sup> Thirdly, there is the idea of “practice”. Members of a community of practice are not merely people with similar interests, they are above all “[...] practitioners. They develop a shared repertoire of resources: experiences, stories, tools, ways of addressing recurring problems [...]”.<sup>751</sup>

For those acquainted with the professionalisation of medicine, and of psychiatry in particular, many of the key elements (e.g. identity, joint activities, sharing of information and resources) that are touched upon in Wenger-Trayner’s definition might sound familiar and bring to mind the exponential growth of professional associations for a wide range of specialties in the mid-nineteenth century. In psychiatry especially, the goal was to bring like-minded people together in order to advance their skills and knowledge, as well as to improve their standing in the medical community and with the public at large. In addition, there are also the earlier discussed expert periodicals that functioned as resources in which experiences, stories, tools and solutions to problems were shared and discussed.

Communication among different communities of practice (e.g. psychiatric associations, but also individual psychiatrists) could benefit from knowledge brokers. It was often these that lifted the diffusion of psychiatric knowledge to an international or

---

<sup>748</sup> Wenger-Trayner and Wenger-Trayner, ‘Introduction to Communities of Practice. A Brief Overview of the Concept and Its Use’.

<sup>749</sup> Wenger-Trayner and Wenger-Trayner, ‘Introduction to Communities of Practice. A Brief Overview of the Concept and Its Use’.

<sup>750</sup> Wenger-Trayner and Wenger-Trayner, ‘Introduction to Communities of Practice. A Brief Overview of the Concept and Its Use’.

<sup>751</sup> Wenger-Trayner and Wenger-Trayner, ‘Introduction to Communities of Practice. A Brief Overview of the Concept and Its Use’.

transnational level. A broker is someone who can move knowledge to different places, is able to create new connections among different networks, enables coordination and creates new possibilities for meaning.<sup>752</sup> While communities of practice try to establish a shared identity, organise joint activities and discussions, help each other, share information, and make use of a shared repertoire of resources, knowledge brokers themselves need to embody some of these characteristics as well. Problem solving, requesting information, seeking experience, building an argument, discussing developments, visits and mapping knowledge gaps, among other things<sup>753</sup>, are part of their scientific conduct. It is these features that will also recur in various degrees in Morel's and Mundy's behaviour and their actions.

Thinking about the history of psychiatry and the history of knowledge in terms of "communities of practice" and "transnational knowledge brokering" brings interesting perspectives with it. As sociologist Collins described it for the field of philosophy, this approach makes it "[...] possible to demonstrate that the individuals who bring forward [...] ideas are located in typical social patterns: intellectual groups, networks, and rivalries. The history of philosophy is to a considerable extent the history of groups".<sup>754</sup> Likewise, the history of psychiatry can also be seen as the history of groups, and more specifically in how far an individual can get access to, and establish a connection between, different communities. Communities and networks play a crucial role in the creation of alienists' reputations and in the transmission of psychiatric information and knowledge. However, in order to gain access and belong to these communities, some requirements were necessary.

The remainder of this chapter is structured in two main sections. The first one will explore the creation of visibility and the levels of exposure among peers. This may look like a self-evident mechanism, but its consequences could be quite diverse. The second section will add an additional layer to this first exploration by not only taking an individual's visibility into account, but also the effects this generated among peers, emphasising the reciprocal and communal aspect of transnational knowledge circulation. Acquiring visibility did not equal acceptance among peers or coincided with

---

<sup>752</sup> Etienne Wenger, *Communities of Practice: Learning, Meaning, and Identity*, Learning in Doing: Social, Cognitive and Computational Perspectives (Cambridge: Cambridge University Press, 1998), 109; Morgan Meyer, 'The Rise of the Knowledge Broker', *Science Communication* 32, no. 1 (1 March 2010): 118.

<sup>753</sup> Wenger-Trayner and Wenger-Trayner, 'Introduction to Communities of Practice. A Brief Overview of the Concept and Its Use'.

<sup>754</sup> Collins, *The Sociology of Philosophies*, 3.

gaining a status as an authority or expert. Visibility could lead to having an international status, but this did not mean that one also obtained the position of an international knowledge broker.

## Scientific visibility and levels of exposure

Knowledge is always constructed through social interaction and forms an inherent part of scientific practices. Venturing across borders in a quest for new knowledge or to gain more experience ensured that alienists' presence in other countries was almost automatically detected by foreign peers due to their interactions. These included for example personal meetings with physicians and superintendents who often led visitors around their establishments, as well as encounters with the nursing staff or patients in asylums. There was also the tendency to occasionally attend meetings of foreign psychiatric associations. Large international conferences could also help in drawing attention to scholars' ideas and expertise, especially when they also delivered a paper. The number of people with whom one could be in contact at a given time reached from one-to-one conversations, over assemblies of a dozen professionals, to large-scale events with hundreds of people. Yet, the available means of interaction did not stop here. Correspondence was another form that many alienists relied upon, as was engaging in extracurricular activities, such as being an active participant in medical or psychiatric societies or on editorial boards of expert periodicals.

Making use of some or all of these types of interaction had their own array of advantages and disadvantages which have ramifications for the level of visibility a given alienist could acquire. This in turn influenced the trajectory of their knowledge dissemination as well as their standing in the psychiatric community. To better understand individuals' influence on the dissemination of psychiatric knowledge, each type of interaction will be explored as each created a different set of opportunities.

### **Individual contacts**

One of the most prominent features of individual in-person contact is its very focused nature, creating a form of information access that gave rise to intensive discussions wherein there was room for meticulous investigations and to ask detailed questions. This leads to deeper knowledge accumulation, and the creation and nurturing of closer bonds with certain colleagues, which included professional relationships as well as

long-lasting friendships – not only between psychiatrists themselves but also often between their families.<sup>755</sup>

Two particular types of communication served to foster close-contact encounters. On the one hand there was the use of correspondence between alienists, a form of scientific communication with a long history. Another often-used medium was travel to asylums, hospitals or universities, when time and money allowed it. One of the main and only characteristics that Morel and Mundy had in common was travel, although the scale of these trips and their purposes differed.

### **Travelling: from exposure to scientific trademark**

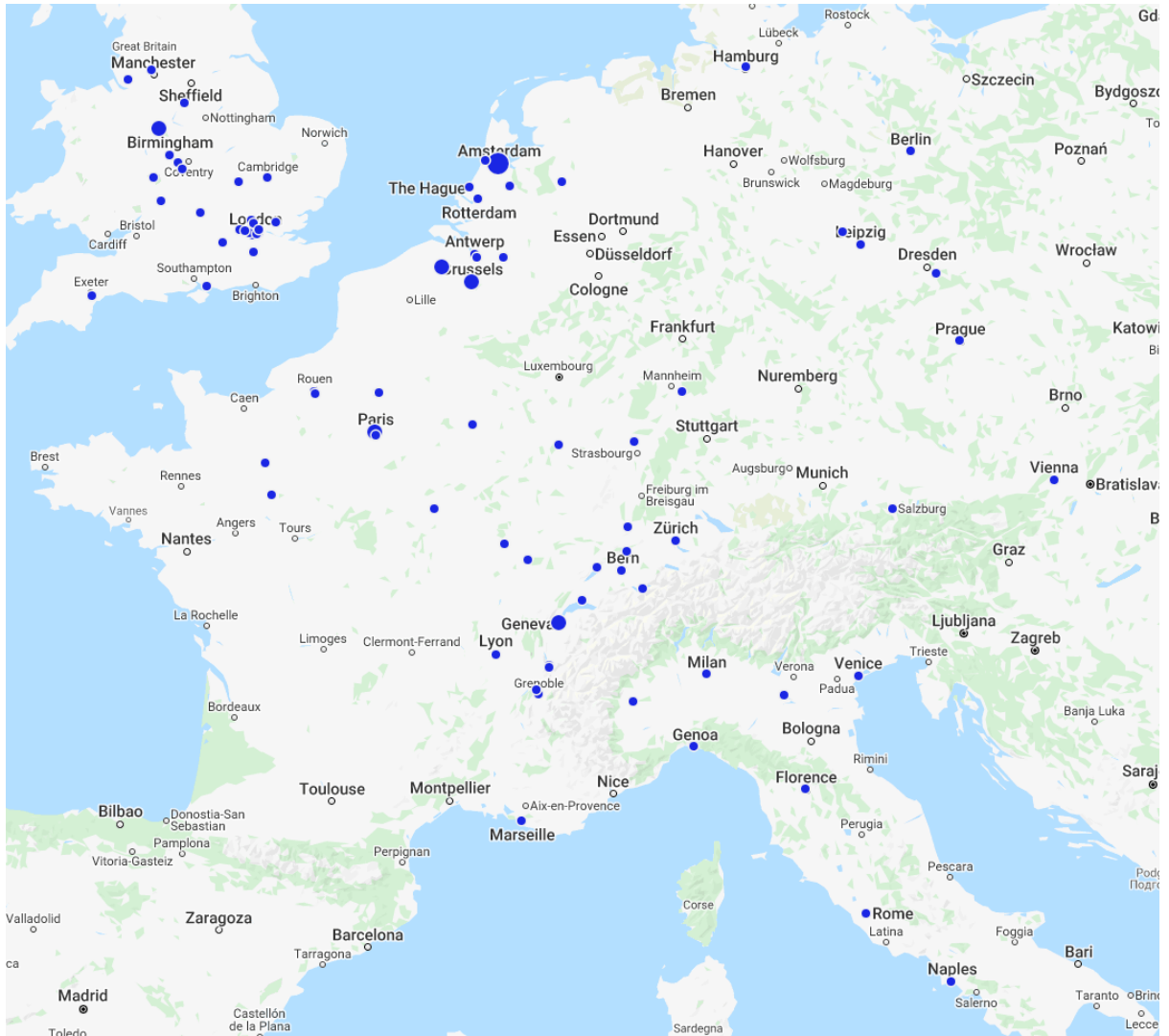
In 1864, Mundy declared in front of his British colleagues: “[...] I visited repeatedly, with open eyes and impartial mind, a considerable number of asylums in Europe. I stopped for a long or short time in these institutions, and took advantage to be present at their clinical investigations, joining the instructive studies and conversation of my colleagues”.<sup>756</sup> By December 1864, at the age of 42, he had visited over 130 asylums and workhouses across France, Germany, Austria, Belgium, the Netherlands, Italy, Switzerland and the United Kingdom (**figure 41**).<sup>757</sup> Mundy’s remark raises the obvious question: why did he undertake such extensive travels? The answer is to be found in three reasons, and together they offer insights into the mechanisms of scientific motivations and exposure.

---

<sup>755</sup> An especially striking example of the latter is the close bond between the Belgian alienist Auguste Ley and the Italian psychiatrist Giulio Cesare Ferrari and their families, which lasted over thirty years. Upon Ferrari’s death in 1932, Auguste Ley and his family each wrote to Ferrari’s wife and daughters to express their condolences. See: Archivio storico della psicologia italiana. Le scienze della mente on-line (ASPI), Archivio Giulio Cesare Ferrari (Fondo), In morte di Giulio Cesare Ferrri 1932-1970 (serie), [letter from] Ley Auguste, 26 Ottobre 1932, <https://www.aspi.unimib.it/collections/object/detail/12225/>; ibidem, [letter from] Jaques Ley, 27 ottobre 1932, <https://www.aspi.unimib.it/collections/object/detail/12226/>; ibidem, [letter from] Ley Madeleine, 27 ottobre 1932, <https://www.aspi.unimib.it/collections/object/detail/12228/>; ibidem, [letter from] Ley Marie, 29 ottobre – 5 Dicembre 1932, <https://www.aspi.unimib.it/collections/object/detail/12227/>. Other communication between the families of Ferrari and Ley see: ASPI, keyword search “auguste ley”, accessed 27 February 2021, <https://www.aspi.unimib.it/ricerca/?s=auguste+ley&x=0&y=0>. Similar patterns of friendship, although not expressed in as much detail, are also found in Morel’s epistemic network.

<sup>756</sup> “Resolutions proposed by Baron Mundy”, *Journal of Mental Science*, 1864, vol. 10, no. 51, 458 <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/past-title/journal-of-mental-science/all-issues/4F51B1E4B3F81774A5D21EE614CDFD45>.

<sup>757</sup> Jaromir von Mundy, *Sur les divers modes de l’assistance publique appliquée aux aliènes: discours prononcés dans les séances de la Société médico-psychologique à Paris le 26 décembre 1864 et le 16 janvier 1865*, (Paris: Aug. Marc, 1865), 37, <https://wellcomelibrary.org/item/b22651871>.



**Figure 41.** Map showing Mundy’s travels across Europe. The larger the dots the more asylums he visited on this location. Note that not all asylums and workhouses he visited are represented as not all were mentioned by name or location. A full list can be found in: Jaromir von Mundy, *Sur les divers modes de l’assistance publique appliquee aux aliénés: discours prononcés dans les séances de la Société Médico-psychologique à Paris le 26 décembre 1864 et le 16 janvier 1865*, (Paris: Aug. Marc, 1865), 37, <https://wellcomelibrary.org/item/b22651871>.

Firstly, exposure was not Mundy’s main goal, it was rather a secondary and unintentional consequence, as was the case for many other physicians and alienists. What mostly drove him to undertake these journeys was a humanitarian concern for the wellbeing and proper treatment of those who were often cast out by society. In Mundy’s work the word “humanity” plays a central role and the majority of his writing was an outcry against what he found inhumane, immoral or unscientific practices. This profound dedication is, for example, reflected in his publication on cretinism, in which he states:

“There are some scientific medical men who will not look upon the cretin as a human being [...]; they call cretinism [...] a mere monstrosity of the human race which may be allowed to



with unheeded in the path of life. Far be it from us to share notions so barbarous in their consequences! [...] let us at least endeavour to minister to these unfortunate beings as much as lies in our power, and ameliorate their condition with all our science and art".<sup>758</sup>

In addition, he had a very personal bond with psychiatry, as his mother, Baroness Isabella Kálnoky of Köröspatak, had been diagnosed with mental illness in the 1850s.<sup>759</sup> This personal history probably played a role in the zeal with which he investigated the conditions of mental patients in different asylums and tried to improve them.

Secondly, it is essential that we take into account Mundy's educational as well as social and cultural background, which influenced the number of travels he was able to undertake.<sup>760</sup> Mundy was of Moravian<sup>761</sup> descent and grew up as part of the nobility via his mother's side. This gave him access to high quality education, providing him with knowledge of multiple languages such as German, Czech, French, Italian, Croatian and Latin.<sup>762</sup> His British peers had also noted how fluent and "excellent" his English was.<sup>763</sup> Being a polyglot gave him easy access to information and will have greatly facilitated his travels, providing him with a high degree of mobility. In addition, his lineage gave him access to financial means to fund extensive travelling. To give an idea about the costs involved, the American<sup>764</sup> George Alfred Tucker spent over £3000 to finance his three-year travel itinerary in the 1880s<sup>765</sup> – today this would be circa £399000 or €460000.<sup>766</sup> Mundy as well spend large sums on his travels. In his obituary, a French

---

<sup>758</sup> J. Mundy, "On the educational treatment of cretensism", (London: Savill & Edwards, 1861), reprinted from *The Medical Critic October 1861*, 11-12, <https://wellcomelibrary.org/item/b22347732>.

<sup>759</sup> Müller, 'Le placement familial des aliénés en France. Le baron Mundy et l'Exposition universelle de 1867', 40; Županič, 'Jaromír Freiherr von Mundy', 260.

<sup>760</sup> His name is sometimes spelled as Jaromir Mundy, Jaromir von Mundy or Baron Mundy. A detailed background of his family and main life events can be found in: Županič, 'Jaromír Freiherr von Mundy'; Helmut Wyklicky, 'Mundy, Jaromir Freiherr von', *Neue Deutsche Biographie* 18 (1997), S. 590 f. (Bayerische Staatsbibliothek, 1997), <https://www.deutsche-biographie.de/sfz67315.html#ndbcontent;Pagel;Mundy;Jaromir;Freiherr;von>.

<sup>761</sup> Moravia was a Habsburg possession until the end of World War One. It was part of the Austrian empire and later Austria-Hungary, and now lies on Czech territory.

<sup>762</sup> He also had a passive knowledge of Hungarian and Turkish and had a basic knowledge of Hebrew and Persian. See: Županič, 'Jaromír Freiherr von Mundy', 261.

<sup>763</sup> "Association of medical officers of asylums and hospitals for the insane", *The Lancet*, 1864, vol. 2, 132, <https://babel.hathitrust.org/cgi/pt?id=njp.32101074830686&view=1up&seq=140>.

<sup>764</sup> According to C. J. Cummins, Tucker was an American. But it is unclear where this information comes from or if it is accurate. G. A. Tucker could also have been a British citizen residing in one of the colonies of the United Kingdom. See: C. J. Cummins, *New South Wales, and Department of Health, A History of Medical Administration in NSW 1788-1973* (Sydney: NSW Department of Health, 2003), 40.

<sup>765</sup> "Reviews. Lunacy in Many Lands. By G. A. Tucker, Sydney, 1887", *Journal of Mental Science*, 1888, vol. 33, no. 144, 589, <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/past-title/journal-of-mental-science/all-issues/4F51B1E4B3F81774A5D21EE614CDFD45>.

<sup>766</sup> Inflation calculated between 1888 and 2020. See: 'Inflation Calculator', Bank of England, accessed 28 February 2021, <http://www.bankofengland.co.uk/monetary-policy/inflation/inflation-calculator>. The

alienist remarked how he “[...] devoted all his fortune which he spent with mad lavishness” to the philanthropic cause.<sup>767</sup>

The elite in the nineteenth century had their own set of social and cultural practices, of which philanthropy was one – something that Mundy was well known for. Elite groups all over Europe have been characterised by their conspicuous consumption, which brought them self-assertion and social leadership/power.<sup>768</sup> Leisure activities such as travelling, and “elite philanthropy” have been characterised by Thomas Adam as part of this culture of conspicuous consumption. Philanthropy was often something that happened in a public setting, allowing the elite to establish a good name, display their wealth and, in particular, be recognised by their peers. Being involved in philanthropy gave them the opportunity to help shape and define society and their surroundings. To give a few examples: contributing money to a museum gave them the power to define which objects were displayed; monetary gifts to libraries gave them the opportunity to influence the literature that the library contained; and financing social housing gave them the chance to define architecture and the concept of what a modern family should be<sup>769</sup> – although philanthropy out of religious or humanistic considerations also existed in elite circles.<sup>770</sup> Historian Thomas Müller noted that Mundy, due to his background, was often ridiculed for his philanthropic investment.<sup>771</sup>

Yet, Mundy also had a medical degree. During his childhood, Mundy had already shown a strong interest in medicine, and in psychiatry in particular.<sup>772</sup> However, his father’s intentions for him were to pursue a clerical career, but Mundy started his medical studies nonetheless. His father, being opposed to his medical pursuits, sent him into the military where he eventually climbed to the rank of Staff Surgeon-Major in the army of the emperor of Austria. In the 1850s he temporarily left the army for his studies at the Medical Faculty of the University of Würzburg in Germany<sup>773</sup> and in the

---

currency was converted from pound to euro via ‘Currency Converter’, fxtop.com, accessed 10 April 2021, <https://fxtop.com/en/currency-converter.php>. For convenience the amounts were rounded up.

<sup>767</sup> “[...] et il a consacré toute sa fortune qu’il dépensa avec une folle prodigalité”. See: “Variétés. Nécrologie. Baron Mundy”, AMP, 1894, vol. 20, 331, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1894x20>.

<sup>768</sup> Thomas Adam, *Buying Respectability: Philanthropy and Urban Society in Transnational Perspective, 1840s to 1930s* (Indiana University Press, 2009), 6–9.

<sup>769</sup> Adam, *Buying Respectability*, 8.

<sup>770</sup> Adam, *Buying Respectability*, 8.

<sup>771</sup> Müller, ‘Le placement familial des aliénés en France. Le baron Mundy et l’Exposition universelle de 1867’, 39.

<sup>772</sup> Županič, ‘Jaromír Freiherr von Mundy’, 261.

<sup>773</sup> Županič, ‘Jaromír Freiherr von Mundy’, 261; Wyklicky, ‘Mundy, Jaromir Freiherr von’.

1860s he became a professor at the University of Vienna, teaching military hygiene and introductions to psychology.<sup>774</sup>

Mundy associated himself closely with his medical, and specifically psychiatric, peers. The Scottish physician John Sibbald recalled how, in 1861, on his visit to the Gheel colony, he had been introduced to “[...] M. le Baron, or, as he prefers being called, M. le Docteur Mundy [...]”.<sup>775</sup> Sibbald described him as “[...] a gentleman who had been residing at Gheel for several weeks with the same purpose as my briefer visit was intended to serve, and for whose kindness to one only bound to him by the ties of a common interest in science I cannot be sufficiently grateful”.<sup>776</sup> Mundy’s perception of belonging to the medical and psychiatric field is highlighted further through only wanting to share his ideas and knowledge with those who devoted themselves to medicine and in particular psychiatry.<sup>777</sup>

Although he had a noble background and most likely incorporated some of the nobility’s practices during his life – such as his frequent travelling and philanthropy – he did not identify himself with his elite peers, but rather those in the medical field. Although this association with psychiatry would not last, as Mundy would leave the psychiatric field behind him in the latter half of the nineteenth century to concentrate on other medical-philanthropic projects. In combination with his noble descent, he takes a peculiar and dualistic position in the realm of psychiatry. This dualism would not only have an impact on the extent and the form in which he was able to gather information across borders, but also on his views on proper scientific knowledge and its dissemination.

Thirdly, travel was an important vehicle for acquiring information and become acquainted with other physicians and psychiatric institutions across the world. Mundy’s travels provided him with the means of enriching his personal knowledge by having one-to-one contact with the directors and physicians working in the asylums he visited, allowing him to ask a broad range of questions and be provided with detailed

---

<sup>774</sup> Županič, ‘Jaromír Freiherr von Mundy’, 264; Wyklicky, ‘Mundy, Jaromir Freiherr von’.

<sup>775</sup> John Sibbald, “The cottage system and Gheel”, *Journal of Mental Science*, 1861, vol. 7, no. 37, 40, <http://www.archive.org/details/britishjournalof07roya>.

<sup>776</sup> John Sibbald, “The cottage system and Gheel”, *Journal of Mental Science*, 1861, vol. 7, no. 37, 40, <http://www.archive.org/details/britishjournalof07roya>.

<sup>777</sup> “Resolutions proposed by Baron Mundy”, *Journal of Mental Science*, 1864, vol. 10, no. 51, 458, <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/past-title/journal-of-mental-science/all-issues/4F51B1E4B3F81774A5D21EE614CDFD45>.

documentation about the asylums in question, allowing their “minute inspection”.<sup>778</sup> According to his British peers, he was “[a] visitor at all hours and seasons [...]” while he resided in the United Kingdom.<sup>779</sup> Moreover, to make the most of these travels and his encounters, Mundy had a very specific way of studying psychiatric institutions.

Mundy’s method to gather knowledge was to repeat visits to institutions multiple times. He travelled to a couple of Swiss asylums twice, for example the asylum of *Abendberg* near Bern. He visited four times each the French asylum Quatre-Mares and the Belgian Gheel colony. Most asylums in Paris, as well as the Saint Luke asylum in London, the Wandsworth asylum and Manor House in Chiswick, he visited “time and again”.<sup>780</sup> Mundy spent days, weeks and even months inside the mental institutions that he visited and saw this as an integral part of science and a reliable method to study asylum management and practices. Moreover, as opposed to some other alienists, he made it a habit in his publications to explicitly recount how he had undertaken his studies, frequently mentioning his travels. In his work on cretinism he explained having visited “[...] two of the most distinguished asylums for this kind”, mentioning his conversations with its superintendents, his careful examination of reports and other theoretical materials in combination with personal examinations. He continued:

“We merely quote all this for the single reason that our opinion in regard to the system of medical education and therapeutics of cretinism may not be put down as superficial, or as being obtained by insufficient means; and it must be remembered that an article of this kind written for a journal must be perfectly accurate, and as concise as possible.”<sup>781</sup>

His position in the psychiatric field was a precarious one as his elite heritage sometimes led to opposition from people in the medical field. Being aware of this, Mundy tried to give his work more momentum and give himself a better footing within the medical

---

<sup>778</sup> J. Mundy, “Five cardinal questions on administrative psychiatry”, (London: J. E. Adlard, 1861), reprinted from *The Journal of Mental Science*, 10, <http://archive.org/details/b22342655>.

<sup>779</sup> Baron Mundy, “An oasis in the desert of German restraint”, *Journal of Mental Science*, 1864, vol. 10, no. 49, 73 [editorial note], <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/past-title/journal-of-mental-science/all-issues/4F51B1E4B3F81774A5D21EE614CDFD45>.

<sup>780</sup> “maintes fois”. See: J. Mundy, “Sur les divers modes de l’assistance publique appliquée aux aliénés discours prononcé dans les séances de la Société Médico-Psychologique à Paris le 26 décembre 1864 et le 16 janvier 1865, (Paris: Aug. Marc, 1865), 37, <https://wellcomelibrary.org/item/b22651871>.

<sup>781</sup> J. Mundy, *On the educational treatment of cretinism*, (London: Savill & Edwrds, 1861), reprinted from *The Medical Critic* for October 1861, 7, <https://wellcomelibrary.org/item/b22347732>. Similar expressions are to be found in his other work as well. See for example: J. Mundy, *Five cardinal question on administrative psychiatry*, (London: J. E. Aldard, 1861), reprinted from *The Journal of Mental Science*, 10, <http://archive.org/details/b22342655>.

and psychiatric community by upholding rigorous scientific practices – methods which were approved by his contemporaries as well. The tendency to explicitly mention the scientific foundations of his work not only reflects his uncertain position but illustrates Mundy’s practices and mindset as a physician as well, valuing rigorous and detailed studies greatly. This type of explicit references to methods is something that we for example do not encounter in Jules Morel’s publications. Mundy’s views on science would, however, also become one of the reasons that several foreign physicians did not hold Mundy in high regard. Not necessarily because of his views on science but rather in how he communicated about their significance. Mundy was of the opinion that some of his medical peers did not uphold the same standard of scientific practices, such as not undertaking long and thorough excursions, and heavily criticised his colleagues for it.<sup>782</sup>

His encounters with asylum physicians not only served as a means to *acquire* knowledge. Travelling and one-on-one encounters provided a two-way street of information and allowed Mundy to bring his views to the attention of other physicians in order to initiate the reforms he deemed to be so necessary in psychiatry. In a few instances he booked small-scale successes. For example, the British psychiatrist Lockhart Robertson, who would become a good friend of Mundy, recalled how they had had “[...] a long and most interesting conversation [...]” at the Hayward’s Heath asylum and that this exchange had made him “a convert” to Mundy’s ideology.<sup>783</sup> Robertson would maintain his positive perception about Mundy, declaring in 1871 in front of the members of the Medico-Psychological Association that “It was owing to Baron Mundy’s efforts to secure family life for the insane that its value had been recognised and more or less carried out in practice”.<sup>784</sup> Robertson was here referring to himself, as he had implemented a boarding-out system for a very limited number of

---

<sup>782</sup> Mundy complaint for example that only nine French physicians had visited Gheel and many only for nine hours or less. Mundy asked if the French alienists would like it if he would only visit Bicêtre for nine hours. See: Mundy, “Sur les divers modes de l’assistance publique appliquée aux aliénés discours prononcé dans les séances de la Société Médico-Psychologique à Paris le 26 décembre 1864 et le 16 janvier 1865, (Paris: Aug. Marc, 1865), 40, <https://wellcomelibrary.org/item/b22651871>.

<sup>783</sup> “Original communications. Dr. Mundy on the Cottage Asylum System”, *Journal of Mental Science*, 1862, vol. 8, no. 43, 333, <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/past-title/journal-of-mental-science/all-issues/4F51B1E4B3F81774A5D21EE614CDFD45>.

<sup>784</sup> “Notes and news. Quarterly meeting of the medico-psychological association at Manchester”, *Journal of Mental Science*, 1871, vol. 17, no. 78, 300, <http://www.archive.org/details/britishjournalof17roya>.

patients<sup>785</sup> – although, according to historian Andrew Scull, Robertson was more in favour of the asylum system.<sup>786</sup> Aside from his own experiment, Robertson also referred to Bucknill’s experiment at the Exeter asylum, where pauper patients were boarded out into the village, and the system carried out by Mould in the Cheadle asylum.<sup>787</sup> Mould recalled in front of his peers how, when showing Mundy a photograph of the first villa residence at Cheadle – which was based on Mundy’s construction plans displayed at the World Exhibition in Paris in 1867 – he had exclaimed “Mein Gott. Why! you have got my house”.<sup>788</sup>

These comments reveal that close and professional in-person relationships were an important component in the transfer of ideas, and moreover are an example of how foreign people could contribute to very local sparks of experimentation and change. This is often overlooked in the history of psychiatry, as historiography generally only discusses practices that have become generalised across bigger regions or parts of the world.<sup>789</sup> It is precisely these encounters that we should consider as well when talking about knowledge circulation.

As explained in the previous passages, a combination of factors contributed to Mundy’s multiple journeys across Europe and the bonds he formed with fellow, mainly British, physicians. These extensive travels in particular would be noticed by alienists across Europe. Geographic mobility plays an important role in knowledge production and learning,<sup>790</sup> and in the field of psychiatry, Mundy was able to profit from this to the fullest. However, this does not mean that Mundy would become a transnational knowledge broker in the true sense of the word.

---

<sup>785</sup> “Notes and news. Quarterly meeting of the medico-psychological association at Manchester”, *Journal of Mental Science*, 1871, vol. 17, no. 78, 300, <http://www.archive.org/details/britishjournalof17roya>.

<sup>786</sup> Andrew Scull, ‘Commentary: Arthur Mitchell on the Statistics of Insanity’, *International Journal of Epidemiology* 39, no. 6 (2010): 1433.

<sup>787</sup> “Notes and news. Quarterly meeting of the medico-psychological association at Manchester”, *Journal of Mental Science*, 1871, vol. 17, no. 78, 300-302, <http://www.archive.org/details/britishjournalof17roya>.

<sup>788</sup> “Notes and news. Quarterly meeting of the medico-psychological association at Manchester”, *Journal of Mental Science*, 1871, vol. 17, no. 78, 302, <http://www.archive.org/details/britishjournalof17roya>.

<sup>789</sup> An exception to a certain extent is: Thomas Müller, ed., *Zentrum und Peripherie in der Geschichte der Psychiatrie Regionale, nationale und internationale Perspektiven* (Stuttgart: Franz Steiner Verlag, 2017).

<sup>790</sup> Heike Jöns, ‘Transnational Mobility and the Spaces of Knowledge Production: A Comparison of Global Patterns, Motivations and Collaborations in Different Academic Fields’, *Social Geography* 2 (2007): 97–114.

It is safe to say that his travels were out of proportion in comparison with many of his (well-known) contemporaries. He surpassed psychiatrists such as the, by then deceased, Belgian alienist Joseph Guislain, who was seen as the “father” of Belgian psychiatry and had a widespread and far superior reputation among European alienists than Mundy would ever have. Guislain himself had travelled quite extensively through Europe in the 1840s: to the Netherlands, France, the United Kingdom, Italy and Switzerland.<sup>791</sup> The famous British alienist Daniel Hack Tuke, who had ventured to Canada, the United States, the Netherlands and France,<sup>792</sup> or the Frenchman Paul Sérieux, who had visited Germany, Switzerland and Italy,<sup>793</sup> would never be referred to or recognised by their peers as the most well-travelled physician in Europe.<sup>794</sup> One of the only alienists who surpassed Mundy in the extent of his travels was George Alfred Tucker, ex-proprietor of a private asylum in Melbourne and Sydney, who in the 1880s visited over 400 asylums across the world in three and a half years.<sup>795</sup> However, he was a little-known psychiatrist in Europe, although his substantial book of 1600 pages was

---

<sup>791</sup> Joseph Guislain, *Lettre médicale sur la Hollande, adressé à MM. les membres de la Société de Médecine de Gand* (Gyselynck, 1842), [https://books.google.be/books?id=KgBBAAAACAAJ&printsec=frontcover&hl=nl&source=gbs\\_ge\\_summary\\_r&cad=0#v=onepage&q&f=false](https://books.google.be/books?id=KgBBAAAACAAJ&printsec=frontcover&hl=nl&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false); Joseph Guislain, *Lettres médicales sur l'Italie, avec quelques renseignements sur la Suisse: résumé d'un voyage fait en 1838, adressé à la Société de Médecine de Gand* (Gyselynck, 1840), especially page 5 (mentioning of different countries), [https://books.google.be/books?id=8dISAAAACAAJ&printsec=frontcover&hl=nl&source=gbs\\_ge\\_summary\\_r&cad=0#v=onepage&q&f=false](https://books.google.be/books?id=8dISAAAACAAJ&printsec=frontcover&hl=nl&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false).

<sup>792</sup> Daniel Hack Tuke, *The Asylums of Holland, Their Past and Present Conditions*. (n.p., 1854); Daniel Hack Tuke, *A Few Notes on Lunacy in France Suggested by a Recent Visit to French Asylums: Read at the Annual Meeting of the Medico-Psychological Assoc., July 26, 1878: Also, the Proceedings of the International Congress of Mental Medicine, Paris, August, 1878* (Lewes: Alex. Rivington, 1878), <https://wellcomelibrary.org/item/b22350123#?c=0&m=0&s=0&cv=0&z=-1.3113%2C-0.0916%2C3.6227%2C1.833>; Daniel Hack Tuke, *The Insane in the United States and Canada* (London: H.K. Lewis, 1885), <http://online.canadiana.ca/view/oocihm.09276>; Daniel Hack Tuke, 'On the Past and Present Provision for the Insane in the United States', *Journal of Mental Science* 22 (1876): 1876–77.

<sup>793</sup> Paul Sérieux, *L'assistance des aliénés en France, en Allemagne, en Italie et en Suisse* (Paris: Imprimerie municipale, 1908); Paul Sérieux and Département Seine, *L'assurance des aliénés en France, en Allemagne, en Italie et en Suisse* (Paris: Impr. municipale, 1903); Paul Sérieux, *Les Cliniques psychiatriques des Universités allemandes, par le Dr Paul Sérieux ...* (Évreux: Impr. de C. Hérissey, 1901); Paul Sérieux, France, and Service des aliénés, *L'assistance des alcooliques en Suisse, en Allemagne, en Autriche Création d'un asile spécial d'alcooliques dans le département de la Seine*. (Montévrain: imprimerie typographique de l'École d'Alembert, 1894), <http://catalog.hathitrust.org/api/volumes/oclc/83364634.html>.

<sup>794</sup> See for example the editorial note in: J. Mundy, “Five cardinal questions on administrative psychiatry”, *Journal of Mental Science*, 1861, vol. 7, no. 39, 343, <http://www.archive.org/details/britishjournalof07roya>.

<sup>795</sup> He travelled through the German Empire, Austria, Prussia, Denmark, Norway, Sweden, Holland, Belgium, France, Switzerland, Italy, Corsica, Spain, Great Britain, Ireland, Tunis, Algiers, South Australia, Tasmania, New Zealand, Honolulu, the United States and Canada. See: G. A. Tucker, *Lunacy in Many Lands* (Sydney: Charles Potter, 1887), 1664, <https://wellcomecollection.org/works/mc4q7qdb>.

known to some<sup>796</sup> – yet he as well would never acquire the title with which Mundy was so intrinsically associated among his peers.

It is precisely the large scale of these excursions that would transform Mundy from a mere transnational somebody – someone who, like many others, traversed borders to gain knowledge – to someone who was recognised in the different psychiatric communities across Europe. In other words, a scientific trademark was created for and by Mundy. A brand, trademark, or “recognition identity”<sup>797</sup> as Kenneth H. Craik has called it, is a process that can be defined as follows: when people are talking or writing about a person to others, all parties involved must be able to identify that they are talking about the same person. This is often established via facial images or the use of certain names.<sup>798</sup> More specifically, I understand it to mean that a name (in this case, Mundy) becomes associated with one or more traits or characteristics (in this case, extensive travelling to asylums). A label is attached to a person by others to better place and recall or identify them. These characteristics can take on many forms but are mostly related to what a person is most known for. It is important to emphasise that this trademark or brand does not imply a value judgement per se. Mundy became identified as the individual who travelled across Europe and was keenly interested in the Gheel colony. It is to this brand that others began to attach other, more value-laden, information they gathered along the way about a person. This information bundling is also central to the reputation of an individual.<sup>799</sup>

Colleagues with an interest in mental health reform and a particular concern for patient welfare endorsed Mundy for his travel efforts. Bucknill, founder of the *Journal of Mental Science*, as well as its editor at the time pointed out in 1861 that he recently “[...] had the pleasure of forming the acquaintance of a gentleman who, devoting his

---

<sup>796</sup> See for example: “Séance du 31 mai 1897”, AMP, 1897, vol. 6, 287, <http://www.biusante.parisdescartes.fr/histmed/medica/cote?90152x1897x06>; “Revue des journaux. Report of the Royal Edinburgh Asylum for the year 1896”, BSM MB, 1897, no. 87, 440, <http://hdl.handle.net/2027/hvd.32044102893963>; “Reviews. Lunacy in many lands. By G. A. Tucker, Synedy, 1887”, *Journal of Mental Science*, 1888, vol. 33, no. 144, 588, <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/past-title/journal-of-mental-science/all-issues/4F51B1E4B3F81774A5D21EE614CDFD45>; “Reviews. Thirty-sixth annual report of the General Board of Commissioners in Lunacy for Scotland. Edinburgh, 1894”, *Journal of Mental Science*, 1895, vol. 41, no. 172, 116, <http://hdl.handle.net/2027/hvd.32044103072955>; “The increase of general paralysis”, *Journal of Mental Science*, 1896, vol. 42, no. 179, <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/past-title/journal-of-mental-science/all-issues/4F51B1E4B3F81774A5D21EE614CDFD45>.

<sup>797</sup> Kenneth H. Craik, *Reputation: A Network Interpretation*, 1 edition (Oxford: Oxford University Press, 2008), 42.

<sup>798</sup> Craik, *Reputation*, 4.

<sup>799</sup> Craik, *Reputation*, 42.



life to the investigation of the condition of the insane, has visited the asylums, not of one country only, but of all the countries of the continent, with the exception of Spain [...]".<sup>800</sup> The French alienist Louis Delasiauve<sup>801</sup>, who was committed to social welfare and known for promoting education for the mentally handicapped and especially for his research into epilepsy, had also taken note of Mundy's efforts.<sup>802</sup> In 1869 he considered Mundy to be "a German doctor, who could be called the tourist of alienism".<sup>803</sup> This sentence is indicative for much of Mundy's reputation. On the one hand Delasiauve acknowledges Mundy's travels (his trademark), but on the other, he did not fully agree with all of Mundy's views, displaying some disdain by calling him a tourist, instead of someone grounded in psychiatric science. Even after Mundy's death in 1894 – he passed away by suicide<sup>804</sup> – he continued to be associated with the extensive travelling he had done. In 1898, the Belgian alienist Jan Alexander Peeters, medical director of the Gheel colony, remarked to his colleagues how Mundy had visited most countries.<sup>805</sup> This would be the main characteristic by which he was identified by his peers in the psychiatric community. His travels, and in addition his interest in the Gheel colony, would become Mundy's trademarks.

### **Study trips, friendship and career opportunities**

While travelling would become one of the key trademarks with which Mundy was identified in the psychiatric community, this was far less the case for Jules Morel. Although he also travelled around Europe, this was only a fraction compared to Mundy's excursions. Morel would rather become known for some of his writings on criminality and teaching for asylum staff. Furthermore, Morel had additional motives for his trips abroad, such as visiting international conferences, which gave his travels another dimension.

---

<sup>800</sup> "Dr. Bucknill's valedictory address", *Journal of Mental Science*, vol. 7, no. 39, 312, <http://www.archive.org/details/britishjournalof07roya>.

<sup>801</sup> O. Walusinski, 'Louis Delasiauve (1804-1893), an Alienist at the Dawn of Epileptology and Pediatric Psychiatry', *Revue Neurologique* 174, no. 3 (2018): 106–14.

<sup>802</sup> "Notes, news, correspondence, etc. M. Renaudin on the English County Asylums for the Insane. Annales Médico-Psychologiques, March, 1863", *Journal of Mental Science*, 1863, vol.9, no. 46, 297, <http://www.archive.org/details/britishjournalof09roya>.

<sup>803</sup> "[u]n médecin allemande, qu'on pourrait appeler le touriste de l'aliénation mentale [...]". See: Delasiauve, "Législation. Réquisitoire Sandon. Lettre a M. Adolphe Guérault", *Journal de médecine mentale*, 1869, vol. 9, 338, <https://babel.hathitrust.org/cgi/pt?id=mdp.39015062733426&view=1up&seq=360>.

<sup>804</sup> He died in 1894 at the age of 72.

<sup>805</sup> "[...] la plupart de tous les pays [...]". See: A. Peeters, "La réforme de l'assistance des aliénés. Conférence donnée au Cercle artistique, littéraire, et scientifique à Anvers le 23 Novembre 1898", *BSMMB*, 1898, no. 91, 348, <http://hdl.handle.net/2027/hvd.32044102893955>.

Morel was of the opinion that exploring across borders was an ideal way to deal with national problems and to foster cooperation between countries. While discussing the reforms introduced in France, Germany, Italy, Switzerland and Belgium – based on the work of some of his French colleagues – Morel concluded among other things that: “Fear of novelty, ignorance and disdain for foreign countries must be combated through study trips”.<sup>806</sup> Many years prior<sup>807</sup>, Morel had undertaken scientific voyages to England, France, the Netherlands and Vienna.<sup>808</sup> Being able to undertake such voyages was a sign of someone’s medical and scientific capabilities and knowledge development, and was therefore also explicitly mentioned by Morel in his 1886 application to become superintendent of the Guislain asylum in Ghent.

Although less substantial than Mundy’s travels, Morel’s *voyages d’études* most likely laid the foundations for strong professional bonds as well as friendships with some of the most well-known psychiatrists in Europe. As we shall see later in more depth, he actively sought connections with alienists in other countries. The British Daniel Hack Tuke for example, was, in addition to being a valued foreign colleague, also a close friend of Morel,<sup>809</sup> and most likely had some influence on Morel’s career trajectory. Hack Tuke was a prominent alienist in and outside the United Kingdom and descended from a long line of Quakers who themselves had had fruitful careers in psychiatry. Among these was William Tuke who is seen as the British “father” of psychiatry.

Before we explore the transformative friendship between Hack Tuke and Morel and its impact on Morel’s career, it is important to gain insight into Morel’s professional trajectory up until he became medical superintendent at the Guislain asylum. Morel attended the University of Ghent between 1859 and 1867 where he obtained his degree of “docteur en médecine, en chirurgie et en accouchements” with distinction.<sup>810</sup> Before Morel specialised in mental illnesses he was a general practitioner

---

<sup>806</sup> “Il faut combattre la peur des nouveautés, l’ignorance et le mépris de l’étranger par des voyages d’études”. See: Jules Morel, “La réforme des asiles d’aliénés. L’assistance des aliénés en France, en Allemagne, en Italie, en Suisse et en Belgique”, BSMMB, 1905, no. 119, 128, <http://hdl.handle.net/2027/hvd.32044102893880>.

<sup>807</sup> His travels took place before he applied for the job of medical superintendent at the Guislain asylum in 1886 as he mentions his travels in his application.

<sup>808</sup> Archief Gent, BG 19, Guislaingesticht, folder 75/1886-1896: Dossier betreffende dokter Jules Morel, hoofdgeneesheer van het Guislaingesticht, [letter of] 26-5-1886 from Jules Morel to the *Commission Hospice Civil Gand*.

<sup>809</sup> Eva Andersen, ‘De Société de Médecine Mentale de Belgique in Transnationaal Perspectief (1869-1900)’, *Belgisch Tijdschrift Voor Nieuwste Geschiedenis* XLVII, no. 4 (2017): 50.

<sup>810</sup> Universiteitsarchief Gent, Bronnen voor het inschrijven van studenten, ARUG\_AR0654; Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende*

in Ghent from 1867 onwards and also taught chemistry at the *Nijverheidsschool (l'école industrielle de Gand)* between 1869 and 1882. During this time he also had an interest in the Dutch language and its consolidation and strengthening.<sup>811</sup> This is expressed in his active involvement in the *Willemfonds* in Ghent between 1864 and 1881, his lobbying for the extension of a *Volksbibliotheek*, being one of the co-founders of the *Gentse Vlaamsche Liberale Vereeniging* in 1867, as well as being on the board of the Choir (*Zangkoor*) of the *Willems Genootschap*.

His interest in mental illness would begin in the early 1870s. Starting in 1871 he was employed as *médecin-adjoint* in the *hospice des femmes-aliénées* in Ghent, until he became *médecin en chef* of the *hospice Guislain* (named after its founder Jozef Guislain) in 1886 also located in Ghent.<sup>812</sup> He applied for this position after the death of Benjamin Constance Ingels, a widely respected alienist who succumbed to an infection contracted during an autopsy.<sup>813</sup> The position of superintendent was an important one, because the *Hospice Guislain* was, aside from the Gheel colony, one of the better-known Belgian asylums in Europe and was frequently visited by foreigners.<sup>814</sup>

Morel's application to become the new superintendent of the *Hospice Guislain* hints at a possible impact of foreign influences. Daniel Hack Tuke, having heard about Ingels' death, had written to Morel to enquire if he would apply for the position, offering to send a letter of recommendation if he chose to do so. Morel did not let this opportunity pass, sending Tuke's message to the *Commission des Hospices*, who would judge the applications for the position of superintendent.<sup>815</sup> Tuke wrote: "I take the liberty of recommending Dr. Jules Morel as a most suitable successor. Dr. Morel

---

*Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v.1, folder 2, "titres honorifique du Dr. Jul. Morel", <https://lib.ugent.be/catalog/rug01:000833696>; *Université de Gand. Ouverture solennelle des cours* (Université de Gand, 1861), 26.

<sup>811</sup> Johan Decavele, 'Morel, Julien P.S.', NEVB Online, accessed 27 July 2020, [https://nevb.be/wiki/Morel,\\_Julien\\_P.S.](https://nevb.be/wiki/Morel,_Julien_P.S.)

<sup>812</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v.1, folder 1, [administrative document with personal and work-related information about Morel, "ancienne chef de clinique interne ...."]; *Ibidem*, folder 2, "titres honorifique du Jul. Morel"; Archief Gent, BG 19, Guislaingesticht, folder 75/1886-1896: Dossier betreffende dokter Jules Morel, hoofdgeneesheer van het Guislaingesticht, [letter from Morel to the *Comission Hospice Civil Gand*].

<sup>813</sup> "Nécrologie", BSMMB, 1886, no. 41, 90-, <http://hdl.handle.net/2027/mdp.39015070250637>.

<sup>814</sup> Visitors book, Museum Dr. Guislain.

<sup>815</sup> Archief Gent, BG 19, Guislaingesticht, folder 75/1886-1896: Dossier betreffende dokter Jules Morel, hoofdgeneesheer van het Guislaingesticht, [31/05/1886, postcard from Hack Tuke to Morel]; Archief Gent, BG 19, Guislaingesticht, folder 75/1886-1896: Dossier betreffende dokter Jules Morel, hoofdgeneesheer van het Guislaingesticht, [06/06/1886, letter from Morel to the *Comission Hospice civil Gand*].

possesses in a high degree the qualities requisite for this important office. [...] Dr. Morel if appointed will, I am quite certain, sustain the reputation of the asylum in Belgium and abroad where he is already widely known as an alienist”.<sup>816</sup> This last part, “already widely known”, is an interesting phrase, since in 1886 Morel had not yet attended any conferences and neither had he published any of his major works on psychiatry. Only his piece on *L'alimentation: exposé des principes qui doivent servir de guide*, which appeared in the BSMMB in 1881, was published by the time he applied for the position of superintendent. This means that he could only have been noticed to any substantial extent by Hack Tuke and other foreign peers during his travels and by having made a favourable impression.

Ultimately, Morel was hired as the new superintendent. This position would be a steppingstone to many other positions he would take on. While superintendent of the *Hospice Guislain* he was active as *inspecteur-adjoint des asiles d'aliénés du Royaume*. This position required that, together with a few colleagues, all Belgian asylums were inspected to see if they upheld the laws and regulations imposed by the government to avoid misconduct. A detailed report was delivered to the government about the past and current situation, and the specific transformations that had taken place.<sup>817</sup>

From 1891 onwards Morel was assigned as the visiting psychiatrist for mentally ill patients in the prisons located in the district of Ghent.<sup>818</sup> Degeneration – a broad concept used to refer to anyone deviating from the norm – was high on the agenda in the nineteenth century, as the government, social reformers and medical professionals wanted to safeguard society.<sup>819</sup> Delinquent behaviour was one of these forms of degeneration and delinquents with mental health problems were seen as even more problematic and in need of aid and supervision to heal. As a visiting physician he needed to regularly inspect all prisoners who had a prison sentence of more than six months

---

<sup>816</sup> [letter from Hack Tuke to Morel dated 2/6/1886, London], folder 75/1886-1896: Dossier betreffende dokter Jules Morel, hoofdgeneesheer van het Guislaingesticht, Guislaingesticht, BG 19, Archief Gent, Ghent.

<sup>817</sup> See for example: *Quatrième rapport de la commission permanente d'inspection des établissements d'aliénés*, (Brussel: Hayez, 1857), <https://books.google.be/books?vid=GENT900000184241&printsec=frontcover&hl=nl#v=onepage&q&f=false>.

<sup>818</sup> L. S. Meijer, “Staatszorg voor krankzinnige gevangenen” *De Gids*, 1899, vol. 63, 460, [https://www.dbnl.org/tekst/\\_gid001189901\\_01/\\_gid001189901\\_01\\_0083.php](https://www.dbnl.org/tekst/_gid001189901_01/_gid001189901_01_0083.php).

<sup>819</sup> Jo Tollebeek, Geert Vanpaemel, and Kaat Wils, ‘Een Codewoord. Bij Een Geschiedenis van Ideeën En Praktijken’, in *Degeneratie in België, 1860-1940: Een Geschiedenis van Ideeën En Praktijken*, ed. Jo Tollebeek, Geert Vanpaemel, and Kaat Wils (Leuven: Universitaire Pers Leuven, 2003), 4–7.

and had been repeatedly punished for certain criminal offences. Morel also had to examine special and urgent cases that were flagged by prison physicians (e.g. abnormal behaviour or attempts of suicide) to establish if the prisoner should stay incarcerated or be transferred to an asylum for treatment.<sup>820</sup> This regime was lauded by many, such as in the Netherlands.<sup>821</sup> Taking on this position would shape Morel's interest in criminology and prison reform which would become a defining part of his psychiatric research and one of the two trademarks by which he was identified in different communities of practice across Europe and in the United States. Name recognition was and is an essential feature to distinguish oneself from others.<sup>822</sup>

Morel would leave the *Guislain asylum* in 1896, accepting a position as *médecin-directeur* of the state asylum for the insane in Mons, a position he would hold until 1908.<sup>823</sup> In that year he became *inspecteur général des asiles d'aliénés du Royaume* as well.<sup>824</sup> After his retirement from his official functions he would relocate to Ghent and began taking courses at the department of languages (*letteren & wijsbegeerte*) in the academic year 1917/1918.<sup>825</sup>

#### **"Feelings of brotherhood":<sup>826</sup> correspondence as a tool for aid and sharing resources**

The second form of one-to-one contact is correspondence. The most common mode of correspondence was by letter, which was used more and more during the middle of the nineteenth century due to falling postal costs, higher literacy rates and improvements in transportation which allowed a better and quicker delivery.<sup>827</sup> Postal

---

<sup>820</sup> L. S. Meijer, "Staatszorg voor krankzinnige gevangenen" *De Gids*, 1899, vol. 63, 460-463, [https://www.dbnl.org/tekst/\\_gid001189901\\_01/\\_gid001189901\\_01\\_0083.php](https://www.dbnl.org/tekst/_gid001189901_01/_gid001189901_01_0083.php).

<sup>821</sup> L. S. Meijer, "Staatszorg voor krankzinnige gevangenen" *De Gids*, 1899, vol. 63, 462, [https://www.dbnl.org/tekst/\\_gid001189901\\_01/\\_gid001189901\\_01\\_0083.php](https://www.dbnl.org/tekst/_gid001189901_01/_gid001189901_01_0083.php).

<sup>822</sup> Chris Woolston, 'Recognition: Build a Reputation', *Nature* 521, no. 7550 (May 2015): 113–14.

<sup>823</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v.2, folder 7, [letter dated 18/12/1896 from the *Comission des Hospices Civils* to Jules Morel]; in the membership list of the SMMB in 1908 he is listed as "méd.-direct. de l'asile des aliénées de l'État à Mons", while in the membership list of 1909 he is mentioned as "ancien méd.-direct.". See: "Liste des membres", BSMMB, 1908, no. 127, 5, <http://hdl.handle.net/2027/mdp.39015070275329>; "Liste des membres", BSMMB, 1909, no. 143, 5, <http://hdl.handle.net/2027/mdp.39015070275311>.

<sup>824</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v.2, folder 7, [letter dated 27/07/1908 from Société de Médecine Mentale de Belgique to Jules Morel]; *ibidem*, [letter dated 29/07/1908 from Glorieux to Jules Morel]; *ibidem*, folder 8, [letter dated 29/06/1908 from Lentz to Jules Morel].

<sup>825</sup> Universiteitsarchief Gent, Bronnen voor het inschrijven van studenten, ARUG\_AR0654.

<sup>826</sup> "[...] sentiments de confraternité". See: "Rapport de candidature", AMP, 1902, vol. 15, 436, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1902x15>.

<sup>827</sup> David M. Henkin, *The Postal Age: The Emergence of Modern Communications in Nineteenth-Century America* (Chicago and London: University of Chicago Press, 2008), 2; Nigel Hall, 'The Materiality of

conventions and international agreements also made the delivery of letters and packages around the world easier.<sup>828</sup> Another means of communication that people began to use more frequently during the 1870s was the telegram, a quicker way to communicate, especially over long distances.<sup>829</sup> International telegraph companies were created and at the end of the nineteenth century it became an almost universal communication medium.<sup>830</sup>

None of Mundy's letters have been preserved, although he did communicate with his peers across the world but we have no idea how extensively. For Morel we do have some correspondence available, painting a picture of someone who was actively engaged with his peers across the world, corresponding not only with Belgian colleagues, but also with peers from the United States, Germany, France, the United Kingdom, the Netherlands, Italy, Portugal, the Russian empire, Canada, Austria-Hungary, Switzerland and Spain. His correspondence furthermore gives us insight in how he was perceived as an authority by national and foreign colleagues.

Where travel was most often used to seek new experiences, documenting and mapping the knowledge and progress of other asylums and identifying gaps in one's own or foreign psychiatric institutions and clinics, the use of correspondence often had other goals. Correspondence was primarily used for sharing resources and information (literature, experiences, ...) and most of all to help each other. While scientific etiquettes and codes of conduct have been studied to some extent<sup>831</sup>, its particulars concerning letter writing among scientists in the nineteenth and twentieth centuries has however not. This makes it difficult to sketch a particular image of the etiquette used in psychiatry. While these could not be uncovered to its full extent, it is apparent that there were mechanisms in place. For example, psychiatrists who did not know each other personally or had never met face to face, found means and opportunities to

---

Letter Writing A Nineteenth Century Perspective', in *Letter Writing as a Social Practice*, ed. David Barton and Nigel Hall (John Benjamins Publishing, 2000), 104.

<sup>828</sup> For Belgium, for example, there were treaties signed in 1844 and 1849 to facilitate sending letters to the United Kingdom and the United States. During the 1874 International Postal Congress in Bern, Switzerland, a World Postal Union was established. See: George E. Hargest, *History of Letter Post Communication Between the United States and Europe, 1845-1875* (Washington: Smithsonian Institution Press, 1971), 99; Henkin, *The Postal Age*, 172–73.

<sup>829</sup> Andreas Fickers and Pascal Griset, *Communicating Europe: Technologies, Information, Events, Making Europe* (Palgrave Macmillan UK, 2019), 15–28; Ken Beauchamp, *History of Telegraphy*, History of Technologies Series 26 (London: Institution of Engineering and Technology, 2001), 81.

<sup>830</sup> Fickers and Griset, *Communicating Europe*, 15–28; Beauchamp, *History of Telegraphy*, 84.

<sup>831</sup> Raf de Bont, "'Writing in Letters of Blood": Manners in Scientific Dispute in Nineteenth-Century Britain and the German Lands', *History of Science* 51, no. 3 (2013): 309–35; Joris Vandendriessche, 'Arbiters of Science. Medical Societies and Scientific Culture in Nineteenth-Century Belgium' (doctoral thesis, Leuven, KU Leuven, 2014), 87–140.

communicate and receive the information they wanted from each other; intermediaries probably played an essential role.

As the sociologist Raphael Heiko Heiberger and his colleague Abraham Breure have stated, “Collaboration lies at the heart of the scientific endeavour [...]”.<sup>832</sup> The notion of providing, but also asking for, assistance is a characteristic that formed a crucial part of Morel’s outlook on knowledge dissemination, although this was behaviour found in the repertoire of many other alienists too, such as the Swiss-American Adolf Meyer, as we shall see below. In Morel’s correspondence there are many instances where lesser-known as well as well-established psychiatrists in the field solicited Morel for information. One-to-one communication created an environment of exchange wherein Morel could disseminate and display his own expertise, while simultaneously guiding and enhancing the knowledge of his peers, and was a transnational knowledge broker on a micro-scale. Being perceived as an expert and having an authoritative position in the field was linked to a psychiatrist’s reputation.

A prime example is Morel’s correspondence with Giulio Cesare Ferrari, a prominent Italian alienist, director of the *Manicomio di Imola*, professor of psychiatry and editor-in-chief of the *Revista sperimentale di freniatria*.<sup>833</sup> Ferrari asked Morel for recommendations about the care of the mentally disabled (*assistances des arriérés*). This was an adjacent field to that of criminality as, at the time, connections were often made between mentally disabled people and deviancy, criminality and psychopathy.<sup>834</sup> Morel assisted Ferrari by listing literature, conferences and alienists that could provide answers to his quest for information.<sup>835</sup> Morel’s career trajectory and the steady expansion of his own transnational network – through peers, different associations and his knowledge of multiple expert journals – was of value to others in his epistemic community. Morel mentions numerous individuals and institutions he himself had been in contact with over the years – for example, the conference of *United Charities and*

---

<sup>832</sup> Abraham S. H. Breure and Raphael Heiko Heiberger, ‘Reconstructing Science Networks from the Past. Eponyms between Malacological Authors in the Mid-19th Century’, *Journal of Historical Network Research* 3 (2019): 94.

<sup>833</sup> ‘Giulio Cesare Ferrari’, Aspi – Archivio storico della psicologia italiana. Le scienze della mente online, accessed 1 March 2021, <https://www.aspi.unimib.it/collections/entity/detail/78/>.

<sup>834</sup> See for example Morel’s description in his letter where the terms “psychopath”, “imbécilites” and “idiots” are mentioned a couple of times in the same breath. See also: L. De Rode, “Bibliographie. Die psychologische Beschaffenheit der rückfälligen Verbrecher, von Dr med. Jules Morel (Monatschrift für kriminal psychologie, etc., 1905)”, *BSMMB*, 1906, no. 125, 64, <http://hdl.handle.net/2027/hvd.32044102893872>.

<sup>835</sup> Archivio Giulio Cesare Ferrari (Fondo), Carteggio 1886-1932 (Serie), 407 Morel Jules (Fasciolo), [letter from Jules Morel to G. C. Ferrari on 19/01/1912], <https://www.aspi.unimib.it/collections/object/detail/4665/>.



*Corrections* in the United States or the London-based *Howard Association* which was and is a penal reform organisation. He also mentions the journal *Centralblatt für Nervenheilkunde und Psychiatrie*, for which he was a committee member. In addition, Morel characterised the *Monatsschrift für Kriminologie und Strafrechtsreform* as a journal in which articles were published that were “always very serious”.<sup>836</sup> An article by Morel also had appeared in a German translation in the *Monatsschrift*.<sup>837</sup> He also gave Ferrari the address of two British colleagues<sup>838</sup> – Shuttleworth and Fletcher Beach – who were, at the time, two of the most influential British alienists studying “idiocy”<sup>839</sup> and could help Ferrari further along with his enquiries into *les enfants arriérés*.

Morel’s assistance via correspondence took on different forms and often went further than answering a variety of questions, providing contact information of colleagues or merely suggesting literature to read. It also involved donating numerous Belgian and foreign works to the university library of Ghent which was always greatly appreciated by the librarians. From circa 1908 to 1918 he send the university different pamphlets, books and journal series in Dutch, English, French and German, which amounted during this period to a rough estimation of between 700 and 1000 pieces.<sup>840</sup> Most of these works were, not surprisingly, about medicine and psychiatry and Morel’s two main research interests as well.<sup>841</sup> By means of these donations he tried to inform

---

<sup>836</sup> “[...] qui sont toujours très sérieux”. See: Archivio Giulio Cesare Ferrari (Fondo), Carteggio 1886-1932 (Serie), 407 Morel Jules (Fasciolo), [letter from Jules Morel to G. C. Ferrari on 19/01/1912], <https://www.aspi.unimib.it/collections/object/detail/4665/>.

<sup>837</sup> Jules Morel, “Die psychologische Beschaffenheit der rückfälligen Verbrecher”, *Monatsschrift für Kriminalpsychologie und Strafrechtsreform*, vol. 2, 1906, 219-231, [http://archive.org/details/bub\\_gb\\_5qY4AQAAIAAJ](http://archive.org/details/bub_gb_5qY4AQAAIAAJ).

<sup>838</sup> We don’t know how well Morel was acquainted with them in person. No correspondence from or to them has been preserved.

<sup>839</sup> William B. Fish, ‘A Thesis on Idiocy’, in *Mental Retardation in America: A Historical Reader*, ed. Steven Noll and James Trent (New York: New York University Press, 2004), 108.

<sup>840</sup> Morel asked them to add multiple (international) books to the university collection. Sometimes these were list with more than 100 volumes. See: Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v1, folder 1, [letter dated 12/03/1908 from Université de l’Etat de Gand - Cabinet de l’administrateur-inspecteur - bibliothèque to Jules]; Ibidem, [ letter dated 13/06/1908 from Université de l’Etat de Gand – bibliothèque to Jules Morel]; Ibidem, [letter dated 07/05/1910 from Université de l’Etat de Gand – bibliothèque to Jules Morel]; Ibidem, [letter dated 22/03/1911 from Université de l’Etat de Gand - bibliothèque to Jules Morel]; Ibidem, [letter dated 23/10/1911 from Université de l’Etat de Gand – bibliothèque to Jules Morel]; Ibidem, [letter dated 04/04/1912 from Université de l’Etat de Gand – bibliothèque to Jules Morel]; Ibidem, [letter dated 18/04/1912 from Université de l’Etat de Gand – bibliothèque to Jules Morel]; Ibidem, [letter dated 05/04/1916 from Université de l’Etat de Gand – bibliothèque to Jules Morel]; Ibidem, [letter dated 16/04/1918 from Université de l’Etat de Gand – bibliothèque to Jules Morel]; Ibidem, [letter dated 06/05/1914 from Université de l’Etat de Gand – bibliothèque to Jules Morel]; Ibidem, [letter dated 23/03/1918 from Université de l’Etat de Gand – bibliothèque to Jules Morel].

<sup>841</sup> Aside from these medical topics we also see some interest in religion and Catholicism.



his Belgian and foreign colleagues about new development and lent a helping hand to his peers at the university of Ghent on a more general level.

Supporting his peers and the psychiatric community furthermore, took the form of providing recommendation letters, as he did twice for the Scottish physician James MacDonald<sup>842</sup>, as well as defending colleagues against accusations, such as happened with the British psychiatrist Havelock Ellis's book *Sexual Inversion*, one of the first books about homosexuality.<sup>843</sup> It was published in 1898 and was caught in the eye of a public storm because a London bookseller sold the book to the general public and was prosecuted for obscenity.<sup>844</sup> This scandal is a well-known episode in history, but what makes it interesting is that Ellis asked Morel and other (foreign) colleagues for help regarding this incident. Ellis wrote in 1898 to colleagues in his own country, the United States, Germany and Belgium to complain about his situation and to try to defend himself.<sup>845</sup> Jules Morel was one of the people that received Ellis's book – as a present from the author – with the request to write some remarks about it. Morel sent him a short statement, expressing how much he appreciated the book and would recommend it to his friends. Other colleagues wrote in a similar fashion. They all thought that it was unseemly that the book was disgraced and assured Ellis that the academic world stood on his side. In the end, these statements could, however, not alter the outcome of the situation and the book would be banned for a long time.<sup>846</sup>

Still other requests came Morel's way, for example in the form of providing feedback on the papers and manuscripts of his peers. He corresponded on several occasions with the Austrian (naturalised to British in 1894) Bernard Hollander, a

---

<sup>842</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v1, folder 3, [letter dated 03/02/1911 from James H. MacDonald to Jules Morel]. He asked Morel in 1911 for a recommendation as lecturer in psychological medicine. This was already the second time that MacDonald asked for Morel's approval in a similar situation. The fact that this Scottish physician asked Morel twice for a testimonial suggests that Morel must have had some weight in the psychiatric community or was at least known and respected by some of them.

<sup>843</sup> Von Krafft-Ebing was another physician who was one of the first to write about homosexuality.

<sup>844</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v1, folder 3, [letter from Havelock Ellis dated 13/07/1898]; *Ibidem*, [typed-out document with different opinions about Havelock Ellis book, no date]; Ellis Havelock, *Sexual Inversion* (Philadelphia: F. A. Davis Co., 1901), iii, <http://archive.org/details/sexualinversion00elligoog>.

<sup>845</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v1, folder 3, [letter from Havelock Ellis dated 13/07/1898]; *Ibidem*, [letter from Havelock Ellis dated 18/02/1898]; *Ibidem*, [typed-out document with different opinions about Havelock Ellis book, no date].

<sup>846</sup> 'Henry Havelock Ellis Collection', University of Birmingham, accessed 2 March 2021, <https://www.birmingham.ac.uk/facilities/cadbury/rarebooks/havelockellis.aspx>. Ellis Havelock, *Sexual Inversion*.

psychiatrist interested in phrenology, brain disease and criminality, whom he had never met in real life.<sup>847</sup> In 1910 Hollander wrote to Morel expressing his thanks for his help: “I am very much indebted for your kind consideration of my MS, and the still greater kindness of supplying me with a preface. I appreciate the honour very much, coming from such a high authority, and considering the many interests which take up your time. I thank you also very much for drawing my attention to the omissions in my work, and shall look up the various authors you mention in order to make my MS complete”.<sup>848</sup> Hollander’s book “The Mental Symptoms of Brain Disease. An aid to the surgical treatment of insanity, due to injury, haemorrhage, tumours, and other circumscribed lesions of the brain ... With preface by Dr. Jul. Morel” would be published the same year. Notice how Morel is mentioned in the title of the book itself.<sup>849</sup> For Hollander this meant more credibility and for Morel it provided more visibility to those who would read the book.

The most telling example of Morel acting as a knowledge broker through one-to-one contacts was when he assisted in the “creation” of other knowledge brokers, and this through relatively small actions within other scientific communities. In 1902 the Dutch alienist van Deventer, superintendent of the Meerenberg asylum, wanted to become a *membre associé étranger* of the French *Société médico-psychologique*. In order to acquire this membership a commission of French alienists had to examine his scientific work. Given that his publications were in Dutch, this put both van Deventer and the French *Société* at a disadvantage. However, through the intervention of Morel, by that time himself a *membre associé étranger*, this issue was resolved, as Morel translated van Deventer’s work and sent the analysis to the French alienist Dupain.<sup>850</sup> The latter thanked Morel multiple times for his “kind assistance” and called him a

---

<sup>847</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v1, folder 3, [letter from Bernard Hollander dated 30/08/1910].

<sup>848</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v1, folder 3, [letter from Bernard Hollander dated 13/01/1910].

<sup>849</sup> When these titles were incorporated in bibliographies, it was always this long title that was given. See for example Bernard Hollander’s book in: “Bibliographie”, AMP, 1911, vol. 14, 152, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1911x14>.

<sup>850</sup> No actual correspondence has been preserved between Morel and the French SMP, but it is very likely that the commission members wrote to Morel for his aid. Or, Morel got word of this problem and suggested to help himself. It is unclear if these translations and analysis constituted the integral works of van Deventer, parts of it or solely the titles of his works.

“learned alienist” and “our distinguished colleague”.<sup>851</sup> Because of Morel’s help the French alienists could now see and understand the value of van Deventer’s scientific work, while van Deventer was able to obtain his requested membership, he himself now having the opportunity of becoming a knowledge broker between the communities of the Dutch and French alienists.<sup>852</sup>

Morel’s correspondence provides striking examples of how invested he was in providing assistance to his peers across Europe on an individual basis. Through his actions he was able to demonstrate his knowledge, enrich his network of international colleagues and strengthen his reputation at the same time. But as much as Morel provided his international colleagues with resources, he himself also relied on his network of peers for similar reasons.

He frequently enquired about asylum practices in other countries. Morel was for example interested in the possibilities of non-restraint (see chapter 4) and more specifically in the use of the isolation cell, asking his British colleague Bedford Pierce for advice in 1893.<sup>853</sup> The latter sent Morel instructions with an accompanying sketch and a sample of the rubber that was used in the padded rooms of the York Retreat (**figure 42**). This way Morel could judge the quality of the material for himself. At the moment, we don't know if he actually put this information to use in his asylum. Yet, from a 1905 visit to the *Hospice des Femmes Aliénées* in Mons by two British delegates, it seems that Morel, although a supporter of non-restraint, still had to make use of mechanical restraints because the religious personnel did not follow his instructions, the staff was insufficient (one nurse for 70 patients) and the state did not listen to his complaints.<sup>854</sup>

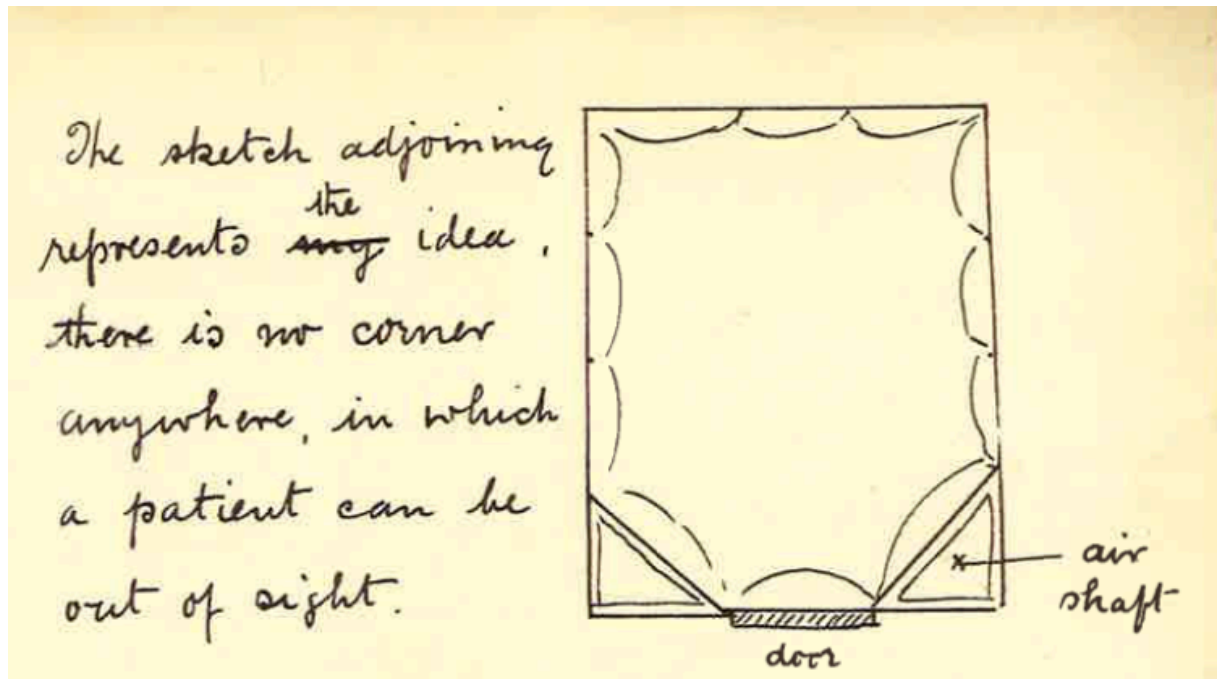
---

<sup>851</sup> “l’aimable obligeance”, “savant aliéniste”, “notre distingué collègue”. See: “Rapport de candidature”, AMP, 1902, vol. 15, 436, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1902x15>.

<sup>852</sup> “Rapport de candidature”, AMP, 1902, vol. 15, 437, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1902x15>.

<sup>853</sup> [letter dated 11/10/1893 from Bedford Pierce to Jules Morel], folder 2, , BHSL.HS.2830 v1, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, Universiteitsbibliotheek Gent, Ghent.

<sup>854</sup> This account was written in French and was in possession of Morel. See: Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v1, folder 3, [report dated 1905, J.C. Dunlop and the secretary of the Royal Commission on the Care and Control of the Feeble-Minded visit the *Hospice des Femmes Aliénées* in Mons].



**Figure 42.** Drawing of a padded isolation cell which was sent by Bedford Pierce to Jules Morel. Source: [letter dated 11/10/1893 from Bedford Pierce to Jules Morel], folder 2, BHSL.HS.2830 v1, Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen, Universiteitsbibliotheek Gent.

Another interest of Morel was American asylums and hospitals for the mentally ill. Morel's interest in the United States was no coincidence, nor was the readiness of his American peers to support his research endeavours by supplying him with information. By the time Morel wrote a letter to the Swiss-American Adolf Meyer,<sup>855</sup> Morel had already built up quite a substantial record of publications and conference participations, his name being strongly connected to criminality and prison reform due to his activities as visiting physician in Belgian prisons. Adolf Meyer himself was also a very prominent alienist and quite influential in the first half of the twentieth century.<sup>856</sup> Between 1908 and 1941 he was director of the psychiatric clinic attached to Johns Hopkins Hospital and in 1910 became its psychiatrist-in-chief.

Aside from Morel communicating with such a well-known psychiatrist, his letters with Meyer also demonstrate the communication processes taking place among peers and the role herein of reputation and recognition in the psychiatric community. Morel started his letter to Meyer with: "I am for you a stranger. You are not a stranger to me. [...] I have pursued your career since you were attached to the Pathological

<sup>855</sup> Adolf Meyer was from Swiss descent but emigrated to the United States and obtained American citizenship.

<sup>856</sup> Gerald N. Grob, *The Inner World of American Psychiatry, 1890-1940: Selected Correspondence* (New Brunswick, N.J.: Rutgers University Press, 1985), 21-22, <http://archive.org/details/innerworldofamer0000grob>.

Institute of the State Hospitals”.<sup>857</sup> Although Morel states that he is an unknown alienist to Meyer, neither does he formally or explicitly introduce himself, apart from drawing some connections between himself and Meyer, before coming to his actual goal. He asked Meyer for information about the hospital reports of the United States, to get an accurate and complete image of the situation in America for a new paper he was working on<sup>858</sup> – however, it seems this was never finished or published. Meyer obliged Morel and sent him multiple reports, also calling upon other American psychiatrists to assist Morel in his endeavour, which they would comply with.<sup>859</sup>

This type of interaction was further shaped by a continuous process of reciprocation. Meyer wrote a two-page letter to Morel, ending it with: “please do not hesitate to ask me any further questions. I shall be very glad to furnish what I can and I hope more expeditiously than this time. I appreciate very keenly your interest and your encouraging comments and can only retaliate with the statement that we all are glad to give any possible assistance to a man of your keen appreciation and judgment in psychiatry”.<sup>860</sup> This last statement implicitly suggests that, although Morel did not introduce himself properly, Morel’s name was probably not unknown to Meyer, which could be explained by the reputation that Morel had built up in the United States by the beginning of the twentieth century. Aside from Meyer’s help, Morel also acquired the assistance of many other American physicians, many of them admiring him for his efforts. Albert Warren Ferris for example wrote to Morel: “You have indeed undertaken a colossal work, and I regret much that you will receive no remuneration for it. Your Government officials would be considered stingy in this country”.<sup>861</sup> Morel in turn

---

<sup>857</sup> “Je suis pour vous un inconnu. Vous ne l’êtes pas pour moi. “[...] J’ai poursuivi votre carrière depuis que vous êtes attaché à l’Institut pathologique des ‘State-Hospitals’”. See: Alan Mason Chesney Medical Archives of The Johns Hopkins Medical Institutions, The Adolf Meyer Collection, Series I, Unit I/2760 Morel, Jul., Ghent, Belgium, [letter dated 09/12/1908 from Jules Morel].

<sup>858</sup> Alan Mason Chesney Medical Archives of The Johns Hopkins Medical Institutions, The Adolf Meyer Collection, Series I, Unit I/2760 Morel, Jul., Ghent, Belgium, [letter dated 09/12/1908 from Jules Morel].

<sup>859</sup> See for example: Alan Mason Chesney Medical Archives of The Johns Hopkins Medical Institutions, The Adolf Meyer Collection, Series I, Unit I/2760 Morel, Jul., Ghent, Belgium, [letter dated 20/02/1909 from Jules Morel], *Ibidem*, [letter dated 28/01/1909 from Jules Morel]; Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v2, folder 9, [letter dated 11/02/1909 from Adolf Meyer]; *Ibidem*, [letter dated 23/12/1908 from the State of New York. Office of the state commission in lunacy]; *Ibidem*, [letter dated 08/02/1909 from the State of Illinois. The Board of State Commissioners of Public Charities Springfield].

<sup>860</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v2, folder 9, [letter dated 11/01/1909. Page 2].

<sup>861</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v2, folder 9, [letter dated 28/01/1909 from the State of New York. Office of the state commission in lunacy].

reciprocated these tokens of assistance and appreciation by writing thank-you notes, expressing that he was “most grateful” for Meyer’s kindness<sup>862</sup>, but also by praising the progress of psychiatry in the United States,<sup>863</sup> and sending literature and papers<sup>864</sup> to his American colleagues. These letters illustrate that there was a keen interest among many psychiatrists to help foreign colleagues access information, regardless of their rank/position in the field.

### **Large-scale contacts**

Aside from close one-to-one contacts, simultaneous interactions with multiple peers brought another range of opportunities to increase one’s visibility. Two typical forms of exposure that I will consider here are presenting at international conferences and the (re)publication of papers. The former were often grand events, attracting hundreds of participants, and the latter made sure that a considerable number of geographically dispersed individuals could be reached. Both allowed contact with peers on a larger, but also often a more superficial, scale and brought along a distinct set of characteristics and possibilities. One aspect that stands out with regard to large-scale contacts is that Mundy scarcely made use of them – he preferred more one-to-one contacts and closer encounters with a limited number of peers. Morel, in contrast, made extensive use of the opportunities that large events and publications could provide.

### **The snowball effect of (inter)national conferences**

Morel did not only travel to visit different psychiatric institutions, he also often crossed borders to speak at and/or attend international conferences organised across Europe. He was one of a select group of physicians who had the means and opportunity to visit a large number of conferences during his lifetime. Out of the 35 conferences in which Morel took an interest (associated membership of a conference), he visited 15 in person, 10 of which took place outside Belgium, and in an additional 5 he participated

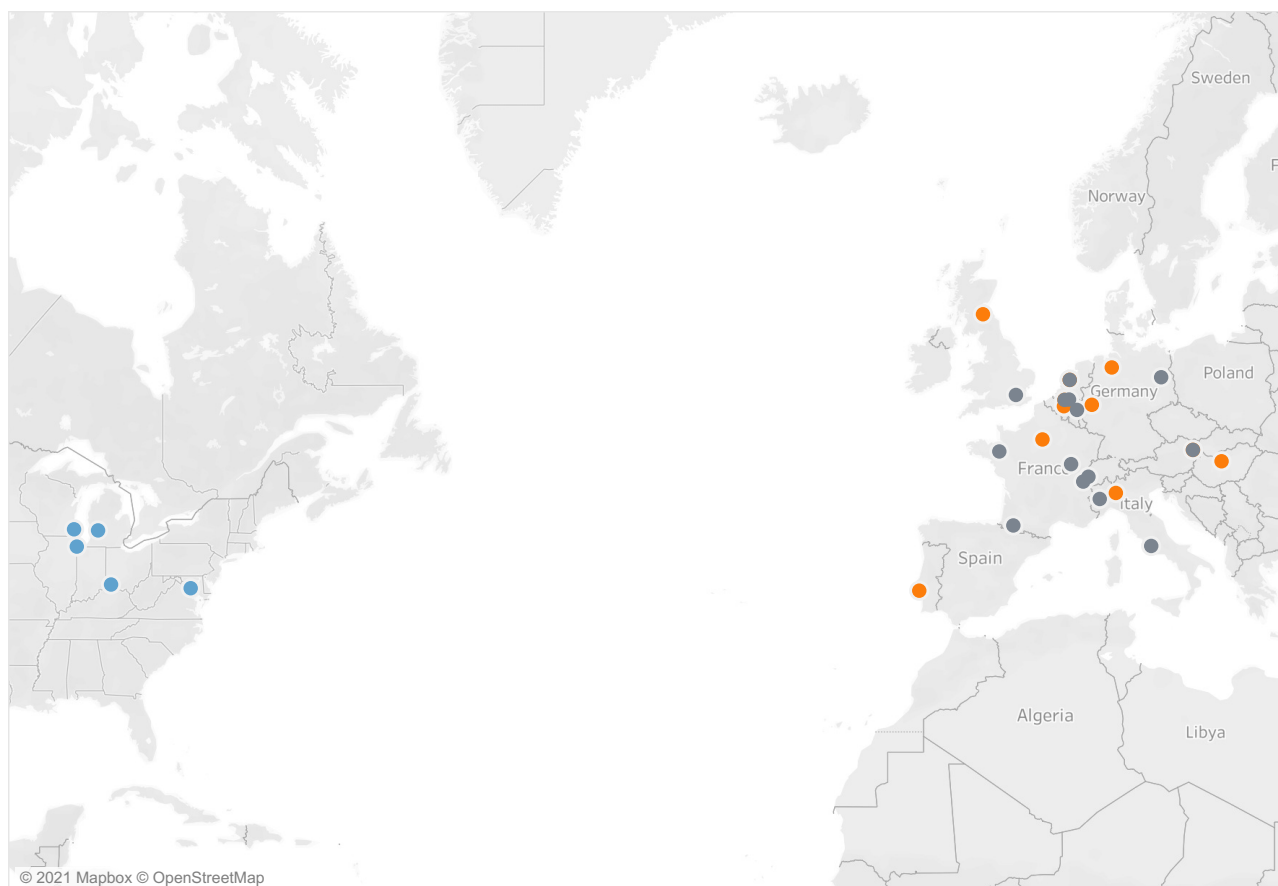
---

<sup>862</sup> Alan Mason Chesney Medical Archives of The Johns Hopkins Medical Institutions, The Adolf Meyer Collection, Series I, Unit I/2760 Morel, Jul., Ghent, Belgium, [letter dated 28/01/1909 from Jules Morel].

<sup>863</sup> Alan Mason Chesney Medical Archives of The Johns Hopkins Medical Institutions, The Adolf Meyer Collection, Series I, Unit I/2760 Morel, Jul., Ghent, Belgium, [letter dated 28/01/1909 from Jules Morel].

<sup>864</sup> Alan Mason Chesney Medical Archives of The Johns Hopkins Medical Institutions, The Adolf Meyer Collection, Series I, Unit I/2760 Morel, Jul., Ghent, Belgium, [letter dated –20/02/1909 from Jules Morel].

from a distance (**figure 43**). The conferences Morel was attracted to consisted of a wide variety of events such as those catering to niche domains in psychiatry: the *Congrès international d'anthropologie criminelle*; *Congrès international du patronage des condamnés, des enfants moralement abandonnés, des vagabonds et des aliénés*; *Conférence internationale contre l'abus des boissons alcoolique* and the *Congrès international de l'assistance des aliénés et spécialement de leur assistance familiale*. Conferences of a more general nature also drew his attention, such as the *Congrès international de médecine mentale*; *Congrès international de médecine*; *Congrès international de psychiatrie et de neurologie* and others (**Appendix 9**).



**Conference attendance Jules Morel**  
 ■ attendance uncertain & listed but not present  
 ■ physical attendance  
 ■ virtual attendance

**Figure 43.** Map showing which conferences Morel attended. The location of the dots is the city where the conferences took place. Note that conferences taking places in the same city are not all visible due to overlapping dots.

The wide scope of themes and subjects discussed at these conferences allowed psychiatrists insight into the most recent developments in the field and was a valuable way to invest in one's knowledge repertoire. Conferences, furthermore, formed an

anchor point to establish or re-establish connections with foreign peers, expanding one's network and continuing to build one's trademark and reputation. This was accomplished by Morel via the diverse roles he took on during these conferences: being an ambassador/representative of the SMMB, functioning as (vice)president and chairing sessions, as well as being an honorary president, *rapporteur*/lecturer or just as spectator or commentator. Besides, Morel was also quite fluent in different languages which formed an asset at these conferences – a quality he used during conferences to make what was being discussed understandable and insightful for others. Small gestures such as these assisted in cultivating a certain place among colleagues and gaining their esteem and appreciation. The Dutch alienist J. Van Deventer Sz., for example, had during the first international conference for the nursing of the mentally ill in Antwerp in 1902 observed that "Dr. Jules Morel, who in spite of his suffering, attended the congress faithfully and, thanks to his excellent language skills, served as a point of reference in discussions outside the meeting".<sup>865</sup>

Given Morel's interest in (inter)national conferences, not all of these can be studied in detail. Instead, I chose to focus on those conferences that lay close to Morel's core interests: criminology, deviancy and prison reform. Moreover, it would be these particular subjects that would become part of Morel's trademark. In addition, half of his work on these topics<sup>866</sup> was first made public and shared with colleagues at these events.

The first time Morel presented his work was not in the SMMB, neither was it presented at an international conference, but gave a lecture during a meeting of the *British Medical Association* in Nottingham in 1892 – more specifically in the section organised on psychology.<sup>867</sup> In front of his British colleagues, Morel talked about the psychological examination of prisoners in Belgium – his lecture was afterwards (in 1893) published in the *British Journal of Mental Science*. Publication of these lectures, either in the conference proceedings or in other journals, formed a crucial extension of

---

<sup>865</sup> "Dr. Jules Morel, die ondanks hij lijdende was, het congres getrouw bijwoonde en dank zij zijn uitnemende taalkennis als geheel der zake kundige bij besprekingen buiten de vergadering als vraagbaak diende." See: J. van Deventer Sz., "Het eerste Internationaal Congres voor krankzinnigenverpleging voornamelijk gezinsverpleging", *Psychiatrische Bladen*, 1902, vol. 6, 479, private digital scan.

<sup>866</sup> Taking into account only originals and reprints.

<sup>867</sup> "Sixteenth annual meeting of the British Medical Association", *British Medical Journal*, 1892, vol. II, 408, [https://archive.org/details/britishmedicalj1892unse\\_0/page/408/mode/2up](https://archive.org/details/britishmedicalj1892unse_0/page/408/mode/2up); Jules Morel, "The psychological examination of prisoners", *Journal of Mental Science*, 1893, vol. 39, no. 164, 12-16, <http://www.archive.org/details/britishjournalof39roya>.



the lectures given and was a practice that would be essential to Morel's publication track record.

This particular conference paper was also picked up by the editors of the *American Journal of Insanity* (AJP) and briefly summarised.<sup>868</sup> In itself this practice is not remarkable as it was a very common one. What makes this exchange interesting is that this was not the first or last time that Morel's American colleagues associated him with the (Belgian) prison system and criminology. The very first time the editors of the AJP had noticed Morel's involvement in prison reform was already in 1891, when a report appeared about the medical-psychological service in Belgian prisons – a development that was commented upon in many other foreign journals as well.<sup>869</sup> The American physician who wrote this piece mentioned especially how “The first district will have the expert services of Dr. Jules Morel of the Hospice Guislain, Ghent, who, it is safe to surmise, has doubtless much to do with the enlightened policy of the Department of Justice”.<sup>870</sup> These encounters would be the start of an exchange that would form a substantial and important part of Morel's career and would help shape his trademark and reputation, and in addition, provided his American colleagues with new knowledge. This exchange stands out all the more for two reasons. On the one hand there is the keen interest of American prison reformers in Morel's ideas. On the other hand, it has been suggested that the United States only began to attract the attention of European alienists after the Second World War – with the exception of Adolf Meyer at the beginning of the twentieth century<sup>871</sup> – yet Morel showed a clear interest in what was happening in the field of psychiatry and criminology in the United States and vice versa.

Morel's appearance in an American journal likely contributed to the flood of interest in his work and ideas by American specialists concerned with penal reform. George Alder Blumer, superintendent of the New York State Lunatic Asylum and editor of the AJP, assisted in the organisation of the *International Congress of Charities, Correction and Philanthropy* which was held in Chicago in 1893. Blumer enquired if Morel would be willing to present his work at the conference in the section on “the

---

<sup>868</sup> “Abstracts and extracts”, *American Journal of Insanity*, vol. 1, July, 68, <https://archive.org/details/americanjournalo5018amer/page/n95/mode/2up>.

<sup>869</sup> See for example: L. S. Meijer, “Staatszorg voor krankzinnige gevangenen” *De Gids*, 1899, vol. 63, 461, [https://www.dbnl.org/tekst/\\_gid001189901\\_01/\\_gid001189901\\_01\\_0083.php](https://www.dbnl.org/tekst/_gid001189901_01/_gid001189901_01_0083.php).

<sup>870</sup> “Notes and comments. Insane criminals in Belgium”, *American Journal of Insanity*, 1891, vol. 48, 291, <http://hdl.handle.net/2027/ien.35558002007744>.

<sup>871</sup> Edward Shorter, *A Historical Dictionary of Psychiatry* (Oxford: Oxford University Press, 2005), 12–13.

commitment, detention, care and treatment of the insane”.<sup>872</sup> Morel accepted the invitation, to the delight of Blumer, who wrote to him that “[w]hile I regret that the chances are that you will not be with us in June, my disappointment is mitigated by your promise of a paper. An essay on any one of the topics you name would be opportune and welcome. My personal preference, however, would be for the third, namely, The Treatment of Degenerates”.<sup>873</sup> It would be exactly this topic that Morel would submit a paper on, since he could indeed not attend the conference in person. As we have already seen in chapter 2, the practice of sending papers to be read by a colleague without being physically present was a regularly used practice. Regardless of Morel’s physical absence, he was quite pleased to be able to present his work to his American peers and also expected feedback on it.<sup>874</sup> However, his paper would only be paraphrased by one of the participants who had read it beforehand. This as well occurred regularly due to conference time restrictions or organisational problems.

Nonetheless, Morel’s ideas were published and discussed. Exposure during conferences, and the publication of his work afterwards, would prove essential. Morel’s expertise and knowledge was positively received and gradually lead to additional exposure, especially in the United States, creating a snowball effect. This would generate a substantial network that Morel could rely upon, and American psychiatrists, physicians and penal reformers counted on Morel in return. In the early 1890s two more articles of Morel’s hand appeared in the United States: “The need of a psychiatric service in prisons” in the *American Journal of Insanity* and “Youthful offenders” in *The monthly summary (journal for criminology)*,<sup>875</sup> as well as one in the United Kingdom: “The need of special accommodation for the degenerate” in the JMS.<sup>876</sup>

After these first few publications and his lecture in the United States, more invitations would follow quickly. Morel was asked to contribute another paper, “Special treatment of the insane in prisons”, to the *National conference of Charities and*

---

<sup>872</sup> Jules Morel, “The treatment of degenerative psychoses”, AJP, 1893, vol. 50, 198-213, <http://hdl.handle.net/2027/ien.35558002007967>. See specifically “To-day, and in consequence of the kind invitation of your worthy President, Dr. G. Alder Blumer [...]” on page 199.

<sup>873</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v2, folder 9, [letter from G. Alder Blumer dates 6 march 1893].

<sup>874</sup> Jules Morel, “The treatment of degenerative psychoses”, AJP, 1893, vol. 50, 199-200, <http://hdl.handle.net/2027/ien.35558002007967>.

<sup>875</sup> Jules Morel, “Youthful offenders *The Monthly Summary. Journal of criminology*, 1894, vol. II, no. 3, 117-125, <https://hdl.handle.net/2027/hvd.hl1f75>; Jules Morel, “The need of a psychiatric service in prisons”, AJP, 1895, vol. 51, 234-242, <http://hdl.handle.net/2027/ien.35558002007975>.

<sup>876</sup> Jules Morel, “The need of special accommodation for the degenerate”, *Journal of Mental Science*, 1894, vol. 40, no. 171, 597-605, <http://hdl.handle.net/2027/hvd.hw1wmo>.

*Corrections* of June 1896 in Grand Rapids. Hastings Hornell Hart, general secretary of the conference and with a reputation in penology and prison reform,<sup>877</sup> wrote to Morel: “Your paper [...] was very well received and read by Frank B. Sanborn [...]”.<sup>878</sup> Sanborn was also – aside from being an abolitionist, for which he is mostly remembered – closely involved with passing charity and penal legislation in different states across the United States, as well as the founding of the American Social Science Association, the National Prison Association, and the National Conference of Charities and Correction, and the founding of establishments for the deaf, mentally ill, “retarded” and criminals.<sup>879</sup> In addition to the communities concerned with psychiatry in general, with whom Morel was already involved, his interactions with this new community of practice (penal and social reform) opened up a new network of contacts that could be relied upon.

A continuous flow of contacts would create a close-knit network, also contributing to strengthening Morel’s expertise in a niche field of psychiatry.<sup>880</sup> In 1895 another invitation had arrived: the American General Roeliff Brinkerhoff<sup>881</sup> and Philip W. Ayres, both heavily involved in prison reform, visited Morel in the Guislain asylum that year and had asked him to contribute a paper about the psychiatric system found in Belgian prisons, to the annual *Congress of the National Prison Association of the United States* to be held in September 1896 in Milwaukee.<sup>882</sup> Morel agreed and his participation was once more received with great excitement and gratitude among his American peers. Ayres wrote to Morel: “General Brinkerhoff is very happy that you consent to send this paper and asks me to present to you his very cordial regard”.<sup>883</sup>

---

<sup>877</sup> John E. Hansan, ‘Hastings Hornell Hart (1851-1932): Prison Authority, Children’s Advocate and President the National Conference of Charities and Correction in 1893’, Social Welfare History Project, accessed 3 March 2021, <https://socialwelfare.library.vcu.edu/eras/civil-war-reconstruction/hart-hastings-h/>.

<sup>878</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v2, folder 9, [letter dated 16/06/1896 from Philip W. Ayres].

<sup>879</sup> Harris Chaiklin, ‘Franklin Benjamin Sanborn: Human Services Innovator’, *Research on Social Work Practice* 15, no. 2 (2005): 127–34.

<sup>880</sup> J. I. (Hans) Bakker, ‘Scientific Networks and Invisible Colleges’, in *The Blackwell Encyclopedia of Sociology*, ed. George Ritzer (Malden MA: Blackwell, 2007), 4115.

<sup>881</sup> ‘General Roeliff Brinkerhoff (1828-1911)’, Social Welfare History Project, accessed 3 March 2021, <https://socialwelfare.library.vcu.edu/eras/civil-war-reconstruction/brinkerhoff-roeliff/>.

<sup>882</sup> Jules Morel, “Insanity and solitary confinement”, *Proceedings of the Annual Congress of the National Prison Association of the United States held at Milwaukee, Wis. Sept. 26-30, 1896*, (Pittsburg: Show Brothers, 1896), 303, <https://hdl.handle.net/2027/njp.32101067483139?urlappend=%3Bseq=317>; Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v3, folder 10, [letter dated 11/09/1895 from Philip W. Ayres].

<sup>883</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v2, folder 9, [letter dated 16/06/1896 from Philip W. Ayres].

Others, like John R. Milligan and Zebulon Reed Brockway had been informed about Morel's contribution and were glad about this prospect.<sup>884</sup> Brockway, warden at the Elmira State Reformatory, was well-known in the field of penology for his (presumed) progressive views and is seen as the "father of American corrections", yet he was also a controversial figure as he was found guilty of physical and psychological abuse of inmates.<sup>885</sup> Many of Morel's American colleagues in prison reform were eager to meet with him in person and this would become a recurring request. Ayres for example had asked: "Will it not be possible for you to visit our people and institutions in America in September? Our prison authorities and our university people will give you a most cordial welcome."<sup>886</sup> However, once more Morel would not be physically present and would send in his paper, "Insanity and solitary confinement", to be read by one of his American colleagues. It would be Ayres who would take the task upon himself to deliver Morel's paper and would treat it with great care, which tells us something about the esteem he had for Morel and his work.

He wrote to Morel about this paper: "I have read it carefully and with great profit. It is the work of a scholar and I feel complimented to have the honor of presenting it in Milwaukee. It is my purpose to have your charts enlarged so as to be read from a distance, and placed before the audience so that all can understand. I will also have the manuscript copied in large type-forms so that I can read it easily and without hesitation".<sup>887</sup> Ayres was clearly concerned about the oral delivery of Morel's paper. Historians have pointed out in recent years that lectures and speeches were a vital form for disseminating knowledge in the nineteenth century and that it was important that one was able to captivate the attention of the audience.<sup>888</sup>

---

<sup>884</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v3, folder 10, [letter dated 20/06/1896 from Philip W. Ayres].

<sup>885</sup> Alexander W. Pisciotta, *Benevolent Repression: Social Control and the American Reformatory-Prison Movement* (NYU Press, 1996), 33–60.

<sup>886</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v3, folder 10, [letter dated 20/06/1896 from Philip W. Ayres].

<sup>887</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v3, folder 10, [letter dated 27/08/1896 from Philip W. Ayres].

<sup>888</sup> Diarmid A Finnegan, 'Finding a Scientific Voice: Performing Science, Space and Speech in the 19th Century', *Transactions of the Institute of British Geographers* 42, no. 2 (2017): 192–205.

Furthermore, Ayres was convinced that Morel's paper would have, "[...] a strong influence with our penologists [...]" and would cause a "strong discussion".<sup>889</sup>

The combination of Morel's expertise as displayed in his work and the eloquent oral delivery by Ayres contributed to Morel's paper receiving quite some interest. Ayres wrote to him about the success of the Milwaukee meeting and told Morel that "[...] among the several papers presented none was more cordially received than yours, none, certainly were more scholarly in form and matter. The entire manuscript was ordered to be printed in the proceedings on motion of Mr. Brockway".<sup>890</sup> Morel would also receive 100 reprints of his paper – such reprints were often used to send to colleagues around the globe. In addition, he was made an honorary member of the Prison Congress due to his rich experience and scientific accomplishments.<sup>891</sup>

The news of Morel's membership spread fast among those closely attached to the prison conferences and charity and correction congresses in the United States. Ayres congratulated Morel for being a member of two important societies in the United States, further urging him to come and visit.<sup>892</sup> Furthermore, a short summary of Morel's American conference paper would appear in 1897 in *The Hospital journal*, its editor being glad that "Dr. Morel is gradually building up a trustworthy mass of unbiassed facts on a most important point – the real relationship of crime to mental defect. We shall by and bye [*sic.*], by means of such facts, be able to judge between the schools of Lombroso and of the North".<sup>893</sup> As Wenger-Trayner has outlined, being a broker involves building up a certain amount of legitimacy in order to be able to translate, coordinate and align perspectives, address conflicting interests, influence the development of practices or grab the attention of one's peers.<sup>894</sup> The latter Morel was

---

<sup>889</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v3, folder 10, [letter dated 27/08/1896 from Philip W. Ayres].

<sup>890</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v3, folder 10, [letter dated 07/10/1896 from Philip W. Ayres].

<sup>891</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v3, folder 10, [letter dated 07/10/1896 from Philip W. Ayres]; Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v2, folder 9, [letter dated 10/11/1896 from H. H. Hart].

<sup>892</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v3, folder 10, [letter dated 07/10/1896 from Philip W. Ayres].

<sup>893</sup> "Modern sociology. Solitary confinement and insanity", *The Hospital*, 1897, vol. 22, no. 568, 333, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5254126/?page=1>.

<sup>894</sup> Wenger, *Communities of Practice*, 109.

clearly capable of, if we consider the recurring interest of his colleagues across the Atlantic Ocean. For American physicians and reformers, Morel functioned as a broker between different points of view and between different countries (Belgium and the USA) as well as different fields (psychiatry and prison reform).

Morel had, by the end of the nineteenth century, made his mark, and was recognised as the Belgian alienist specialising in criminality and prison reform. This visibility ensured that he would not only become a contact point on these specific matters but, due to his widely known reputation and recognition as an authority, he would become *the* contact point for everything that related to Belgian psychiatry in general as well. This becomes especially visible in Morel's one-to-one contacts. The Spanish doctor Antonio Sivilla wrote to Morel, "Knowing the competence and the complete knowledge that you have of the progress that the phrenopatic speciality has reached in these last years, I would like to direct myself to you to ask you to give me your opinion [...]".<sup>895</sup> Morel's viewpoints were requested on a wide range of subjects such as the sterilisation of the insane, the assistance of epileptic patients, penology and the criminally insane, or the use of *quartier cellulaire* to name a few.

In the meantime, conference invitations kept arriving. They became more diverse and were not necessarily only related to Morel's main expertise, such as was the case when the *National Association for the Study of Epilepsy and the Care and Treatment of Epileptics*, asked him to participate in their first national assembly in Washington D.C.. Agreeing to this request, Morel contributed a paper on "The care of epileptics in Belgium".<sup>896</sup> In 1899, his paper "Guardian societies [...]" was read at the 26th *National Conference of Charities and Corrections* in Cincinnati. His contribution was much valued by the organisers of the conference, who urged the readers of their proceedings to take a look at this "long and comprehensive" paper which was one of several that were deemed "literally of vital importance".<sup>897</sup> With an attendance of almost 800 participants, who most likely all received the conference proceedings,

---

<sup>895</sup> "Sachant la compétence et la complète connaissance que vous avez du progrès qu'a atteint dans ces dernière années la spécialité phrénopatique, je me permets de me diriger à vous pour vous prier de vouloir bien me donner votre opinion [...]". See: Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v3, folder 13, [letter dated 26/[?]/1902 from Antonia Sivilla].

<sup>896</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v3, folder 10, [letter dated 07/03/1901].

<sup>897</sup> "Preface", *Proceedings of the National Conference of Charities and Correction at the twenty-sixth annual session held in the city of Cincinnati, Ohio, May 17-23, 1899*, (Boston: George H. Ellis, 1900), iii, <https://hdl.handle.net/2027/wu.89030648901?urlappend=%3Bseq=9>.

Morel's paper reached a wide audience of physicians across the United States. His paper was picked up in Europe as well, more specifically by the editors of the *Psychiatrisch-neurologische Wochenschrift* where Morel was a member of the board.<sup>898</sup>

In the dissemination of Morel's work, it was not only Morel who played an active role. Those who showed a keen interest in his work were also actively involved in building upon this knowledge and even disseminating it further, his work sparking a process of back-and-forth communication between Morel and those who had read his work. One of those was Charles Richard Henderson, a professor, sociologist and prison reformer in the United States.<sup>899</sup> Having read Morel's paper on "Guardian societies", he wrote to Morel about the possibility of publishing it in the pages of the *American Journal of Sociology*, of which he was the editor, telling him that the paper would "[...] reach the eye of social students of the highest order".<sup>900</sup> For unknown reasons, Morel's conference paper would not appear, however, another work of his, "La prophylaxie des maladies mentales au point de vue social", first published in the *Psychiatrische Wochenschrift* in 1899, was translated by Henderson himself and reprinted in the *American Journal of Sociology* the same year. The following year, the American journal *The Sanitarian*, a monthly magazine devoted to the preservation of health and mental and physical culture, would reprint this work as well.<sup>901</sup> Copyright laws, and especially those dealing with foreign works, were not as all-encompassing and strict as they are now, a practice that helped ensure the circulation of Morel's work, making it known to an even wider range of (American) peers.

---

<sup>898</sup> Book review of Morel's "Guardian societies", see: *Psychiatrische Wochenschrift*, 1900, vol. 2, no. 29, 281-282, <https://archive.org/details/PsychiatrischeWochenschrift2.190001/mode/2up>. References were also made to other writings of his in the same journal issue. Morel's nursing handbook is mentioned by Mercklin (Treptow a. Rega), see: *Psychiatrische Wochenschrift*, 1900, vol. 2, no 17, 170, <https://archive.org/details/PsychiatrischeWochenschrift2.190001/mode/2up>. There is a letter to the editors from Morel titled "Zum Capitel der Krankenkorrespondenz in Irrenanstalten", see: *Psychiatrische Wochenschrift*, 1900, vol. 2, no. 33, 309-311, <https://archive.org/details/PsychiatrischeWochenschrift2.190001/mode/2up>; "Nachtrag zu Dr. Morel's Aufsatz: Die Krankenkorrespondenz in den Belgischen Irrenanstalten, *Psychiatrische Wochenschrift*, 1900, vol. 2, no. 34, 326, <https://archive.org/details/PsychiatrischeWochenschrift2.190001/mode/2up>.

<sup>899</sup> Ian Lewenstein, 'Charles Richmond Henderson (1848 – 1915): Minister, Professor, Sociologist and Prison Reformer', Social Welfare History Project, accessed 3 March 2021, <https://socialwelfare.library.vcu.edu/people/henderson-charles-richmond/>.

<sup>900</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v3, folder 10, [letter dated 18/08/1898 from Charles Henderson.

<sup>901</sup> It used the version that had appeared in the *American Journal of Sociology*. See: Jules Morel, "prevention of mental diseases", *The Sanitarian*, 1900, vol. 44, no. 362, 40-48, <https://hdl.handle.net/2027/hvd.32044103033049?urlappend=%3Bseq=60>.



In the meantime, the president of the *American Psychiatric Association*, P. M. Wise, also had invited Morel to participate in their fifty-seventh annual meeting in June 1901. As was by now customary, Morel did not attend, but send in a paper to be read to the assembled American physicians.<sup>902</sup> This particular paper illustrates how research-in-progress was treated in the psychiatric community. Morel responded to Wise's request that he was working on a paper for the *Congress of criminal anthropology* in Amsterdam in 1901 later that year. The prophylaxis and treatment of recidivist criminals being a subject he had researched for quite some time. Being nearly finished with writing, he sent "[...] the mother-ideas of this paper so that your meeting will have an early part of it".<sup>903</sup> Similar to the copyright of publications, the rules regulating how and where one could present their work at meetings and conferences was also not yet as fully developed as it is now (e.g. papers at conferences need to be original work not disseminated before).

This article circulated yet again on multiple platforms. Not only at the meeting of the APA and the international criminal anthropology congress in Amsterdam, but was also published (in French) in the Dutch *Psychiatrische en Neurologische Bladen*.<sup>904</sup> The *American Journal of Mental Pathology* would also pick it up and publish it in an English translation<sup>905</sup> while the *American Journal for Sociology* would print a condensed version of it in 1903.<sup>906</sup> Morel kept working on his research about the prophylaxis and treatment of recidivist criminals and a few years later (1906) a reworked version would be published in the Belgian *Journal de Neurologie*<sup>907</sup> with yet another version being presented at the international conference in Lisbon in 1906, appearing in its proceedings, as well as being reprinted in the BSMMB. Although not physically present, Morel's involvement at American conferences still gained him visibility, mostly among penologists and prison reformers. These commitments led to a broadening of Morel's network and gaining access to other communities of practice. Professional

---

<sup>902</sup> Why Morel never went to the United States is unclear and is not documented.

<sup>903</sup> [letter from Jules Morel dated 30 June 1901], *AJP*, 1901, vol. 58, July, 181, <http://hdl.handle.net/2027/ien.35558002007702>.

<sup>904</sup> "Rapport par le Dr. Jul. Morel", *Psychiatrische Bladen*, 1901, vol. 5, 42-67, <http://hdl.handle.net/2027/mdp.39015075810062>.

<sup>905</sup> Jules Morel, "On the prophylaxis and treatment of the recidivist criminal", *Journal of Mental Pathology* 1901, vol. 1, no. 3, 121-134, <https://hdl.handle.net/2027/mdp.39015074129308?urlappend=%3Bseq=131>.

<sup>906</sup> R. M., "Notes and abstracts. The prophylaxis and treatment of the recidivist criminal", *American Journal of Sociology*, 1903, vol. 8, 572-573, <http://www.archive.org/details/americanjournal08chicuoft>.

<sup>907</sup> Jules Morel, "Prophylaxie et traitement des criminels récidivistes", *Journal de Neurologie*, 1906, vol. XI, 221-239.



relationships were formed with important and well-known Americans such as Brockway, or Henderson who gave him the opportunity to gain visibility via the *American Journal of Sociology*. The (re)publications of Morel's writings helped disseminating his ideas among American colleagues, where his views were much appreciated.

Large and superficial processes of dissemination could evolve into closer one-to-one contacts and initiate discussion between two individuals. Furthermore, the wide dissemination of Morel's publications in the United States did reach their intended audience. In July 1899 Morel received a letter from Charles E. Faulkner, superintendent of the Washburn Memorial Orphan Asylum in Minneapolis,<sup>908</sup> who had read Morel's article published in the *American Journal of Sociology*, and, having some questions about it, asked Morel for explanations.<sup>909</sup> Faulkner also took the opportunity to invite Morel to write another paper for a conference to be held in Topeka in 1900, but Morel would not accept this offer. Another interested reader was Henry Martyn Boies. He was not a physician or penologist by trade, but a wealthy philanthropist who served on the board for Public Charities in Pennsylvania<sup>910</sup> and wrote two books about prisons and penology.<sup>911</sup> Boies as well had noticed some of Morel's papers and wrote to him about them on multiple occasions in 1902.<sup>912</sup> At the same time, Boies took the opportunity to send Morel his own book *The Science of Penology* to obtain Morel's opinion about it, and expressed his wishes to meet in person: "I shall hope to meet you sometime when I shall be in Europe; and I hope if you should ever visit America you will visit with me [...]"<sup>913</sup> The practice of readers engaging with peers through publications or private communications, triggered by periodicals, has been pointed out by historians Dawson and Topham as a very typical phenomenon, forming relationships between readers as

---

<sup>908</sup> "List of members", *Proceedings of the national conference of Charities and Correction at the twenty-sixth annual session held in the city of Cincinnati, Ohio, May 17-23, 1899*, (Boston: George H. Ellis, 1900), 434,

<https://hdl.handle.net/2027/wu.89030648901?urlappend=%3Bseq=460>.

<sup>909</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v3, folder 10, [letter dated 27/07/1899 from C. E. Faulkner].

<sup>910</sup> Jack Shean, *Scranton's Hill Section* (Arcadia Publishing, 2015), 52.

<sup>911</sup> Eugene Smith, *Criminal Law in the United States. A Selection from the Russell Sage Foundation*, ed. Ann Greer (Dubuque, Iowa: Brown reprints, 1971).

<sup>912</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v3, folder 10, [letter dated 02/12/1902 from Henry Boies]; *Ibidem*, [letter dated 11/07/1902 from Henry Boies].

<sup>913</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v3, folder 10, [letter dated 02/12/1902 from Henry Boies].

well as authors.<sup>914</sup> The visibility Morel gained with his lectures and published papers not only strengthened his trademark, it also forged new connections with individual physicians, expanding Morel's network from a geographical as well as thematical point of view.

In addition to the opportunities that arose from new one-to-one connections with colleagues from across the world, foreign scholars also actively quoted and recommended Morel's work. The American S. J. Barrows, corresponding secretary of the *New York Prison Association*, mentioned in his report on *Prison systems of the United States*<sup>915</sup> that "[...] the most valuable recent publications [are] Mr. William Tallack's *Penological and Preventive Principles* [...] and Dr. Jule [sic.] Morel's *Insanity and Solitary Confinement*, which last has been reprinted in Philadelphia by private subscription".<sup>916</sup> The author continued to say that "[the idea of the necessity of solitary confinement in prisons] [...] has now been so thoroughly demolished by the carefully collected statistics and masterly analysis of Dr. Jule [sic] Morel, the distinguished alienist of the Belgian prisons, that it may hereafter be left to the neglects it deserves".<sup>917</sup> Likewise, the British physician George E. Shuttleworth mentioned in a paper about the criminal responsibility of "idiotic and feeble-minded persons", that Morel had "[...] advocated the establishment of special institutions for the correction and amelioration of the mentally-deprecatd and degenerate".<sup>918</sup>

Interest in Morel's research increased in the United States with contributions in five conferences and at least seven original publications or reprints he had a steady output of papers. The interest of American physicians and reformers did not wane for a long time: between the 1890s and the early years of the 1900s, a publication of his appeared in the United States every one or two years. Thereafter his work would mostly appear in Europe (Belgium, France, Germany, Italy and Portugal). Although Morel

---

<sup>914</sup> Gowan Dawson and Jonathan R. Topham, 'Introduction: Constructing Scientific Communities', in *Science Periodicals in Nineteenth-Century Britain: Constructing Scientific Communities*, ed. Gowan Dawson et al. (Chicago: University of Chicago Press, 2020), 4.

<sup>915</sup> Full title: *Prison systems of the United States. Reports prepared for the International Prison Commission*.

<sup>916</sup> Isaac J. Wistar, "Prison system of Pennsylvania" in: S. J. Barrows (ed.), *Prison systems of the United States. Reports prepared for the international prison commission*, (Washington: Government printing office, 1900), 115, <https://archive.org/details/prisonssystemsofu00inteuoft/page/114/mode/2up>.

<sup>917</sup> Isaac J. Wistar, "Prison system of Pennsylvania" in: S. J. Barrows (ed.), *Prison systems of the United States. Reports prepared for the international prison commission*, (Washington: Government printing office, 1900), 117, <https://archive.org/details/prisonssystemsofu00inteuoft/page/116/mode/2up>.

<sup>918</sup> G. E. Shuttleworth, "Criminal responsibility in idiotic and feeble-minded persons", *The Medico-legal journal*, 1895, vol. 13, 273, <https://hdl.handle.net/2027/umn.319510027432861?urlappend=%3Bseq=291>.

would stop contributing to the American prison conference and the American national conference for charities and corrections, he would, at least for the latter, retain his membership until 1913.<sup>919</sup> One of the reasons that, at the turn of the century, Morel was less actively engaged with the American conferences and published less in the United States could be because he was then focusing on his research about, and production of, his book on education for asylum nursing staff. Furthermore, in 1908 he retired from all his functions as a physician and would stop publishing after this date, aside from a second edition of his *manual de garde malade*.

### **Close-knit networks, dissemination sparks and an expert's reach**

Nowadays the concept of “publish or perish” is an often-heard aphorism among academics when talking about the pressure to publish in order to advance their academic career. Although the nineteenth century did not have the same problem and had not yet developed nearly the same publication pressure as there is today, the amount of qualitative work nineteenth century psychiatrists published did nonetheless play a vital role in the position they acquired among peers. Publishing mainly had an impact on the expansion of psychiatrists' networks, their trademarks and recognisability, and the extent to which they gained access to other medical and psychiatric communities across Europe. Dawson and Topham illustrated that “[...] periodicals played a key role in defining and developing communities of scientific practitioners [...]” because these journals assisted to keep information circulating, maintain a connection between physicians, attract and recruit new participants in the associations or journal readers, and could even provide commercial gain for medical societies.<sup>920</sup>

In addition, periodicals also played a crucial role in defining and developing a status as expert. Morel was able to (indirectly) build up his reputation and spread his ideas because of the leniency of copyright law during the nineteenth and early

---

<sup>919</sup> See the keyword search “morel” in the National Conference on Social Welfare Proceedings. ‘National Conference on Social Welfare Proceedings - Search Results’, accessed 4 March 2021, <https://quod.lib.umich.edu/n/ncosw?type=simple&rgn=full+text&q1=morel&cite1=&cite1restrict=author&cite2=&cite2restrict=author&firstpubl1=1874&firstpubl2=1982&Submit=Search>. For Morel's membership in 1913 see: “membership list”, *Proceedings of the national conference of Charities and Correction at the fortieth annual session held in Seattle, Washington, July 5-12, 1913*, (Fort Wayne: Fort Wayne printing company, 1913), 454, <https://quod.lib.umich.edu/n/ncosw/ACH8650.1913.001/471?rgn=full+text;view=image;q1=morel>.

<sup>920</sup> Dawson and Topham, ‘Introduction: Constructing Scientific Communities’, 2.

twentieth centuries.<sup>921</sup> Many of his works were mentioned in one form or another in national and foreign journals and books. This were either publications of original articles, full reprints in the original language or as translations, as well as via reviews of his work (with or without copying certain parts from the original text). During his scientific career Morel contributed to a diverse range of subjects, not only writing about criminology and penology, but also psychiatric classification systems, aid for the mentally ill, alcoholism, psychiatric therapies and the education of nursing staff. He would mainly publish about these topics around the time he was making his mark in the United States, had earned his stripes in penology/criminology and had become a visible actor in the psychiatric community.

Although I addressed Morel's publications already to some extent, the circulation of Morel's work across Europe showcases another side of knowledge dissemination, illustrating how information entered some communities but not others. The circulation of his work in Europe furthermore accentuates the different rates at which knowledge was disseminated across time and space. In historiography, successful knowledge circulation has been primarily defined as general trends that are observable across a wide timespan or in a large geographical area. Yet, information could also circulate successfully on much smaller scales. Some knowledge only gained traction among a small group of people or even just a couple of individuals. Furthermore, certain information could be successful within or interesting to a group of individuals for only a short amount of time, creating what I would call "dissemination sparks" or "dissemination bursts". This does not necessarily mean that these short-lived forms of knowledge dissemination were any less significant – far from it. In terms of the mechanisms of psychiatric knowledge circulation, these dissemination sparks were and are the rule rather than the exception. The knowledge that has gained popularity across the world and became generally accepted on a large scale is only a fraction of all the different ideas, theories and practices that have been created, developed and discovered over time. It is the small contributions that are just as much a part of knowledge transfers as those ideas that become globally recognised or are remembered (see chapter 5). In the following paragraphs I want to highlight two of

---

<sup>921</sup> About copyright law see: Joris Vandendriessche, 'De Redacteur En Het Buitenland. "Hergebruik" van Buitenlandse Historische Teksten in Nederlandse Periodieken, 1780-1860', *De Moderne Tijd* 3, no. 1 (2019): 2–27.

these dissemination sparks and showcase the relevancy they had to very specific groups of individuals across Europe.

*Friendship as a gateway to collaboration and the repercussions of selective dissemination*

Morel was a friend of the French alienist and professor Emmanuel Régis who was well known for his introductory work on psychiatry called *Manuel pratique de médecine mentale* (later on, *Précis de psychiatrie*) which went through six editions between 1885 and 1923.<sup>922</sup> It was a book that was widely known and appreciated throughout Europe as well as in the United States, and was a staple in many medical and psychiatric libraries.<sup>923</sup> The work went through multiple editions meaning it was considered an essential and sought-after work. Moreover, the second edition of Régis' *Manuel* was translated into English. The practice of having books and articles translated was often considered an honour and a marker of their value.<sup>924</sup> In addition, this introductory book was meant to be accessible for a wide medical audience: those new to the domain (students), as well as already established psychiatrists, especially those without much

---

<sup>922</sup> E. Régis, *Manuel pratique de médecine mentale*, (Paris : O. Doin, 1885), <https://gallica.bnf.fr/ark:/12148/bpt6k5462474x>; E. Régis, *Manuel pratique de médecine mentale* (2ième ed.), (Paris: O. Doin, 1892), <https://gallica.bnf.fr/ark:/12148/bpt6k5506906n>; E. Régis, *A practical manual of mental medicine*, (Philadelphia: P. Blakiston, son & co., 1895), <https://hdl.handle.net/2027/hvd.hws6a5>; E. Régis, *Précis de psychiatrie* (3ième ed.), (Paris: O. Doin, 1906), <https://gallica.bnf.fr/ark:/12148/bpt6k9622650d>; E. Régis, *Précis de psychiatrie* (4ième ed.), (Paris: O. Doin, 1909); E. Régis, *Précis de psychiatrie* (3ième ed.), (Paris: O. Doin et fils, 1914), <https://gallica.bnf.fr/ark:/12148/bpt6k6234491z>; E. Régis, *Précis de psychiatrie* (5ième ed.), (Paris: Gaston Doin, 1923), <https://gallica.bnf.fr/ark:/12148/bpt6k932121g>.

<sup>923</sup> H. M. B., "Manuel Pratique de Médecine Mentale par la Dr. E. Régis, Ancien chef de clinique des maladies mentales à la Faculté de Médecine de Paris, & c. Avec une Préface par M. Benjamin Ball. Ouvrage couronné par la Faculté de Médecine de Paris. Deuxième Edition, entièrement revue et corrigée. (A Practical Manual of Mental Medicine, by Dr. B. Régis, & c., 2d edition, thoroughly revised and corrected.)", *American Journal of Insanity*, 1892, vol. 49, no. 2, 341-343, <http://hdl.handle.net/2027/ien.35558002007751>. About the first edition the Belgian Cuylits mentioned that it was "un ouvrage destiné à prendre place dans bien des bibliothèques". See: Cuylits, "manuel pratique de médecine mentale par le docteur T. [sic.] Régis, Paris, 1884", *BSMMB*, 1884, no. 34, 82-86, <http://hdl.handle.net/2027/mdp.39015070251023>.

<sup>924</sup> Jules Morel wrote about the *Manuel*: "Que devons-nous penser de sa valeur actuelle alors que la deuxième édition reçut déjà les honneurs d'une traduction anglaise?". English: translation: "What should we think of its current value when the second edition has already received the honors of an English translation?". See: Jules Morel, "Précis de Psychiatrie, par le Dr Emm. Régis, Professeur de Clinique psychiatrique à l'Université de Bordeaux (O. Doin, Paris, 1906)", *BSMMB*, 1906, no. 126, 63, <http://hdl.handle.net/2027/hvd.32044102893872>.

time on their hands.<sup>925</sup> Régis himself had said that the book needed to keep the middle ground between a “purely scientific work” and “a simple practical guide”.<sup>926</sup>

In this book we find references to the knowledge and expertise of many different alienists, among them also the work of Morel, which was no coincidence. Aside from being friends, which greatly facilitated collaboration, the preserved correspondence between Morel and Régis illustrates that the latter often talked about the writing and editing of his *Manuel* with Morel. Moreover, a collaboration was set-up between them. Morel had for example read the draft of the second edition and had provided Régis with suggestions and comments.<sup>927</sup> On the other hand, there was the inclusion of Morel’s research into the textbook. In one of his letters Régis wrote, “I would like to thank you a thousand and a thousand times for sending me your excellent work [Revue générale d'électrothérapie]. You could not have done more for me [...]”<sup>928</sup>, adding that Morel’s publication and additional suggestions would now make him able to write an “excellent” book chapter on electrotherapy. Morel would also write a four-page review of the third edition that appeared in the BSMMB.<sup>929</sup> Régis had also read (and had received a reprint) of this review in response to which he wrote to Morel, “I could not thank you enough for your remarkable and so kind report of my Précis”.<sup>930</sup> The circles in which psychiatrists moved were often very small and the entry of a (foreign) alienist into a specific community, and the distribution of his work, often

---

<sup>925</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v1, folder 5, [letter dated 22/09/1889 from Régis]; Jules Morel, “Précis de Psychiatrie, par le Dr Emm. Régis, Professeur de Clinique psychiatrique à l’Université de Bordeaux (O. Doin, Paris, 1906)”, BSMMB, 1906, no. 126, 63, <http://hdl.handle.net/2027/hvd.32044102893872>.

<sup>926</sup> “ouvrage purement scientifique” and “le simple guide pratique” see: Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v1, folder 5, [letter dated 22/09/1889 from Régis].

<sup>927</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v1, folder 5, [letter dated 22/09/1889 from Régis].

<sup>928</sup> “[j]e vous remercie mille et mille fois de l’envoi de votre excellent travail [Revue générale d'électrothérapie]. Vous ne pouvez mieux faire pour moi [...]”. See: Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v1, folder 5, [letter dated 21/3/1890 from Régis].

<sup>929</sup> Jules Morel, “Précis de Psychiatrie, par le Dr Emm. Régis, Professeur de Clinique psychiatrique à l’Université de Bordeaux (O. Doin, Paris, 1906)”, BSMMB, 1906, no. 126, 60-63, <http://hdl.handle.net/2027/hvd.32044102893872>.

<sup>930</sup> “je ne laurais trop vour remercie de votre se remarquable et si aimable compte-rendu de ma Précis”. See:

Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v1, folder 5, [letter dated 17/04/1906 from Régis].

depended on the private and professional relationships that were formed with a single individual.

Given the fact that Régis' book appeared before numerous medical and psychiatric practitioners as well as students, and that Régis deemed Morel's research valuable, his work had the chance to be noticed anew with every edition. In some countries the book was not well known or was of less interest, such as was the case in the Netherlands and Germany. The chance that someone would read and learn about Morel's work was then dependent on where in the psychiatric world Régis' textbook was known. For example, no reviews of the book appeared in the Dutch journal for psychiatry. This does not necessarily mean that there were no Dutch physicians or psychiatrists that were aware of this book, it is, however, interesting that for a book that was held in such high regard in other places, no commentary appeared in the main psychiatry journal of the Netherlands. German psychiatrists as well had less of an interest in Régis book, although a review of the second edition appeared in the *Zeitschrift für Psychiatrie*. Its reviewer, Lewald, was primarily positive about the book, yet he concluded his review by saying that "In the preface, Prof. Bail predicted that the book would be widely distributed; however, it cannot in any way concur with our Kraepelin for the introduction to psychiatry for students and general practitioners. It is less clearly arranged and brings a wealth of facts and reflections, which in themselves are very pretty and interesting, but only confuse the beginner".<sup>931</sup> This is a good example of how national frameworks as well can dominate knowledge circulation, giving priority to the literature of those who do similar work in one's own country.

Morel's research was not only brought to the attention of specific groups of alienists based on the reception of Régis' textbook in different countries. Which of Morel's work gained visibility also depended on the information Régis inserted in his *Manuel*. This varied greatly between the different editions, which is in itself an illustration of how knowledge evolved and in particular the existence of knowledge dissemination sparks. The first time one of Morel's publications was included, was in

---

<sup>931</sup> "In der Vorrede prophezeit Prof. Ball dem Buche eine grosse Verbreitung; jedenfalls kann es aber zur Einführung in die Psychiatrie für den Studirenden und praktischen Arzt mit unserem *Kraepelin* in keiner Weise concurriren. Es ist weniger übersichtlich und bringt eine Fülle von Thatsachen und Reflexionen, die an sich ja sehr hübsch und interessant sind, den Anfänger aber nur verwirren". See: Lewald, "Régis, E., Manuel pratique de médecine mentale. Avec une préface par M. Benjamin Ball. Ouvrage couronné par la Faculté de médecine de Paris. Deuxième édition, entièrement revue et corrigée. — Paris. Octave Doin, éditeur. 1892", *Allgemeine Zeitschrift für Psychiatrie*, 1893, vol. 49, 56, <http://hdl.handle.net/2027/mdp.39015062204683>.

the second edition of the textbook in 1892. In the section on the use of hydrotherapy, Régis stated that “[i]n tolerably complete medical studies of the subject, I can only cite the interesting general review by my friend Jules Morel of Gand (*Bulletin de la Soc. De Méd. Mentale de Belgique* Dec., 1889), and the chapter on hydrotherapy of Kovalewsky’s recently translated work on the treatment of mental and nervous diseases”.<sup>932</sup> Around the same time, in the early 1890s Morel’s work on hydrotherapy and electrotherapy had also been translated into Russian by Paul Kovalewsky.<sup>933</sup> Yet, by the third edition of Régis’ textbook in 1906 no mention was made any longer of Morel’s or Kovalewsky’s research on hydrotherapy. This stands in contrast with Morel’s work on electrotherapy, published in 1889, which would continue to be included in Régis’ book from the third until the sixth edition in 1923.<sup>934</sup> This particular work of Morel kept its value and relevancy over a period of 34 years, or at least was perceived as such by Régis and by extension, the medical community, as Régis was in the habit of enlisting his peers to review the different editions of his textbook.

#### Localising knowledge versus international curiosity

Aside from Morel’s trademark as *the* Belgian alienist on penology/criminology, he would also cultivate another branch of research – this time closer to home – that resulted in another trademark. He was also concerned about the teaching of staff members and the importance of educated (male/female) nurses. In 1907 he himself had described his endeavour to write a *Manuel pour gardes-malades* as “a new sacrifice”.<sup>935</sup> In contrast to his widespread ideas on criminality, his work on vocational training for staff in asylums reached, at least on a practical level, less far: publications, reviews or discussions stayed much more within Belgium’s borders. Moreover, Morel

---

<sup>932</sup> E. Régis, *A practical manual of mental medicine*, (Philadelphia: P. Blakiston, son & co., 1895), 577, <https://hdl.handle.net/2027/hvd.hws6a5?urlappend=%3Bseq=601>; E. Régis, *Manuel pratique de médecine mentale* (2ième ed.), (Paris: O. Doin, 1892), 616, <https://gallica.bnf.fr/ark:/12148/bpt6k5506906n/f630.item.r=%22jules%20morel%22>.

<sup>933</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v3, folder 13, [letter dated 20/05/1890 from Paul Kovalensky]; *Ibidem*, [letter dated 30/[?]/1890 from Paul Kovalensky]; Julius Morel, Pavel Ivanovič Kovalevskij and A. N Gerstfel'd, *Élektroterapija pri duševnych bolěznjach*, (Char’kove: Archiv psichiatрії nevrologії sudebnoj psychopatologії Tip M F Zil’berberg, 1889), <https://lib.ugent.be/catalog/rug01:002187219>.

<sup>934</sup> Some other work of Morel also appeared in various degrees in Régis book such as his work about the *assistance aliéné*, nurses and prison reform in the 3th edition. The topics of patronage and *assistance d’aliénés* were also present in the 6th edition.

<sup>935</sup> “un nouveau sacrifice”. See: Archivio storico della psicologia italiana. Le scienze della mente on-line (ASPI), Archivio Giulio Cesare Ferrari (fondo), Carteggio 1886-1932 (serie), Morel, Jules, [letter dated 30/10/1907], <https://www.aspi.unimib.it/collections/object/detail/4665/>.



would never discuss the topic at international conferences. One of the only times this happened was in Amsterdam in 1907 where, surrounded by people from all over Europe, he got into a discussion with the Belgian Brother Amédée Stockmans about educating the staff in asylums. Morel accused Stockmans of refusing schooling, which Stockmans denied having ever said this in those exact terms, finding Morel's "discours agressif" not appropriate for a conference.<sup>936</sup> Morel was quite frustrated by this encounter, writing to his Italian friend, Ferrari, how Stockmans had "lied" at the congress.<sup>937</sup> The reason for Morel's grievance can be found in the close relation between asylums and religious congregations (e.g. the *Broeders Alexianen*) who delivered a large part of the staff in Belgium and took the day-to-day care of the patients upon themselves. Religious congregations across Europe have always taken up a large part of the care for the mentally ill, in some countries even up until the 1960s. Its gradual laicisation – with the emergence of mental health nursing as a new occupation – did not happen simultaneously across Europe. While France already accomplished this by the end of the nineteenth century, Belgium went through a much slower process of secularisation.<sup>938</sup> This specific religious setting in most Belgian asylums is one out of two primary reasons that Morel's work about instructing the nursing staff had a more national and localised character than his other work.

Over time, a conflict emerged, as physicians operated in a more secular and medical mindset which stood in an uneasy relationship with the ideas of religious orders about patient care. Among physicians, there regularly were complaints that personnel did not listen to their instructions and were ill-suited for their tasks, complicating their own job as alienists. Before the 1890s the caretakers of the mentally ill – who were referred to as servants, keepers or attendants – had to primarily maintain discipline and order among patients, but views changed at the end of the nineteenth century and asylum physicians began to request trained personal with a basic

---

<sup>936</sup> [Discussion between Morel and Stockmans] in: G. A. M. van Wayenburg (ed.) , *Compte rendu des Travaux du 1er congrès international de Psychiatrie, de Neurologie, de Psychologie et de l'Assistance des aliénés tenue à Amsterdam du 2 à 7 Septembre 1907*, (Amsterdam : J. H. de Bussy, 1908), 721-723, <http://archive.org/details/b2129575x>.

<sup>937</sup> "[...] le célèbre frère Amédée a menti au Congrès d'Amsterdam et qu'il ne fait absolument rien pour favoriser le travail scientifique dans les asiles". See: ASPI, Archivio Giulio Cesare Ferrari (fondo), Carteggio 1886-1932 (serie), Morel, Jules, [letter dated 30/10/1907], <https://www.aspi.unimib.it/collections/object/detail/4665/>.

<sup>938</sup> Benoît Majerus, 'Surveiller, Punir et Soigner? Pratiques Psychiatriques En Europe de l'Ouest Du XIXe Siècle Aux Années 1950', *Histoire, Médecine et Santé* 7 (2015): 59–60; Geertje Boschma, *The Rise of Mental Health Nursing: A History of Psychiatric Care in Dutch Asylums, 1890-1920*, 2003, 15 and 19–20.

knowledge of medicine and how to take care of the mentally ill.<sup>939</sup> Morel's interest in the education of alienists and that of the nursing staff originated in the belief that medical instruction was essential for the good care of patients and to provide them with sufficient treatment. In addition, the development of chairs in psychiatry at universities, the organisation of psychiatry courses, the possibility of psychiatric teaching clinics and the facilitation of a scientific infrastructure for research also developed slowly in Belgium.

Morel wanted to alleviate the difficulties with personnel through the creation of a manual for the nursing staff. He found inspiration for this project in neighbouring countries with access to psychiatry courses at universities for physicians and alienists-to-be, and educational courses and competency exams for nursing staff. The British psychiatric association was a primary example for Morel as they organised nursing exams, published a handbook for the instruction of attendants since 1885, and awarded Certificates of Proficiency in Nursing since 1890.<sup>940</sup> In 1894 Morel wrote in the BSMMB about "l'enseignement professionnel des gardiens dans les asiles d'aliénés" and in 1896-1897 a discussion followed about the development of a handbook for the nursing staff where Morel held a plea in favour of its creation: "It is of capital interest from the point of view of the future of mental medicine in Belgium. Also alienists from abroad are looking at us. They will soon know whether our country wants to participate in this great movement [...]."<sup>941</sup> While most alienists in the SMMB were convinced of its usefulness no consensus was reached because there was still doubt about its content, after which Morel declined the request to formulate a new draft of a vade-mecum for the SMMB.

A second principal reason that Morel's vade-mecum had a more limited outreach and stayed closer to home was because a lack of training for nurses – either through courses or handbooks – was a problem specifically faced by Belgian psychiatry.

---

<sup>939</sup> Boschma, *The Rise of Mental Health Nursing*, 19–20.

<sup>940</sup> 'The Medico-Psychological Association (1865-1926)', Royal College of Psychiatrists, accessed 5 March 2021, <https://www.rcpsych.ac.uk/about-us/celebrating-our-history/our-history/the-mpa>.

<sup>941</sup> "Elle offre un intérêt capital au point de vue de l'avenir de la médecine mentale en Belgique. Aussi les médecins aliénistes de l'étranger dirigent- ils leurs regards vers nous. Ils sauront bientôt si notre pays veut participer à ce grand mouvement [...]". See: "Discussion de rapport de MM. Morel et Peeters sur le vade-mecum à l'usage des gardiens d'asiles", BSSMB, 1896, no. 80, 25, Discussions in general see: "Discussion de rapport de MM. Morel et Peeters sur le vade-mecum à l'usage des gardiens d'asiles", BSSMB, 1896, no. 80, 14-29, <http://hdl.handle.net/2027/hvd.32044102893971>; "Instruction professionnelle des gardiens d'asiles. Communication de M. le Dr Peeters", BSSMB, 1897, no. 84, 128-133, <http://hdl.handle.net/2027/hvd.32044102893963>.

Other countries, the United Kingdom, the Netherlands, Germany, Austria, and multiple states, such as New York, in the United States, had already made steps in its direction or had already solved it completely.<sup>942</sup> They were further along than Belgian alienists and did not necessarily need Morel's ideas or guidebook. It is thus not surprising that Morel's work did not attract the same amount of attention as, for example, Morel's work on penal reform and deviancy had. Yet many were curious about Morel's work, supporting his endeavour, and stayed in touch about the developments on Belgian soil.

Morel's early work in the 1890s was for example already known by (some) foreign psychiatrists such as the German alienist August Mercklin, medical director in Treptow (now Trzebiatów in Poland), referring in a paper to Morel's 1896 edition of "L'enseignement professionnel des gardiens dans les asiles d'aliénés".<sup>943</sup> Morel's ideas would culminate in 1907 into the publication of his *Manuel des gardes malades*, a volume of a little over 100 pages long. The Belgian Church was however not pleased with Morel's manual, and decided that no asylum attendant should read it.<sup>944</sup> Despite the somewhat rough start of Morel's textbook, a second edition was nonetheless published in 1913 which had been rewritten and extended, now counting over 400 pages. Gradually Morel's book seems to have become more appreciated in Belgium. The publication of Morel's work and its difficult start did not pass by European and American alienists unnoticed. Many of his peers encouraged and applauded his efforts. An unknown German reviewer wrote in the *Psychiatrische Wochenschrift* that the only unsatisfactory element in the book was that it did not contain any illustrations, ending his review by saying that "[...][it] is perhaps the most detailed and in any case one of the best we have".<sup>945</sup>

Morel's efforts also once more reached the United States, where interest and mainly sympathy for what he was trying to accomplish dominated the views of

---

<sup>942</sup> "Discussion de rapport de MM. Morel et Peeters sur le vade-mecum a l'usage des gardiens d'asiles", BSSMB, 1896, no. 80, 17-20, <http://hdl.handle.net/2027/hvd.32044102893971>.

<sup>943</sup> Mercklin, "Zum Fachunterricht des Irrenpflegenpersonals", *Psychiatrische Wochenschrift*, 1900, vol. 2, no. 17, 170, <https://archive.org/details/PsychiatrischeWochenschrift2.190001>.

<sup>944</sup> This is according to a British reviewer's information. See: "Manual for Nurses in Hospitals for Mental Diseases [Manuel des Gardes-Malades dans les Hopitaux pour Maladies Mentales] By Dr. Jules Morel, Medical Director of the State Lunatic Asylum, Mons. Bruges: Houdmont Boivin et Fils 1907. Price 2s", *Journal of Mental Science*, 1908, vol. 54, no. 225, 395, <http://www.archive.org/details/britishjournalof54roya>.

<sup>945</sup> "[...]vielleicht das ausführlichste und jedenfalls eind der beste, das wir besitzen". *Psychiatrische Wochenschrift*, 1913, vol. 15, no. 4, 54, <https://archive.org/details/PsychiatrischNeurologischeWochenschrift15.191314/page/n65/mode/2up>.

Americans physicians. Many of them made requests to receive Morel's work.<sup>946</sup> G. Alder Blumer,<sup>947</sup> at that time superintendent of the New York State Lunatic Asylum, had read Morel's *Gardien des Asiles d'Aliénés* "with pleasure" and hoped that Morel's interest in this subject would be well received in Belgium.<sup>948</sup> Selden H. Talcott as well called his book "very interesting, thoughtful and comprehensive",<sup>949</sup> further remarking that "while you in Belgium may change slowly, the tendency is still in the right direction, and perhaps you will make fewer mistakes than we do here".<sup>950</sup>

Alienists in the United Kingdom as well had received word about Morel's publication and wrote a favourable review, remarking that "[...] many useful and valuable points are dealt with, and no subject of importance has escaped his attention. The manual is well printed. It is written in a charming and lucid manner, and may be confidently recommended as a book of value to all interested in the nursing of the insane".<sup>951</sup> That the book was seen as valuable was not a meaningless compliment if we consider that the British Psychiatric Association had published a *Handbook for Attendants of the Insane* since 1885 which by 1908 was on its fifth edition.<sup>952</sup> These laudatory comments stand in high contrast with the reaction of the Belgian church and the former must have been favourably received by Morel. Although possibly a far stretch, they might have unintentionally contributed to the second version of his book, indirectly stimulating knowledge dissemination.

Another means of support and indirect knowledge dissemination from afar was through various initiatives. British alienists, upon discovering the unfavourable verdict

---

<sup>946</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v3, folder 10, [letter dated 18/05/1896 from Seldon H. Talcott]; *Ibidem*, folder 13, [letter dated 20/05/1905 from Augusto Tamburini]; *Ibidem* v2, folder 8, [letter dated 04/07/1913].

<sup>947</sup> 'George Alder Blumer Correspondence', Archives at Yale, accessed 5 March 2021, <https://archives.yale.edu/repositories/10/resources/502>.

<sup>948</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v3, folder 10, [letter dated 03/06/1896 from G. Alder Blumer]

<sup>949</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v3, folder 10, [letter dated 18/05/1896 from Seldon H. Talcott].

<sup>950</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v3, folder 10, [letter dated 18/05/1896 from Seldon H. Talcott].

<sup>951</sup> "Manual for Nurses in Hospitals for Mental Diseases [Manuel des Gardes-Malades dans ies Hopitaix pour Maladies Mentales] By Dr. Jules Morel, Medical Director of the State Lunatic Asylum, Mons. Bruges: Houdmont Boivin et Fils 1907. Price 2s", *Journal of Mental Science*, 1908, vol. 54, no. 225, 395, <http://www.archive.org/details/britishjournalof54roya>.

<sup>952</sup> Royal Medico-psychological Association, *Handbook for attendants on the the insane*, (London: Baillière, Tindall and Cox, 1908), <https://wellcomelibrary.org/item/b28114802>.

of the Belgian church, were concerned about the fact that Morel had invested a considerable amount of money in his book. The unknown reviewer urged his colleagues to buy it, stating: "Our sympathy is entirely with our distinguished colleague, and we hope that our readers will hasten to acquire copies of the manual and thus relieve Dr. Morel of some part of his pressing obligations".<sup>953</sup> A Scottish doctor as well asked Morel in 1908 to send him 36 copies of the manual so they could be distributed among Scottish psychiatrists.<sup>954</sup>

Even while some knowledge, such as Morel's handbook, was intended for a more local use, this did not take away from foreigners' curiosity and interest. Instead of resulting in a diffusion of Morel's book for practical use in other countries, it rather translated itself in foreign alienists inciting the further development of knowledge on a local level in its country of origin.

### **Between individual and large-scale contacts: Mundy's eccentricity and limited output**

Until now I have shown the different speeds and extent with which knowledge spread (a snowball effect versus dissemination bursts) via large-scale mediums, providing psychiatrists with the means to intentionally or unintentionally amplify the reach of their research and knowledge. It is apparent that Mundy has been absent from the discourse about the benefits of large-scale dissemination platforms. The contrast with Morel's extensive presence at international conferences and his wide range of (re)publications could not be greater and a different image arises when we observe how Mundy dealt with knowledge dissemination. Aside from discussing medical and administrative principles used in asylums during his travels on a one-to-one basis, Mundy would only show a superficial interest in international conferences as a platform of dissemination and the extent of his publications was also rather limited. In what follows I will discuss the main reasons for Mundy's diminished knowledge visibility.

---

<sup>953</sup> "Manual for Nurses in Hospitals for Mental Diseases [Manuel des Gardes-Malades dans les Hôpitaux pour Maladies Mentales] By Dr. Jules Morel, Medical Director of the State Lunatic Asylum, Mons. Bruges: Houdmont Boivin et Fils 1907. Price 2s", *Journal of Mental Science*, 1908, vol. 54, no. 225, 395, <http://www.archive.org/details/britishjournalof54roya>. . Morel himself was aware of the existence of this review, and requested the journal editors to add that the superioress of the Sisters of Charity paid the printing expenses for the copies used in the asylums under their care (most of them in the region of Ghent). See: "Manual for nurses in hospitals for mental diseases by Dr. Jules Morel", *Journal of Mental Science*, 1908, vol. 54, no. 226, 617, <http://www.archive.org/details/britishjournalof54roya>.

<sup>954</sup> Universiteitsbibliotheek Gent, *Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen*, BHSL.HS.2830 v1, folder 3, [letter dates 19/03/1908 from unknown sender].

While Mundy had a varied experience with lunacy and asylum life in many different countries, his published writings do not reflect this diversity. A reason here for can be found in the concept of “stockpiling of knowledge”, developed by the historian and philosopher Michel De Certeau.<sup>955</sup> Jöns, Heffernan and Meusburger explain this concept as “a series of episodic circuits involving a repetitive going out into the world and returning to a home base, where the accumulated knowledge and information are combined and interwoven to coherent and often linear narratives”.<sup>956</sup> Due to Mundy’s dualistic background he had been able to gather and absorb a great amount of information concerning psychiatric institutions across Europe, but would only share a very small and specific selection of his stockpiled knowledge with his peers. This was mainly due to his growing interest in colonies for the mentally ill (*Irrencolonien*), and the Gheel colony in particular. He attached great importance to “[...] family life, supervised by a doctor, regulated freedom and voluntary work in the open air [...]”.<sup>957</sup> His research was not only thematically limited in scope, in addition, he only shared his findings with a limited number of experts, creating a very particular form of knowledge circulation. In chapter 1 I mentioned the different factors influencing knowledge transfers as defined by Meusburger. The willingness to provide knowledge to others was one of them and is crucial in explaining the differences between Mundy and Morel.<sup>958</sup>

Mundy’s specific interests made him leave aside all other knowledge he could have propagated and published. Mundy saw the Gheel colony as “[...] an instructive example, whose good we would imitate, and whose defects we would avoid”.<sup>959</sup> Gheel was famous for its singular mechanisms for dealing with certain types of psychiatric patients, which was in stark contrast with the routines and mechanisms found within the walls of many regular asylums.<sup>960</sup> Aside from Mundy being a renowned traveller,

---

<sup>955</sup> Michel de Certeau, *Heterologies: Discourse on the Other* (U of Minnesota Press, 1986), 146.

<sup>956</sup> Jöns, Meusburger, and Heffernan, ‘Mobilities of Knowledge. An Introduction’, 7.

<sup>957</sup> “[I]a vie de famille, surveillée par un médecin, la liberté réglée et le travail facultative au grand air [...]”. See: J. Mundy, *Sur les divers modes de l’assistance publique appliquée aux aliénés: discours prononcé dans les séances de la Société médico-psychologique à Paris le 26 décembre 1864 et le 16 janvier 1865*, (Paris: Aug. Marc, 1865), 13, <https://wellcomelibrary.org/item/b22651871>. For an overview of his literary work see: Alma Kreuter, *Deutschsprachige Neurologen und Psychiater: Ein biographisch-bibliographisches Lexikon von den Vorläufern bis zur Mitte des 20. Jahrhunderts* (Walter de Gruyter, 2013); Pagel, ‘Mundy, Jaromir Freiherr von’; Wyklicky, ‘Mundy, Jaromir Freiherr von’.

<sup>958</sup> Meusburger, ‘The Nexus of Knowledge and Space’, 70–71.

<sup>959</sup> J. Mundy, *The Gheel question*, (London: John W. Davis, 1861), reprinted from *The Medical Critic for July 1861*, 14, <https://wellcomelibrary.org/item/b22347707>.

<sup>960</sup> Gheel has already been discussed in many different settings and by many different historians and will not be discussed extensively in this thesis. See for example: Akira Hashimoto, ‘[Gheel Visits and Austrian Psychiatric Hospital Reform around 1900]’, [*Japanese Journal of History of Psychiatry*] 9, no. 2

his preoccupation with Gheel would become his second trademark, forming part of the brand that was cultivated by himself and others. His interest in Gheel had caused some to accuse him of “Gheelomania”.<sup>961</sup> Mundy gave different lectures about the colony, primarily to the members of the British and French psychiatric associations, which were also published in their respective journals.<sup>962</sup> Some of these were also reprinted as standalone pamphlets that were disseminated among physicians and alienists.<sup>963</sup> Aside from the JMS and the AMP, he also appeared in other journals (e.g. in the form of paraphrasing) or published original articles in other medical journals such as the *Journal de médecine, chirurgie et pharmacologie*; the *Procès verbaux du Congrès médecine de Lyon*, the *Medical Critic and Psychological Journal*, the *Lancet* and the *British Medical*

---

(2005): 117–28; Akira Hashimoto, ‘Gheel Visitors in Modern Medicine: The Register Book and the Context of Visits from Germany and Japan’, *Social Welfare Studies (Department of Social Welfare, Faculty of Literature, Aichi Prefectural University)* 8, no. 7 (2006): 7–16; Akira Hashimoto, ‘Invention of a “Japanese Gheel”: Psychiatric Family Care from a Historical and Transnational Perspective’, in *Transnational Psychiatries: Social and Cultural Histories of Psychiatry in Comparative Perspective c. 1800–2000*, ed. Waltraud Ernst and Thomas Müller (Newcastle upon Tyne: Cambridge Scholars Publishing, 2010), 142–61; Bruno Rostain, ‘Gheel et son fantôme chez les aliénistes français du XIXe siècle.’ (S.l., [s.n.], 1980); Jackie L. Goldstein and Marc M. L. Godemont, ‘The Legend and Lessons of Geel, Belgium: A 1500-Year-Old Legend, a 21st Century Model’, *Community Mental Health Journal* 39, no. 5 (2004): 441–58; Akira Hashimoto, ‘[A History of Psychiatry in Geel, Belgium: International Interest from the 19th to the 20th Century]’, [*Japanese Journal of History of Psychiatry*] 4 (2000): 29–30; Akira Hashimoto and Thomas Müller, ‘Geel, over de Grenzen: De Transnationale Geschiedenis van de Psychiatrische Gezinsverpleging in Duitsland En Japan’, *Geschiedenis Der Geneeskunde* 14, no. 2 (2010): 81–88; William Parry-Jones, ‘The Model of the Geel Lunatic Colony and Its Influence on the Nineteenth-Century Asylum System in Britain’, in *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*, ed. Andrew Scull (Philadelphia: University of Pennsylvania Press, 1981), 201–17; B. Pattyn, ‘De Geschiedenis van Geel’, in *Psychiatrie, Godsdienst En Gezag. De Ontstaansgeschiedenis van de Psychiatrie in België Als Paradigma*, ed. P. Vandermeersch (Leuven: Acco, 1984); H. Ronse, ‘De Geschiedenis van de Psychiatrie Te Geel. Van Armenzorg Naar Gestichtpsychiatrie’, *Tijdschrift Voor Psychiatrie* 30, no. 1 (1988): 6–20; Eugeen Roosens and Lieve Van de Walle, *Geel Revisited. After Centuries of Mental Rehabilitation* (Antwerpen: Garant, 2007).

<sup>961</sup> J. Mundy, *The Gheel question*, (London: John W. Davis, 1861), reprinted from *The Medical Critic for July 1861*, 14 (footnote), <https://wellcomelibrary.org/item/b22347707>.

<sup>962</sup> See for example: E. Renaudin, “Établissements d’aliénés. Les cinq questions cardinales de psychiatrie administrative par le docteur Mundy”, AMP, 1863, vol. 1, 232-254, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1863x01>; J. Mundy, *Sure les divers modes de l’assistance publique appliquée aux aliénés: discours prononcé dans les séances de la Société médico-psychologique à Paris le 26 décembre 1864 et le 16 janvier 1865*, (Paris: Aug. Marc, 1865), 13, <https://wellcomelibrary.org/item/b22651871>; Quote from A. Peeters: “Mundy se fit le missionnaire du système de Gheel. Il défendit ses idées : par écrit, dans un grand nombre d’articles et de brochures; de vive voix, devant les aliénistes les plus compétents à Lyon, à Paris, à Londres”. See: A. Peeters, “La réforme de l’assistance des aliénés. Conférence donnée au Cercle artistique, littéraire et scientifique à Anvers le 23 Novembre 1898”, BSMMB, 1898, no. 91, 348, <http://hdl.handle.net/2027/hvd.32044102893955>.

<sup>963</sup> Two examples are: J. Mundy, “Five cardinal questions on administrative psychiatry”, (London: J. E. Adlard, 1861), reprinted from *The Journal of Mental Science*, 4, <https://wellcomecollection.org/works/j5utdz22>; J. Mundy, *Sure les divers modes de l’assistance publique appliquée aux aliénés: discours prononcé dans les séances de la Société médico-psychologique à Paris le 26 décembre 1864 et le 16 janvier 1865*, (Paris: Aug. Marc, 1865), <https://wellcomelibrary.org/item/b22651871>.



*Journal*.<sup>964</sup> In Austria as well he would give lectures of which some were sometimes published.<sup>965</sup>

The articles and summaries published in the United Kingdom, France, Belgium and Austria, stood in contrast to Mundy's exclusion from German platforms of dissemination as none of his articles appeared in German journals – with one or two exceptions but these were only brief statements that were published.<sup>966</sup> Mundy himself complained that some journal editors, such as those at the *Allgemeine Zeitschrift für Psychiatrie*, systematically refused to publish articles in defence of the Gheel colony, as opposed to the *Medical critic and psychological journal*, whose editors had allowed articles on this subject to appear on multiple occasions (January 1857, July 1860 and October 1860) although not necessarily by Mundy.<sup>967</sup> The amount of work Mundy published was small to begin with, but different scales of distribution across Europe resulted in an uneven access to his ideas and a first discrepancy in Mundy's reception in different countries. Furthermore, the space that Mundy's writing was allocated and the specific platforms through which he was allowed to diffuse his ideas were far greater in the United Kingdom than in any other country – the reasons for this will be discussed in more detail later on.

While Mundy's dissemination platforms in Europe were limited, some of his writings were nonetheless translated and published in two or more languages. One of them was the “*Five cardinal questions on administrative psychiatry*”, which was published in English, French and German.<sup>968</sup> Another one, “*Le petit catéchisme [...]*” –

---

<sup>964</sup> Pagel, ‘Mundy, Jaromir Freiherr von’. See also: J. Mundy “Gheel n’est pas une colonie, moins encore un établissement d’aliénés”, *Journal de médecine, de chirurgie et de pharmacologie*, 1860, vol. 31, 220-223, <https://hdl.handle.net/2027/mdp.39015074129597>; J. Mundy, “Colonies d’aliénés. Gheel et ses adversaires”, (Bruxelles: Tircher, 1860), Extrait du Journal publié par la Société des Sciences médicales et naturelles de Bruxelles. Cahier de mai 1860, <http://archive.org/details/b22343751>; J. Mundy, “De l’institution des colonies d’aliénés. Gheel et ses adversaires”, *Journal de médecine, de chirurgie et de pharmacologie*, vol. 30, 451-465, <https://hdl.handle.net/2027/hvd.32044103026555>.

<sup>965</sup> *Wiener medizinische Wochenschrift*, 1866, vol. 16, 1375-1376 and 1615-1617 and 1629-1631, and 1440-1441, <https://anno.onb.ac.at/cgi-content/anno-plus?aid=wmw&datum=1866&size=45>; *Wiener medizinische Wochenschrift*, 1872, vol. 22, no. 9, 211, <https://anno.onb.ac.at/cgi-content/anno-plus?aid=wmw&datum=1872&size=45>; *Wiener medizinische Wochenschrift*, 1872, vol. 22, no. 12, 292, <https://anno.onb.ac.at/cgi-content/anno-plus?aid=wmw&datum=1872&size=45>.

<sup>966</sup> The only two times that Mundy was able to write something for German journals: The *Allgemeine Zeitschrift für Psychiatrie* and the *Correspondenz-Blatt der deutschen Gesellschaft für Psychiatrie und gerichtliche Psychologie*. He was allowed to publish his counterstatement against a publication that had appeared in these journals. Dr. M., “Ein Referat über ein anderes Referat von Dr. Flemming und Professor Parigot”, *Correspondenz-Blatt*. c.1 v.7 1860, 300-303, <https://babel.hathitrust.org/cgi/pt?id=chi.102718896&view=1up&seq=5>.

<sup>967</sup> J. Mundy, “Art. VI. – The Gheel question”, *Medical critic and psychological journal*, 1861, vol. 1, 399-412, <https://hdl.handle.net/2027/nyp.33433011436411>.

<sup>968</sup> Kreuter, *Deutschsprachige Neurologen und Psychiater*, 1004.



a pamphlet consisting of 25 questions about reform in the mental health sector – appeared in French, English, German and Italian.<sup>969</sup> While this evokes the idea that Mundy's publications were well received by his contemporaries, reality was different. These translations were not instigated out of curiosity by foreign alienists but by Mundy himself who wanted his pamphlets to appear in these specific languages, enforcing the dissemination of his opinions. Mundy used this as a means to outline his ideas once more and to try to convince his peers across Europe of the need for reform, allowing defenders as well as opponents of his theories to get better acquainted with his writings.

Aside from Mundy's work about *irrencolonien* and Gheel, no other pamphlets or articles about his travels to other countries appeared in print.<sup>970</sup> Furthermore, no personal archives of Mundy have been preserved to give us a glimpse of his writings and note-taking habits. His thesis – "Über die familale Behandlung der Irren", defended in 1857 – has not been preserved in written form either, which was, according to Müller not exceptional for that time period.<sup>971</sup> Aside from knowing which asylums he visited, no other information about his excursions is recorded anywhere. From a historian's point of view this can be seen as a great loss of documentation, but it is precisely this *absence* of information that makes Mundy's way of dealing with the information he gathered, and what and how he disseminated it, an interesting case study.

Mundy had very rigid ideas about who he wanted to communicate his findings to and what he thought his role should be in the dissemination of the knowledge that he gathered. This partly explains why so little is to be found about his many asylum travels, aside from his investment in Gheel. On 14 July 1864, during one of his lectures to the assembled members of the British association for psychiatry, he stated: "I never went, either in this or any other country, before a Committee, a Board of Commissioners, or any other official or governmental persons who were engaged in

---

<sup>969</sup> "Appendix to no. 50 (new series, no. 14) of the journal of mental science", *Journal of Mental Science*, 1864, vol. 10, no. 50, 2; "A catechism on the necessity and possibility of a radical reform in the treatment of insanity by the author of the Gheel question", *Journal of Mental Science*, 1864, vol. 10, no. 50, 3-21, <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/past-title/journal-of-mental-science/information/4F51B1E4B3F81774A5D21EE614CDFD45>.

<sup>970</sup> Mundy's work that was based on his travels was not written in a format which was used by others when writing about such excursions (e.g. detailed reports on a specific asylum), as was shown in the chapter on knowledge containers. In addition, Mundy also wrote an article about créténism and one about lunatic laws but these do not contain any statements about his travels.

<sup>971</sup> Müller, 'Le placement familial des aliénés en France. Le baron Mundy et l'Exposition universelle de 1867', 39 (footnote 5).

lunacy matters; much more, I abstained from making their personal acquaintance”.<sup>972</sup> As outlined in the chapter on knowledge containers, psychiatrists sometimes undertook asylum travels in the name of their governments, needing to produce official documents for those organisations. These documents were in turn often published and circulated more widely, increasing the chance that they would be preserved. This way of working and publishing is in stark contrast to the private initiatives that were undertaken by Mundy, leaving few traces behind. His statement also plainly shows his rather reluctant attitude towards the capability of these official institutions to take action, and their ability to support his ideas.

He also approached the family care system from a mostly theoretical point of view. He was the missionary of the Gheel colony, as many contemporaries have called him, rather than someone who implemented this system in practice.<sup>973</sup> He had remarked to his British and French peers that “[...] offers to realise the practice of the system which I defend, by voluntary contributions or shares, I have often refused, and will do so in the future”.<sup>974</sup> This stands in sharp contrast to some of the key principles (solving problems, sharing information, discussing developments, etc.) that were valuable assets to becoming a transnational knowledge broker and are features that we do see appear in Morel’s attitude towards knowledge dissemination.

While Mundy was of the opinion that he only had to play a more or less passive role, he wanted to accomplish the opposite behaviour with his peers. He wanted them to acknowledge his views, and above all encouraged them to take action and make reform possible. He very candidly pointed out the lack of practical progress by his peers, telling them: “[...] for what does it profit mankind to make daily progress in theoretical knowledge, to multiply handbooks of psychiatry like mushrooms, to swell our special journals with extensive theoretical observations of all sorts, but at the same time to leave the practical part of phrenopathics, including the administrative portion, in a

---

<sup>972</sup> “Resolutions proposed by Baron Mundy”, *Journal of Mental Science*, 1864, vol. 10, no. 51, 458, <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/past-title/journal-of-mental-science/information/4F51B1E4B3F81774A5D21EE614CDFS45>.

<sup>973</sup> “M. Renaudin on the English County Asylums for the Insane”, *Journal of Mental Science*, 1863, vol. 9, no. 46, 296-297, <http://www.archive.org/details/britishjournalof09roya>; A. Peeters, “La réforme de l’assistance des aliénés. Conférence donnée au Cercle artistique, littéraire et scientifique à Anvers le 23 Novembre 1898”, *BSMMB*, 1898, no. 91, 348, <http://hdl.handle.net/2027/hvd.32044102893955>; Lentz, “Une colonie d’aliénés”, *Journal de médecine, de chirurgie et de pharmacologie*, 1869, vol. 49, 220, <https://hdl.handle.net/2027/mdp.39015069818816?urlappend=%3Bseq=224>.

<sup>974</sup> “Resolutions proposed by Baron Mundy”, *Journal of Mental Science*, 1864, vol. 10, no. 51, 458, <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/past-title/journal-of-mental-science/information/4F51B1E4B3F81774A5D21EE614CDFS45>.

state of lamentable stagnation, while we reject every measure of true reform, and still vainly hold on to the rotten cable of 'Routine'?"<sup>975</sup> His highly critical and accusatory tone of writing in his limited number of publications would not assist his cause in extending his scientific outreach, nor agreement with his views.

Mundy also shied away from sharing his knowledge with the general public, telling his British peers: "I never spoke in public about the reform which I advocate, if not before medical men or corporations, who have exclusively devoted themselves to our speciality. I also strictly abstained to write in a popular way on this question [...]".<sup>976</sup> Mundy's aversion to speaking about his ideas to a lay audience is in contradiction to how historian Thomas Müller framed Mundy's accomplishment during the *Exposition Universelle* in 1867 where he build a Gheel model. Müller states that Mundy intentionally wanted to reach a broad public<sup>977</sup>, however, from what Mundy himself has declared, his goal was rather to reach out to his medical peers in order to convince them of the success of family care. That the lay public took note of, or visited, his exhibition in the Austrian section was more of an incidental addition than his primary intention. Mundy was much convinced about his standpoints as he would reaffirm them again five months later in December 1864, when he was allowed to speak before the members of the French association, where he re-used these same phrases from his previously delivered talk in the United Kingdom.<sup>978</sup> Mundy's main goal was to share his views with the medical world, and in particular, alienists.

His interest in showcasing his knowledge and ideas about reform confined him to mainly moving in the circles of the French and British psychiatric association. Mundy forged close relations with the latter especially, and with some specific British individuals who were also a member of the British association. Thomas Müller has pointed out as well that Mundy sought followers among French and English association

---

<sup>975</sup> J. Mundy, *Five cardinal question on administrative psychiatry*, (London: J. E. Adlard, 1861), reprinted from *The Journal of Mental Science*, 30, <https://wellcomelibrary.org/item/b22342655>.

<sup>976</sup> "Resolutions proposed by Baron Mundy", *Journal of Mental Science*, 1864, vol. 10, no. 51, 458, <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/past-title/journal-of-mental-science/information/4F51B1E4B3F81774A5D21EE614CFD45>.

<sup>977</sup> Müller, 'Le placement familial des aliénés en France. Le baron Mundy et l'Exposition universelle de 1867', 41 and 48.

<sup>978</sup> Among the members present were: Moreau de Tours, Jules Falret, Dally, fournet, Loiseau, Delasiauve and Legrande du Saulle. This list is not exhaustive. See: "Mundy. Assistance des aliénés [séance du 26/12/1864]", AMP, 1865, vol. 5, 287-340, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1865x05>. For the quote referring to his aversion to the government and the public see: Ibidem, 320.

members as these societies had more scientific prestige.<sup>979</sup> As we shall see later on, this had different outcomes depending on the country, the scientific reception of his ideas provoking various reactions among physicians and alienists. Mundy's preferred platform of dissemination was national psychiatric associations in different countries, taking little interest in that other important platform of dissemination, international conferences. Some contemporaries of Mundy have stated that he not only attended the 1867 international conference in Paris, but also other (international/national) events in France, the United Kingdom, Germany, Belgium, Switzerland and Italy.<sup>980</sup> I could not find any trace of most of these, aside from his attendance at the 1867 conference in Paris and his presence during a few special or annual (national) meetings of the British and French psychiatric associations.

The exact reasons Mundy chiefly used psychiatric associations as a platform is far from evident, but one explanation could be that participation in these societies gave him the opportunity to focus on a specific group of psychiatrists in a particular country. It gave him the opportunity to tune in to the particular mindset or views within that country, rather than advertising his ideas before a very diverse international medical public. In addition, he preferred to propagate his ideas on a more national level, such as during the *Congrès Médical* of 1864, which was held in Lyon, and the *Congrès Scientifique* in Rouen in 1865.<sup>981</sup> These conferences were particularly meant for domestic alienists and physicians and not for an international audience. However, his strategy to target specific national audiences with his lectures did not succeed as he was not able to adapt his ideas to the needs, theories and expectations of domestic psychiatrists. Nevertheless, during the one international conference he attended for certain, his philanthropical character made him engage actively in the congress sessions by participating in different initiatives, suggesting projects and giving a lecture.<sup>982</sup>

---

<sup>979</sup> Müller, 'Le placement familial des aliénés en France. Le baron Mundy et l'Exposition universelle de 1867', 40–41.

<sup>980</sup> "Appendice. Parc Autrichien" in: Société médicale Allemande de Paris (ed.), *La médecine à l'Exposition universelle de 1867: guide-catalogue*, (Paris: Germer-Baillière, 1867), 80, <https://gallica.bnf.fr/ark:/12148/bpt6k6456385j/f110.image.r=%22mundy%22>.

<sup>981</sup> His presence at these conferences is mentioned in: *Journal de médecine, de chirurgie et de pharmacologie*, 1867, vol. 45, 576, <https://hdl.handle.net/2027/mdp.39015069818774?urlappend=%3Bseq=582>; Pagel, 'Mundy, Jaromir Freiherr von'.

<sup>982</sup> One of the topics discussed was the creation of an international *statistique des aliénés* Mundy immediately offered – in the name of Robertson, the president of the British psychiatry association – the statistical work which had been done in the United Kingdom to help the Statistical Commission with its task. When the commission was formed, Mundy also took part in it. Furthermore, he gave a lecture about the financial questions concerning the *traitement et assistance des aliénés*. Here also, *Gheel* served as his main centrepiece, as he talked about the work done by the patients, also bringing

While Mundy did not make use of many platforms, the ones he used – publications in different languages, participating in the meetings of foreign associations and travelling in general – was not a fool proof guarantee that his ideas would be implemented in different countries; being given access to these platforms forms only one part of the transnational dissemination process of knowledge. When we discuss about knowledge and information dissemination, *what* is being said is connected with *how*, *where*, *when* and *for whom* information is spread.<sup>983</sup> It were these aspects especially that impacted Mundy's knowledge distribution and would ultimately contribute to his "weak knowledge" dissemination, and more specifically, that his ideas were only supported by a few of his peers.<sup>984</sup>

### **Why extracurricular activities were paramount**

Wenger-Trayner has outlined how "[...] brokering often entails ambivalent relations of multimembership".<sup>985</sup> In other words, one needs to belong partially to different communities of practice to make knowledge transfers and brokering possible. Jules Morel is the perfect example of this. Not only did he set up connections in the field of psychiatry, criminal anthropology and prison reform, he was also a member of at least 15 associations who were dedicated to a diverse range of subjects and dispersed across a wide variety of countries, while Mundy's involvement was limited to moving within the circles of the French and British association for psychiatry. Affiliations with national and foreign associations were seen as valuable parameters to gauge someone's capacities and scientific merit and gave Morel considerable visibility among his peers.<sup>986</sup> While it was fairly common to be a member of few different associations,

---

up the aspect of non-restraint and the lower costs it involved. Another of Mundy's propositions was the creation of an international psychiatry law by studying the laws in different countries "... analogue à celui qui se fait, en ce moment même, pour la statistique". Many thought such a project was not feasible for a scientific society and Mundy had to withdraw his proposition. See: "Congrès aliéniste international", AMP, 1867, vol. 10, 495-498 and 516, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1867x10>.

<sup>983</sup> James Secord, 'Knowledge in Transit', *Isis* 95, no. 4 (2004): 663–64.

<sup>984</sup> Weak knowledge can refer for example to: knowledge with weak rational anchoring, knowledge with weak empirical anchoring, knowledge supported only by a few, knowledge with weak institutional anchoring, knowledge with weak cultural embedding, knowledge that lacks usefulness, knowledge that lack embedding in larger technologies, etc. Moritz Epple, 'The Theatetus Problem: Some Remarks Concerning a History of Weak Knowledge', in *Weak Knowledge: Forms, Functions, and Dynamics*, ed. Moritz Epple, Annette Imhausen, and Falk Müller (Campus Verlag, 2020), 32.

<sup>985</sup> Wenger, *Communities of Practice*, 109.

<sup>986</sup> Archief Gent, BG 19, Guislaingesticht, folder 75/1886-1896: Dossier betreffende dokter Jules Morel, hoofdgeneesheer van het Guislaingesticht, [letter dated 26/05/1886 from Morel to the Commission Hospice Civil Gand]; Universiteitsbibliotheek Gent, Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen, BHSL.HS.2830 v1, folder 1, [membership list of Morel written on the backside of a pamphlet dated 20/09/1894 from the Soci  t   de M  decine Mentale

Morel's network was not only exceptionally large and diverse in quantitative terms. From a qualitative point of view, he not solely used these associations as a mouthpiece for communication as Mundy did. Morel would take up multiple roles, ranging from a general and honorary member, through being a secretary, vice president or president in national associations, to being a correspondent, editor or advisor for domestic and foreign associations' journals. His involvement in editorial boards and committees especially would be a recurring feature throughout his medical career.

His membership track record started the year after his university graduation, when he became a corresponding member of the *Société de médecine de Gand* in 1868. The following year he would become an ordinary member and the year after (1870) would take up the function of *secrétaire-adjoint*, and be a member of the *comité de publication*. His affiliations with other associations would often follow a similar pattern throughout the years. In 1873 he became a member of the *Société de médecine mentale de Belgique*. From the beginning he occasionally contributed to the association's journal by analysing, reviewing or translating works. These first few steps set him on an upward path inside the SMMB, becoming president in 1884, a position he would return to once more in 1895.<sup>987</sup> As president he had the task of managing the meetings (*la police des séances*) and signing important documents together with the main secretary.<sup>988</sup> During his inaugural speech on 26 January 1884 in one of the rooms of the *Palais de Granvelle* (the original location of the *Université de Bruxelles*), he said in front of 13 of his colleagues, among whom the Dutch psychiatrist Ramaer, "I would certainly have preferred not to have been called to this high position and to have limited myself to [...] my little contribution to our publications. You have decided otherwise; I bow before your will, hoping for your support, your cooperation, to help me maintain the Society at the rank it held under my learned predecessors".<sup>989</sup> Morel

---

de Belgique]; Ibidem, [administrative document with personal and work-related information about Morel]; Ibidem, [letter dated [?]/05/1918 from Deutscher Verein gegen den Misbrauch geiftiger Getränke ]; Ibidem, folder 3, [letter dated 27/09/1909 from Bernard Hollander]; Ibidem, v2, folder 9, [letter dated 03/06/1896 from G. Alder Blumer ]; Ibidem, [letter dated 10/11/1896 from H. H. Hart ]; Ibidem, [letter dated 16/06/1896 from Philip W. Buynes].

<sup>987</sup> He held both these posts for a year, as was custom.

<sup>988</sup> See for example: "Règlement de la société de médecine mentale de Belgique", SMMB, 1914, no. 172-174, 10-12, <http://hdl.handle.net/2027/mdp.39015070275139>.

<sup>989</sup> "J'aurais certainement préféré ne pas avoir été appelé à ces hautes fonctions et me borner à mon heure, ma petite collaboration à nos publications. Vous en avez décidé autrement; je m'incline devant votre volonté, espérant en votre appui, en votre coopération, pour m'aider à maintenir la Société au rang qu'elle a occupé sous mes savants prédécesseurs". See: "Procès-verbal de la séance tenue à Bruxelles, le 26 janvier 1884, au Palais de l'Université", BSMMB, 1884, no. 32, 9-10, <http://hdl.handle.net/2027/mdp.39015070251023>.

was someone who preferred to contribute to his field from behind the scenes, a trait that would become especially visible when he became secretary of the society a few years later.

He was *secrétaire général*, as well as editor of the *Bulletin de la Société de Médecine Mentale de Belgique* between 1888 and 1895.<sup>990</sup> As the main secretary he had to draw up the minutes of the meeting and take care of the association's correspondence, the latter gave ample opportunities to get acquainted with many peers across Europe.<sup>991</sup> He introduced significant improvements to the journal<sup>992</sup> and would provide a prolific output of summaries of various journals and book reviews, which amounted on average to 61 reviews per year during his period as secretary (figure 44).<sup>993</sup>

year	number of reviews written by Morel based on histogram search terms "J.M." an "J. M."
1888	51
1889	40
1890	49
1891	96
1892	83
1893	92
1894	59
1895	18

**Figure 44.** Table with the number of reviews per year written by Morel. This was during the time he was sole editor of the BSMMB.

Two more memberships in a Belgian association would follow. By at least 1896 he was listed as an "active member" of the *Société pour le patronage des condamnés, détenus & libérés et des jeunes délinquants & enfants abandonnés*,<sup>994</sup> through which he gained

<sup>990</sup> Universiteitsbibliotheek Gent, Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen, BHSL.HS.2830 v1, folder 2, [titres honorifique du Dr. Jul. Morel].

<sup>991</sup> See for example: "Règlement de la société de médecine mentale de Belgique", SMMB, 1914, no. 172-174, 10-12, <http://hdl.handle.net/2027/mdp.39015070275139>.

<sup>992</sup> X. Francotte, "Rapport sur les vingt-cinq années d'existence de la société de médecine mentale de Belgique présenté dans la séance du 29 septembre 1894", 1894, no. 74, 297, <https://hdl.handle.net/2027/mdp.39015070250983?urlappend=%3Bseq=301>.

<sup>993</sup> Sometimes his contributions also appeared as "analyse par le dr jul. morel" but these were more infrequent. In most cases his initials J.M. in the *revues de journaux* and *bibliographie* section marked his involvement.

<sup>994</sup> "Rapport sur les travaux des années 1889-1890", *Société pour le patronage des condamnés, détenus et libérés et des jeunes délinquants et enfants abandonnés. Rapport sur les travaux de la*

access to yet another community of practice, this time broadening his network with mainly lawyers, proprietors and industrialists. His connection with this particular society also closely aligns with his earlier shown interests in prison reform and criminality. Of the society's 15 active members in 1896, Morel was the only physician among them. The active members were "[...] responsible for visiting detainees, seeking placement for them and monitoring them after their release" and had to convene at least once each month.<sup>995</sup> Even after he discontinued all his professional activities he would, in 1918, at an already advanced age, become member of the *Geneeskundige commissie* of Ghent in Belgium.<sup>996</sup>

Morel would acquire more foreign memberships than he had domestic ones. While he will most certainly not have participated in all of them in the same degree, some were probably just honorary titles, even the latter illustrate his standing in the medical world and the appreciation of peers towards the knowledge and skills he possessed. Memberships in foreign associations would follow each other quickly. In 1878 he became a corresponding member for the *Société de philosophie expérimentale de Rotterdam*.<sup>997</sup> In 1884, during his presidency of the SMMB, he was made corresponding member of the *medico-legal society of New York* in the United States.<sup>998</sup> In 1886 membership of the *psychiatric society of Great Britain* (in 1897 this became an honorary membership), the French *Société médico-psychologique* and the *Vereniging voor Psychiatrie* in the Netherlands followed.

During the 1890s Morel's list of memberships continued to grow even further. He accepted membership in the *Russian psychiatric association of Saint Petersburg* in 1890 and in 1896 became a member of the *American Medico-Psychological*

---

société durant les années 1889-90, (Gand: F&R. Buyck frères, 1891), 4, <https://lib.ugent.be/catalog/ser01:000363981>; "Comité de patronage de Gand. Liste des membres", *Société pour le patronage des condamnés, détenus et libérés et des jeunes délinquants et enfants abandonnés. Rapport sur les travaux de la société du 1<sup>er</sup> janvier au 31 décembre 1896*, (Gand: F&R. Buyck frères, 1897), 4, <https://lib.ugent.be/catalog/ser01:000363981>.

<sup>995</sup> "[...] incombe la mission de visiter les détenus, de leur chercher un placement, de les surveiller après leur libération". See: "Rapport sur les travaux des années 1889-1890", *Société pour le patronage des condamnés, détenus et libérés et des jeunes délinquants et enfants abandonnés. Rapport sur les travaux de la société durant les années 1889-90*, (Gand: F&R. Buyck frères, 1891), 4, <https://lib.ugent.be/catalog/ser01:000363981>.

<sup>996</sup> Universiteitsbibliotheek Gent, Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen, BHSL.HS.2830 v1, folder 1, [Letter dated 14/06/1918 from Stad Gent. Kabinet van den Schepen der Openbare Gezondheid to Morel].

<sup>997</sup> Universiteitsbibliotheek Gent, Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen, BHSL.HS.2830 v1, folder 2, [titres honorifique du Dr. Jul. Morel].

<sup>998</sup> "Corresponding members", *The Medico-legal journal*, 1885, vol. 2, 675, <https://hdl.handle.net/2027/mdp.39015012358241?urlappend=%3Bseq=721>.



**Association.**<sup>999</sup> The same year he also became an honorary member of the **Italian psychiatric society.**<sup>1000</sup> His international contacts among the primary societies for psychiatry were extensive and anchored him firmly in the field. In the early 1900s he would be elected as a *membre associé étranger* (1908) of the French ***Société clinique de médecine mentale.***<sup>1001</sup> In 1909 Morel was asked to accept membership of the ***Ethological Society*** which was based in London in the United Kingdom and had been founded by Bernard Hollander who had a keen interest in psychopathology and psychotherapy and with whom he was also in contact via letter.<sup>1002</sup> In the 1910s, while he was already in his 70s, Morel would also become a member of the ***Deutscher Verein gegen den Missbrauch geistiger Getränke.***<sup>1003</sup> Aside from his participation in many general associations, being member of associations dedicated to niche fields (e.g. alcohol abuse, ethology, medico-legal), gave him access to different groups of physicians through which he could continue to broaden his network and knowledge.

Morel's willingness to participate in these 15 associations testifies to his keen scientific spirit. In turn, the fact that associations kept offering him memberships indicates that interest in his medical and psychiatric knowledge did not wane and was consistent throughout the nineteenth and early twentieth centuries. His involvement in these associations created many opportunities. They brought prestige or access to information via the journals that many of these societies published. It was a way to be kept in the loop of what was happening elsewhere. These connections also offered opportunities to publish his work, receive offers to contribute to conferences and assume a role on editorial boards, giving him a way to help shape the knowledge that

---

<sup>999</sup> Universiteitsbibliotheek Gent, Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen, BHSL.HS.2830 v1, folder 2, [titres honorifique du Dr. Jul. Morel]. This document says 1894 while other documents say he joined in 1896.

<sup>1000</sup> Universiteitsbibliotheek Gent, Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen, BHSL.HS.2830 v1, folder 2, [titres honorifique du Dr. Jul. Morel]

<sup>1001</sup> "Table des matières. Séance du 21 Décembre 1908. Membres associés étrangers", *Bulletin de la société Clinique de médecine mentale*, 1908, 151, <https://gallica.bnf.fr/ark:/12148/bpt6k9646577h/f169.item.r=morel>. Different from many other society journals, *associé étrangers* did not receive the *Bulletin of the SCMM* for free but had to pay in 1909 12 French francs if they wanted to receive it. It is not sure if Morel paid for the journal. See: "composition du bureau", *Bulletin de la Société clinique de médecine mentale*, 1909, V, <https://gallica.bnf.fr/ark:/12148/bpt6k96465763/f5.image>.

<sup>1002</sup> Universiteitsbibliotheek Gent, Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen, BHSL.HS.2830 v1, folder 3, [letter dated 27/09/1909 from Bernard Hollander]; "Obituary. Bernard Hollander", *The British Medical Journal*, 1934, vol. 1, no. 3815, 316, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2444176/pdf/brmedj07140-0048d.pdf>.

<sup>1003</sup> Universiteitsbibliotheek Gent, Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen, BHSL.HS.2830 v1, folder 1, [Mitglieds-karte Deutscher Verein gegen den Misbrauch geistiger Getränke (E.V.)].

was spread within psychiatric and medical circles. Morel, in contrast to Mundy, tried to provide access to psychiatric knowledge in multiple ways. As we saw earlier, some were more passive and indirect than others; some were directed at his academic peers in general, while at other times knowledge dissemination took a more private nature by assisting specific colleagues with different matters, guiding and directing them.

On top of his main duties as medical superintendent of the *Hospice Guislain*, and later on the *Asile d'aliénés de l'état* in Mons, Morel was involved in many activities. These did not only include correspondence with peers, attending international conferences or being a passive or active member of different associations. What stands out is his involvement in at least ten scientific journals. Vandendriessche and Engelmeers have shown that editors became influential figures as they were the mediators and gatekeepers of when, what and how information was printed.<sup>1004</sup> The editor's exposure to large amounts of national and foreign material, and the opportunity to establish contacts with different authors from across the world could in addition function as a personal means of knowledge enrichment.

As editor of the **BSMMB** from 1888 until 1895 Morel's responsibilities included overseeing the editing and publishing process. He was also known – as other colleagues of his – to write reviews and summaries of national or foreign books for the BSMMB.<sup>1005</sup> Aside from assisting with the BSMMB and the *Bulletin de la Société de médecine de Gand*<sup>1006</sup>, he would also become (together with four colleagues) a member of the *comité de rédaction* of the newly founded journal *De Vlaamsche Verpleging (Flemish Nursing)* (1907).<sup>1007</sup> His affiliation with the latter is not surprising given his interest in educating nurses.

Aside from these three Belgian journals, Morel also was involved with foreign ones. The periodicals he participated in had a wide scope, not only in terms of its

---

<sup>1004</sup> Vandendriessche, 'De Redacteur En Het Buitenland. "Hergebruik" van Buitenlandse Historische Teksten in Nederlandse Periodieken, 1780-1860', see especially 2, 9, 21 and 26.

<sup>1005</sup> Morel analysed for example the following works in the BSMMB of 1896: "Les causes de la folie. Prophylaxie et assistance, par le Dr Ed. Toulouse, chef de clinique des maladies mentales à la Faculté de médecine de Paris, médecin de l'asile Sainte-Anne", BSMMB, 1896, no. 80 97-100, <http://hdl.handle.net/2027/hvd.32044102893971>; "Unser Irrenwesen, Studien und Vorschlaege zu seiner Reorganisation, par le Dr Albrecht Erlenmeyer, à Bendorf", BSMMB, 1896, no. 81, 220-229; "De M. le Dr Jean Demoor, agrégé à l'Université libre de Bruxelles. De la conduite du médecin vis-à-vis des enfants amérés et idiots", BSMMB, 1896, no. 82, 258; "De MM. les Drs Hamon du Fougeray et Couëtoux: Manuel pratique des méthodes d'enseignement spéciales aux enfants anormaux (Paris, 1896)", BSMMB, 1896, no. 83, 370

<sup>1006</sup> See for example: "Ouvrage imprimés", *Bulletin de la Société de médecine de Gand*, 1891, vol. 58, 61, <https://hdl.handle.net/2027/hvd.32044102893195?urlappend=%3Bseq=67>.

<sup>1007</sup> "Bibliographie", BSMMB, 1907, no. 136, [474-475](http://hdl.handle.net/2027/hvd.32044102893864), <http://hdl.handle.net/2027/hvd.32044102893864>.

medical-psychiatric outlook but also in a geographical sense (America, the United Kingdom and Germany). He assisted these journals not as a main editor, but participated in their editorial or advisory boards, a role that allowed involvement without the burdens that came with being an editor. Nowadays these positions, especially those on advisory boards, are often of an honorary and prestigious nature without much active participation by these members. In how far this was the case in the nineteenth century journal landscape is difficult to say. During this period academic journals were in full development and many experiments were carried out with its structure and the (number of) people involved in them, as I touched upon in the previous chapter. There was definitely some prestige and recognition of one's expertise involved but, as we shall see in Morel's case, this did not only take a passive or symbolic form. He was also involved more actively in these journals, although the real extent of these activities is not traceable in detail because no editorial archives of these journals or associations have been preserved.

One of the first foreign journals Morel collaborated with was the *Annales de psychiatrie et d'hypnologie* in 1891, edited by J. Luys, physician at the *Hôpital de la Charité* and member of the *Académie de médecine*.<sup>1008</sup> Aside from this French journal, collaborations with German and English periodicals would also follow. From 1892 until approximately 1901 Morel was a committee member of the German *Centralblatt für Nervenheilkunde und Psychiatrie*<sup>1009</sup> and a *Mitarbeiter* of the *Neurologische-psychiatrische Wochenschrift*<sup>1010</sup> from 1899 until 1913. He was also actively involved as a corresponding author for the *Journal of Mental Science*. A national reporter had been selected that regularly delivered contributions about the state of psychiatry in their

---

<sup>1008</sup> Full title: *Annales de psychiatrie et d'hypnologie dans leurs rapports avec la psychologie et la médecine légale*. The journal would later on change its name to *Revue de psychiatrie, de neurologie et d'hypnologie* and have Edouard Toulous, physician at the Asile de Villejuif as its editor. Morel was a collaborator from at least 1891 until 1900, probably longer. See: *Annales de psychiatrie et d'hypnologie dans leurs rapports avec la psychologie et la médecine légale, 1891-1895*, <https://catalog.hathitrust.org/Record/100371055> and *Revue de psychiatrie: médecine mentale, neurologie, psychologie 1898-1914*, <https://gallica.bnf.fr/ark:/12148/cb41949199b/date.r=Revue%20de%20psychiatrie%20%20m%C3%A9decine%20mentale%2C%20neurologie%2C%20psycho>.

<sup>1009</sup> Universiteitsbibliotheek Gent, Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen, BHSL.HS.2830 v1, folder 2, [titres honorifique du Dr. Jul. Morel].

<sup>1010</sup> Universiteitsbibliotheek Gent, Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen, BHSL.HS.2830 v1, folder 2, [titres honorifique du Dr. Jul. Morel]. Morel puts the date 1892, but the journal itself only was erected in 1899. See: "Zur Einführung", *Psychiatrische Wochenschrift*, 1899, vol. 1, no. 1, 2, <https://archive.org/details/PsychiatrischeWochenschrift1.18991900>. All cooperation with foreigners ceased during the first world war and also in 1919-1920 none seem to have participated.

countries, Morel did so for Belgian, notifying his British peers about interesting literature or topics of discussion he had come across over the year. Morel would also on a voluntary basis keeping other societies informed of what was happening in Belgium.

His cooperation also reached across the Atlantic where, in the early 1880s, he took up the function of corresponding member of the **Medico-Legal Journal** (MLJ) based in New York, as well as that of associate editor for its medical section from 1890 until 1915.<sup>1011</sup> It is probably through Morel's participation that some parts of the BSMMB would be translated and published in its entirety in the MLJ. Although the Medico-legal society made it their goal to attach foreign (honorary) members, most of them did not actively participate. Few Europeans were allowed to cooperate or had a keen interest in working with the journal. In 1890, for example, Morel was one of 12 medical associate editors, most of them being from the United States, with the exception of one Cuban and one British participant.

Morel also assisted with other publications in the United States. A second one was *The Journal of Mental Pathology*, edited by the female physician Louise G. Robinovitch.<sup>1012</sup> The journal had an editorial board that consisted of prominent foreign alienists such as the Frenchmen V. Magnan, A. Joffroy, F. Raymond and E. Régis; the American Chas. K. Mills; the Italian G. Cesare Ferrari; and Jules Morel himself.<sup>1013</sup> These were the very first members of the editorial board. Over the years some of the members changed, either by resigning or their passing away, but Morel would be part of the board from 1901 until 1909, when the journal was discontinued.<sup>1014</sup> Two elements about Morel's collaboration with this journal are worth highlighting. A first facet is how small psychiatric circles were even across borders. Although no hard data could be obtained that earlier meetings between psychiatrists or physicians caused a specific collaboration or opportunities, there are some cases that indirectly point towards this possibility.

---

<sup>1011</sup>“Editorial. Success of the medico-legal society”, *The Medico-legal journal*, 1885, vol. 2, 131, <https://hdl.handle.net/2027/mdp.39015012358241?urlappend=%3Bseq=149>; “Associate editors”, *The Medico-legal journal*, 1890, vol. 8, 1, <https://hdl.handle.net/2027/umn.319510027432780?urlappend=%3Bseq=5>.

<sup>1012</sup> She was from Russian descent but had applied in 1895 for American citizenship.

<sup>1013</sup> *The Journal of Mental Pathology*, 1901-1902, vol. 1-2, [front page], <https://hdl.handle.net/2027/hvd.32044103072898>.

<sup>1014</sup> *The Journal of Mental Pathology*, 1909, vol. 8, [front page], <https://archive.org/details/journalofmentalp08newy>.

Morel had already built up some professional and/or personal connections with at least three members of this editorial team: it is possible that Morel met Robinovitch in Paris in 1900 at the *Congrès international de médecine* and in 1907 in Amsterdam at the *Congrès international de psychiatrie et de neurologie* where both of them had been present.<sup>1015</sup> Furthermore, we know that Morel corresponded with Ferrari and the same goes for E. Régis.<sup>1016</sup> Secondly, the journal had a very international profile, not only because of its editorial board but the contributors as well came from all over the world and they were many. In 1902, for example, there were 67 contributors from France, Belgium, Italy, the United States, the United Kingdom, Russia, Germany, Romania, India, the Netherlands and Brazil.<sup>1017</sup> Morel clearly sought out connections across the globe and had a preference for working in a transnational sphere.

The value he attached to transnational influences becomes even clearer when we direct our gaze towards the *Annual of the universal medical sciences* (1888–1896). Morel offered his participation to the journal from 1890 onwards, assisting the journal editors as part of the corresponding staff.<sup>1018</sup> This journal was a yearly report on the progress of the general sanitary sciences throughout the world, setting itself an international goal. Aside from an editor-in-chief, the journal staff consisted of seven associate editors and over 200 corresponding editors, collaborators and correspondents. Morel functioned as a corresponding editor, whose task it was to draw up reports on various medical literature.<sup>1019</sup> Morel's task helped in the preparation of the general articles in the different volumes that were published. The assistance of Morel and the other editors, collaborators and correspondents was appreciated by the

---

<sup>1015</sup> TIC/2TBI Nodegoat database. See: <https://nodegoat.ugent.be>.

<sup>1016</sup> ASPI, Archivio Giulio Cesare Ferrari (Fondo), Careggio 1886-1932 (serie), Morel Jules 12 Marzo 1901-19 Gennaio 1912 (Fascicolo), <https://www.aspi.unimib.it/collections/object/detail/4665/>; Universiteitsbibliotheek Gent, Julius Morel. Briefwisseling Van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen, BHSL.HS.2830 v1, folder 5, [letter dated 22/09/1889 from Régis]; Ibidem, [letter dated 17/04/1906 from Régis], Ibidem, [letter dated 21/03/1890 from Régis].

<sup>1017</sup> However, their number varied per year. "contributors' staff", *Journal of Mental Pathology*, 1901-1902, vol. II, no. 5, [front page], <https://hdl.handle.net/2027/mdp.39015074129308?urlappend=%3Bseq=565>.

<sup>1018</sup> "Corresponding staff", *Annual of the universal medical sciences*, 1890, vol. 1, xii, <https://hdl.handle.net/2027/hvd.32044102995297?urlappend=%3Bseq=18>.

<sup>1019</sup> "Corresponding editors", *Annual of the universal medical science*, 1893, vol. 1, xii, <https://hdl.handle.net/2027/hvd.32044102995131?urlappend=%3Bseq=18>; For an example of Morel's actual contributions to the journal see: "Mental diseases. By George H. Rohé", *Annual of the universal medical sciences*, 1894, vol. 2, D-3-5 and D-10 and D-21, and D-28 and D-30, <https://hdl.handle.net/2027/hvd.32044102995073?urlappend=%3Bseq=195>.

editor-in-chief and each staff member's name was explicitly mentioned if they had contributed reports, giving them credit and visibility for their participation.<sup>1020</sup>

Indexing initiatives such as the *Annual of the Universal Medical Sciences* or the *Index Medicus* tried to gather as much literature from across the world as possible, highlighting the growing international dimensions the world was taking. These reference works were seen as quite valuable and were directed at practitioners, teachers and authors affiliated with the medical world, giving them a platform for discovering new remedies and therapeutic methods, as well as enabling them to contribute their views and share (the titles of) their new books and articles with peers across the world.<sup>1021</sup> These index books were published in a variety of places across the western world. The *Index Medicus*, for example, had publishers in New York, London, Paris, Leipzig, Amsterdam and Saint Petersburg.<sup>1022</sup> Writers as well as publishers were encouraged to send in work for inclusion within its pages. In it we also find references to Morel's work, but since no archives of the editors have been preserved it is hard to tell how far Morel took the initiative in sending in his own work or if this was inserted by the main editors of the *Index Medicus*.<sup>1023</sup>

Morel's participation in these different journals is however not just another example of the many activities that he was involved in or the visibility that it brought him among (foreign) peers.<sup>1024</sup> It chiefly reflects his views on the value he attached to the creation of knowledge – in the widest sense of the word – and making it available to others. In addition, his participation in these journals also meant that he himself was able to continuously stay in touch with the latest developments in medicine and psychiatry.<sup>1025</sup>

---

<sup>1020</sup> "Preface", *Annual of the universal medical sciences*, 1888, vol. 1, iii, <https://hdl.handle.net/2027/chi.73681899?urlappend=%3Bseq=9>.

<sup>1021</sup> "Annual of the Universal Medical Sciences. Edited by C. E. Sajous, M.D. Five Volumes. Philadelphia, New York, and London: F. A. Davis. 1889", *Bristol Medico-Chirurgical Journal*, 1889, vol. 7, no. 26, 268, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5047490/?page=1>; "Prospectus", *Index Medicus*, 1879, vol. 1, no. 1, <https://hdl.handle.net/2027/msu.31293025237565?urlappend=%3Bseq=7>; "Preface", *Annual of the universal medical sciences*, 1888, vol. 1, iii, <https://hdl.handle.net/2027/chi.73681899?urlappend=%3Bseq=9>.

<sup>1022</sup> *Index Medicus*, 1879, vol. 1, [front page], <https://hdl.handle.net/2027/msu.31293025237565?urlappend=%3Bseq=5>.

<sup>1023</sup> See for example: *Index Medicus*, 1906, vol. 4, pt. 2, 930, <https://hdl.handle.net/2027/msu.31293025237326?urlappend=%3Bseq=248>.

<sup>1024</sup> When some of these journals were listed in other medical or psychiatric journals, not only the editor but the full editorial board was mentioned as well. See for example: "The Journal of Mental Pathology, edited by Lousie G. Robinovitch B. es L., M.D. Editorial Board. Drs. N. Magnan, A. Joffroy, F. Raymond, Chas. K. Hills, Jul. Morel, C. H. Hughes and E. Régis", *American Journal of Insanity*, 1901, vol. 58, 213, <http://hdl.handle.net/2027/ien.35558002007702>.

<sup>1025</sup> His involvement in these journals most likely meant he received them for his personal use as well.

## The relation between reputation and communication

Now we have an idea of the means to gain visibility, there is the question of whether alienists succeeded in acquiring it. In theory, all the above described actions (travelling, conferences, membership in associations, etc.) could lead to a position of authority and brokerage, yet it also depended on the reactions of peers: did they allow these transnational psychiatrists into their midst? Did they receive and agree with their ideas? Visibility could lead to “being transnational” but this did not mean that one also obtained the position of “international knowledge broker” – other processes were at work here.

### From trademark to scrutiny of one’s reputation

Creating visibility and acquiring a “trademark” by which members of different psychiatric communities can recognise and identify each other is only one cornerstone of being a potential transnational knowledge broker. Mere visibility and recognisability did not ensure that one’s opinions are accredited or valued, let alone adopted. Visibility, exposure and trademarks only created opportunities. Another important aspect that added to the equation of knowledge dissemination was the reputation of a physician as it was perceived by others, and their style of communication.

Many researchers – such as philosopher Helen Longino, geographer and historian David N. Livingstone and historian Herman Paul – have brought to the fore how (scientific) knowledge is not only about “cognitive rationality” involving truth, falsehood, opinion, reason or justification, but that it is also essential to recognise the social dimension of science and the social interaction that takes place in epistemic communities which is often bound to certain roles and patterns of interaction.<sup>1026</sup> It heavily relies on specific sets of values, repertoires and rules that can be different depending on the community to which one belongs: “These spaces of discursive exchange are the consequences of social relations, and they are important because they are not simply about agreement; they also define what kinds of disagreements are pertinent and can be expressed”.<sup>1027</sup>

---

<sup>1026</sup> Herman Paul, ‘Introduction: Repertoires and Performances of Academic Identity’, *BMGN - Low Countries Historical Review* 131, no. 4 (20 December 2016): 3–7; Herman Paul, ‘What Is a Scholarly Persona? Ten Theses on Virtues, Skills, and Desires’, *History and Theory* 53, no. 3 (2014): 348–71; Helen E. Longino, *The Fate of Knowledge* (Princeton, NJ: Princeton University Press, 2018), especially 1–41; Livingstone, *Putting Science in Its Place*.

<sup>1027</sup> Livingstone, *Putting Science in Its Place*, 6–7.

One of the social dimensions of science that is essential is the concept of “reputation”. But what exactly does this concept mean? A very short and straightforward definition is given by psychologist Kenneth Craik, who defines it as the beliefs and assertions people make about an individual.<sup>1028</sup> Chris Woolston, a biologist and specialist in science communication, gave a fitting summary of what scientists need to be mindful of when building up their reputation: “[it is] [...] based largely on the quality of their work, which should always be a top priority. But researchers also need to keep several key issues at the forefront of their minds: their relationships with fellow scientists, their presence in the broader scientific community and their willingness to do what it takes to protect and promote their personal brand”.<sup>1029</sup> While Woolston was referring to twenty-first century scientists, this can be extrapolated and applied to nineteenth century scientists as well.

Alienists’ presence in a community and the creation of a personal brand are two features I already touched upon earlier. Mundy’s visibility was not as widespread as that of Morel due to a lack of publications, limited large-scale exposure and no involvement in extracurricular activities, to name a few. Morel, on the other hand, made an effort to insert himself very firmly in his own scientific community and those in other countries. He did so by being involved in different psychiatric associations, conferences and editorial boards, assisting those in his network searching for information, corresponding with peers, and a wide range of well-received publications. The beliefs psychiatrists developed about their colleagues was largely based on the quality of their peers’ scientific work and on their relationships with fellow alienists across Europe. Communication skills formed an essential part of cultivating one’s reputation – both in terms of scientific work and professional relationships – and has larger repercussions than we often think. The language and jargon used among certain communities helped to differentiate who belongs to a certain group, and not adapting to a certain style or a lack of connections could have detrimental effects, as Wenger outlined.<sup>1030</sup>

Alienists across Europe could develop very divergent opinions about the scientific reputation and integrity of their peers. Mundy for example did not have such a strong position as a transnational knowledge broker to begin with and the

---

<sup>1028</sup> Craik, *Reputation*, xvii.

<sup>1029</sup> Woolston, ‘Recognition’, 113.

<sup>1030</sup> Wenger, *Communities of Practice*, 104.



acknowledgment of his accomplishments were received in a variety of ways depending on the national context and the values and ideas that were employed. In Germany and other German-speaking regions his ideas and persona were met with silence and hostility. In France, alienists did not discredit Mundy's ideas immediately, but ultimately did due to his inappropriate rhetoric in the French psychiatric community. The powerful opinions of a core group of French psychiatrists would further undermine his position to be a transnational knowledge broker. In the United Kingdom Mundy encountered various like-minded people, as many British psychiatrists welcomed his opinions with open arms. Before I explore the reception of Mundy's discourse across Europe in more detail, I want to discuss Mundy's style of communication on a more general level, because communication styles and practices are often only treated as a side-track in the history of science, while its impact was quite substantial if we compare Mundy's and Morel's approach.<sup>1031</sup>

### **Between scientific virtue and scientific assault: the impact of Mundy's communication style**

Historians Michael D. Gordin and Kostas Tampakis wrote: "But could it be that language, the medium of communication itself, somehow shapes the message it carries?"<sup>1032</sup> They meant it in the sense of the actual languages spoken by scientists (English, French, German, etc.), but we can also go beyond the literal notion: could language – in terms of the style and tone used in oral and written communications – co-shape the message it carries? Without question this is and was the case as science is shaped via communication and interaction. Yet historical research about scientific rhetoric and communication styles has only been researched to some extent in the history of the natural sciences.<sup>1033</sup>

In the nineteenth century the idea reigned that science is driven by a clash of ideas and that criticism and discussion in scientific circles were essential, although within limitations.<sup>1034</sup> For a long time it was not done to attack the person behind an

---

<sup>1031</sup> de Bont, "Writing in Letters of Blood", 310.

<sup>1032</sup> Michael D. Gordin and Kostas Tampakis, 'Introduction: The Languages of Scientists', *History of Science* 53, no. 4 (2015): 365.

<sup>1033</sup> See for example: de Bont, "Writing in Letters of Blood"; Ruth Barton, "Men of Science": Language, Identity and Professionalization in the Mid-Victorian Scientific Community', *History of Science* 41, no. 1 (2003): 73–119; Finnegan, 'Finding a Scientific Voice'; Gordin and Tampakis, 'Introduction'.

<sup>1034</sup> de Bont, "Writing in Letters of Blood".

idea, but the idea itself.<sup>1035</sup> Historian Raf de Bont indicated that in German culture in the nineteenth century, open confrontation and discussion were important to achieving truth and assisted in negotiating German scientists' disdain of dogmatism.<sup>1036</sup> Mundy operated within this same cultural framework and followed the same principles. In his 1861 paper on the education of cretins Mundy declared: "[...] it then becomes a sacred duty which we owe not only to truth, but to science and to humanity, to speak fearlessly and openly".<sup>1037</sup> Not only does this quote summarise the values he held dear, it also depicts how, in Mundy's view, truth, science and humanity all needed to come together. This belief meant that he employed a very direct communication style and sometimes intentionally, sometimes unintentionally, provoked people. Mundy's writings were an outlet to attempt to advance medicine in the direction that he saw as the future of modern psychiatric care and convince his peers across Europe, also openly inviting them to join him in this discussion.<sup>1038</sup> Whether or not intentional, Mundy had also a very passionate style of communication which often came across as accusatory, either directed at the psychiatric community in its entirety or individuals. Science was in the nineteenth century seen as a rational activity in which there was little place for emotion. While speakers needed to captivate and move their audience, they also needed to balance the amount of emotion used.<sup>1039</sup>

Mundy did not often take to mind this essential aspect and tended to speak passionately during his lectures, and caused him to also often overlook decorum. In science in general, etiquette among scholars proscribed not to attack someone based on a peer's character or the (ethical) conduct of an individual to make a claim, argument or discussion invalid.<sup>1040</sup> However, in the context of psychiatric asylums this was not easy because the superintendents of an asylum were the personifications, the spokespersons, of their asylums. Their conduct and practices within the walls of psychiatric institutions were not only a representation of their own status but that of the asylum itself as well. Mundy, however, did not mince words and made a recurring

---

<sup>1035</sup> de Bont, "Writing in Letters of Blood", 311.

<sup>1036</sup> de Bont, "Writing in Letters of Blood", 313.

<sup>1037</sup> J. Mundy, "On the educational treatment of cretensism", (London: Savill & Edwards, 1861), reprinted from *The Medical Critic October 1861*, 8, <https://wellcomelibrary.org/item/b22347732>.

<sup>1038</sup> J. Mundy, *Petit catéchisme sur la nécessité et la possibilité d'une réforme radicale des institutions pour les aliénés (Par l'auteur de la question de Gheel.)*, (Paris: Charles Schiller, 1864), 35, <https://gallica.bnf.fr/ark:/12148/bpt6k56194516>.

<sup>1039</sup> Finnegan, 'Finding a Scientific Voice', 8.

<sup>1040</sup> de Bont, "Writing in Letters of Blood", 318; D. N. Walton, 'Argumentation Schemes and Historical Origins of the Circumstantial Ad Hominem Argument', *Argumentation* 18 (2004): 359–68.

practice of bluntly stating what he thought of the practices of other physicians. On almost every page of Mundy's work we find harsh criticism and accusations. For example, within a three page-range in his publication *Five cardinal questions*, Mundy depicted all European asylums as defective and painted those who ran and practiced medicine in these mental institutions as barbaric and ignorant, also reacting against those who might possibly disagree with him. The three following extracts capture the tone of Mundy's work very accurately and will be compared with the style in which Morel framed his writing.

"Our extended observations and experience, alas! lead us to the lamentable conclusion, that the present conditions and organization of the asylums of Europe, are at large, and in general, unsatisfactory and bad. Let no one venture to cite exceptions to us as counter-evidence; we know of these only too well, and speak here of what is the general rule; we must still more protest against any presumed exaggeration in the following descriptions; the more so as we have regarded it as our duty to speak very guardedly. If compelled, we must respond by giving data, which would be disagreeable both to ourselves and others".<sup>1041</sup>

"We assert in plain words, that it is the power of custom, of indolence, of love of ease, and of ignorance of the new system, of unwillingness to accept the evidence and to undertake the study of it, and probably in many instances, of the want of opportunities to undertake such studies. And may we not accuse those who practice this barbaric routine of timidity and selfishness?"<sup>1042</sup>

"There now remains but a small number of men who devote their time, money, and position to the defence of these principles, and who may consider themselves fortunate if they are not, on that account, themselves presumed to be insane, and in consequence secluded, imprisoned, and confined in strait-waistcoats".<sup>1043</sup>

Mundy's framework of "observation" and "experience" was linked to phrases such as "unsatisfactory", "protest", "indolence", "ignorance", "accusation" and "barbarism". Morel's framework and language use was very different, as he for example used words

---

<sup>1041</sup> J. Mundy, "Five cardinal questions on administrative psychiatry", (London: J. E. Adlard, 1861), reprinted from *The Journal of Mental Science*, 11, <https://wellcomecollection.org/works/j5utdz22>.

<sup>1042</sup> J. Mundy, "Five cardinal questions on administrative psychiatry", (London: J. E. Adlard, 1861), reprinted from *The Journal of Mental Science*, 13, <https://wellcomecollection.org/works/j5utdz22>.

<sup>1043</sup> J. Mundy, "Five cardinal questions on administrative psychiatry", (London: J. E. Adlard, 1861), reprinted from *The Journal of Mental Science*, 13, <https://wellcomecollection.org/works/j5utdz22>.

such as “hypothesis” in his work on electrotherapy. One explanation for these different language registers lies in how they approached research and in their differing research interests: Morel studied prophylaxis and psychiatric therapies while Mundy was mainly interested in the benefit of certain asylums. As it were two different research subjects, the manner in which to write about it also differed. Notwithstanding Morel’s different tone of language, he too did not necessarily agree with the theories and practices found among his European peers. He did dispute some of their ideas, but the way he formulated this did not entail a form of direct blame or accusation, rather merely stating a different opinion. For example, when he talked about electrotherapy research, he wrote:

“We could have reproduced or even summarised the works of Arndt, Neftel, Jolly, Fischer, Tigges, Benedikt, etc., in order to reach our goal more easily, but their form and especially their overly theoretical character constitute, in our opinion, inconveniences and to such an extent that the reader would not give them the welcome they deserve. We even wonder whether the almost exclusively theoretical side of Arndt's numerous works was not the essential cause of the indifference of most alienist physicians towards electrotherapy”.<sup>1044</sup>

Even though Morel was not in favour of their theoretically orientated work, he nonetheless continued to summarise some of its aspects for the sake of giving an extensive and full account of the work that had already been accomplished. In his article *Prevention of mental diseases*, which was widely published<sup>1045</sup>, Morel lays bare how essential the engagement of the government was for preventing certain forms of mental affliction, demanding the political landscape to change. At the end of his work,

---

<sup>1044</sup> “Nous aurions pu, pour atteindre plus facilement le but que nous nous proposons, reproduire ou même résumer les travaux de Arndt, Neftel, Jolly, Fischer, Tigges, Benedikt, etc., mais leur forme et surtout leur caractère trop théorique constituent à nos yeux des inconvénients et à un point tel que le lecteur ne leur ferait pas l'accueil mérité. Nous nous demandons même si le côté presque exclusivement théorique des nombreux travaux de Arndt n'a pas été la cause essentielle de l'indifférence de la plupart des médecins aliénistes à l'égard de l'électrothérapie”. See: Jul. Morel, “l'électrothérapie' dans les maladies mentales”, BSMMB, 1889, no. 52, 36, <https://books.google.be/books?id=rhQEAAAAYAAJ&hl=nl&pg=PP1#v=onepage&q&f=false>.

<sup>1045</sup> It was integrally published in the *Psychiatrische Wochenschrift* (1899), the *American Journal of Sociologie* (1900), the *Sanitarian* (1900), and was also reviewed in the *Journal of Mental Science* (1901). See:

'IndexCat - La Prophylaxie Des Maladies Mentales Au Point de Vue Social', U. S. National library of medicine, accessed 4 April 2021, <https://indexcat.nlm.nih.gov/vivisimo/cgi-bin/query-meta?>; "The Prophylaxis of mental Disease from the Social Point of View. [La prophylaxie des maladies mentales au point de vue social]", JMS, 1901, vol. 47, no. 199, 824-825, <http://hdl.handle.net/2027/mdp.39015046987742>.

Morel wrote: “Governments neglect too much the light of the arts, and, above all, of those who understand the moral hygiene of the masses. Let them abandon their egoistic aims; let them cease to cling to mere personal views; let them go to learn of those who understand the unhappy situation of millions of men [...]”.<sup>1046</sup> Although he blames the government for their inactivity his wording is somewhat more controlled and comes across as less accusatory than Mundy’s phrasing often does – especially because Morel did not repeat his complaints incessantly. Morel also had the habit of praising his peers for some of their efforts, rather than solely criticising them, especially when he wanted to seek assistance from them. In a paper intended for a conference in the United States he wanted feedback from his American colleagues and wrote:

“[...] I have the honour to offer to the section on the Commitment, Detention, Care and Treatment of the Insane, of the World's Congress of Chicago, the benefit of my unintermitting study, hoping that the alienists of the New World will be pleased to accept favorably these few lines. Indeed, in what other part of the world could we meet more extended ideas of charity than in the United States? Is it not in this country that one ever says and repeats: No State or nation was ever ruined by the greatness of her charities? The Lord seems rather to prosper those peoples who are most generally charitable toward the helpless and the unfortunate”.<sup>1047</sup>

Comparing Morel’s style of communication with that of Mundy reveals that both stressed different aspects in their communication. Mundy focussed often on what was lacking while Morel emphasised what was already good but could be better. Morel’s phrasing was also more tempered, while Mundy’s tone was temperamental in nature. How words were phrased and communicated influenced the reception of theories and practices among peers significantly. This will become even more apparent in the following section.

### **The reception of Mundy’s discourse across Europe**

Mundy’s communication style, and other factors such as doubt about his medical status, contributed to the numerous ways in which Mundy himself, and the knowledge he embodied, was received across the various psychiatric communities in

---

<sup>1046</sup> Jules Morel, “Prevention of mental diseases”, *The American Journal of Sociology*, July 1899, vol. 5, 96, <https://hdl.handle.net/2027/inu.30000099683678>.

<sup>1047</sup> Jules Morel, “The treatment of degenerative psychosis”, *AJP*, 1893, vol.50, October, 199, <http://hdl.handle.net/2027/ien.35558002007967>.

Europe, and more specifically in the United Kingdom, France and the German-speaking regions.

### United Kingdom

During Mundy's shorter excursions and longer stays in different nations, Mundy developed a preference for family care for psychiatric patients and the use of non-restraint (see chapter 4). These ideas brought him to the United Kingdom to methodically study its asylum practices and management: "Where should I have gone to correct and complete my studies," declared Mundy in 1864, "if not to England, where this half Herculean work was already done, through the practice of 'non-restraint'?"<sup>1048</sup>

Not only asylums were visited by Mundy. While staying in London, he also actively participated in the discussions and working groups of the British psychiatric association. Although his colleagues refused (at first) to discuss the question of radical reform in 1862,<sup>1049</sup> Mundy nevertheless – repeatedly – brought propositions before his English peers. One of these was the investigation of the applicability of the Cottage System in the United Kingdom.<sup>1050</sup> During one of his speeches, Mundy pressed that "[...] science is undoubtedly cosmopolitical, and I cannot believe that a medical body should refuse a proposition only for the simple reason that it originates from a Patagonian or Moravian".<sup>1051</sup> After some discussion, the idea to form a committee to investigate this system was accepted. Yet, Mundy would not be able to participate as he had gone to France and notified his British peers via letter that he would not be able to carry out the project he himself had proposed, hoping that it would be resumed at a later time by a more suitable person than himself. He wrote: "The members of the committee will kindly excuse the lateness of this notice, caused by a prolonged scientific journey on the Continent. I feel obliged to renew my thanks to all the members who took interest

---

<sup>1048</sup> "Resolutions proposed by Baron Mundy", JMS, 1864, vol. 10, no. 51, 458, <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/past-title/journal-of-mental-science/all-issues/4F51B1E4B3F81774A5D21EE614CDFD45>.

<sup>1049</sup> [J. Mundy], *Petit catéchisme sur la nécessité et la possibilité d'une réforme radicale des institutions pour les aliénés* (Par l'auteur de la question de Gheel.), (Paris: Charles Schiller, 1864), 23-24, <https://gallica.bnf.fr/ark:/12148/bpt6k56194516>.

<sup>1050</sup> This was discussed in the *Medico-psychological association of Great-Britain and Ireland* in 1861 as well as in 1864.

<sup>1051</sup> "Resolutions proposed by Baron Mundy", JMS, 1864, vol. 10, no. 51, 460, <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/past-title/journal-of-mental-science/all-issues/4F51B1E4B3F81774A5D21EE614CDFD45>.

in my motion, and, in particular, to Dr. Robertson, who seconded it, as well as to all the proposed members of the Committee”.<sup>1052</sup>

During his time in London, Mundy also made the personal acquaintance of many British physicians via the British association and his numerous and repeated asylum visits. Mundy even forged close friendships with some of them, such as Thomas Harrington Tuke and C. Lockhart Robertson.<sup>1053</sup> In 1920, Sir James Crichton-Browne recalled how he often, together with “[...] Lockhart Robertson, and Broadbent and Harrington Tuke and Baron Mundy of Moravia, [...] held high discourse and adumbrated projects for the future of lunacy [...]”.<sup>1054</sup> It was no accident that it was in this particular country that Mundy received a more positive reception from peers. His experience and knowledge were seen as relevant and legitimate, and was therefore welcomed and usually well received. Numerous British alienists supported and respected his points of view far more than in other countries.

This can be witnessed on several fronts. Firstly, the number of articles that were published in British journals – among which we find his most important ones – as opposed to periodicals in other countries (**figure 45**). Mundy was provided with a more extensive platform in the United Kingdom than anywhere else when it concerned his ideas about psychiatry. A second element in which this appreciation and legitimacy is illustrated is Mundy’s election as a member of the Medico-psychological association in 1863,<sup>1055</sup> and becoming an honorary member in 1867, which was greeted with applause from the assembled members.<sup>1056</sup> These kinds of membership were used as a quality certificate<sup>1057</sup> and most of the time – but there are exceptions – functioned as a recognition of someone’s skills and competences, medical capabilities and

---

<sup>1052</sup> “Letter from Baron Mundy”, JMS, 1865, vol. 11, no. 53, 146, <http://hdl.handle.net/2027/hvd.hw1wce>.

<sup>1053</sup> “Resolutions proposed by Baron Mundy”, JMS, 1864, vol. 10, no. 51, 461, <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/past-title/journal-of-mental-science/all-issues/4F51B1E4B3F81774A5D21EE614CDFD45>; C. L. Robertson, “On the Means of Extending the Public Asylum System; a Sequel”, JMS, 1865, vol. 11, no. 53, 85, <http://hdl.handle.net/2027/hvd.hwlwce>.

<sup>1054</sup> Sir James Crichton-Browne, “The first Maudsley lecture”, JMS, 1920, vol. 66, no. 273, 199-200, <http://www.archive.org/details/britishjournalof65roya>.

<sup>1055</sup> “members of the association”, JMS, 1863, vol. 9, no. 47, 462, <http://www.archive.org/details/britishjournalof09roya>.

<sup>1056</sup> “Proceedings at the Annual General Meeting of the Medico-Psychological Association, held at the Royal College of Physicians, on Wednesday, 31st July, 1867, under the Presidency of Dr. Lockhart Robertson”, JMS, 1867, vol. 13, no. 63, 388, <http://hdl.handle.net/2027/hvd.hwlwbr>.

<sup>1057</sup> Rita Schepers, ‘Om de Eenheid van Het Medisch Beroep. Het Debat over de Specialisatie in België (1900-1940)’, *Gewina* 16 (1993): 157; Andersen, ‘De Société de Médecine Mentale de Belgique in Transnationaal Perspectief (1869-1900)’, 57–61.

achievements. Besides this passive acknowledgment, such memberships also made a more active participation in medical and psychiatric associations possible and could help in the creation of an international platform, a support base in different psychiatric associations. Mundy's (honorary) membership formed the crowning of his status in the United Kingdom.

Country	Format	
Belgium	article	1
	monograph	2
	Total	3
France	monograph	2
	translated article (from UK)	1
	Total	3
German-regions (Austria)	abstract	1
	article	5
	monograph	1
	reprint monograph (from UK)	1
	Total	8
German-regions (Germany)	article (referat)	1
	reprint (from UK)	1
	Total	2
United Kingdom	article	5
	monograph	1
	translated article (from Austria)	1
	Total	7
Grand Total		23

**Figure 45.** Table with Mundy's publications about psychiatry displayed per country and publication format. While most of his publications (8) appeared in Austria, these were mainly his less important works. The majority of his most important research was printed in the United Kingdom (7) such as his "five cardinal questions", "Kleiner Katechismus" or "The Gheel question". The amount of publications in the United Kingdom and Austria stands in stark contrast with those published in France (3), Belgium (3) and in particular Germany (2).

Thirdly, there are the shared ideas between British alienists and Mundy that created a common ground. This is a crucial aspect in explaining the stance of British alienists towards Mundy. They highly appreciated his praise of non-restraint and even went so far as to defend him as one of their own. In a response to the French alienist Renaudin – who had criticised an article written by Mundy that had appeared in the *Journal of Mental Science* – an unidentified British alienist announced that "To those like ourselves familiar, through his long residence in England, with Dr. Mundy's high tone of thought, the remark that 'l'oeuvre du docteur Mundy emprunte bien ses principales



formes au charlatanisme', carries its own refutation with it".<sup>1058</sup> In defending Mundy's reputation and ideas, Mundy's travels were once again taken as a reference point: "[...] [Renaudin] is in error in thinking that Dr. Mundy's foreign travels and observations are as limited as he admits his own to be. [...] Like most of his countrymen, M. Renaudin has apparently confined his travels to his native land, and his study of mental disease has been limited [...] – travels that can be hardly placed against Dr. Mundy's years of European study of asylum life".<sup>1059</sup>

The British not only appreciated Mundy's standpoint about non-restraint, his other experiences were also found quite informative. In 1867, for example, when Mundy addressed the British association about his *Comparative examination of the laws of lunacy in Europe*, Belgrave pointed out that they were: "[...] greatly indebted to Baron Mundy, as we necessarily must be to physicians who bring us an account of their works. I have great pleasure in proposing a vote of thanks".<sup>1060</sup> This aside, there was Mundy's vigorous defence of family care for the mentally ill, which received positive feedback in the United Kingdom, although it would not lead to a wide implementation of this system. The openness of several British alienists towards his ideas stands in high contrast to that in other countries. The reason for this openness among British alienists can partly be traced back to their trust in the non-restraint system, which was not only connected to condemning the use of mechanical restraint, but was also connected to the idea of giving patients more freedom to move around and giving them a useful and therapeutic occupation. These two aspects were also strongly advocated by Mundy and helped strengthen the ties between Mundy and his British peers.

The interest and appreciation between Mundy and his British peers was mutual. Mundy honoured the British psychiatric society by gifting them a marble bust of John Conolly, sculpted by the celebrated Roman artist Cav. Benzoni and which was revealed on 15 April 1867 at the library of the College of Physicians.<sup>1061</sup> Mundy had been a good friend of Conolly and had a deep respect for his accomplishments and principles, as did

---

<sup>1058</sup> "M. Renaudin on the English County Asylums for the Insane", JMS, 1863, vol. 9, no. 46, 296, <http://www.archive.org/details/britishjournalof09roya>.

<sup>1059</sup> "M. Renaudin on the English County Asylums for the Insane", JMS, 1863, vol. 9, no. 46, 296, <http://www.archive.org/details/britishjournalof09roya>.

<sup>1060</sup> Baron Mundy, "A Comparative Examination of the Laws of Lunacy in Europe", JMS, 1867, vol. 13, no. 63, 397, <http://hdl.handle.net/2027/hvd.hwlwbr>.

<sup>1061</sup> "London: Saturday April 20, 1867", *The Lancet*, 1867, vol. 1, 489-490 and 524-525, <https://books.google.ln/books?id=eBxAAAAAcAAJ&pg=PA490&#v=onepage&q&f=false>; James Clark, A Memoir of John Conolly, M. D., D. C. L., Comprising a Sketch of the Treatment of Insane in Europe and America (London: Murray, 1869), 190, <http://archive.org/details/39002086342954.med.yale.edu>.

many British alienists. Sir Thomas Watson, in 1867 president of the Royal College of Physicians, expressed to Mundy how thankful they were for “[...] procuring so costly and graceful a memorial of your and our departed friend”.<sup>1062</sup> The commemoration of notable physicians or psychiatrists was a common practice and helped to anchor the psychiatric community in different nations.<sup>1063</sup> Not only could it form an anchor in a national community, it could also assist in more firmly embedding foreigners, like Mundy, into a specific epistemic community. The common ideas and beliefs of Mundy and the British alienists unified them across borders. Social interactions and rituals created an arena in which this became possible, and aided in establishing a foundation for the further dissemination of knowledge across communities.

This mutual interest and appreciation is further illustrated by the fact that Mundy kept in touch with the British society in a variety of ways. By 1866 he would be teaching his second course of lectures in Vienna.<sup>1064</sup> They not only gained a wider medical audience via publication in a few Austrian journals<sup>1065</sup>, but were forwarded to the British psychiatric association by Mundy himself as well.<sup>1066</sup> A gesture that was appreciated by his British peers as “[t]hey are full of original views and illustrations, drawn from his varied experiences of lunatic life in many lands”.<sup>1067</sup> In addition, Mundy kept a close contact with his British peers by regularly attending meetings of the British association, and his continued interest in British psychiatry and the association was praised by many.<sup>1068</sup> The president at the time, Lockhart Robertson, exclaimed: “I am sure if there is a member who deserves well of this Association it is the Baron, who goes through Europe raising the fame of the English school of psychology”.<sup>1069</sup> British

---

<sup>1062</sup> “Sir Thomas Watson and the late Dr. Conolly”, *The Lancet*, 1867, vol. 1, 524-525, <https://books.google.lu/books?id=eBxAAAAcAAJ&pg=PA490&#v=onepage&q&f=false>.

<sup>1063</sup> Jo Tollebeek, ‘Commemorative Practices in the Humanities around 1900’, *Advances in Historical Studies* 04, no. 03 (2015): 216–31; Andersen, ‘De Société de Médecine Mentale de Belgique in Transnationaal Perspectief (1869-1900)’, 72–73.

<sup>1064</sup> “Introductory Lecture to a Course on Psychiatry, delivered at the Impérial Joseph Academy in Vienna} Novcember, 1866. By Baron J. Mundy”, *JMS*, 1867, vol. 13, no. 62, 168-175, <http://hdl.handle.net/2027/hvd.hwlwbr>.

<sup>1065</sup> “Occasional notes of the quarter. German psychiatry”, *JMS*, 1868, vol. 14, no. 65, 86-87, <http://hdl.handle.net/2027/msu.31293010415903>.

<sup>1066</sup> Due to unknown reasons only one of these lectures would be published in the *JMS*.

<sup>1067</sup> “Occasional notes of the quarter. German psychiatry”, *JMS*, 1868, vol. 14, no. 65, 86, <http://hdl.handle.net/2027/msu.31293010415903>.

<sup>1068</sup> “Notes and news. Afternoon meeting”, *JMS*, 1867, vol. 13, no.63, 398, <http://hdl.handle.net/2027/hvd.hwlwbr>.

<sup>1069</sup> “Notes and news. Afternoon meeting”, *JMS*, 1867, vol. 13, no.63, 398, <http://hdl.handle.net/2027/hvd.hwlwbr>.

alienists saw Mundy as an ambassador for British psychiatry, although Mundy's influence across Europe would stay rather limited.

While Mundy achieved a brokerage status on a small scale in the United Kingdom, the diffusion of his ideas was far more reduced or even non-existent in other nations. This large discrepancy illustrates how diverse the reception and acknowledgment of the same information, and how alienists dealt with it, could be in multiple countries, leading to different developments and interpretations across Europe.

### **German-speaking regions**

As already mentioned briefly, Mundy's work only appeared occasionally in Germany. A reprint of a British publication appeared in the *Medicinische Ährenlese* and a small report was published in the *Correspondenzblatt der Deutschen Gesellschaft für Psychiatrie*.<sup>1070</sup> In the important *Allgemeine Zeitschrift für Psychiatrie* nothing from Mundy appeared, with two small exceptions. Second-hand information about Mundy found in other journals was sometimes paraphrased<sup>1071</sup> and the editors of the *Zeitschrift* offered Mundy a one-time platform as they felt obliged to publish his statement against criticism from Brosius about the model asylum he built at the World Exhibition in Paris in 1867.<sup>1072</sup> Yet, the editors also slightly changed Mundy's letter because of the use of "unscientific" language.<sup>1073</sup> German alienists' stance towards Mundy can be characterised as one of indifference and disagreement and resulted in a "flow resistance"<sup>1074</sup>, to use Anders Ahlbäck's phrase, preventing Mundy from properly disseminating his knowledge via German platforms.

Mundy was outraged that he had been constantly ridiculed in the past in multiple communities. Normally he never reacted to such criticism until Brosius severely criticised him by, according to Mundy, manufacturing various accusations and

---

<sup>1070</sup> von Mundy, J., "Fünf Kardinal-Fragen der administrativen Psychiatrie", *Med. Aehrenlese*, 1860–63, v–viii and 449 and 465 and 481 and 497 and 513; Mundy, "Ein Referat über ein anderes Referat von Dr. Flemming und Professor Parigot", *Correspondenzblatt der Deutschen Gesellschaft für Psychiatrie*, 1860, vol. 7, 300–303, <https://hdl.handle.net/2027/chi.102718896>.

<sup>1071</sup> For example what had been said during French or British meetings where Mundy was present.

<sup>1072</sup> "Vortrag der Dr. Brosius: Eine psychiatrische Wanderung durch Paris", *AMZ*, 1867, vol. 24, no. 6, 728–731, <https://babel.hathitrust.org/cgi/pt?id=chi.72724884&view=1up&seq=5>; Müller, 'Le placement familial des aliénés en France. Le baron Mundy et l'Exposition universelle de 1867', 44 and 46–48.

<sup>1073</sup> Mundy, "Erklärung", *AZF*, 1868, vol. 25, 300, <http://hdl.handle.net/2027/chi.72724891>.

<sup>1074</sup> Anders Ahlbäck, 'Unwelcome Knowledge Resistance to Pedagogical Knowledge in a University Setting, c.1965–2005', in *Circulation of Knowledge: Explorations in the History of Knowledge*, ed. Johan Östling et al. (Lund: Nordic Academic Press, 2018), 140.

taking his words out of context. Mundy tried to rectify Brosius' statements by involving other individuals in the dispute.<sup>1075</sup> Yet Brosius was of the opinion that these people did not witness and hear the full discussion between them and that he had only reported what he had heard and seen with his own ears and eyes at the exhibition. The reason for Brosius' criticism was out of concern for the psychiatric field, feeling that important practical questions could not depend on "[...] people that lack the insight and experience that is necessary to solve these questions – even though they might be renowned for their Philanthropic activities".<sup>1076</sup> While Mundy had a medical degree, Brosius rejected this and did not place him on the same medical footing as himself and other alienists. Other German psychiatrists, such as Paul-Otto Schmidt, Laehr and Theobald Güntz also did not agree with Mundy's demonstration during the World Exhibition, resulting in harsh criticism.<sup>1077</sup>

German alienists were mainly troubled by, at least in their eyes, Mundy's lack of practical skill and expertise. Brosius had mentioned during a meeting of the *Naturforscher Versammlung* in Frankfurt that it was regrettable "[...] that this philanthropic spirit is not combined with a psychiatric education and experience".<sup>1078</sup> Laehr was of a similar opinion and had stated that "Dr. Mundy, like Mr. Griesinger, has never run an asylum, so he is not an impartial and competent judge; his exhibition in Paris was not serious".<sup>1079</sup> Skill and expertise were found to be important requirements in order to consider a peer as a reliable source of information<sup>1080</sup> and due to Mundy's – perceived – lack of medical and psychiatric knowledge, he was not authorised to have an opinion.

---

<sup>1075</sup> Mundy named two unnamed witnesses from France and Turkey who were present during the International Exhibition in Paris.

<sup>1076</sup> Brosius, "Gegen-Erklärung", AZF, 1868, vol. 25, 301, <http://hdl.handle.net/2027/chi.72724891>.

<sup>1077</sup> Theobald Güntz, "Ein Beitrag zur Frage über Irren-Colonien", AZP, 1861, vol. 18, 329-446, especially 330, <https://hdl.handle.net/2027/chi.72724822>; "Bibliographie. Psychiatrie Allemande. Discussion sur le meilleur mode d'assistance", AMP, 1868, vol. 12, 461-465, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1868x12>; Müller, 'Le placement familial des aliénés en France. Le baron Mundy et l'Exposition universelle de 1867', 46–48.

<sup>1078</sup> "[...] dass mit dieser philanthropischen Gesinnung sich nicht eine psychiatrische Bildung und Erfahrung verbindet". See: "Vortrag der Dr. Brosius: Eine psychiatrische Wanderung durch Paris", AMZ, 1867, vol. 24, no. 6, 731, <https://babel.hathitrust.org/cgi/pt?id=chi.72724884&view=1up&seq=5>.

<sup>1079</sup> "Le docteur Mundy, pas plus que M. Griesinger, n'a jamais dirigé un asile; ce n'est donc pas un juge impartial et compétent; son exposition à Paris n'était pas sérieuse". See: "Bibliographie. Psychiatrie Allemande. Discussion sur le meilleur mode d'assistance", AMP, 1868, vol. 12, 465, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1868x12>.

<sup>1080</sup> In the sociology of knowledge aspects such as prestige, reliability and power play an important role. Teun A. van Dijk, *Discourse and Knowledge: A Sociocognitive Approach* (Cambridge University Press, 2014), 8.

While Mundy's acceptance in the Austrian medical and psychiatric community looked slightly better – some publications were published such as his article *Ueber Irrencolonien* and *Zur Königs-Katastrophe in Baiern*, as well as his *Eröffnungs-Vortrag über Psychiatrie* – yet also here hostility towards his ideas were present and similar arguments as those heard in Germany were brought up by his adversaries. The physician Pichler was vehemently against his ideas. In referring to Mundy's model house at the World Exhibition of 1867, he emphasised the fact that Mundy only obtained a "poor bronze medal"<sup>1081</sup> and that he was barely worthy of his title as physician because he had a foreign doctor diploma that should not be accepted in Austria.<sup>1082</sup> While Mundy was able to publish in Austria about "colonies for lunatics", and despite his travels<sup>1083</sup>, his ideas would not be widely accepted or used in this country either.

### France

Historian Herman Paul has emphasised that academics need "certain personal qualities, character traits or dispositions is as old as the university".<sup>1084</sup> Scholars, scientists, physicians, and so on, have all been judged based on certain attributes: the accuracy of experiments, their explanatory power, commitment, love for truth, education, conformity to social and scientific conduct and appearance, among others.<sup>1085</sup> As I will outline in the following paragraphs, many of these aspects were criticised about Mundy by his French peers, and Mundy in return criticised his colleagues as well. These characteristics determined the extent to which alienists functioned as intermediators, brokers and messengers, as well as receivers of information.

A popular topic in psychiatry was the *patronage familial* and was put on the agenda in France during the 1860s. It grouped several subjects into one and raised

---

<sup>1081</sup> "eine armselige bronsene Medaille". See: "Baron Mundy", *Allgemeine Wiener medizinische Zeitung*, 1868, vol. 13, no. 4, 34,

<https://books.google.lu/books?id=wQhy7Gg8ggQC&pg=PA34&dq=#v=onepage&q&f=false>.

<sup>1082</sup> "ausländisches doctordiploma". See: "Baron Mundy", *Allgemeine Wiener medizinische Zeitung*, 1868, vol. 13, no. 4, 34,

<https://books.google.lu/books?id=wQhy7Gg8ggQC&pg=PA34&dq=#v=onepage&q&f=false>.

<sup>1083</sup> Bedor Gerenyi had remarked that even with Mundy's travels his ideas were not accepted. See: J. van Deventer Sz., "Het eerste Internationaal Congres voor krankzinnigen-verpleging voornamelijk gezinsverpleging van 1—7 September gehouden te Antwerpen", *Psychiatrische Bladen*, 1902, vol.6, 486, private digital scan, Hendrik Conscience Library, Antwerp.

<sup>1084</sup> Paul, 'Introduction', 4.

<sup>1085</sup> Paul, 'Introduction', 4.

various questions about the use of non-restraint, open air treatment (*le traitement de l'air libre*) and employment for patients (e.g. on agricultural farms). While Moreau de Tour, Jules Falret and Brière de Boismont had already published on this subject before, the discussion was opened up again in 1864. Mundy asked – and was allowed – to take the stand in the *Société-Médico psychologique*, speaking about “les divers modes de l'assistance publique appliqués aux aliénés”. Giving Mundy the opportunity to speak to his French colleagues was not without its difficulties. While Jules Falret was not a supporter of Mundy's ideas, he did ask the members of the association to make Mundy a *membre étranger*, stating: “[...] I think that all ideas must be given the means to come about, all convictions must be given the opportunity of unfolding freely, and it seems to me that it would be a good example of loyal hospitality and true impartiality on our part to give the floor, in the discussion now pending, to Dr. Mundy [...]”.<sup>1086</sup> Taking the floor was however forbidden for anyone who was not a member.<sup>1087</sup> Mundy's membership was given out of necessity, rather than out of an honorary courtesy or well-informed appreciation towards him as was the case in Britain.<sup>1088</sup>

The historian Ahlbäck has stressed that knowledge can only become relevant and be legitimised in a specific place if that knowledge is “translated” and adapted to the concerns, understandings and needs of a particular community.<sup>1089</sup> The linguist Teun A. Dijk has also pointed out that discourse is an important concept when talking about knowledge and that it is important to take note of “the linguistic and discursive ‘management’ of knowledge in interaction and communication in epistemic communities”.<sup>1090</sup> While Mundy was allowed a platform in the French association – an important step towards knowledge dissemination – his very direct and emotionally

---

<sup>1086</sup> “[...] je pense que l'on doit fournir à toutes les idées les moyens de se produire, à toutes les convictions la possibilité de se déployer avec liberté, et il me semble que ce serait de notre part donner un bon exemple de loyale hospitalité et de véritable impartialité que d'accorder la parole, dans la discussion actuellement pendante, au docteur Mundy [...]”. See: M. J. Falret, “Rapport sur les membres associés étrangers”, AMP, 1865, vol. 5, 286, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1865x05>.

<sup>1087</sup> Jaromir von Mundy, Sur les divers modes de l'assistance publique appliquée aux aliénés: discours prononcés dans les séances de la Société médico-psychologique à Paris le 26 décembre 1864 et le 16 janvier 1865, (Paris: Aug. Marc, 1865), v, <https://wellcomelibrary.org/item/b22651871>; M. J. Falret, “Rapport sur les membres associés étrangers”, AMP, 1865, vol. 5, 286-287, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1865x05>.

<sup>1088</sup> Jaromir von Mundy, Sur les divers modes de l'assistance publique appliquée aux aliénés: discours prononcés dans les séances de la Société médico-psychologique à Paris le 26 décembre 1864 et le 16 janvier 1865, (Paris: Aug. Marc, 1865), v, <https://wellcomelibrary.org/item/b22651871>.

<sup>1089</sup> Ahlbäck, ‘Unwelcome Knowledge Resistance to Pedagogical Knowledge in a University Setting, c.1965–2005’, 141.

<sup>1090</sup> Dijk, *Discourse and Knowledge*, i.

charged style of discourse would lead to opposition among some French psychiatrists, obstructing the broad acceptance of his ideas among his French peers. On various occasions Mundy's rhetoric chiefly consisted out of criticism and reprimanded his French peers for attacking his points of view, their inadequate asylums, their manner of examination and observation, and the extent of their foreign psychiatric knowledge. Below we will explore these criticisms, the reaction of the members of the *Société médico-psychologique* and what the consequences were of this rhetoric, in more detail.

In the very first speech Mundy gave to his French peers, he thanked them for this opportunity, yet began his lecture by declaring that he would refrain from commenting on the "[...] more than vivid and ill-founded attacks to which I have been subjected for some time both in the *Annales Médico-Psychologiques* and in the midst of your society [...]"<sup>1091</sup>. This would set the tone for the rest of his discourse as he did not shy away from speaking his mind. A specific concern of Mundy was the – according to him – deplorable state of many French mental institutions. While Mundy maintained that several French alienists – at least 13<sup>1092</sup> – were not opposed to some of the measure he had proposed, nonetheless negative voices were raised in France against his ideas. Numerous French alienists were appalled by Mundy's criticism and found that he was too harsh and "exclusive" in his opinion about their asylums.<sup>1093</sup> On the one hand they felt that their efforts were not duly recognised by Mundy, and on the other, they did not see the added value of Mundy's proposed changes because they were content with their own approaches and theories and what they thought was practically achievable.

Mundy also criticised the French for the principles of investigation they employed. As stated earlier, he was of the opinion that making a comprehensive and meticulous study when asylums were visited was vital, and was not pleased when

---

<sup>1091</sup> "[...] aux attaques plus que vives et mal fondées donc j'ai été l'objet depuis quelques temps tant dans les *Annales Médico-Psychologiques* que dans le sein de votre société [...]". Jaromir von Mundy, *Sur les divers modes de l'assistance publique appliquée aux aliénés: discours prononcés dans les séances de la Société médico-psychologique à Paris le 26 décembre 1864 et le 16 janvier 1865*, (Paris: Aug. Marc, 1865), 7, <https://wellcomelibrary.org/item/b22651871>.

<sup>1092</sup> [J. Mundy], *Petit catéchisme sur la nécessité et la possibilité d'une réforme radicale des institutions pour les aliénés (Par l'auteur de la question de Gheel.)*, (Paris: Charles Schiller, 1864), 29, <https://gallica.bnf.fr/ark:/12148/bpt6k56194516>.

<sup>1093</sup> "Il est heureux de voir que le baron Mundy n'est pas exclusif dans son opinion, car en France, en général, il passe pour l'être". See: "Revue Française et étrangère. Revue des journaux de médecine. Journaux Anglais", AMP, 1865, vol. 5, 484, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1865x05>; E. Renaudin, "Établissements d'aliénés. Les cinq questions cardinales de psychiatrie administrative. Par le Docteur Mundy", AMP, 1863, vol. 1, 238, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1863x01>.



colleagues did not follow this standard. He especially criticised the fact that few French alienists had visited Gheel, only spending a couple of hours at the colony.<sup>1094</sup> With a hint of sarcasm he asked his French peers “What would you think of me, gentlemen, if I went to see Bicêtre for nine hours, and if I then ventured to pass a categorical verdict on the whole and the details of this establishment? – And yet I could see more in Bicêtre in nine hours than I could in nineteen days in Gheel”.<sup>1095</sup> Several of such statements were made by Mundy, which seemed almost demeaning as he continued saying, “[s]tudy, gentlemen, I urge you once again, first observe the lunatic in freedom, before condemning him to sequestration for life”.<sup>1096</sup> This tone of discourse did not appeal to many French alienists, as Mundy doubted the practices in their asylums and their ways of examination.

In another lecture in July 1867 about cretinism, a subject that was at the time discussed among the members of the SMP, Mundy was very critical of all previous writers<sup>1097</sup> – underlining once more his high esteem for careful and detailed research – and criticised his French colleagues for, according to him, not having enough background knowledge about the most essential writers on the subject. Several French psychiatrists were offended by Mundy’s statements and accusations. The French alienist Loiseau in particular felt wronged by some of his allegations, saying that “[...] [Mundy] criticises us for not knowing German and for ignoring Mr Virchow<sup>1098</sup>. Let me reply to him that this accusation of not being acquainted with foreign literature and the progress of science beyond our frontiers has long since ceased to be true. Many of us, it may well be, are ignorant of the German language, but there is not a single one of us who does not esteem and appreciate the illustrious Mr Virchow, and who does not know his remarkable works well enough to have read and meditated on them, if not in the original text, then at least in faithful translations or accurate and precise

---

<sup>1094</sup> These were: Esquirol, Voisin, Moreau de Tours, Morel, Briere de Boismont, Ferrus, Gustave Labitte – the director of the Fitz-James colony – Jules Falret, Arthaud, Billod and Belloc.

<sup>1095</sup> “Que penseriez-vous, messieurs, de moi si j’allais voir Bicêtre pendant neuf heures, et si je m’avisais ensuite de porter un jugement catégorique sur l’ensemble et les détails de cet établissement? – Et cependant je pourrais voir davantage à Bicêtre, en neuf heures, qu’en dix-neuf jours à Gheel”. See : Mundy, “Assistance des aliénés”, AMP, 1865, vol. 5, 324, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1865x05>.

<sup>1096</sup> “Étudiez, messieurs, je vous y engage encore une fois, *observez tout d’abord l’aliéné en liberté*, avant de le condamner à la *sequestration à perpétuité*”. See: Mundy, “Assistance des aliénés”, AMP, 1865, vol. 5, 325, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1865x05>.

<sup>1097</sup> Mundy, “Discussion sur le créténisme”, AMP, 1867, vol. 10, 373-374, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1867x10>.

<sup>1098</sup> Rudolf Virchow was a German physician and was seen as “the father” of modern pathology.



accounts”.<sup>1099</sup> It was not appreciated that Mundy doubted the French alienist’s commitment to psychiatry and their erudition, two of the many qualities on which physicians were judged.

Mundy’s many reproaches caused tensions between him and his French peers. Brière de Boismont felt that Mundy had made unnecessary allegations and that he “[...][seemed] to have taken the side of contesting everything”.<sup>1100</sup> This was not solely a question of having different ideas or values, but also of personality conflicts, leading to increased gate keeping by the French of their community.<sup>1101</sup> It caused French alienists to form a unified front, and further criticism against the members of the SMP was put to a stop. Trélat, the president of the association, told Mundy that “[...] in the Society all opinions that occur are always well appreciated [...]” but he did not “[...] accept for the Medical-Psychological Society the accusation that Mr. Mundy seems to have made”.<sup>1102</sup> After an apology from Mundy, who didn’t intend to incriminate the AMP, the matter was settled. Yet, as historian James Secord has stressed, “every act of communication excludes as well as includes”.<sup>1103</sup> Mundy’s direct style of communication was not appreciated by everyone and everywhere, and as a result, he failed to bring his message across without causing offence. Through his communication practices Mundy excluded himself and his ideas from gaining ground in France.

That tensions sometimes rose, and conflicts happened, can be explained by on the one hand Mundy’s communication practices, and on the other, his conviction that discussion and criticism were a means to achieve a better understanding of different viewpoints and could lead to new ideas, as he remarked during a lecture that “[i]t is

---

<sup>1099</sup> “Seulement, se laissant emporter trop loin par l’ardeur de la discussion, notre honoré collègue nous reproche de ne pas connaître l’allemand et d’ignorer M. Virchow. Qu’il me permette de lui répondre que cette accusation de ne pas être au courant des littératures étrangères et des progrès accomplis dans la science au delà de nos frontières a cessé d’être vraie depuis longtemps. Plusieurs d’entre nous, beau coup peut-être, ignorent la langue allemande, mais il n’y a personne parmi nous qui n’estime et n’apprécie à sa juste valeur l’illustre M. Virchow, et qui ne connaisse bien ses remarquables travaux pour les avoir lus et médités, sinon dans le texte original, du moins dans des traductions fidèles ou des comptes rendus exacts et précis”. See: Mundy, “Discussion sur le créténisme”, AMP, 1867, vol. 10, 374, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1867x10>.

<sup>1100</sup> “[...] qui semble avoir pris le parti de tout contester”. See: “Séance du 29 juillet 1867. — Présidence de M. Trélat”, AMP, 1867, vol. 10, 385, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1867x10>.

<sup>1101</sup> Bakker, ‘Scientific Networks and Invisible Colleges’, 4116.

<sup>1102</sup> “[...] au sein de la Société toutes les opinions qui se produisent sont toujours bien accueillies, il n’accepte pas pour la Société médico-psychologique le reproche que semble formuler M. Mundy”. See: “Séance du 29 juillet 1867. — Présidence de M. Trélat”, AMP, 1867, vol. 10, 385, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1867x10>.

<sup>1103</sup> Secord, ‘Knowledge in Transit’, 662.

from the clash of ideas that enlightenment springs forth!”.<sup>1104</sup> Rather than establishing a space for open discussion and debate through sharp statements, Mundy chiefly created reluctance about his ideas among French peers. While some appreciated his efforts in terms of patient care, they were also of the opinion that his ideas were difficult to turn into a reality and brought multiple complications with it.<sup>1105</sup> They listed, for example, the different makeup of French and Belgian people – an active versus a passive nature –, the possible opposition from people in neighbouring villages, and not having enough medical personnel for surveillance.

Another obstacle to knowledge dissemination in the French community was the presence of a strong “countercirculation”, to borrow a term once more from Ahlbäck.<sup>1106</sup> The adverse opinions of a specific group of French alienists – in particular Renaudin, Parchappe and Dumesnil – figured regularly in the pages of the AMP. These were alienists who described themselves as very invested in their patients’ wellbeing and recovery. They were not entirely against the principles that Mundy put forward, yet they did not want, or could not, implement all his propositions. Certain French psychiatrists did allow patients to work, for example in the asylum’s bakery, fields or vineyards as was the case in Saint-Dizier – which was under the direction of A. G. du Grandlaunay in 1862<sup>1107</sup> – and the asylum of Quatre-Mares where Dumesnil was *médecin en chef* in 1862 and Parchappe *directeur-médecin* in 1865.<sup>1108</sup> While several French psychiatrists saw the cottage system and the use of farms only as “[...] un accessoire utile et nécessaire [...]”<sup>1109</sup>, Mundy considered these practices as more than an accessory, he considered them to be fundamental to patient care and the progress

---

<sup>1104</sup> “Car c’est du choc des idées que jaillissent les lumières!”. See: Jaromir von Mundy, *Sur les divers modes de l’assistance publique appliquée aux aliénés: discours prononcés dans les séances de la Société médico-psychologique à Paris le 26 décembre 1864 et le 16 janvier 1865*, (Paris: Aug. Marc, 1865), 8, <https://wellcomelibrary.org/item/b22651871>.

<sup>1105</sup> “Maison-modèle pour les aliénés”, *Journal de médecine mentale*, 1867, 352, <https://gallica.bnf.fr/ark:/12148/bpt6k96574340>; “Recherches sur la colonisation appliquée au traitement des aliénés”, AMP, 1862, vol. 8, 498-522, especially 504, 513-514 and 521, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1862x08>.

<sup>1106</sup> Ahlbäck, ‘Unwelcome Knowledge Resistance to Pedagogical Knowledge in a University Setting, c.1965–2005’, 134.

<sup>1107</sup> A. Guérin Du Grandlaunay, *Asile départemental d’aliénés de Saint-Dizier, compte moral, administratif et médical pour l’année 1862*, (Saint-Dizier: O. Saupique, 1863), <https://gallica.bnf.fr/ark:/12148/bpt6k61199708/f4.item>.

<sup>1108</sup> “Recherches sur la colonisation appliquée au traitement des aliénés”, AMP, 1862, vol. 8, 513-514, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1862x08>; Dumesnil, “Journaux Anglais”, AMP, 1865, vol. 5, 484, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1865x05>.

<sup>1109</sup> E. Renaudin, “Établissements d’aliénés. Les cinq questions cardinales de psychiatrie administrative par le docteur Mundy”, AMP, 1863, vol. 1, 252, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1863x01>.

of modern psychiatry. This difference in point of view caused a clash between him and French alienists.

E. J.-B. Dumesnil in particular, was one of Mundy's most vocal adversaries. In one of his exposés, Dumesnil made "hidden" references to Mundy on multiple occasions and voiced rather sharp criticism: "It is not enough to be intelligent, generous, devoted, to have traveled all over Europe to visit the houses of the insane, to see this, to examine that, one remains, in this respect, at the level of a simple amateur, a man of the world who speaks of alienation like a blind man of colors".<sup>1110</sup> For Dumesnil, Mundy was first and foremost a philanthropist and, as he did not recognise Mundy's medical background, perceived him as someone without any form of medical authority who was not regarded as an equal or part of the psychiatric community. This standpoint made critical dialogue of various relevant perspectives and reaching consensus difficult.<sup>1111</sup> One of the social criteria for knowledge dissemination in an epistemic community that philosopher Helen Longino put forward is that nonconforming ideas and opinions should not be discounted but rather have to be cultivated to further develop knowledge.<sup>1112</sup>

Dumesnil's style of discourse did not leave any space for discussion, and any form of debate was shut down on the basis of Mundy not having any intellectual authority concerning psychiatric practices. He referred to Mundy's *Petit catéchisme* pamphlet which I discussed earlier, in an unsatisfactory and sharp tone, saying to his French peers: "A catechism, that is, since this pamphlet is so entitled, albeit a little ambitiously, since it contains no plan, no rules, no formulated ideas!!".<sup>1113</sup> Dumesnil continued his crusade against Mundy for several years and saw him, Jules Duval – a fellow Frenchman and an advocate of the Gheel colony – and Lockhart Robertson not only as *his* adversaries but also those of French alienists in general.<sup>1114</sup> During a meeting

---

<sup>1110</sup> "Il ne suffit pas d'être intelligent, généreux, dévoué, d'avoir parcouru toute l'Europe pour visiter les maisons d'insensés, de voir ceci, d'examiner cela, on n'en reste pas moins, à cet égard, au niveau d'un simple amateur, d'un homme du monde qui parle d'aliénation comme un aveugle des couleurs". See: Dumesnil, "Journaux Anglais", AMP, 1865, vol. 5, 486, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1865x05>.

<sup>1111</sup> Longino, *The Fate of Knowledge*, 122–35, especially 122 and 132.

<sup>1112</sup> Longino, *The Fate of Knowledge*, 132.

<sup>1113</sup> "Catéchisme, soit, puisque cet opuscule s'intitule ainsi, quoique un peu ambitieusement, car on n'y trouve aucun plan, aucune règle, aucune idée formulée!!". See: Dumesnil, "Journaux Anglais", AMP, 1865, vol. 5, 486, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1865x05>.

<sup>1114</sup> For example his use of "Notre autre adversaire [...]". See: Dumesnil, "Quelques aperçus comparatifs sur les soins et l'assistance donnés aux aliénés en France et ailleurs", *Précis analytique des travaux de l'Académie des sciences, belles-lettres et arts de Rouen*, 1868, 211, <https://gallica.bnf.fr/ark:/12148/bpt6k58048280>.

of the *Académie Impériale des Sciences, Belles-Lettres et arts de Rouen* in 1868, he insisted to his audience, that “la méthode anglaise” should be vehemently combatted.<sup>1115</sup>

While it is clear by now that Dumesnil’s communication style was as direct and sharp as that of Mundy, there is one part during Dumesnil’s speech that combines several important elements that give us not only insight into the social and scientific traits that were crucial to build a professional image but were also essential to be a transnational knowledge broker. Dumesnil portrayed Mundy as someone who had “[...] no knowledge of the subject he was dealing with”, had not “in the least studied the facts” or “approached the question with order and method” and had “[...] exposed himself to the saddest denials; a disappointment all the more painful for him, as he was placed in the front rank to see things properly, since his usual place of residence is in Brighton, and he has become, so to speak, an English citizen”.<sup>1116</sup> Being a successful knowledge broker depended on how skilled a broker was to on the one hand, avoid being pulled in to become a full member, and on the other, avoid being rejected as an intruder by different communities of practice.<sup>1117</sup> This balancing act depend on two crucial factors: bias and cohesion.<sup>1118</sup>

A highly cohesive group can develop the idea that a broker is not one of them and could bring along scepticism, suspicion and distrust, especially when real or perceived ideas, behaviours or values of a group – in this case of the French physicians – and that of the broker – Mundy – were divergent and did not conform.<sup>1119</sup> From Dumesnil’s words about Mundy’s perceived lack of knowledge and unmethodical work ethics it is evident that Mundy did not conform to his value system and professional standards. This made integration in the French psychiatric community difficult. Another factor that plays a crucial role, and in which the perception of the individuals belonging

---

<sup>1115</sup> “[...] que l’attaque vient de gens sérieux et considérables, et que ce n’est pas pour le plaisir de combattre des fantômes [...]”. See: Dumesnil, “Quelques aperçus comparatifs sur les soins et l’assistance donnés aux aliénés en France et ailleurs”, *Précis analytique des travaux de l’Académie des sciences, belles-lettres et arts de Rouen*, 1868, 212, <https://gallica.bnf.fr/ark:/12148/bpt6k58048280>.

<sup>1116</sup> “Le Dr Mundy ne connaît nullement le sujet qu’il touchait, il n’a pas le moins du monde étudié les faits, il n’a pas abordé cette question avec ordre et méthode, et il s’est exposé aux plus tristes démentis; déconvenue d’autant plus pénible pour lui, qu’il était placé aux premiers rangs pour bien voir, puisque sa résidence habituelle est à Brighton, et qu’il est devenu, pour ainsi dire, citoyen, anglais”. See: Dumesnil, “Quelques aperçus comparatifs sur les soins et l’assistance donnés aux aliénés en France et ailleurs”, *Précis analytique des travaux de l’Académie des sciences, belles-lettres et arts de Rouen*, 1868, 238, <https://gallica.bnf.fr/ark:/12148/bpt6k58048280>.

<sup>1117</sup> Wenger, *Communities of Practice*, 110.

<sup>1118</sup> Katherine Stovel and Lynette Shaw, ‘Brokerage’, *Annual Review of Sociology* 38, no. 1 (2012): 142.

<sup>1119</sup> Stovel and Shaw, ‘Brokerage’, 144.

to a given community is important, is that a broker can be relationally, socially or informationally closer to one group than another.<sup>1120</sup> In Mundy's case, several French alienists – with Dumesnil in front – associated him chiefly with the British psychiatric community. Dumesnil's statement about Mundy living in Brighton and Mundy being an English citizen, was not only a reference to the length of Mundy's stay in the United Kingdom but also illustrates how French alienists associated Mundy with the British school of thought – such as his views about the non-restraint which I will discuss in chapter 4. He was not recognised as an international figure, but rather as a British one, illustrating the strength of national frameworks. Yet, at the same time his international presence was also valorised by referring to his extended research as a foreigner in the United Kingdom, creating a sort of internal contradiction. Nonetheless, bias and a varying degree of cohesion were additional factors that contributed to Mundy being unsuccessful in positioning himself as a broker between different communities of practice.

### **The reception of Morel's ideas**

While Mundy had a different reputation and a different level of authority as an expert across various countries, Morel's ideas were in general greeted more welcomingly, and over the years, he gained a reputation in Belgium, the main countries in Europe and across the Atlantic Ocean. Three reasons can be put forward why the reception of his ideas was welcomed in a similar way regardless of the country. Firstly, Morel was able to adapt his work and his manner of communication to the concerns and needs of his target audience. His communication style was more tempered than that of Mundy and created a bigger affinity between himself and his peers. Related to this was that Morel's personality as well was often commented upon favourably. He was described by the American Clark Bell as “[...] a most charming man, as Medical Superintendent [...]”<sup>1121</sup> – furthermore observing about his character that “Dr. Morel was in very fine relation with the patients. They all seemed to regard him as their best friend. It is a very common thing in asylums in this country, for patients to have the idea that the doctor is an enemy. The doctors in this country frequently find that the patients have a great

---

<sup>1120</sup> Stovel and Shaw, 'Brokerage', 142.

<sup>1121</sup> Clark Bell, "The hospice Guislain", *The Medico-legal journal*, vol. 7, 1889, 30, <https://hdl.handle.net/2027/mdp.39015070572063>.

personal antipathy to them. Dr. Morel seemed to have the most perfect confidence of his patients, whom he could control and handle like so many children”.<sup>1122</sup>

This remark brings us also to the second reason that Morel’s ideas gained a much broader reception than Mundy’s. Morel’s colleagues did not doubt the accuracy of his theories and ideas, nor his scientific and socio-medical conduct. While Mundy was not recognised as a member of the medical and especially psychiatric community due to his lack of psychiatric knowledge and practical expertise, Morel was perceived as a member due to his psychiatric training and the knowledge he had gained in well-known mental institutions such as the Guislain asylum in Ghent. This is in particular illustrated by how his peers referred to him across the world: the Dutch alienist Deventer described Morel as someone “[...] whose name is widely known in the psychiatric world as a competent authority in every respect”.<sup>1123</sup> The British Bernard Hollander referred to him as a “learned psychiatrist”<sup>1124</sup> and the American physician Louise Robinovitch in turn called Morel her “eminent colleague”.<sup>1125</sup> His expertise was unanimously recognised by the majority of alienists, physicians and social reformers, and no countercirculation against him took place.

Thirdly, Morel succeeded to balance his membership across various communities: not being fully pulled in nor rejected and perceived as an intruder. He was able to balance the bias and cohesion between the various communities he belonged to – an essential requirement to be a successful knowledge broker. While his reputation was nationally anchored to Belgium – the American Clark Bell called him “[...] one of the foremost of the Alienists of Belgium [...]”<sup>1126</sup> and the German alienist Paul Näcke described him as “[...] the well-known belgian [*sic.*] psychiatrist [...]”<sup>1127</sup> – its effect was different from Mundy’s connection with alienists in the United Kingdom. While the Gheel was a curiosity to many, Belgian psychiatrists in general were not

---

<sup>1122</sup> Clark Bell, “The hospice Guislain”, *The Medico-legal journal*, vol. 7, 1889, 30-31, <https://hdl.handle.net/2027/mdp.39015070572063>.

<sup>1123</sup> “[...] wiens naam in de psychiatrische werled algemeen bekend is als een in elk opzicht bevoegde autoriteit”. See: J. van Deventer Sz., “Het eerste Internationaal Congres voor krankzinnigen-verpleging voornamelijk gezinsverpleging van 1—7 September gehouden te Antwerpen”, PB, 1902, vol. 6, 476, private digital scan, Hendrik Conscience library, Antwerp.

<sup>1124</sup> Bernard Hollander, *The mental symptoms of brain disease*, (London: Rebman Limited, 1910), 210, <http://www.archive.org/details/mentalsymptoms00holluoft>.

<sup>1125</sup> Robinovitch, “The prevention of crime”, *Journal of Mental Pathology*, vol. 1, 157 (footnote), <https://hdl.handle.net/2027/uiug.30112054679417>.

<sup>1126</sup> “Belgian group”, *The Medico-legal Journal*, 1890, vol. 8, 285, <https://hdl.handle.net/2027/umn.319510027432780>.

<sup>1127</sup> “[...] der bekannte belgische Irrenarzt [...]”. See: P. Näcke, “Die sogen. äusseren Degenerationszeichen bei der progressiven Paralyse der Männer, nebst einigen diese Krankheit betreffenden Punkten”, *AZP*, 1898, vol. 55, 584, <http://hdl.handle.net/2027/chi.16534959>.

known for any specific or outspoken ideologies as was the case in the United Kingdom. In addition, Morel's competencies lay in such various fields – e.g. criminology, education for staff, asylum organisation – that he could not be pinned down to one theory, idea or practice. This made his closeness to different communities also more balanced.

Notwithstanding his attachment to Belgium, Morel's international presence had not escaped psychiatrists' notice. Numerous alienists recognised the wide spread of his publications across the western world as well as his travels. The Dutch alienist Jacob van Deventer had mentioned the various countries Morel had visited over the years – France, Germany, Italy, Switzerland, the Netherlands, the United Kingdom and the United States.<sup>1128</sup> One remark of Deventer in particular is interesting as he mentioned that Morel “[...] moreover, knows the most authoritative psychiatrists in those countries and has remained in contact with them”.<sup>1129</sup> The variety of Morel's visits added once more to him being able to balance his membership across various psychiatric communities as he kept contact with different peers in equal measure, which was in stark contrast to Mundy's sole and very close contact with British alienists.

## Conclusion: making or breaking an international broker

While physicians and alienists produced a large amount of information and scientific knowledge, the degree to which it circulated across Europe and the United States and was transferred to various psychiatric communities differed significantly. The individual creating information and those receiving it play a crucial role herein and was bound to several prerequisites: the sender's actions need to become visible and their reputation as a specialist needs to be recognised. In an international setting it was in particular crucial to undertake cross-border actions as these enlarged individuals visibility and allowed them to create a “trademark” for themselves. This could be done via either individual contacts (e.g. travel) or large-scale contacts (e.g. conferences or extracurricular activities). How alienists communicated with individuals or groups, as

---

<sup>1128</sup> At the time of writing I was not able to verify if Morel indeed visited all these countries. Especially Morel's presence in the United States is doubtful given he never attended any of the American conferences in person.

<sup>1129</sup> “[...] bovendien de meest gezaghebbende psychiaters in die landen kent en daarmee in relatie is gebleven, is hij de aangewezen persoon om dit onderwerp [organisatie der krankzinnigengestichten] met vrucht te behandelen”. See: J. van Deventer Szn., “De organisatie der krankzinnigengestichten”, PB, 1905, 413, private digital scan, Hendrik Conscience library, Antwerp.

well as their professional background added significantly to the reputation they had among peers.

While Baron Jaromir von Mundy and the alienist Jules Morel both undertook similar activities in an international setting, their reputation across Europe would be markedly distinct from one another. As a result of their different levels of exposure and reputation – which influenced to what extent their knowledge was recognised, valued and disseminated by peers – also determined their ability to function as an international knowledge broker across various psychiatric communities. While Morel succeeded in becoming a broker, Mundy was not able to play such a role. As became apparent in this chapter, *the* international scholar does not exist, and Morel and Mundy each represent a specific archetype of what defines a transnational psychiatrist.

### **Morel: a valued member of the psychiatric community**

Morel enjoyed an excellent reputation among various psychiatric communities in the western world and fulfilled a position as international knowledge broker. The reason that Morel can be described as such is due to three overarching factors: his actions, communication style and background. The activities undertaken by Morel to gain visibility and to build his international reputation were numerous and existed mainly out of travelling, publishing, conference attendance and other extracurricular activities. These actions would be crucial in shaping Morel's trademark among his international peers. During his career he had made various journeys to asylums in Europe, but mainly had travelled to attend international conferences. Another action that was strongly pursued by Morel was publishing his work or giving lectures during congresses across the western world. The dissemination of his writings was furthermore fuelled by the reproduction of his articles or reviews of his books and pamphlets in several journals. That different editors across the world thought it valuable to refer to Morel or his publications was an illustration of his growing reputation.

Morel regularly sought out larger groups or dissemination platforms to circulate his ideas and theories but one of the more defining aspects that explains why Morel was such a valued member in the psychiatric community, was his presence in various associations where he took on roles as secretary, president or vice-president. In addition, he had committed himself to numerous journals – often published by the associations he was a member of – where he took on the role of editor, member of the editorial board or advisor. His multiple memberships assisted in gaining access to these



various positions which were used to further establish his career as a psychiatrist and to circulate his findings among his (foreign) peers.

That Morel succeeded so well in disseminating his ideas via lectures and publications was in part due to the communication style he used. Morel's tone of speech was often more tempered and never one of judgement directed at the psychiatrists in the communities of different countries per se and he did not criticise his peers on a personal level. When he *did* argue against certain practices and declared that change was necessary he directed this more at the religious and political ranks in society. Morel also understood how to adapt his communication to various groups and understood the different needs of his peers and their values.

A third aspect is Morel's background. He had a medical education and extensive expertise in psychiatry. More importantly, his knowledge and capabilities were strongly acknowledged by his peers and made him an authority about criminal insanity and education for the nursing staff among other things.

### **Mundy: the psychiatric community's underdog**

Mundy was the complete opposite of Morel in terms of his actions, communication style and background. The reception of his ideas and propositions was also very mixed across Europe. An important feature that would come to define Mundy were his frequent travels to various psychiatric institutions which earned him a certain amount of visibility. Yet the other actions Mundy undertook were far more limited in comparison to Morel's. The one or two conferences he attended are neglectable and his publication output was also smaller, less diverse due to his specific focus on mental institutions and Gheel, and less well-received by his peers across Europe. This is especially illustrated by the opposition he received against his views – mainly related to the Gheel colony – in Germany and France, and the warm welcome he got in the United Kingdom. Mundy did not participate in any extracurricular activities and was only a member of the *Société Médico-psychologique* in France and the *Medico-Psychological Association* in the United Kingdom. He was regularly present at their meetings, preferring to target specific and smaller groups of physicians and alienists in a certain country, rather than frequently presenting his ideas before a wide range of people, such as at international conferences, or distributing his ideas among the general public.

While Mundy's knowledge dissemination was already limited, it in addition caused a "flow resistance" and even launched a "countercirculation" due to his communication style, among other factors. Mundy was someone who fiercely defended his ideas and tried with all his might to convince others across Europe of its importance for the development of a better and more modern psychiatric treatment (e.g. use of colonies such as Gheel and employing the non-restraint system), yet he did so without much regard for the values and theories that were important to his colleagues. He had a very direct and vehement style of communication and his often accusatory and personal criticism against peers was not appreciated. Mundy's ideas failed to gain much support – especially among French and German psychiatrists – because he did not adapt his rhetoric to his peers.

A last feature that limited the circulation, and in particular the acceptance, of his theories and ideas was Mundy's background. While his aristocratic upbringing had provided him with enough financial means to travel and cultural capital in the form of language skills, his bourgeoisie and chiefly philanthropic mindset would form a crucial obstacle. While Mundy did obtain a medical degree this was often disregarded by his opponents – mainly in France and the German-speaking regions. While he himself considered himself to belong to the medical community – he preferred to be called doctor instead of Barron – this was not recognised by many of his medical and psychiatric peers, who placed him outside the epistemic communities across Europe. Physicians and alienists doubted Mundy's abilities as an alienist because he had no practical experience, and was not recognised as an expert or an authority in the field. Mundy's home country, Austria, paid some attention to his views and opinions about psychiatric care, but this was still rather limited. And while Mundy was given a platform in the French psychiatric association, much reluctance existed among his colleagues. His foothold in the community was hindered by opposition at the hands of a group of French psychiatrists whose opinions and criticism against Mundy were frequently published in the AMP and other French journals wherein his medical status and knowledge was discredited.

The only place where he was accepted was among British peers with whom he would form a strong connection. This connection was established due to multiple reasons. The first one was that Mundy was also a supporter of the non-restraint system, which was well-received among British physicians. He also had been a friend of Conolly and revered him. British alienists furthermore had a more open outlook towards

Mundy's views about Gheel, the cottage system and the practice of boarding-out patients. Due to these similar points of view he was offered a much broader dissemination platform than in many other countries. However, his close association with British alienists and their ideas had an adverse effect on his reputation in other countries. Having a transnational mindset or being visible to international peers did not automatically mean that a position as transnational knowledge broker between different communities of practice across Europe could be attained. Specific conditions – actions, communication style and an individual's professional background – had to be met to make this possible.

# Chapter 4. The non-restraint system.

## Highlighting the grey areas of knowledge circulation and assimilation

Introduction to a polemic episode in the history of psychiatry

### The emergence of the non-restraint system

In the previous chapter I explained that the names of alienists could carry great weight with all or some members of different psychiatric communities. Among them we find the name of the British alienist John Conolly who is irreversibly connected to the non-restraint system. This association went so far that the word *Conollyism* was used as an – albeit often negative or condescending – substitute for the non-restraint system. It was frequently used by opponents, such as the Scotchman William Lauder Lindsay who made repeated use of it.<sup>1130</sup> Conolly is commonly seen as the “father” of non-restraint but over the past century and a half this representation has been blown out of proportion by nineteenth century contemporaries and current historians alike. To grasp the meaning of what is meant with Conolly’s non-restraint system, we need to go back to what nineteenth century physicians as well as current historians identify as the founding story of psychiatry. To not ruminate this history endlessly I will only outline it briefly because many historians, such as Andrew Scull, have written about it in minute detail.<sup>1131</sup>

During the Middle Ages and most of the Early Modern Period mentally ill patients were considered to be crazed and violent animals and were treated as irrational and inhuman beings. They were locked up in madhouses, chained in cold, dark and dirty cells and maltreated and abused regularly by those in charge. By the late

---

<sup>1130</sup> W. Lauder Lindsay, “Article IV - The Theory and Practice of Non-Restraint in the Treatment of the Insane”, *Edinburgh Medical Journal*, 1878, vol. 23, no. 10, 887-899, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5321991/>; W. Lauder Lindsay, “Article VIII - The Theory and Practice of Non-Restraint in the Treatment of the Insane”, *Edinburgh Medical Journal*, 1878, vol. 23, no. 12, 1092-1103, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5322016/>; It was also used by G. F. Bodington, a member of the Royal College of Physicians. See: G.F. Bodington, *Restraint in the treatment of Insanity*, (Birmingham: White and Pike, 1878), 4-5, reprinted from *The Birmingham Medical Review*, <https://archive.org/details/b24762635/page/4/mode/2up?q=conollyism>.  
<sup>1131</sup> Andrew Scull, *Madness in Civilization: A Cultural History of Insanity, from the Bible to Freud, from the Madhouse to Modern Medicine* (London: Thames & Hudson, 2015).

eighteenth and early nineteenth centuries these views began to change due to the influence of individuals like the French physicians Philip Pinel (1745-1826) and Jean-Etienne Esquirol (1772-1840), the British Quaker William Tuke (1732-1822), the Belgian alienist Jozef Guislain (1797-1860) or the Italian physician Vincenzo Chiarugi (1759-1820).<sup>1132</sup> They either independently or inspired by each other's writings, reformed the treatment of the mentally ill across Europe and created the foundation for what would be called "moral treatment". The mentally ill were no longer treated as inhuman creatures that needed to be chained to a wall or could only be ruled through violence, but as people who could rationally think and who could be taught to restrain their impulses, or even reach recovery, through kindness and moral discipline. Pinel in particular has been portrayed as the saviour of the ill-treated madmen by freeing them from their iron shackles and chains – an account intertwined with (half)truths and legend<sup>1133</sup> – as well as the pioneer of moral treatment thanks to his *Traité médico-philosophique sur l'aliénation mentale*.<sup>1134</sup>

The non-restraint system, as Conolly would label it, was a nineteenth century extension of the moral treatment. The latter had come in vogue across Europe from the late eighteenth century onwards. In 1839 Conolly began to experiment with non-restraint at Hanwell asylum, officially known as the Middlesex County Asylum. He advocated for and employed the total abolition of mechanical restraints (e.g. fetters, coercion-chairs, handcuffs, leather muffs, straps, straitjackets and so on).<sup>1135</sup> Conolly considered the abolition of mechanical constraints only as one, albeit important, part of what embodied the non-restraint system as a whole. In addition, the non-restraint system consisted of a set of practices and principles in which a well-arranged asylum, efficient attendants, clean clothing and a liberal diet for the patients, cheerful and welcoming surroundings were crucial.<sup>1136</sup> The non-restraint system was on the one

---

<sup>1132</sup> Edward Shorter, *A Historical Dictionary of Psychiatry* (Oxford: Oxford University Press, 2005), 53, 100–101, 180–81, 221–22 and 292–93.

<sup>1133</sup> For an interesting description of Pinel's actions see: John Conolly, "Appendix. Abolition of personal coercion", *The construction and government of lunatic asylums and hospitals for the insane*, (London: John Churchill, 1847), 164-167,

<https://archive.org/details/constructiongove00cono/page/n5/mode/2up>; Pinel supposedly freed the mentally ill from their chains single-handedly but this was not the case. See also: Louis C. Charland, 'Lost in Myth, Lost in Translation: Philippe Pinel's 1809 Medico-Philosophical Treatise on Mental Alienation', *International Journal of Mental Health* 47, no. 3 (2018): 245–49.

<sup>1134</sup> Philippe Pinel, *Traité médico-philosophique sur l'aliénation mentale ou la manie*, (Paris : Richard, Caille et Ravier, 1801), <https://gallica.bnf.fr/ark:/12148/bpt6k432033>.

<sup>1135</sup> John Conolly, *The treatment of the insane without mechanical restraints*, (London: Smith, Elder & co., 1856), <https://archive.org/details/treatmentofinsan00cono>.

<sup>1136</sup> John Conolly, *The treatment of the insane without mechanical restraints*, (London: Smith, Elder & co., 1856), 35-36, <https://archive.org/details/treatmentofinsan00cono>.

hand a form of asylum management and on the other a therapeutic response to violence against patients.<sup>1137</sup>

Instead of using and abusing mechanical restraints, Conolly suggested the use of temporary seclusion in padded rooms, and warm or tepid showers and baths for the tranquillity and restoration of patients.<sup>1138</sup> Furthermore, he stressed the importance of distracting patients from their mental perils by means of education and entertainment (books, music, games) or occupying them with daily tasks: the men working in the garden and the women helping with the laundry.<sup>1139</sup> Exercise was also deemed important, allowing patients into a garden or airing court. In Conolly's view, it was these practices that instigated curation, brought the patients comfort and allowed for the integration of better moral and medical treatment.

Before Conolly made the non-restraint system popular, the British surgeon Robert Gardiner Hill and physician Edward Parker Charlesworth, both employed at the Lincoln Lunatic Asylum, had also done similar experiments but would only get minimal recognition for it.<sup>1140</sup> Conolly's name had by this time become too much intertwined with the non-restraint system. How then did Conolly become the most important protagonist in the development of non-restraint? Conolly has been more prominently associated with it for three reasons, according to historian Laurence Dubois.<sup>1141</sup> Firstly, Hanwell asylum was ten times larger than the Lincoln asylum where Hill first introduced the non-restraint. Conolly's efforts proved that it could be exported to medium and large-scale mental institutions as well. The second and third factor that contributed to Conolly's long lasting fame (in the United Kingdom) was his self-promotion, as well as

---

<sup>1137</sup> Nancy Tomes, 'The Great Controversy a Comparative Perspective Anglo-American Psychiatry in the Nineteenth Century', in *The Anatomy of Madness: Essays in the History of Psychiatry*, ed. William F. Bynum, Roy Porter, and Michael Shepherd, 2004th ed., vol. III The asylums and its psychiatry (London: Routledge, 1988), 197.

<sup>1138</sup> John Conolly, *The treatment of the insane without mechanical restraints*, (London: Smith, Elder & co., 1856), 44-50 and 67-71, <https://archive.org/details/treatmentofinsan00cono>.

<sup>1139</sup> John Conolly, *The treatment of the insane without mechanical restraints*, (London: Smith, Elder & co., 1856), 58 and 84-84, <https://archive.org/details/treatmentofinsan00cono>. See also: Laurence Dubois, *L'Asile de Hanwell Sous l'autorité de John Conolly: Un Modèle Utopique Dans l'histoire de La Psychiatrie Anglaise (1839-1852)?* (Sorbonne Paris Cité, 2016); Laurence Dubois, "'Such cheerful scenes": loisirs et festivités à l'Asile de Hanwell, ou le divertissement au cœur du dispositif de soins (1839-1852)' (Franco-British History seminar series, University of London, 10 December 2015), <http://bit.ly/3t3sUkN>.

<sup>1140</sup> Hill and Charlesworth would never achieve total recognition for their experiments by contemporaries. Over the years some alienists did mention Hill while talking about the non-restraint. See for example: Kingsley Jones, 'Robert Gardiner Hill and the Non-Restraint Movement', *The Canadian Journal of Psychiatry* 29, no. 2 (1 March 1984): 121-24; Alexander Walk, 'Lincoln and Non-Restraint', *The British Journal of Psychiatry* 117, no. 540 (1970): 481-95.

<sup>1141</sup> Dubois, *L'Asile de Hanwell Sous l'autorité de John Conolly*, 82.

the central location of Hanwell in London, which attracted more attention from the public and the press.

Hill's and Conolly's experiments had been met with suspicion and scepticism by many British alienists and the Commissioners in Lunacy alike. In the late 1830s and the beginning of the 1840s only a few asylum superintendents followed in Conolly's footsteps, such as those of the asylum in Lancaster, Gloucester, North-Hampton, Suffolk, Haslar hospital which had a psychiatric ward, and the Scottish Montrose asylum.<sup>1142</sup> In 1844 the Commissioners in Lunacy would modify their point of view and would begin to promote the non-restraint system on a national level – but also stayed ambivalent about for example the use of seclusion.<sup>1143</sup> By the 1850s, 27 of the approximately 30 public asylums and 9 of the 14 private asylums in the United Kingdom had adopted the non-restraint system.<sup>1144</sup> Throughout the 1850s and 1860s it became more and more the norm in the United Kingdom – at least officially – and also spread out towards the colonies that were part of the British empire.<sup>1145</sup> While the non-restraint was a powerful principle in the United Kingdom between the 1840s and 1880s, its use also never involved a consistent or absolute implementation everywhere.<sup>1146</sup> In practice, this often meant that British alienist used the non-restraint system to the best of their abilities or how they saw fit.

Although a large section of British psychiatrists strived to abolish all forms of mechanical constraint in their psychiatric institution, the non-restraint was not without its controversy in Great Britain. Some physicians would stay or become hesitant towards this system or even outright oppose it. The latter was, at least in public, not a commonly expressed view given the pressure of the Commissioners in Lunacy and other prominent British alienists. Nevertheless, psychiatrists such as Edgar Sheppard, Samuel Hill, David Yellowlees and William Lauder Lindsay openly expressed their criticism and questioned the authority of the Commissioners in Lunacy.<sup>1147</sup>

---

<sup>1142</sup> Dubois, *L'Asile de Hanwell Sous l'autorité de John Conolly*, 82.

<sup>1143</sup> Leslie Topp, 'Single Rooms, Seclusion and the Non-Restraint Movement in British Asylums, 1838–1844', *Social History of Medicine* hky015 (2018): 4–5.

<sup>1144</sup> Dubois, *L'Asile de Hanwell Sous l'autorité de John Conolly*, 211, Walton in Andrew Scull, *Madhouses, Mad Doctors and Madmen. Social History of Psychiatry in the Victorian Era*, 1981, 167.

<sup>1145</sup> Dubois, *L'Asile de Hanwell Sous l'autorité de John Conolly*, 211–16.

<sup>1146</sup> Tomes, 'The Great Controversy a Comparative Perspective Anglo-American Psychiatry in the Nineteenth Century', 196 and 200–202.

<sup>1147</sup> Tomes, 'The Great Controversy a Comparative Perspective Anglo-American Psychiatry in the Nineteenth Century', 200–202.

## Historiographical discrepancies

Conolly was immortalised by nineteenth century British alienists because of the new wind of change he brought to (British) psychiatry. The relative success of Conolly's ideas among British asylum physicians and the eventual acknowledgement of its merits by the Commissioners in Lunacy have created a distorted view that has left its marks on historiography. It has ensured that the non-restraint system became historically tied to the United Kingdom. This is not only because historians have largely taken over the rhetoric of nineteenth-century British alienists but also because historians' views are not aligned. While Nancy Tomes remarked in 1988 that the non-restraint received but "scant attention" from researchers, historian Leslie Topp has claimed in more recent research that "[t]he introduction of non-restraint has long been recognised as one of the pivotal moments in the history of psychiatry". While she mentions that there is "rich literature" about it, she does not refer to any specific research initiatives.<sup>1148</sup> In my opinion the former view is still more accurate. The narrative that has been told up until today has been one-sided and very narrow in its scope.

In 1854 an unnamed British alienist wrote in the *Asylum Journal* "[w]hen the future historian of the manners and customs of the present age shall seek for the most prominent fact which in this country distinguishes the prevailing spirit as that of humanity, he will scarcely hesitate in rewarding the post of honor to the Non-Restraint system of treating the insane".<sup>1149</sup> This anonymous alienist has been right to some extent because Conolly's status in the pantheon of British psychiatrists and that of the non-restraint system has had such a strong impact that this idealised image has forced its ways into the twentieth and twenty-first centuries in one way or another. In the *Proceedings of the Royal Society of Medicine* in the 1960s we find small essays on account of the commemoration of the centenary of John Conolly's death, written by British physicians in who's mindset Conolly only or mostly deserved praise. Alexander Walker, a physician who has written multiple pieces about the history of psychiatry, said: "[a]s an old Hanwell man I was brought up to revere Conolly as a great reformer, and I still look on his 'Construction and Management of Asylums' as a bible of

---

<sup>1148</sup> Tomes, 'The Great Controversy a Comparative Perspective Anglo-American Psychiatry in the Nineteenth Century', 191; Topp, 'Single Rooms, Seclusion and the Non-Restraint Movement in British Asylums, 1838–1844', 1.

<sup>1149</sup> "The restraint system as practiced at the North and East Ridings asylum and at the Asylum for the County of Bedford", *The Asylum Journal*, 1854, vol. 1, no. 6, 81, <https://archive.org/details/asylumjournalis00englgoog/page/n78/mode/2up>.



administrative psychiatry”<sup>1150</sup> This and similar statements reveal how Conolly’s status and the significance of non-restraint has been sustained and seeped through in historical research.

During the 1960s and 1970s the first historical accounts about non-restraint, Gardiner Hill and Conolly appeared, albeit lacking objectivity as medical historian Akihito Suzuki has pointed out.<sup>1151</sup> In the 1980s this popular and idealised image of Conolly was pierced by Scull.<sup>1152</sup> Conolly’s career path was not a straightforward one. He had to uproot his medical practice as an unknown and unsuccessful provincial physician many times and only by chance – through the failures of Sir William Elis who had directed Hanwell asylum – he was able to secure a position as superintendent.<sup>1153</sup> Only after these many wanderings and by successfully introducing the non-restraint system did he obtain national recognition and was noticed and honoured by peers.<sup>1154</sup> Although Conolly’s idealised image has been partially rectified, an undercurrent has lingered in historical research up until today.

Conolly and the non-restraint system in the United Kingdom remain a dominant theme.<sup>1155</sup> Suzuki has researched the political aspects of non-restraint in the United Kingdom and has focused on the influence of County magistrates to secure its implementation. Conolly was able to efficiently work together with them but was nevertheless a cog in a bureaucratic machine and has been co-responsible for the end of the medical-professional status of physicians in the asylum.<sup>1156</sup> More recent, historian Laurence Dubois has contributed to further piercing Conolly’s typical image by investigating the medical orthodoxy of non-restraint on the one hand and its effective practice in British asylums on the other. She researched the practices at

---

<sup>1150</sup> Douglas Bennett, ‘One Hundred Years after John Conolly’, *Proceedings of the Royal Society of Medicine* 60, no. 1 (1967): 92.

<sup>1151</sup> A Suzuki, ‘The Politics and Ideology of Non-Restraint: The Case of the Hanwell Asylum’, *Medical History* 39, no. 1 (1995): 1; Walk, ‘Lincoln and Non-Restraint’; Richard Hunter and Ida Macalpine, *Three Hundred Years of Psychiatry 1535-1860* (London: Oxford Univ. Press, 1963).

<sup>1152</sup> A. Scull, ‘A Brilliant Career? John Conolly and Victorian Psychiatry’, *Victorian Studies* 27 (1984): 203–35; Andrew Scull, ‘A Victorian Alienist: John Conolly, FRCP, DCL (1794–1866)’, in *The Anatomy of Madness: Essays in the History of Psychiatry*, ed. W. F. Bynum, Roy Porter, and M. Shepherd, 2004th ed., vol. 1 People and ideas, 3 vols (London: Routledge, 1985), 103–50; A Scull, ‘Insanity in the 18th and 19th Centuries. John Conolly: A Reconsideration’, *Journal of the Royal Society of Medicine* 81, no. 2 (1988): 67–70.

<sup>1153</sup> Scull, ‘Insanity in the 18th and 19th Centuries. John Conolly’, 67–58; Richard Hunter, ‘One Hundred Years after John Conolly’, *Proceedings of the Royal Society of Medicine* 60, no. 1 (1967): 87.

<sup>1154</sup> Scull, ‘Insanity in the 18th and 19th Centuries. John Conolly’, 68.

<sup>1155</sup> Topp, ‘Single Rooms, Seclusion and the Non-Restraint Movement in British Asylums, 1838–1844’; Dubois, *L’Asile de Hanwell Sous l’autorité de John Conolly*; Suzuki, ‘The Politics and Ideology of Non-Restraint’.

<sup>1156</sup> Suzuki, ‘The Politics and Ideology of Non-Restraint’, 2.

Hanwell in detail, focussing on the feasibility of non-restraint and its utopian characteristics.<sup>1157</sup> Even at Hanwell the use of non-restraint gradually lost its momentum. Under Conolly's successor Sanky, who was an advocate of the system, Conolly's principles were maintained as much as possible but this became impracticable and by the 1890s restraint was re-introduced. This was possibly due to the new Lunacy Act of 1890 which brought on a professional crisis in psychiatry as it undermined psychiatrists' authoritative medical position.<sup>1158</sup> Topp is one of the first who did not focus on the general non-restraint story but threw a more nuanced and detailed light upon it by focussing on the use of seclusion, the ambivalence of the term "single room", as well as the ambivalent stance of British physicians and the Commissioners in Lunacy.<sup>1159</sup>

While some of the above studies tried highlighting new facets about the non-restraint system, their focus, especially if we count the research of the 1960s and 1980s, does not reach beyond the United Kingdom, severely limiting the geographical research scope. This is a remnant of Conolly's and other, mainly, British alienists' views during the nineteenth century and has become ingrained in historical research. In 1856 Conolly mentioned that there was almost no response to or acceptance of the non-restraint system outside the United Kingdom as was commonly agreed upon by contemporaries at the time.<sup>1160</sup> This idea has been echoed and reiterated in historical research, the traditional narrative about non-restraint affirming that continental European countries (France, Germany, Belgium, the Netherlands, ...) were not keen on integrating *Conollyism*.<sup>1161</sup> The idea that none or only a small number of alienists made use of the non-restraint system across Europe, is however debatable as I will illustrate in this chapter.

---

<sup>1157</sup>Dubois, *L'Asile de Hanwell Sous l'autorité de John Conolly*, especially the fourth section on 'L'asile comme modèle utopique', 193-250.

<sup>1158</sup> Dubois, *L'Asile de Hanwell Sous l'autorité de John Conolly*, 222-31; Akinobu Takabayashi, 'Surviving the Lunacy Act of 1890: English Psychiatrists and Professional Development during the Early Twentieth Century', *Medical History* 61, no. 2 (2017): 249-246.

<sup>1159</sup> Topp, 'Single Rooms, Seclusion and the Non-Restraint Movement in British Asylums, 1838-1844'; Leslie Topp, 'Isolation, Privacy, Control and Privilege: Psychiatric Architecture and the Single Room', in *Healing Spaces, Modern Architecture, and the Body*, ed. Sarah Schrank and Didem Ekici (Routledge, 2016).

<sup>1160</sup> John Conolly, *The treatment of the insane without mechanical restraints*, (Londo: Smith, Elder & co., 1856), 343, <http://www.archive.org/details/treatmentofinsan00cono>.

<sup>1161</sup> See for example: J. M. W. Binneveld and M. J. van Lieburg, 'De Eerste Psychiatrische Revolutie in Nederland: Een Revolutie Die Niemand Wilde', *Tijdschrift Voor Psychiatrie* 20, no. 1 (1978): 523; Scull, 'A Brilliant Career?', 203-4.

The constant accentuation that there was a discrepancy between the use of the non-restraint system in the United Kingdom and on the continent has resulted in a skewed research focus with only a limited number of studies focussing on the reception and practice of the non-restraint system outside the United Kingdom.<sup>1162</sup> The scope discussed in these publications varies depending on their objectives, some specifically target the non-restraint<sup>1163</sup>, while others mention it almost only in passing due to a broader aim.<sup>1164</sup> In addition, two types of focal points reveal themselves in this non-UK centred research. Firstly, several stay within their national borders either by focussing on certain people (e.g. Wilhelm Griessinger as defender of non-restraint) or specific locations (e.g. the Dutch Meerenberg asylum as the first continental psychiatric institution adopting the non-restraint system).<sup>1165</sup> Yet simultaneously, not enough focus is placed on the intrinsic meaning of these national developments in comparison with developments abroad. A second focus point is the study of the factors (e.g. access to trained personal, asylum layouts, or scientific, professional and moral conflicts) that contributed to diverging developments across countries<sup>1166</sup>, but so far these reasons have not always been discussed in detail, more specifically not all motives have been explored.

Despite these limitations, non-UK centred research has laid the foundation for more detailed studies. The most crucial aspect that it has brought forward is that, although there might have been a negligible practical implementation of Conolly's non-restraint system across Europe, European alienists did not take a passive stance, which spiked controversial debates in all psychiatric communities in the western world.

---

<sup>1162</sup> These exceptions include studies on Germany, the Netherlands and the United States. See: Cordula Geduldig-Jacki, 'Die Behandlung von Geisteskranken ohne physischen Zwang: Die Rezeption des Non-Restraint im deutschen Sprachgebiet' (Zürich, [s.n.], 1975); Eric J. Engstrom, *Clinical Psychiatry in Imperial Germany: A History of Psychiatric Practice* (Ithaca: Cornell University Press, 2003), 61–65; Salina Braun, *Heilung mit Defekt: psychiatrische Praxis an den Anstalten Hofheim und Siegburg 1820 - 1878*, Veröffentlichungen des Max-Planck-Instituts für Geschichte 203 (Göttingen: Vandenhoeck & Ruprecht, 2009), 343–65; Cecile aan de Stegge, 'Changing Attitudes towards "Non-Restraint" in Dutch Psychiatric Nursing, 1897-1994', in *Psychiatric Cultures Compared. Psychiatrie and Mental Health Care in the Twentieth Century: Comparisons and Approaches*, ed. Marijke Gijswijt-Hofstra, H. Oosterhuis, and Joost Vijsselaar (Amsterdam: Amsterdam University Press, 2005).

<sup>1163</sup> aan de Stegge, 'Changing Attitudes towards "Non-Restraint" in Dutch Psychiatric Nursing, 1897-1994'; Tomes, 'The Great Controversy a Comparative Perspective Anglo-American Psychiatry in the Nineteenth Century'; Geduldig-Jacki, 'Die Behandlung von Geisteskranken ohne physischen Zwang'.

<sup>1164</sup> Braun, *Heilung mit Defekt*; Engstrom, *Clinical Psychiatry in Imperial Germany*; Binneveld and Lieburg, 'De Eerste Psychiatrische Revolutie in Nederland'.

<sup>1165</sup> aan de Stegge, 'Changing Attitudes towards "Non-Restraint" in Dutch Psychiatric Nursing, 1897-1994'; Engstrom, *Clinical Psychiatry in Imperial Germany*.

<sup>1166</sup> Braun, *Heilung mit Defekt*; Engstrom, *Clinical Psychiatry in Imperial Germany*; Tomes, 'The Great Controversy a Comparative Perspective Anglo-American Psychiatry in the Nineteenth Century'.

Tomes attributes the explosive nature of the non-restraint debate to on the one hand national internal factions and on the other international debates that clashed with each other.<sup>1167</sup> Debates and the formation of factions will be an anchor point throughout this chapter. I want to break away from an old historiographical discourse that takes the United Kingdom as its starting point. Knowledge dissemination is not a one-way street. What happens when we stop looking at a one-directional knowledge flow from the United Kingdom to Europe and instead pay attention to the opposite direction? This not only means in terms of factual circulation of information but also in terms of the discourse this triggered in psychiatric communities, especially given the limited attention paid to the different stances about the non-restraint system in many European nations.

The discourse conducted in psychiatric communities reveals that to explain the explosiveness of the non-restraint system and why opinions and its implementation were so diverse across Europe, a large set of entangled factors are involved. They all impact the evolution of this debate across Europe's nations in different degrees. I will reflect on the conceptual disruption that took place, zooming in on the multiple definitions of the non-restraint system. Another point I touch upon is the professional and ethical standards that were turned upside down, laying bare the precarity of medical authority. Another feature that provides part of the answers lies in the practical problems that alienists across Europe experienced such as inefficient asylum layouts, a lack of trained and reliable personnel and problems to determine the effectiveness of Conolly's system. Hereafter, I focus more specifically on where in Europe the British non-restraint system was entirely implemented and where hybrid forms<sup>1168</sup> of the system existed. Together these facets point in the direction that Europe developed its own form(s) of the non-restraint system.

---

<sup>1167</sup> Tomes, 'The Great Controversy a Comparative Perspective Anglo-American Psychiatry in the Nineteenth Century', 212.

<sup>1168</sup> With hybrid forms I mean a mix of Conolly's principles and ideas ingrained on a local or national level.

## “A play of words”: the conceptual disruption of the non-restraint system

During his presidential address in 1874, the British physician Thomas Lawes Rogers, superintendent at Rainhill County Asylum<sup>1169</sup>, focused on the definition of restraint and seclusion pointing out to his peers that “[...] yet though ‘familiar in our mouths as household words’, they are terms that are by no means accurately defined, and in the manner of employing them I believe that great divergence exists in practice”.<sup>1170</sup> An essential feature of striving towards a far-reaching adaptation of any kind of knowledge or practice, requires agreement among specialists, be it on a local, national or international level. To achieve this a “common language”, a shared and agreed upon terminology and a mutual understanding of principles and values is crucial. The lack of common ground and agreement about the meaning of “mechanical restraint”, “non-restraint” and “non-restraint system” is one of the principal reasons that the British non-restraint system caused such a disruption in the European psychiatric community as well as why it was perceived as less extensively employed across Europe by British alienists. Yet this factor has been overlooked by historians.

### **The difference between the non-restraint system and non-restraint**

In 1856 Conolly described the non-restraint system as consisting of several different components. Aside from the abolition of mechanical restraints, he also mentioned the value of qualitative food, pleasant surroundings, entertainment and work to distract patients from their mental perils.<sup>1171</sup> However, European alienists would develop a different interpretation of the non-restraint system. Psychiatrists on the continent mainly singled out the complete disuse of mechanical restraints from Conolly’s broad definition – to the consternation of several British alienists. Why did continental European alienists equate the abolition of mechanical restraints with the non-restraint system? An answer to this question partially lies in the process of conflict and consensus that is a crucial element of knowledge circulation. Historian Isak Hammar

---

<sup>1169</sup> “Obituary”, *British Medical Journal*, 1912, vol. 2, 403, <https://www.bmj.com/content/2/2694/403.2>.

<sup>1170</sup> Thomas Lawes Rogers, “The President’s Address”, *Journal of Mental Science*, vol. 20, no. 91, 328, <http://www.archive.org/details/britishjournalof20roya>.

<sup>1171</sup> John Conolly, *The treatment of the insane without mechanical restraints*, (London: Smith, Elder & Co., 1856), especially p. 36, <https://archive.org/details/treatmentofinsan00cono>.

has recently emphasised that the interplay between conflict and consensus can provide a valuable analytical approach to knowledge circulation.<sup>1172</sup>

In the debates surrounding the non-restraint, the notion of conflict mainly manifests itself through alienists on the continent and in the United Kingdom endorsing other definition of “mechanical restraint” and “non-restraint”. The multitude of opinions about these two concepts triggered a process in which various factions, each with its own point of view, vehemently reacted against each other through a variety of claims. This creates a process of action and interaction which can sustain and intensify particular patterns of circulation.<sup>1173</sup> In the psychiatric community we see a similar process happen. The multiple definitions and opinions put forward by alienists across Europe resulted in a continuous reiteration of statements voiced by supporters and opponents of restraint. This led European alienists to identify the total abolition of mechanical restraint (non-restraint) more and more as the equivalent of the non-restraint system. Hereby creating a new and restricted definition out of the combined principles Conolly had recommended. Conflicting opinions would keep promoting a wide range of interpretations and definitions between the 1840s and the early twentieth century.<sup>1174</sup>

In contrast to the heavily debated idea of the total abolition of mechanical restraints, many of the other features of Conolly’s system did find a certain degree of consensus among alienists in in the 1860s and 1870s. They were in varying degrees in vogue across Europe, yet they were often not consciously seen as part of the British non-restraint system by psychiatrists on the continent. This perception becomes even more apparent in how certain asylum reports or commentary thereupon was structured. An unnamed Dutch alienist recapitulated in 1878 the Dutch asylum report (*Verslag over den staat der Gestichten voor Krankzinnigen*) for the years 1869-1874, making a categorical division between “moral treatment” (*zielkundige behandeling*), the use of isolation cells, usefully occupying patients (*arbeid*), entertainment (*uitspanning*) and the non-restraint system.<sup>1175</sup> According to the report, only

---

<sup>1172</sup> Isak Hammar, ‘Conflict, Consensus, and Circulation. The Public Debates on Education in Sweden, c.1800–1830’, in *Circulation of Knowledge: Explorations in the History of Knowledge*, ed. Johan Östling et al. (Lund: Nordic Academic Press, 2018).

<sup>1173</sup> Hammar, ‘Conflict, Consensus, and Circulation. The Public Debates on Education in Sweden, c.1800–1830’, 156.

<sup>1174</sup> Hammar, ‘Conflict, Consensus, and Circulation. The Public Debates on Education in Sweden, c.1800–1830’, 147.

<sup>1175</sup> “Boekaankondiging. Verslag over den staat der gestichten voor krankzinnigen in de jaren 1869, 1870, 1871, 1872, 1873 en 1874 [...]”, *Nederlandsch Tijdschrift voor Geneeskunde*, 1878, vol. 22, 234-

Meerenberg asylum in Bloemendaal and the asylum of Zutphen applied the non-restraint system which was equated with the abolition of mechanical restraints.<sup>1176</sup>

Many of the other features of Conolly's system were almost never (elaborately) discussed in psychiatric journals. At least not with a direct connection or reference to the persona of Conolly or the non-restraint system. This confirms the idea that conflicting opinions often circulated on a broader scale and for a longer period of time than subjects where a consensus is reached, making its extensive discussion less relevant. Why the discussion about for example more pleasant surroundings or providing patients with books and boardgames, were less of a delicate subject and why more consensus was reached is not entirely clear. The most likely reason is that this type of arrangements had already been in vogue to some extent before it was propagated as a part of Conolly's non-restraint system.<sup>1177</sup>

Long before Conolly, other psychiatrists such as the French alienist Esquirol – who's work, aside from Pinel's, was an example for many French and European alienist – had already pointed out in 1838 that “[...] entertainment is, after work, the most effective agent for healing the insane [...]”.<sup>1178</sup> In the middle of the 1840s the French asylum Saint-Yon made already use of different games (draughts, dominoes, ...), promenading, reading and singing to entertain patients.<sup>1179</sup> Also in the United States similar views of caring for and treating the mentally ill were already in vogue. The American alienist Pliny Earle was in the very early 1840s and the second half of the 1860s one of the first who gave lectures about philosophy and mental illnesses for the patients under his care.<sup>1180</sup> This all happened at a time that Conolly's non-restraint

---

237, <https://www.ntvg.nl/artikelen/verslag-over-den-staat-der-gestichten-voor-krankzinnigen-de-jaren-1869-1870-1871-1872-1873/artikelinfo>.

<sup>1176</sup> “Boekaankondiging. Verslag over den staat der gestichten voor krankzinnigen in de jaren 1869, 1870, 1871, 1872, 1873 en 1874 [...]”, *Nederlandsch Tijdschrift voor Geneeskunde*, 1878, vol. 22, 249, <https://www.ntvg.nl/artikelen/verslag-over-den-staat-der-gestichten-voor-krankzinnigen-de-jaren-1869-1870-1871-1872-1873/artikelinfo>.

<sup>1177</sup> More historical research at the level of asylums (e.g. asylum reports) is necessary which unfortunately lies beyond the scope of this research.

<sup>1178</sup> “Les moyens de distraction sont toutefois, après le travail, les agents les plus efficaces pour guérir les aliénés [...]”. See: E. Esquirol, *Des Maladies mentales considérés sous les rapports médical, hygiénique et médico-légal*, vol. 1, (Paris: J.-B. Baillière, 1838), 137, <https://archive.org/details/desmaladiesmenta01esqu/page/136/mode/2up?q=moyens+de+distraction>.

<sup>1179</sup> “Notice statistique sur l’asile des aliénés de la seine-inférieure pour la période comprise entre le 11 juillet 1825 et le 31 décembre 1843 par De Bouteville et Parchappe”, AMP, 1846, vol. 7, 145, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1846x07>; “Fisiologia e Patologia dell’anima umana, par Francesco Bonucci”, AMP, 1858, vol. 4, 145, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1858x04>.

<sup>1180</sup> J. Drouet, “Rapports annuels de l’asile d’aliénés de Northampton (Etats-Unis). Années 1867 et 1868”, AMP 1870, no. 3, 520, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1870x03>.

system was not known or recognised in other countries around Europe or the United States.

The relatively far-reaching and successful implementation of the non-restraint system in the United Kingdom gave British alienists a sense of entitlement about “their” knowledge of the non-restraint system. As the British physician Benjamin Ward Richardson mentioned in 1877, it was Conolly who had placed British alienists “[...] first among all the nations as physicians of medical disease”.<sup>1181</sup> This idea of entitlement and authority was however often refuted by psychiatrists on the continent. Nonetheless, British alienists continuously tried to mediate the, according to them, misinterpretations and misconceptions from foreign colleagues. This happened in particular during the 1860s, a moment that literature about the non-restraint system and discussions began to flare up in different continental European countries. Sir James Clark, a supporter of Conolly, had tried to redirect foreign psychiatrist ideas about the non-restraint system, declaring in 1869 that “They [foreign alienists] have to learn that non-restraint implies, beside this one feature, a multitude of details”.<sup>1182</sup>

A few years before, Sankey, the successor of Conolly at Hanwell, had written a report about the British non-restraint system that was published in the French *Annales Médico-Psychologiques*.<sup>1183</sup> Most information found in the AMP was mainly in favour of restraint as at least two out of its three editors were during this period against an absolute form of non-restraint, making it rather surprising that Sankey’s article appeared at all. However, despite the efforts of Conolly’s successors, the opinions of continental alienists remained unchanged throughout most of the nineteenth and twentieth centuries. From the previous utterances by British alienists it would be easy to concur that Europeans, indeed, “misinterpreted” the British non-restraint system. However, we could also say that, from a European perspective, continental psychiatrists partly *reinterpreted* the non-restraint system according to their own ideas and values, and other practices that were already in existence.

The bottleneck of circulating Conolly’s non-restraint system did not lie in the disability or a lack of impulses of the sender to disseminate this idea. Far from it, as the

---

<sup>1181</sup> See: Scull, ‘A Brilliant Career?’, 203.

<sup>1182</sup> Sir James Clark, *A memoir of John Conolly, M.D., D.C.L., comprising a sketch of the treatment of the insane in Europe and America*, (London: John Murray, 1869), 255, <https://wellcomecollection.org/works/kqsgsstn>.

<sup>1183</sup> Sankey, “Sur les principes et la pratique de traitement des aliénés par le système appelé en Angleterre no-restraint”, AMP, 1862, vol. 8, 577-599, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1862x08>.



efforts from Conolly and others to introduce the British non-restraint system across Europe illustrated. The problem lay with the factors that influenced the acquisition of knowledge. More specifically, if information was understood, assessed and accepted by the receiver.<sup>1184</sup> The transfer of the term “non-restraint system” did not follow a smooth path and was largely reinterpreted. Consequently, this implies that the exact meaning and use of the words “non-restraint” and “non-restraint system” among psychiatrists in continental Europe becomes difficult to grasp as they were sometimes used interchangeably.

### **Restraint versus non-restraint: the case of the wet pack**

While there were two different definitions of the non-restraint system in vogue, debates went even further: discussions were held about the definition of “restraint” and “non-restraint” and the therapeutical and medical value of each. This brought with it an even greater variety of meanings that circulated across Europe. It created a second process in which conflict sustained and intensified the different arguments and counter arguments that circulated as well as the different types of information that were disseminated.<sup>1185</sup> During the nineteenth century alienists had a range of “therapeutic” instruments at their disposal, some of which would be later defined as forms of “mechanical restraint”. For numerous alienists mechanical restraints meant the use of leg-irons, coercion chairs, leather muffs and straitjackets (**figure 46**). They would stay a staple in asylum treatment and management throughout the nineteenth century and would slowly get out of fashion during the twentieth century. This first happened on a theoretical scale: the French alienist Emmanuel Régis for example would make references to the straitjacket multiple times in the 1885 edition of his textbook, while the edition of 1923 did not mention it anymore.<sup>1186</sup> After this theoretical turnaround the use of the straitjacket disappeared gradually from the asylum as well.<sup>1187</sup> Yet this is

---

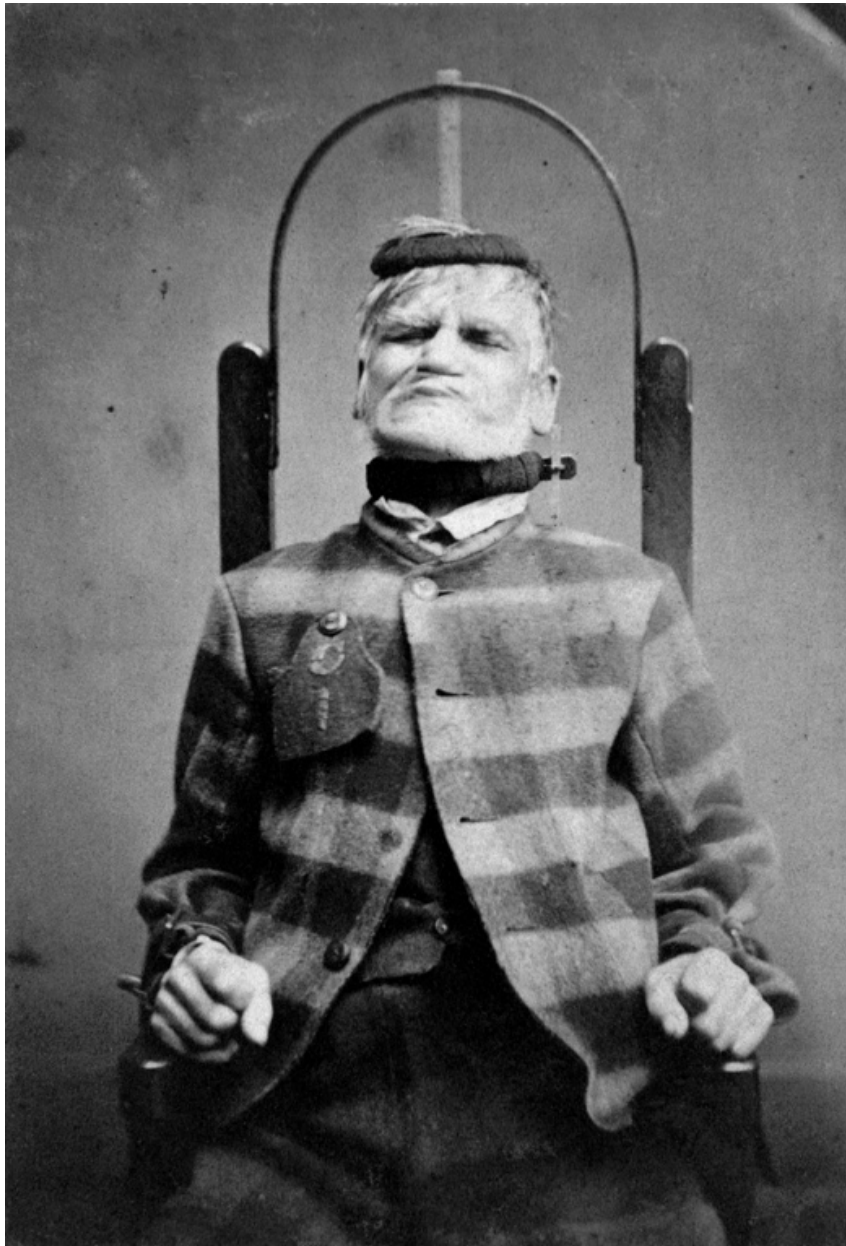
<sup>1184</sup> Peter Meusburger, ‘The Nexus of Knowledge and Space’, in *Clashes of Knowledge: Orthodoxies and Heterodoxies in Science and Religion*, ed. Günter Abel et al., Knowledge and Space 1 (New York: Springer, 2008), 70.

<sup>1185</sup> Hammar, ‘Conflict, Consensus, and Circulation. The Public Debates on Education in Sweden, c.1800–1830’, 156.

<sup>1186</sup> Benoît Majerus, ‘The Straitjacket, the Bed, and the Pill: Material Culture and Madness’, in *The Routledge History of Madness and Mental Health*, ed. Greg Eghigian (Basingstoke: Taylor & Francis Ltd, 2017), 267.

<sup>1187</sup> Majerus, ‘The Straitjacket, the Bed, and the Pill: Material Culture and Madness’, 267.

only in relative terms as restraint still is an ethical and medical topic of discussion today.<sup>1188</sup>



**Figure 46.** Man in a restraint chair at Wakefield Prison. Photograph taken circa 1869. Some forms of mechanical restraint were still in use in the United Kingdom some 30 years after the introduction of the non-restraint system. Source: Wellcome collection, <https://wellcomecollection.org/works/rs5e4xz4>.

---

<sup>1188</sup> In 2020, Human Rights Watch addressed the issue of shackling which is a non-medical and rudimentary form of physical restraint used to confine people with mental health issues. Shackling is currently practiced across 60 countries, mostly in a family environment but it has also been recorded in psychiatric clinics such as in Somaliland and Nigeria. See: Human Rights Watch, *Living in Chains. Shackling of People with Psychosocial Disabilities Worldwide*, 2020, 37–39, <https://www.hrw.org/news/2020/10/06/people-mental-health-conditions-living-chains> [https://www.hrw.org/sites/default/files/media\\_2020/10/global\\_shackling1020\\_web\\_2.pdf](https://www.hrw.org/sites/default/files/media_2020/10/global_shackling1020_web_2.pdf). Some forms of restraint are also still used in western psychiatric hospitals today. These can be restraint chairs or the use of supine restraint on a bed. See: Nicole Visaggio et al., 'Is It Safe? The Restraint Chair Compared to Traditional Methods of Restraint: A Three Hospital Study', *Archives of Psychiatric Nursing* 32, no. 5 (2018): 723–28.

While Conolly's principles and his introduction of non-restraint gained more prominence, the concept of "restraint" itself came under pressure. Questions arose about its nature, its definition needing to be improved. Restraint was no longer just a part of the alienist's therapeutical arsenal. A divide began to unfold in which the medical-therapeutic and ethical use of restraint and non-restraint were questioned. How then were these two opposites defined and who decided on its meaning? The answer to these questions is complex because the meaning of mechanical restraint and non-restraint changed regularly through time and space. As a result, the debates about the precise characteristics of the non-restraint system were also constantly shifting. Yet, it is precisely this variety of definitions that is crucial to understand the different sides of the debate that unfolded across Europe and the changes it underwent, not only in a European context but also in Britain itself.

The Belgian alienist Lentz referred to mechanical restraint as all appliances that are directly enforced upon the body of a patient and hinder his or her movements.<sup>1189</sup> Yet not all psychiatrists across Europe agreed with this definition. Patients being held under control by attendants, placed in isolation cells or given drugs to calm down (often called "chemical restraint") were by some also seen as forms of restraint, while others saw it as an alternative to mechanical restraint. Discussions among psychiatrists but also in psychiatric communities were not taking place along clear-cut lines. The problems around the clarification of these concepts lead the Belgian physician Lefèbvre to call the debate about non-restraint "a play of words".<sup>1190</sup> Alienists' points of view were abundant, and a formal definition of "restraint", "mechanical restraint" and "non-restraint" that was accepted across the western world was not reached during the nineteenth and early twentieth century. More than 50 years after the introduction of the non-restraint system by Conolly, there was still no general agreement in or between countries about what the terms restraint or non-restraint covered.

Even by the 1880s not everyone understood the original (British) definition of non-restraint. During a discussion in the SMP the French physiotherapist Eugène Dally

---

<sup>1189</sup> "Procès-verbal de la séance ordinaire tenue à Gand, le 1<sup>er</sup> Mai 1873", BSMMB, 1873, no. 2, 35, <http://hdl.handle.net/2027/mdp.39015070250843>.

<sup>1190</sup> "[...] un jeu de mots [...]". See: "Séance ordinaire du 6 mai 1874 tenue aux Halles à Louvain", BSMMB, 1874, no. 4, 17, <http://hdl.handle.net/2027/mdp.39015070250843>.

asked, “Does the no-restraint reject only the straitjacket or all restraints?”.<sup>1191</sup> Since Dally was not an alienist at his core, although he frequently participated in discussions about the responsibility of criminals in the *Société d’Anthropologie de Paris*, it is maybe not surprising that he was not up to date with recent insights about the non-restraint system.<sup>1192</sup> However, his colleague Henri Dagonet, who was against the non-restraint system, answered with conviction that “[...] the no-restraint only rejects the use of the straitjacket: it constitutes in its system a set of means of which its use is more harmful than the straitjacket”.<sup>1193</sup> Similar confusion could be found in Germany, where in 1880 a discussion was held about the use of non-restraint in Germany.<sup>1194</sup> The topic was introduced by Westphal and Nasse, and discussed by about twenty different physicians, with Nasse pointing out at the end of the discussion that “[...] there are different views on Restraint and Non-restraint, almost everybody understands it to be different and everybody has declared himself in favour of Non-restraint [...]”.<sup>1195</sup> To take a stance in this debate, it was key to understand Conolly’s principles and the meaning of mechanical restraint and non-restraint, yet this was not always the case.

As the late literary scholar Edward Said has stressed “no reading is neutral or innocent, and by the same token every text and every reader is to some extent the product of a theoretical standpoint, however implicit or unconscious such a standpoint may be”.<sup>1196</sup> Indeed, the debate about restraint and non-restraint was far from neutral and each alienist, be that in the United Kingdom or on the continent, acted according to their own moral principles and scientific theories, anchored in bigger socio-cultural or political dimensions. An excellent example that illustrated the processes involved was the practice of wrapping patients in wet sheets to calm them down, called wet

---

<sup>1191</sup> “La no-restraint rejette-t-il seulement la camisole ou l’ensemble des moyens de contention?”. See: “Du no-restrainte (suite)”, AMP, 1880, vol. 4, 431, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1880x04>.

<sup>1192</sup> <https://www.sciencedirect.com/science/article/abs/pii/S0003448714001474>

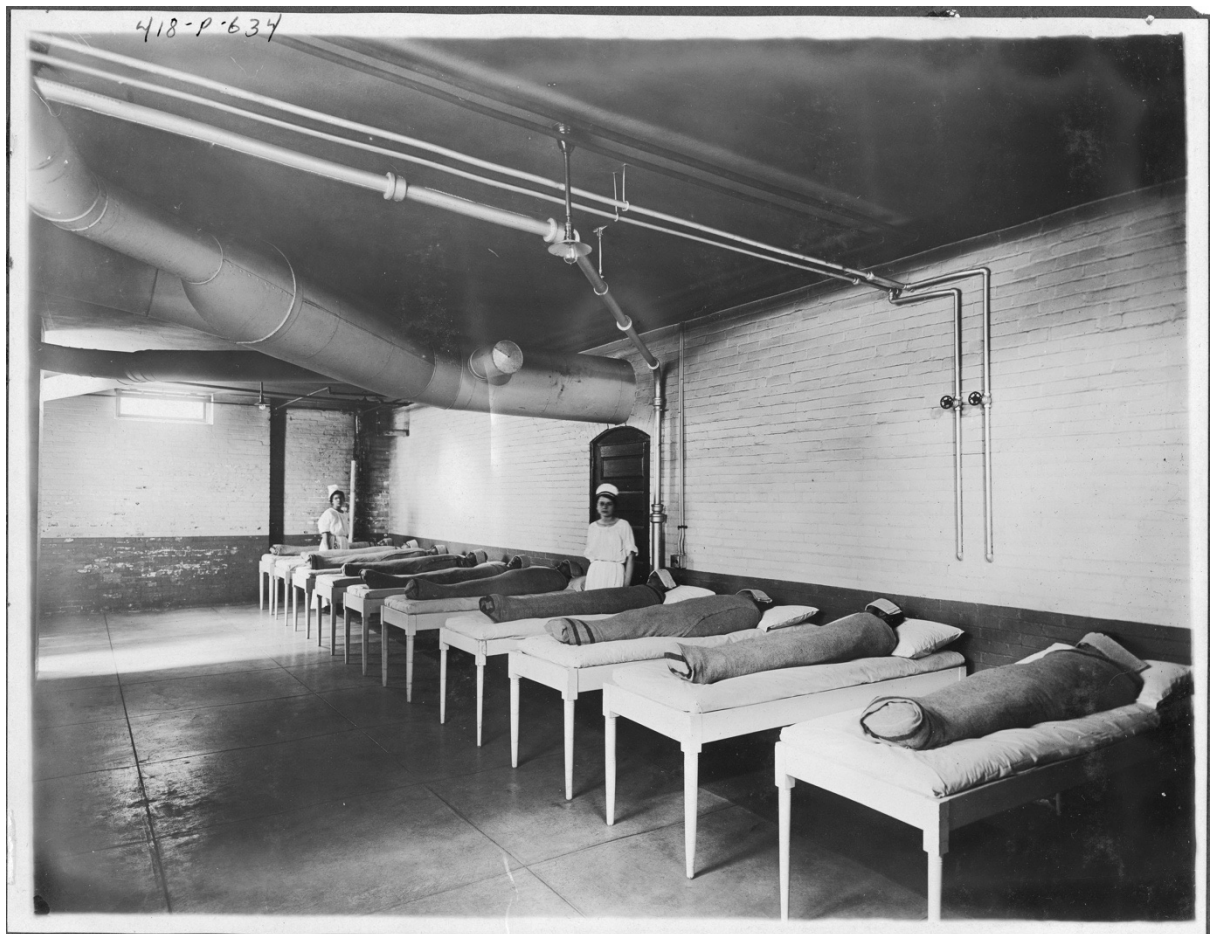
<sup>1193</sup> “le no-restraint ne rejette que l’usage de la camisole: il constitue dans son système un ensemble de moyens donc l’emploi est plus nuisible que la camisole”. See: “Du no-restrainte (suite)”, AMP, 1880, vol. 4, 431, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1880x04>.

<sup>1194</sup> “Besprechung des gegenwärtigen Standes der Non-restraintfrage in Deutschland”, *Zeitschrift für Psychiatrie*, 1880, vol. 36, 640-653, <https://hdl.handle.net/2027/mdp.39015062212694>.

<sup>1195</sup> “[...] er möchte constatiren, dass sich über Restraint und Non-restraint eine verschiedene Auffassung kundgegeben habe, fast Jeder verstehe darunter etwas Anderes und Alle hätten sich doch für Non-restraint erklärt, nur Westphal scheine ihm darin abzuweichen, dass er unter keinen Umständen irgend einen mechanischen Zwang zulassen wolle”. See: “Besprechung des gegenwärtigen Standes der Non-restraintfrage in Deutschland”, *Zeitschrift für Psychiatrie*, 1880, vol. 36, 640-653, <https://hdl.handle.net/2027/mdp.39015062212694>.

<sup>1196</sup> Edward Said as quoted in: David N. Livingstone, ‘Science, Text and Space: Thoughts on the Geography of Reading’, *Transactions of the Institute of British Geographers* 30, no. 4 (2005): 393.

packing (**figure 47**). This practice was presumably invented by Vincent Priessnitz, by some seen as the founder of hydrotherapy, around the 1840s.<sup>1197</sup> By the time Conolly published his writings about the abolition of non-restraint and its replacements, such as the use of isolation in padded rooms or the use of baths, he did not mention the concept of wet-packing. It could be argued that any alienist who did use wet packing did not adhere to Conolly's principles of treatment. Yet, wet packing was freely used by the British alienist Lockhart Robertson and his successor, physician S. W. D. Williams, both supporters of Conolly's non-restraint system. Robertson introduced the practice in the 1860s and was at least for a decade not viewed as a form of restraint. Conolly's system was slightly adapted by his followers to suit their own convictions.



**Figure 47.** Patients wrapped in wet sheets and watched over by attendants. Circa 1900. Source: National Archives and Records Administration/National Building Museum. <https://www.npr.org/sections/health-shots/2017/07/06/535608442/architecture-of-an-asylum-tracks-history-of-u-s-treatment-of-mental-illness?t=1602249905930>.

---

<sup>1197</sup> Richard Metcalfe, *Life of Vincent Priessnitz founder of hydrotherapy*, (London: Simpkin, Marshall, Hamilton, Kent & co., 1898), <https://wellcomecollection.org/works/gbkh9mbu>.

By the beginning of the 1870s however, almost seven years after Conolly's death, the use of wet sheets was in most cases no longer tolerated by the Commissioners in Lunacy. They had the power to guide the use of the non-restraint system and could recommend or enforce it on a more widespread scale.<sup>1198</sup> Not all British physician welcomed the intervention of the Commissioners in Lunacy as many struggled with the non-restraint system or applied their own version.<sup>1199</sup> The rules of the Commissioners in Lunacy were further complicated because they were prone to taking up ambivalent positions. They did so with the use of isolation cells<sup>1200</sup> as well as with the use of the wet pack. The Commissioners had allowed wet-packing in the past, giving no commentary or advice upon its use, until they added the practice to their blacklist after some untimely accidents with patients.

Although the practice was on the Commissioners' blacklist their position towards it would stay rather unclear. They preferred it not to be used and while doing their inspections, wet-packing was always mentioned in the section about restraint and seclusion, however, certain statements in their report also indicate that it was not considered to be the worst form of restraint and was not always strongly condemned. In a report from 1872 about the Sussex Asylum the Commissioners wrote, "There is no record of any resort to restraint of a mechanical kind. We find, however, that packing in wet sheets, as medical treatment, has been employed in the case of 16 males and 22 females".<sup>1201</sup> On another occasion, in 1881, they lectured some alienists but not others for using wet sheets. The Commissioners mentioned that in the Northamptonshire Asylum "No patient was placed in restraint strictly so called, but 15 patients were medically treated by 'wet packing' [...]".<sup>1202</sup> Yet, while they visited the Gloucester asylum in the same year, they did reprimand the physicians because several patients had been treated by wet packing and the physicians had not registered this as

---

<sup>1198</sup>Suzuki, 'The Politics and Ideology of Non-Restraint'. Laurence Dubois however does not agree with Suzuki's assessment. See: Dubois, *L'Asile de Hanwell Sous l'autorité de John Conolly*, 26.

<sup>1199</sup> Divergent opinions were regularly found in Forbes Winslow's journal. See for example: "On non-mechanical restraint in the treatment of the insane", *The Journal of psychological medicine and mental pathology*, 1854, vol. 7, no. 28, 541-572, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5086827/>; Tomes, 'The Great Controversy a Comparative Perspective Anglo-American Psychiatry in the Nineteenth Century', 200–202.

<sup>1200</sup> Topp, 'Single Rooms, Seclusion and the Non-Restraint Movement in British Asylums, 1838–1844'.

<sup>1201</sup> Twenty-seventh report of the Commissioners in Lunacy to the Lord Chancellor [1872], (1873), 212, <https://wellcomecollection.org/works/f8makpva>.

<sup>1202</sup> Thirty-sixth report of the Commissioners in Lunacy to the Lord Chancellor [1881], 1882, 310, <https://wellcomecollection.org/works/uhb5apts>.



a form of restraint. The commissioners pointed out to the medical officers that they should do so, as “[...] such registry is usual in other Asylums”.<sup>1203</sup>

What was labelled as the non-restraint system fundamentally changed through time, its rules were not clear and its use was not always transparent enough for Commissioners and psychiatrists alike. This meant that alienists such as S. W. D. Williams, medical superintendent of the Sussex Lunatic Asylum, could from one day to the next be branded as a “disloyal” follower of the non-restraint system. Not wanting to damage his practice of the non-restraint system Williams complied with the new regulations of the Lunacy commission because he did not want to deface his “[...] records with the ugly word restraint”<sup>1204</sup> and refrained from applying the wet sheet packing. However, Williams was also irritated by the new regulations. He did not agree that wet packing was a form of restraint and that this was a misnomer, because the application of water was recognised as a therapeutical agent and a part of hydrotherapy – a practice that would become popular across Europe.

Williams declared to his colleagues that “[...] eventually its absence from our repertoire of remedial agents was so much felt, and its partial disuse so powerfully demonstrated to us its usefulness, that at last [...] we abandoned our sentiments, and returned to the packing; feeling, indeed, that if we were satisfied of its beneficial effects, we had no right to deprive our patients of its advantages”.<sup>1205</sup> Definitions of the term non-restraint succeeded each other rapidly in the United Kingdom, as did the authority and power of those who shaped this terminology. In a relatively short time span this changed from what Conolly had intended as forms of non-restraint to what the Commissioners in Lunacy decided, yet some took matters in their own hands disregarding the regulations prescribed by the Lunacy Commission.

It is unclear in how far and in how much detail European alienists were aware of, and informed about, these continuous shifts taking place in the United Kingdom. Nor in how far they followed the United Kingdom in this regard – most likely this was

---

<sup>1203</sup> Thirty-sixth report of the Commissioners in Lunacy to the Lord Chancellor [1881], 1882, 261, <https://wellcomecollection.org/works/uhb5apts>.

<sup>1204</sup> For the quote see: “Reviews. Asylum reports for 1872”, *Journal of Mental Science*, 1873, vol. 19, no. 88, 452; For more details see also: G. F. Bodington, *Restraint in the treatment of insanity*, (Birmingham: White and Pike, 1878), reprinted from *The Birmingham Medical Review* October 1878, 15, <https://wellcomelibrary.org/item/b24762635>.

<sup>1205</sup> For the quote see: “Reviews. Asylum reports for 1872”, *Journal of Mental Science*, 1873, vol. 19, no. 88, 452; For more details see also: G. F. Bodington, *Restraint in the treatment of insanity*, (Birmingham: White and Pike, 1878), reprinted from *The Birmingham Medical Review* October 1878, 15, <https://wellcomelibrary.org/item/b24762635>.

extremely limited – but nonetheless opinions across Europe also greatly varied. The Belgian alienist Benjamin Ingels for example questioned the therapeutical and medical use of wet packing and deemed in 1874 that the use of a wet sheet was as forceful as a straitjacket.<sup>1206</sup> Even though the forcefulness of the wet pack was questioned by some in the 1870s, it would become an increasingly popular form of therapy in the Netherlands from the 1880s onwards.<sup>1207</sup> In the Netherlands a new law was introduced in 1884 with which the Dutch government and psychiatrists hoped to monitor the treatment of the mentally ill and the misuse of constraints more closely. Coercive means that needed to be registered in a ledger were: binding the hands, restraining gloves, the straitjacket or strait suit, binding the feet, foot chains, binding to a chair, and a strait chair.<sup>1208</sup> The wet pack was not included in this list while by the early 1870s it was already considered a form of restraint by the British Commissioners. Although the Dutch government and part of Dutch asylum physicians backed-up the use of non-restraint, from a purely theoretical point of view, the Dutch version did not conform to the official British one.

By the turn of the century the Fort Jaco asylum in Belgium would use wet-packing as a transitory practice to employ the non-restraint system.<sup>1209</sup> Yet, in 1923 still the Belgian physician Maere from the asylum in Ghent for example did consider the *enveloppements humides* a form of restraint, but nonetheless used it in cases of sitophobia (unwillingness to eat or an aversion to food) and catatonic patients.<sup>1210</sup> This arbitrary status of the use of wet sheets was not only found in Belgium or the Netherlands, but can also be found in Germany where R. Bogdan asked himself in how far wet sheets are useful in psychiatric treatment. An inquiry in 1896 among German

---

<sup>1206</sup> "Discussion du travail de M. Lentz sur l'emploi des moyend de coërcition", BSMMB, 1874, no. 4, 10-22, especially page 14, <http://hdl.handle.net/2027/mdp.39015070250843>.

<sup>1207</sup> Marijke Gijswijt-Hofsta, 'Within and Outside the Walls of the Asylum. Caring for the Dutch Mentally Ill, 1884-2000', in *Psychiatric Cultures Compared. Psychiatrie and Mental Health Care in the Twentieth Century: Comparisons and Approaches*, ed. Marijke Gijswijt-Hofstra, H. Oosterhuis, and Joost Vijselaar (Amsterdam: Amsterdam University Press, 2005), 43; Joost Vijselaar, 'Zeden, zelfbeheersing en genezing. De zedenkundige behan- deling en het "non-restraint" in Meerenberg, 1849-1884', in *Gesticht in de duinen: de geschiedenis van de provinciale psychiatrische ziekenhuizen van Noord-Holland van 1849 tot 1994* (Hilversum: Verloren, 1997), 41–73. See also: "De rijksinspecteur der Belgische Krankzinnigen-gestichten en het no-restraint", *Psychiatrische Bladen*, vol. 4, 85-91, <http://hdl.handle.net/2027/chi.098893714>.

<sup>1208</sup> aan de Stegge, 'Changing Attitudes towards "Non-Restraint" in Dutch Psychiatric Nursing, 1897-1994', 333 and 351 (footnote 20).

<sup>1209</sup> Ley and Boulanger, "Rapport sur le service médical du Sanatorium du Fort Jaco, à Uccle en 1906 et 1907", BSMMB, 1908, no. 138, 139, <http://hdl.handle.net/2027/mdp.39015070275329>.

<sup>1210</sup> Maere, "Les bons remèdes actuels dans l'excitation maniaque", *Journal de neurologie et de psychiatrie*, vol. 23, no. psychiatrique 3, 56, [private digitisation made at the Henrik Conscience library, Antwerp].



psychiatric institutions demonstrated that out of 28 German asylums only 5 used it consistently, 13 used it rarely and only for particular cases, and 10 never made use of it.<sup>1211</sup> Numerous German psychiatrists believed that the effects of wet-packing were limited and that it was uncomfortable for the patients.<sup>1212</sup> The interpretation of information derived from other countries, the theories behind them and the use of, in this case, wet-packing, did not evolve in a straight line and demonstrates the fragility of concept, theories and practices that circulated across Europe. What was understood by the term restraint, non-restraint and non-restraint system in the United Kingdom and elsewhere in Europe differed significantly.

### A schism in professional and ethical standards

Aside from problems with terminology and definitions, the professional and ethical standards of nineteenth century psychiatrists are another feature that helps to explain the volatile debates about the non-restraint system and why its employment was so diverse across Europe, especially in comparison with the United Kingdom. This second set of features has been referred to before by other historians, such as Engstrom, who mentioned that a “new kind of psychiatrist had to be cultivated”<sup>1213</sup> and Tomes has pointed out that the large divide between the United States (contra non-restraint) and the United Kingdom (pro non-restraint) was among others due to a contestation of scientific and humanitarian claims, the debate revolving around the legitimacy of restraint as a therapeutic measure.<sup>1214</sup> Yet more research is crucial because these ethical and professional standards are comprised of several intricate layers (e.g. clashing principles and ideology, professional decorum, national heritage) that were present in various degrees in each country in Europe.

The professionalisation of psychiatry since the end of the eighteenth century and especially the nineteenth century was not an easy and smooth path. The practices that had been in place before the end of the eighteenth century such as the chaining, neglecting and abusing of the mentally ill would leave a mark on many generations of alienists to come: they wanted to prevent going back to this dark episode in the history of their profession. The French Philippe Pinel had a guiding role herein for countless of

---

<sup>1211</sup> “À propos du traitement des aliénés, par le Dr R. Bogdan ‘Centralbl. f. Nervenheilk. und Psychiatrie, 1896”, BSMMB, 1897, no. 84, 70, <http://hdl.handle.net/2027/hvd.32044102893963>.

<sup>1212</sup> “À propos du traitement des aliénés, par le Dr R. Bogdan ‘Centralbl. f. Nervenheilk. und Psychiatrie, 1896”, BSMMB, 1897, no. 84, 70, <http://hdl.handle.net/2027/hvd.32044102893963>.

<sup>1213</sup> Engstrom, *Clinical Psychiatry in Imperial Germany*, 53–134, but especially 62-63.

<sup>1214</sup> Tomes, ‘The Great Controversy a Comparative Perspective Anglo-American Psychiatry in the Nineteenth Century’, 190–91 and 200.

alienists because he laid the basic principles on which many psychiatrists would build the ideal of “what a psychiatrist should be”. These included (1) gentleness, kindness and philanthropy as an ethical and therapeutical principle, (2) the authority of the physician over the patient and (3) combatting the delirious ideas of the mentally ill either by providing distraction and diversion or by startling or jolting the patient.<sup>1215</sup> The latter was for example done by surprise baths (*le bain de surprise*) as described by the Belgian Guislain in his *Traité sur l'aliénation mentale* of 1826.<sup>1216</sup> Pinel then connected these principles to different aspects of science such as for example the use of statistics to measure the efficacy of a treatment.<sup>1217</sup>

Regardless of the progress initiated by Pinel, psychiatrists struggled to legitimise their profession as a branch of medicine in the nineteenth century. They were caught up between the elusive psychological aspects of mental illness (insanity was a disease of the brain) and the seeming untraceable physical lesions and a somatic pathology.<sup>1218</sup> The latter being the main principle of how medicine functioned. This also put alienists at odds with religious orders because, if there were no physical lesions and somatic causes to be found, why should alienists have the sole right to treat the mentally ill instead of the religious orders who could apply moral therapy as well.<sup>1219</sup> While many psychiatrists in the 1830s and 1850s did not want to rely solely on moral treatment and also use medical therapies<sup>1220</sup>, Philippe Pinel's principles would nevertheless stay a decisive foundation of how alienists across Europe identified themselves.

Providing a humane, kind and ethically correct treatment to mentally ill patients and heal and protect them from society and themselves with modern medical and therapeutical remedies, formed the core of alienists' beliefs across Europe. These principles were held in high regard and were a common goal that all asylum physicians strived towards and would act as a catalyst for reform, contributing to the development of their professional persona and the professionalisation of psychiatry. Professionalisation can be defined as a process through which people with a certain

---

<sup>1215</sup> Jan Ellen Goldstein, *Console and Classify. The French Psychiatric Profession in the Nineteenth Century*, 1987, 85–87.

<sup>1216</sup> Joseph Guislain, “Traité sur l'aliénation mentale et sur les hospices des aliénés”, vol. 2, (Amsterdam: J. van der Hey et fils, 1826), 43, <https://gallica.bnf.fr/ark:/12148/bpt6k765812/f51.item>.

<sup>1217</sup> Goldstein, *Console and Classify*, 101.

<sup>1218</sup> Goldstein, *Console and Classify*, 11–93 and especially 11–32 and 38–54.

<sup>1219</sup> Ian Dowbiggin, *Inheriting Madness. Professionalisation and Psychiatric Knowledge in Nineteenth-Century France*, vol. 4, Medicine and Society Series (Berkeley: University of California Press, 1991), 38.

<sup>1220</sup> Dowbiggin, *Inheriting Madness*, 4:38–53; Harry Oosterhuis and Jessica Slijkhuis, *Verzichte Zenuwen En Zeden. De Opkomst van de Psychiatrie in Nederland (1870-1920)* (Rotterdam: Erasmus Publishing, 2012), 31–32.

occupation grow more distinct from other occupations via the type of knowledge and skills required, performing specialised work that requires specific training and experience.<sup>1221</sup> Important herein is also that this is recognised by members of the occupation themselves and other members of society.<sup>1222</sup>

When psychiatry became a separate profession and a speciality within medicine, a 'collective and imagined community' was established around it, not only on a national level through the creation of psychiatric associations and periodicals, but internationally as well with the organisation of medical and psychiatric congresses. During the nineteenth century (inter)national coexistence and cooperation became a main scientific ideology. Psychiatric associations tried to actively collaborate within their association and with other (foreign) societies.<sup>1223</sup> Collaboration as the main solution to shared problems also manifested itself through the upsurge of international congresses that took place in the nineteenth century.<sup>1224</sup> In other words, alienists had in their own nation as well as across different countries a fairly similar notion of what represented a professionally and ethically sound alienist who made use of humane and medically underlaid treatments.

Restraint had always been considered a valuable medical-therapeutic means but with the arrival of the non-restraint debate this was challenged. The use of canvas and leather straitjackets for example, which had been in use since the second half of the eighteenth century, signified for many alienists a manner to move away from the use of iron chains and cuffs that had dehumanised the mentally ill.<sup>1225</sup> While the straitjacket had from its inception been disputed to some degree, many asylum physicians across Europe still found the use of this softer form of restraint more acceptable, as it gave patients a semblance of freedom and had succeeded to humanly

---

<sup>1221</sup> Eliot Freidson, *Professionalism. The Third Logic* (Cambridge: Polity Press, 2001), 17. For more details on the process of professionalization and medical specialisation see also the work of George Weisz. For example: George Weisz, 'The Politics of Medical Professionalization in France 1845-1848', *Journal of Social History* 12, no. 1 (1978): 3-30; G. Weisz, 'Mapping Medical Specialization in Paris in the Nineteenth and Twentieth Centuries', *Soc Hist Med* 7, no. 2 (August 1994): 177-211; George Weisz, 'The Emergence of Medical Specialization in the Nineteenth Century', *Bulletin of the History of Medicine* 77, no. 3 (2003): 536-74; George Weisz, *Divide and Conquer: A Comparative History of Medical Specialization* (Oxford: Oxford University Press, 2005).

<sup>1222</sup> S.E.D. Shortt, 'Physicians, Science, and Status: Issues in the Professionalization of Anglo-American Medicine in the Nineteenth Century', *Medical History* 27, no. 1 (1983): 52.

<sup>1223</sup> Eva Andersen, 'De Soci t  de M decine Mentale de Belgique in Transnationaal Perspectief (1869-1900)', *Belgisch Tijdschrift Voor Nieuwste Geschiedenis* XLVII, no. 4 (2017): 50-82.

<sup>1224</sup> Especially noticeable in the rules for international scientific conferences. Debra Everett-Lane, 'International Scientific Congresses, 1878-1913: Community and Conflict in the Pursuit of Knowledge' (2004).

<sup>1225</sup> Majerus, 'The Straitjacket, the Bed, and the Pill: Material Culture and Madness', 264-65.

treat patients.<sup>1226</sup> This common notion about the value of straitjackets and the humane asylum physician became compromised when Hill and Conolly introduced the idea of the total abolition of restraint, arguing that this was the most suitable way to give patients an ethical and humane treatment. This meant that the position of asylum physicians as ethically and medically sound practitioners became threatened.

In 1882, an unnamed British alienist commented upon the unprofessional behaviour of his American colleagues after reading the book '*Chemical Restraint' in the management of the Insane* written by the American superintendent Hervey Backus Wilbur<sup>1227</sup>. Wilbur revealed in his monograph that a few American superintendents had hid mechanical restraints from their English colleagues while the later visited some American asylums. Upon this revelation the British alienist wrote down his astonishment in the *Journal of Mental Science*: "This is really too serious a matter to pass unchallenged. It is either true or false. If true, the good faith we always supposed an essential part of our intercourse with the members of our profession, in all civilized countries, is rudely shaken, and we ask despairingly, what are we to believe?"<sup>1228</sup>

Especially the exclamation "what are we to believe?" accurately captures the confusion that existed across Europe about the use or disuse of restraint. Not only did professional ties become strained due to shifting medical and ethical practices as the above example shows, alienists all over Europe were also overrun with large amounts of – sometimes contradictory – information about the non-restraint system, the use of mechanical restraints and their abolition, making it difficult to know which information they should believe and act upon. All over Europe questions arose about the non-restraint system. Alienists wondered if it was better and more humane, if it contributed to their existing practices and if it was feasible to practice in their asylums. The answers to these questions would be diverse and stirred a vehement debate in many regions across Europe, keeping alienists in its grasp. Psychiatrists' principles clashed and the credibility of peers was weakened as a consequence, illustrating the precarious state of medical authority among alienists in Europe.

---

<sup>1226</sup> Majerus, 'The Straitjacket, the Bed, and the Pill: Material Culture and Madness', 264–65.

<sup>1227</sup> More information about H.B. Wilbur and his report see: Tomes, 'The Great Controversy a Comparative Perspective Anglo-American Psychiatry in the Nineteenth Century', 212; William B. Fish, 'A Thesis on Idiocy', in *Mental Retardation in America: A Historical Reader*, ed. Steven Noll and James Trent (New York: New York University Press, 2004), 38 (footnote 9); Bernard John Graney, *Hervey Backus Wilbur and the Evolution of Policies and Practices toward Mentally Retarded People*, 1979.

<sup>1228</sup> "'Chemical restraint' in the management of the insane. By H. B. Wilbur, M.D. New York. 1881", *Journal of Mental Science*, 1882, vol. 28, no. 122, 271, <http://www.archive.org/details/britishjournalof28roya>.

## Redefining humanity

The moral treatment introduced by Pinel and his contemporaries revolved around humanitarian principles and the pivotal role of the asylum physician as a healer and protector of the mentally ill.<sup>1229</sup> Philanthropy and proper medical treatment were closely intertwined with the idea of a professional and modern psychiatry. What had unified asylum physicians as a homogenous group for a few decades, began to disintegrate. Conolly inextricably linked the disuse of restraint to the formation of a professional, ethical and scientific asylum practice, while the total abolition of restraint had never been practiced before by alienists. Suddenly the ethical and medical conduct of psychiatrists was questioned and the practices and theories they had relied upon were turned upside down.

A humane treatment of patients did not only consist of the need to show compassion and benevolence through the disuse of mechanical restraints. In 1880 the Dutch alienist N. B. Donkersloot had suggested that humanitarianism in psychiatry comprised of “[...] a much broader terrain than the abolition of coercive measures”.<sup>1230</sup> He pointed out that asylum physicians should equally provide in the general happiness and comfort of its patients. Donkersloot suggested to give patients as much freedom as possible, even mimicking their own home by allowing them to keep carrying on their day to day routines. The term “humanitarianism” existed out of various nuances and touched upon other concepts such as the modern identity of the alienist and the freedom of patients. The latter two also significantly contributed to shaping the non-restraint debate.

Firstly, the rise of the non-restraint system raised questions about the modernity of psychiatry (“backwardness” versus “progress”) and consequently the therapeutic and medical knowledge of alienists. While it was the alienist’s task to restore their patients health, the physician and his personnel also had to safeguard that patients were calm and protected against (self)harm. Patients suffered from a wide range of conditions and their behaviour was often difficult to control: they could be

---

<sup>1229</sup> See also for example the writings of Jozef Guislain, who very clearly formulated the traits an alienist should possess. See: Joseph Guislain, *Traité sur l'aliénation mentale et sur les hospices des aliénés*, vol. 2, (Amsterdam: J. van der Hey et Fils, 1826), 244, <https://archive.org/details/traitsurlalinati02guis>.

<sup>1230</sup> “[...] een veel breeder terrein heeft, dan het afschaffen van dwangmiddelen” See: “Ochtendzitting donderdag den 13 mei [1880]” *Psychiatrische Bladen*, 1880, vol. 1, 114, <http://hdl.handle.net/2027/mdp.39015062749778>.

overly excited, agitated or violent, were prone to run away, inflicted injuries upon themselves and others, or were suicidal. Combatting this behaviour and maintaining the overall discipline in the asylum was accomplished by the regular use of mechanical constraints because they were considered an essential instrument to protect the mentally ill and had a therapeutic function as well. The confused and distorted brain needed rest and by using restraints the patient could be calmed down.<sup>1231</sup> The non-restrainters, as they were called, concluded that mechanical restraints had the opposite effect, agitating and exciting the patient more than was good for his or her recovery.

The therapeutical and medical approaches of one group of alienists, and consequently their professional identity, were questioned and deemed inappropriate and ineffective by another group. Robert Gardiner Hill claimed that “[...] those who advocate restraint are like drowning men, ready to catch at straws, and for one or two extreme cases would endanger the comfort and well being of thousands”.<sup>1232</sup> On the other hand, men like the Belgium physician Benjamin Ingels said, “[...] it seems to me that it is only through a kind of outraged sentimentality, through an exaggerated respect for the patient's self-esteem, that one renounces the means of coercion in an absolute manner”.<sup>1233</sup> While both statements were based on the visions and principles that had been put forward by men like Pinel and Guislain – the latter had stated that physicians always had to have the utmost authority over their patients, who had to subjugate themselves to the rules of the alienist and asylum routine – there was considerable disagreement over the interpretation and implementation of these older theories in what alienists deemed to be modern psychiatry.

Secondly, the meaning of freedom versus captivity, and care versus abuse came under pressure. As touched upon earlier, conceptualisation was of vital importance. Only now, it was not solely the definition of “freedom”, “captivity”, “care” or “abuse” that was crucial, but instead it revolved around the values entrusted upon these terms. In the second half of the eighteenth century, Pinel and the Irish David Macbride for example both agreed that the use of leather and canvas straitjackets was almost

---

<sup>1231</sup> G. F. Bodington, *Restraint in the treatment of insanity*, (reprinted from “the Birmingham Medical Review” October 1878), 12-15, <https://wellcomelibrary.org/item/b24762635>.

<sup>1232</sup> Robert Gardiner Hill, “On the non-restraint system”, *The Asylum Journal*, 1855, no. 10, 154, <http://www.archive.org/details/britishjournalof01roya>.

<sup>1233</sup> “Je m’y résous d’autant plus facilement, qu’il me semble que ce n’est que par une espèce de sensiblerie outrée, par un respect exagéré de l’amour-propre du patient, qu’on renonce aux moyens de coercition d’une manière absolue”. See: BSMMB, 1874, no. 4, 12, <http://hdl.handle.net/2027/mdp.39015070250843>.

indistinguishable from freedom in comparison with the barbarous use of iron chains and straps,<sup>1234</sup> an idea that would keep hold in the psychiatric community for a long time. More than half a century after Pinel and MacBride's statements, the renowned Dutch alienist Donkersloot thought it also better to bind a patient prone to running away with handcuffs (*voetboeien*), giving him the ability to work and enjoy the free air instead of putting him in a cell.<sup>1235</sup> The same physician described to his colleagues how he used mechanical restraint on an "idiotic girl", asking "Will the humane non-restrainter now place this child in a padded cell and leave her naked on the floor, in order to remain true to his system? I am more scared of those free naked bodies, which I saw several times in isolation rooms, than of that innocent little straitjacket [...]"<sup>1236</sup>

While some alienists used specific forms of restraint as a valued therapeutic measure and a manner to give patients a certain amount of freedom, the non-restrainters found that this freedom did not outweigh the violence caused by forcing a patient into a straitjacket, its discomfort (jackets were often heavy, possible skin problems due to friction, hygiene complications), its danger of asphyxiation and its abuse as a punishment.<sup>1237</sup> Furthermore, those against the use of restraints were convinced that it made alienists and their nursing staff careless and lazy in terms of asylum management.<sup>1238</sup> Non-restrainters saw a solution to these problems by using temporary isolation in padded rooms – they were covered in soft fabric – intended to prevent self-harm and calm down patients without the use of violence or extreme force. Supporters of restraints felt, however, that isolating patients bereft them more of their freedom and did not help in controlling for example incontinent patients or those prone to masturbation.<sup>1239</sup> Similarly they criticised the manual force used by attendants to hold a patient under control instead of using mechanical restraints.

---

<sup>1234</sup> Will Wiles, "Straitjacket": A Confined History', in *Insanity and the Lunatic Asylum in the Nineteenth Century*, ed. Thomas Knowles and Serena Trowbridge (London: Pickering & Chatto, 2015), 169.

<sup>1235</sup> Ochtendzitting donderdag den 13 mei [1880]" *Psychiatrische Bladen*, 1880, vol. 1, 107, <http://hdl.handle.net/2027/mdp.39015062749778>.

<sup>1236</sup> "Zal nu de humane no-restrainter dit kind in eene bekleedde cel plaatsen en haar spiernaakt op den grond laten liggen, om aan zijn stelsel getrouw te blijven? Mij schrikken die naakte vrijen, die ik meermalen in isoleerkamers zag, meer af dan dat onschuldige dwangbuisje, 't welk ongetwijfeld zachter drukt dan vleeschlijke teugels, die de telkens geirriteerde verplegers de storende zieken aanleggen". See: Ochtendzitting donderdag den 13 mei [1880]" *Psychiatrische Bladen*, 1880, vol. 1, 107-108, <http://hdl.handle.net/2027/mdp.39015062749778>.

<sup>1237</sup> Lentz, "Procès-verbal de la séance ordinaire tenue à Gand, le 1er mai 1873. De l'emploi des moyens de contrainte", *BSMMB*, 1873, no. 2, 46; Majerus, 'The Straitjacket, the Bed, and the Pill: Material Culture and Madness', 265.

<sup>1238</sup> "Jubileum van Persijn", *PB*, 1892, vol. 10, 196, <http://hdl.handle.net/2027/chi.098893722>.

<sup>1239</sup> "Ochtendzitting. Donderdag den 13 mei [1880]", *Handelingen der Nederlandsche Vereeniging voor Psychiatrie*, 1880, vol. 1, 107, <http://hdl.handle.net/2027/mdp.39015062749778>.

Supporters of restraint pointed out that the roughness of attendants caused the mentally ill harm and could result in bone and rib fractures.<sup>1240</sup> They accused the non-restrainters of exchanging one kind of restraint for another and abolishing constraints in name only.<sup>1241</sup>

While each psychiatrist had the best interests of his patients at heart, the actions they thought necessary to accomplish this were however diverse. What some considered a humanitarian principle, was seen as unnecessary cruelty by others, and common curative or therapeutic treatments suddenly indicated a lack of skill and professionalism for a certain group of alienists. The non-restraint controversy prompted alienists to (re)define their professional values, and the qualities a “modern” asylum physician should possess. Amidst the confusion of terminology and the value claims bestowed upon it, this left a vacuum wherein hyperbolic accusations and misinformation had free reign. The opinions and reasons put forward for practicing restraint or non-restraint would not change from the inception of the debate in the 1830s until the early twentieth century. Opponents and supporters of restraints kept circling around the same set of information that was disseminated across Europe, creating a caricatural image of both practices: the non-restrainters were portrayed as dogmatic tinkers and opponents were depicted as physicians practicing outdated medicine.<sup>1242</sup> This sharp division between two views on scientific psychiatry dominated the debate and over time has also seeped into historical research, leaving little room to study ideas and practices that do not revolve around this divide (see the subsection “A European non-restraint?” in this chapter).

### **A contested freedom of opinion<sup>1243</sup>: between superiority and credibility**

Since the early foundations of psychiatry, the professional and medical reputation of alienists had stood on a more or less equal footing. The idea that all were, from a general point of view, morally and medically sound alienists, striving towards a similar

---

<sup>1240</sup> Various opinions circulated. See for example: “Discussion du travail de M. Lentz sur l'emploi des moyens de coërcition”, BSMMB, 1874, no. 4, 11, <http://hdl.handle.net/2027/mdp.39015070250843>; W. Lauder Lindsay, “Théorie et pratique du non-restraint dans le traitement des aliénés”, BSMMB, 1878, no. 12, 70, <http://hdl.handle.net/2027/mdp.39015070250884>.

<sup>1241</sup> W. Lauder Lindsay, “Théorie et pratique du non-restraint dans le traitement des aliénés”, BSMMB, 1878, no. 12, 83, <http://hdl.handle.net/2027/mdp.39015070250884>.

<sup>1242</sup> See for example: G. F. Bodington, *Restraint in the treatment of insanity*, (reprinted from “the Birmingham Medical Review” October 1878), especially page 4 and 7-8, <https://wellcomelibrary.org/item/b24762635>.

<sup>1243</sup> Paraphrased from: G. F. Bodington, *Restraint in the treatment of insanity*, (reprinted from “the Birmingham Medical Review” October 1878), 8, <https://wellcomelibrary.org/item/b24762635>.



goal, was challenged when the non-restraint system was brought to the attention of the psychiatric community. Similar to the proverb “clothes make the man”, so did the treatment make the alienist. A physician’s ethical and professional behaviour depended upon the treatments and therapeutics he administered. Psychiatrists suddenly needed to re-evaluate their knowledge and were pressured to take a position in the debate about the non-restraint system. Depending on a physician’s stance and the opinion of peers, his reputation was either that of a sound scientist or more akin to the practice of “psychological charlatanism”.<sup>1244</sup>

Physician’s competencies were not valorised on the same standards across Europe due to a lack of consensus about the earlier discussed concepts (restraint, non-restraint, freedom, humanity, abuse). It is customary and expected that definitions and scientific values are reshaped from time to time and that knowledge needs to be reconsidered and re-evaluated, causing a process of possible disagreement and resistance inside a scientific community that ultimately creates a new constellation of theories and practices.<sup>1245</sup> While a certain amount of friction inside a community of practice is normal, it does not however necessarily entail that the integrity and credibility of a large group of scholars, in this case alienists, is discredited. That the latter feature was heavily present during the non-restraint debate gives this episode in the history of psychiatry an extra dimension that needs to be considered.

In 1856 Conolly published his “immortal work”<sup>1246</sup> *The Treatment of the Insane without Mechanical Restraints*, bringing the earlier reforms he had introduced in Hanwell Asylum in 1839 to a wider scientific audience and gained some attention in neighbouring counties. Numerous alienists came into contact with his work, either by first or second hand accounts – reading his book or reviews and discussions about it in journals. Even before Conolly’s publication, the non-restraint system had already been a subject of discussion in France<sup>1247</sup> and Germany.<sup>1248</sup> In the latter, the *Gesellschaft Deutscher Naturforscher und Ärzte* had in 1846 concluded that the misuse of

---

<sup>1244</sup> “charlatanisme physiologique”. See: *Notice sur les établissements d’aliénés des Pays-Bas. Extrait du cinquième rapport de la Commission permanente d’inspection des établissements d’aliénés du royaume. 1857-1858*, (Bruxelles: M. Hayez, 1858), 69, [https://books.google.be/books?id=c\\_5RAAAAcAAJ&hl=nl&pg=PP2#v=onepage&q&f=false](https://books.google.be/books?id=c_5RAAAAcAAJ&hl=nl&pg=PP2#v=onepage&q&f=false).

<sup>1245</sup> Thomas Kuhn, *The Structure of Scientific Revolutions*, 1962.

<sup>1246</sup> “onsterfelijk werk”. See: Tellegen, “De Rijksinspecteur der Belgische Krankzinnigengestichten en het no-restraint”, *Psychiatrische Bladen*, 1866, vol. 4, 85, <http://hdl.handle.net/2027/chi.098893714>.

<sup>1247</sup>

<sup>1248</sup> Plinly Earle, *Institutions for the insane in Prussia, Austria and Germany*, (Utica: New-York State Lunatic Asylum, 1853), 38-47, <https://books.google.be/books?id=l6EH62AOYpEC&hl=nl>.

mechanical restraints in Germany had been limited and no extreme measures, such as the total abolition of restraint in the United Kingdom, were required.<sup>1249</sup> A new boost was given to the discussion in 1860 when Caspar Max Brosius made a translation of Conolly's book.<sup>1250</sup> This was a development especially welcomed by British psychiatrists because now "[...] the great preacher of non-restraint has his teachings placed before the German people in their own language by the translation of his own words".<sup>1251</sup>

While the non-restraint system gained more attention, the debate about its use became more volatile. A group of British alienists considered the non-restraint system as the capstone of moral treatment and saw it as the only way to advance patient care in the asylum. Since Conolly, the non-restraint system had become more or less mandatory in the United Kingdom, and on the basis of the knowledge they had developed about it, British alienists claimed medical authority and superiority over their peers on the continent. This led several British psychiatrists to use a particular kind of vocabulary in their writing which reflects their insistence and firm resolve about the non-restraint system's value. Multiple references to warfare terminology are found in the *Journal of Mental Science* between the 1850s and the 1890s.<sup>1252</sup> The British physician John Thomas Arlidge said in 1863: "Non-restraint has been fought for and won in this country; it is now the battle-cry on the continent, and an English champion, in the person of Dr. Sankey, of Hanwell, has taken up his position in France in aid of those who there battle for the good cause".<sup>1253</sup> The non-restraint debate triggered an

---

<sup>1249</sup> Plinly Earle, *Institutions for the insane in Prussia, Austria and Germany*, (Utica: New-York State Lunatic Asylum, 1853), 45, <https://books.google.be/books?id=l6EH62AOYpEC&hl=nl>.

<sup>1250</sup> Engstrom, *Clinical Psychiatry in Imperial Germany*, 61 and 217 (footnotes 45).

<sup>1251</sup> J. T. Arlidge, "Quarterly report on the progress of psychological medicine. Foreign psychological literature. Non-restraint abroad", *Journal of Mental Science*, 1863, vol. 9, no. 45, 90, <http://www.archive.org/details/britishjournalof09roya>.

<sup>1252</sup> Based on keyword searches in histogram including "war" or "battle". See for example: "Dr. Conolly and Mr. Pownall", *Journal of Mental Science*, 1856, vol. 2, no. 17, 383,

<https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/past-title/journal-of-mental-science/all-issues/4F51B1E4B3F81774A5D21EE614CDFD45>; J. T. Arlidge, "Quarterly report on the progress of psychological medicine. Foreign psychological literature. Non-restraint abroad", *Journal of Mental Science*, 1863, vol. 9, no. 45, 89, <http://www.archive.org/details/britishjournalof09roya>;

"Quarterly report on the progress of psychological medicine. German psychological literature. Mechanical restraint in the treatment of the insane, and its gradual abandonment in the asylum at Hall in the Tyrol", *Journal of Mental Science*, 1870, vol.15, no. 72, 619,

<http://www.archive.org/details/britishjournalof16roya>; J. crinhton-Browne, "Presidential address, delivered at the Royal College of Physicians, London, on Friday, July 26th 1878", 1878, vol.24, no. 107, 350, <http://hdl.handle.net/2027/nj.p.32101074931195>; "Occasional notes of the quarter. The annual meeting of the association and the centenary of The Retreat York. The centenary of non-restraint", *Journal of Mental Science*, 1892, vol. 38, no. 163, 571, <http://hdl.handle.net/2027/iau.31858021512862>.

<sup>1253</sup> J. T. Arlidge, "Quarterly report on the progress of psychological medicine. Foreign psychological literature. Non-restraint abroad", *Journal of Mental Science*, 1863, vol. 9, no. 45, 89, <http://www.archive.org/details/britishjournalof09roya>.

episode in psychiatric history that was marked by scandal, distrust, resistance and rivalry that put the psychiatric community on edge.

Psychiatrists began to define their ethical and scientific qualities and expertise based on the use or disuse of mechanical constraints. Labels were attached, dividing psychiatrists into different factions (**figure 48**) – mainly those for or against mechanical restraint – causing provocation and criticism. The British alienist Diamond of the Surrey Asylum made it abundantly clear in response to a circular send around by the Commissioners in Lunacy, that he believed that “[...] any person who would now use personal restraint or coercion *is unfit to have the superintendence of an asylum!*”<sup>1254</sup> This happened not only in the United Kingdom, also alienists on the continent were not spared from criticism. In the first half of the 1860s the British Lockhart Robertson, a fervent admirer of the non-restraint<sup>1255</sup> paid a visit to a couple of French asylums. His general conclusion was that, trying as he did to change opinions in France, there was a “[...] dense [...] mass of ignorance and prejudice [...]”<sup>1256</sup>. Two French asylums in particular were not spared from disapproval: the asylum of Sainte-Yon in Rouen and the asylum of Quatremares in Sotteville-lès-Rouen, which were respectively under the supervision of Bénédict Augustin Morel (pro non-restraint) and Emil Dumesnil (against non-restraint).

Opinion about the use of mechanical restraint	Number of superintendents
A qualified use of mechanical restraint	72
Total and unqualified abolition of mechanical restraint	29
Restraint in surgical cases	4
No opinion (but most did not use restraint)	12
<b>Grand Total</b>	<b>117</b>

**Figure 48.** Table with British asylum superintendents’ opinion about the use of restraint and non-restraint in 1854. The majority of British alienists (62%) that responded to the Commissioners circular were of the opinion that mechanical restraint could and should be used, but as little as possible. These numbers show that the idea of the total abolition of restraint was certainly not universally supported. The labels used are those assigned by the writer of the article. See: “On seclusion in the treatment of the insane”, *Journal of Psychological Medicine and Mental Pathology*, 1855, vol. 8, no. 29, 30, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4961936/> and “On non-mechanical restraint in the treatment of the insane”, *Journal of Psychological Medicine and Mental Pathology*, 1854, vol. 7, no. 28, 543-545, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5086827/>.

<sup>1254</sup> “On non-mechanical restraint in the treatment of the insane”, *Journal of Psychological Medicine and Mental Pathology*, 1854, vol. 7, no. 28, 547, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5086827/>.

<sup>1255</sup> W. Lauder Lindsay, “The theory and practice of non-restraint in the treatment of the insane”, *Edinburgh Medical Journal*, 1878, vol. 23, no. 10, 890, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5321991/>.

<sup>1256</sup> C. Lockhart Robertson, “The ‘restraint system’ in French public asylums for the insane”, *The Lancet*, 1865, December, vol. 2, 737, <http://hdl.handle.net/2027/mdp.39015075800063>.

As I already touched upon in the previous chapter, communication style had a vast impact on the production, reception, negotiation, transfer and translation of knowledge<sup>1257</sup> and this was not different in the non-restraint debate. Science at large, and medicine in particular, did and does revolve around communication.<sup>1258</sup> Robertson wrote that the asylums under B. Morel's and Dumesnil's supervision were "a disgrace" due to the use of "[...] restraint in its most objectionable forms [...]".<sup>1259</sup> While Robertson recognised the superintendents' "European" and "distinguished" reputation, he did also openly question their competence. Yet, Lockhart mostly attributed the "barbarous state of things" to the lay governors and the "stupid old religieuses" in the asylums.<sup>1260</sup> His strong language was noticed in continental Europe and prompted B. Morel to write an outraged letter to the editors of *The Lancet*. He claimed that Robertson's wrongful accusations stemmed from his superficial and short visit to the institution, also regretting that Robertson's opinion would "[...] profoundly hurt all the physicians of the hospitals in France, all of which have sisters of charity attached to the service of the patients".<sup>1261</sup> A reply from Robertson followed, not changing his opinion or discourse, emphasising once more that the asylum was a filthy, miserable, old place with dirty beds and walls, where patients were restrained for five months at a time.<sup>1262</sup> Statements like these could tarnish the reputation of asylums and the expertise of its superintendents.

Part of the of the non-restraint debate's crux originates in the manner in which opinions were communicated. In the case of B. Morel and Dumesnil, they were in essence accused by certain British alienists of being incompetent asylum physicians. Similar forms of criticisms, and especially the tone and type of communication used by several non-restrainters, were experienced by other European psychiatrists as well and contributed to continental alienists being less susceptible to the British non-restraint

---

<sup>1257</sup> See also: Simone Lässig, 'The History of Knowledge and the Expansion of the Historical Research Agenda', *Bulletin of GHI*, 2011, 45.

<sup>1258</sup> Livingstone, 'Science, Text and Space', 392.

<sup>1259</sup> C. Lockhart Robertson, "The 'Restraint' system in French public asylums for the insane", *The Lancet*, 1865, August, vol. 2, 208, <http://hdl.handle.net/2027/mdp.39015075800063>.

<sup>1260</sup> C. Lockhart Robertson, "The 'Restraint' system in French public asylums for the insane", *The Lancet*, 1865, August, vol. 2, 208, <http://hdl.handle.net/2027/mdp.39015075800063>.

<sup>1261</sup> Morel, "Reclamation. To the Editors of *The Lancet*", *The Lancet*, 1865, December, 718, <http://hdl.handle.net/2027/mdp.39015075800063>.

<sup>1262</sup> C. Lockhart Robertson, "The 'restraint system' in French public asylums for the insane", *The Lancet*, 1865, December, vol. 2, 737, <http://hdl.handle.net/2027/mdp.39015075800063>.

system, especially, the total abolition of restraints. European alienists found they were unjustly criticised by their British peers. A British alienist, most likely Forbes Winslow, accurately voiced the thoughts of many continental psychiatrists, asserting that, “If a superintendent administers morphia, or any other preparation of opium largely, he may boast of his rare cases of mechanical restraint and seclusion; but he ought not to boast of his skill and judgment in the treatment [...]. If he pharisaically claims to be superior in benevolence and humanity to those who do use them when they think it is best for the patient, we have no hesitation in saying that the charge of inhumanity and cruelty rather rests upon him”.<sup>1263</sup>

This feeling of superiority among several British alienists was not only accompanied by a distinctive style of communicating, their willingness to explore other points of view was also minimal as they barely took note of European alienists’ perspective. British alienists’ answer to the debate was a question of all or nothing – at least in theory, since total abolition was not supported everywhere on the same scale – while European psychiatrists’ took a more moderate stance in the debate. They agreed that restraints had been misused in the past, and while they were of the opinion that the use of mechanical restraints should be reduced and used as little as possible, it also still had an important therapeutic function. While European psychiatrists did agree with some aspects of the non-restraint system, this was frequently not acknowledged by their British peers. Due to rising tensions, Daniel Hack Tuke remarked in his prize winning essay in the 1850s that “We are all working in a common cause, and nothing will be gained, but much lost, if one party brand the other with the character of inhumanity, and confound cruelty with a difference of opinion as to the means best adapted for repressing the outbreaks of maniacal passion”.<sup>1264</sup> Unfortunately this advice would fall on deaf ears, hindering the exchange of knowledge and ideas across Europe due to different readings of the same concepts.

While continental psychiatrists were discredited by their English peers, the latter also simultaneously lost some of their credibility due to several scandals that reached the mainland. In the second half of the 1860s a scandal broke loose in British psychiatry. At this point in time, Conolly’s ideas were still largely “breaking news” and

---

<sup>1263</sup> “On the seclusion in the treatment of the insane”, *The Journal of Psychological Medicine and Mental Pathology*, 1855, vol. 8, 34-35, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4961936/>.

<sup>1264</sup> Daniel HackTuke, “The progressive changes which have taken place since the time of Pinel in the moral management of the insane and the various contrivances which have been adopted instead of mechanical restraint”, (London: John Churchill, 1854), 9, <https://wellcomecollection.org/works/sqsr8rmx>.

had just begun to reach other countries. The Commissioners of Lunacy and the Committee of Visitors had discovered that alienist Edgar Sheppard of the Colney-Hatch asylum locked naked patients in padded rooms.<sup>1265</sup> When this news became known to the press as well as to medical professionals, it resulted in heavy criticism from colleagues and members of the Medico-Psychological Association of Great Britain and Ireland, reprimanding him for his “rough primitive practice”.<sup>1266</sup> The British physician S.W.D. Williams was particularly concerned that his “Continental brethren” would consider Sheppard’s embodiment of the non-restraint system as a valid interpretation of the practice.<sup>1267</sup>

The scandal did not stay behind closed doors and was remembered and referred to in Europe for a long time.<sup>1268</sup> German, American, Belgian and French alienists thumbing through the *Journal of Mental Science*, picked up on this incident and reported back about it to their societies and in their journals.<sup>1269</sup> Some German and American physicians frowned upon the behaviour of their British colleague, such as the German physician and non-restraint supporter Carl Friedrich Otto Westphal.<sup>1270</sup> Other Germans such as Caspar Max Brosius, who in 1860 had translated Conolly’s

---

<sup>1265</sup> “Reviews. The Sixteenth Annual Report of the Committee of Visitors of the County Lunatic Asylum at Colney Hatch”, *Journal of Mental Science*, 1867, vol. 13, no. 63, 369-371, <http://hdl.handle.net/2027/hvd.hw1wbr>; “The State of Lunacy in 1866”, *Journal of Mental Science*, 1868, vol. 13, no. 64, 449-457, <http://hdl.handle.net/2027/hvd.hw1wbr>.

<sup>1266</sup> For the quote see: S. W. D. Williams, “The Non-restraint System in the Treatment of a ‘certain class of Destructive Patients’”, *Journal of Mental Science*, 1867, vol. 13, no. 62, 178, <http://hdl.handle.net/2027/hvd.hw1wbr>. See also: Thomas Beath Christie, “A few Observations on the Treatment of a Certain Class of Destructive Patients, as pursued at the Colney Hatch Asylum”, *Journal of Mental Science*, 1868, vol. 13, no. 64, 508-510, <http://hdl.handle.net/2027/hvd.hw1wbr>; S. W. D. Williams, “A Few Words in Answer to Dr. Edgar Sheppard”, *Journal of Mental Science*, 1868, vol. 13, no. 64, 510-520, <http://hdl.handle.net/2027/hvd.hw1wbr>.

<sup>1267</sup> S. W. D. Williams, “The Non-restraint System in the Treatment of a ‘certain class of Destructive Patients’”, *Journal of Mental Science*, 1867, vol. 13, no. 62, 176-187, <http://hdl.handle.net/2027/hvd.hw1wbr>.

<sup>1268</sup> For example in France during the 1880s. See: “Séance du 23 mars 1880. Du no-restraint”, AMP, 1880, vol. 4, 109, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1880x04>.

<sup>1269</sup> See for example: “The destructiveness of insane patients”, *American Journal of Psychiatry*, 1867, vol. 24, July, 103-107, <http://hdl.handle.net/2027/mdp.39015076886343>; “Séance ordinaire du 6 mai 1874. Discussion du travail de M. Lentz sur l’emploi des moyens de coercition”, BSMMB, 1874, no. 4, 10-21, especially page 15-16, <http://hdl.handle.net/2027/mdp.39015070250843>; S. W. D. Williams, “A Few Words in Answer to Dr. Edgar Sheppard”, *Journal of Mental Science*, 1868, vol. 13, no. 64, 516-520, <http://hdl.handle.net/2027/hvd.hw1wbr>; Dumesnil, “Revue des journaux de médecine. Journaux Anglais. Journal of Mental Science”, AMP, 1868, vol. 12, 424-431, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1868x12>; Westphal, “Ein Auswuchs des Non-restraint”, *Archiv für Psychiatrie und Nervenkrankheiten*, 1818, vol. 1, 234-236, <https://digital.zbmed.de/zbmednervpsych/periodical/structure/6515673>.

<sup>1270</sup> See: S. W. D. Williams, “A Few Words in Answer to Dr. Edgar Sheppard”, *Journal of Mental Science*, 1868, vol. 13, no. 64, 518, <http://hdl.handle.net/2027/hvd.hw1wbr>.

magnus opus<sup>1271</sup>, did not see any problem with patients denuding themselves, adding that “[...] it is quite in accordance to the non-restraint system”.<sup>1272</sup> This statement was in turn rectified by the editor of the JMS firmly declaring that “Dr. Brosius paper, and the discussion upon it, betray grave misapprehension on the part of our German brethren of the principles of the non-restraint system”.<sup>1273</sup> On the other hand, people such as the French doctor Dumesnil considered the scandal to be a confirmation of his conviction that the non-restraint system was not achievable. He remarked: “Wouldn't it be better to resign oneself to the exceptional use of the straitjacket than to constantly see the scenes of violence that seem to take place in English asylums?”.<sup>1274</sup> That the scandal would elicit such a diverse range of reactions illustrates that, also among European alienists, there was little consensus about the non-restraint system, making it difficult to achieve a unified outlook on the traits of a qualified asylum physician.

### National heritage

The professional persona of the asylum physician came under pressure due to diverging opinions about the definition of a humane treatment and the role ascribed to freedom and best practices to calm down and treat patients. Miscommunication due to the circulation of different definitions and interpretations as well as the perceived medical superiority of British alienists and the communication style they used to criticise peers, causing resistance, represent only two out of three factors that explain the schism in professional and ethical standards. National heritage also had a considerable impact on the reception and implementation of the non-restraint system in Europe. In this sense we can speak of “geographies of interpretation” as Livingstone has called it. The interpretation of information depends on cultural preconceptions within an individual's

---

<sup>1271</sup> John Conolly and C. M. Brosius (transl.), *Die Behandlung der Irren ohne mechanischen Zwang*, (Laehr, verlag von M. Schauenburg &C., 1860), [https://archive.org/details/bub\\_gb\\_mp08AAAAcAAJ](https://archive.org/details/bub_gb_mp08AAAAcAAJ).

<sup>1272</sup> “Quarterly report on the progress of psychological medicine. German psychological literature”, *Journal of Mental Science*, 1871, vol. 16, no.76, 625-626, <http://www.archive.org/details/britishjournalof16roya>. Original see: “Sitzung des deutschen Vereins der Irrenärzte zu Innsbruck, am 20 September 1869”, *Zeitschrift für Psychiatrie*, 1869, vol. 26, 662-667, <http://hdl.handle.net/2027/chi.72724904>.

<sup>1273</sup> “Quarterly report on the progress of psychological medicine. German psychological literature”, *Journal of Mental Science*, 1871, vol. 16, no.76, 626, <http://www.archive.org/details/britishjournalof16roya>

<sup>1274</sup> “Ne vaut-il plus mieux se résigner à l'emploi exceptionnel de la camisole que de voir se reproduire constamment les scènes de violence dont les asiles anglais semblent être le théâtre?”, *AMP*, 1868, vol.12, 430, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1868x12>.



community and he or she is shaped by the assumptions and beliefs carried forward by a particular group.<sup>1275</sup>

The resistance and rivalry that the non-restraint debate brought forward was closely tied to the foundations on which the history of psychiatry rested. More precisely whom the driving force was behind the creation of a humane and modern psychiatry. In his famous book Conolly, wrote “We owe an ancient and great debt to the French in relation to the insane; and it is to be hoped that they will not think it an unworthy condescension to borrow something from us in return”.<sup>1276</sup> Conolly alluded to the French father of psychiatry Philippe Pinel, who was, aside from a few other influential figures, considered to be the principal embodiment of psychiatry. He was one of the first who had advocated for a humane treatment of psychiatric patients, and, as the predecessor of the discipline, had assisted in establishing psychiatry as a field in its own right.

Psychiatrist’s professional role was firmly inscribed in this history. British alienists had relied as much on the writings of Pinel as those of William Tuke, and John Conolly only build further upon their legacy. Because Conolly was somebody from their own ranks, and another figure in the pantheon of (their) psychiatry, it was less difficult for them to substitute Pinel – who’s legacy they still valued if we may believe Conolly – with someone else, someone British. In other countries this was a more complex and sensitive matter. In France especially the bond with Pinel was far greater and is a prime example of how national factors contribute heavily to the transmission and reception of scientific ideas and theories.<sup>1277</sup>

In 1885 the statue for Pinel was inaugurated in front of *la Salpêtrière* in the presence of many dignitaries, French and foreign physicians and the public press (**figure 49**). The composition of and the inscription on the statue are a representation of France’s and especially French psychiatrists’ attachment to Pinel and what he represented for them. High up on the statue we find the figure of a psychiatric patient who is freed from his chains by Pinel and at the statue’s feet, two other figures represent Science and Charity (*Charité*) who symbolise Pinel’s life mission, with in the middle of the pedestal the inscription “*bienfaiteur des aliénés*”.<sup>1278</sup> It was not a coincidence that the idea of modern science and humanitarianism was

---

<sup>1275</sup> Livingstone, ‘Science, Text and Space’, 394–95.

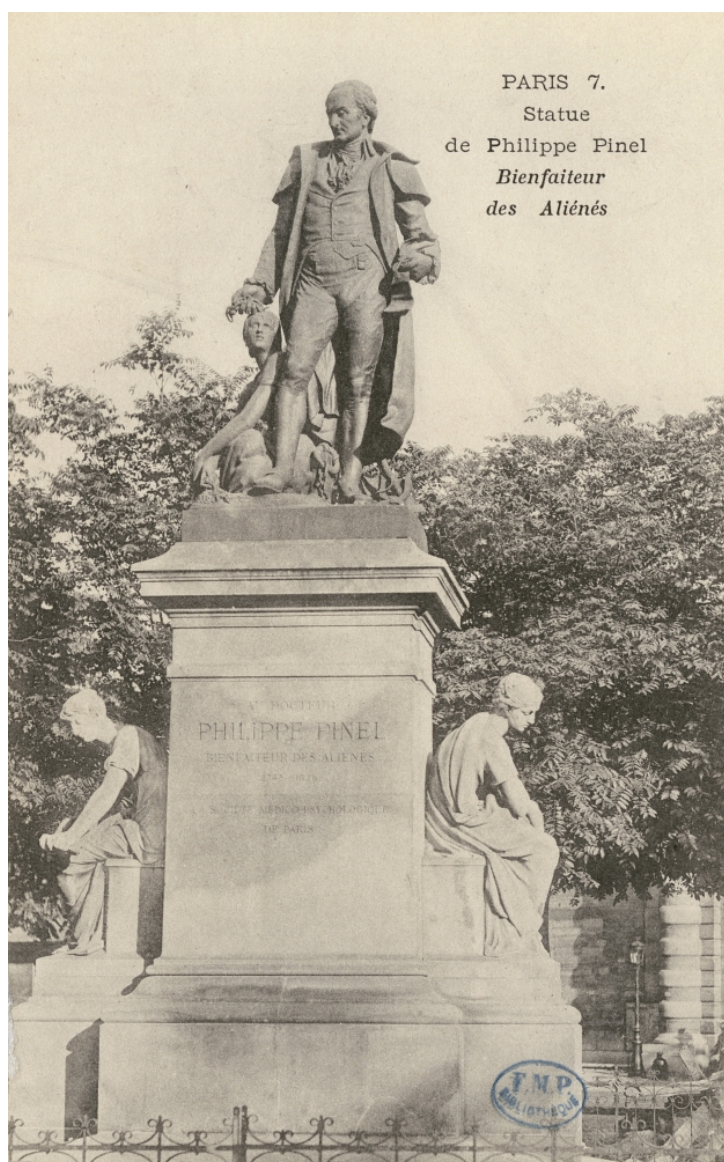
<sup>1276</sup> John Conolly, *The treatment of the insane without mechanical restraints*, (London: Smith, Elder & co., 1856), 366, <https://archive.org/details/treatmentofinsan00cono>.

<sup>1277</sup> Mark Walker, ‘The “National” in International and Transnational Science’, *The British Journal for the History of Science* 45, no. 3 (2012): 360.

<sup>1278</sup> *Inauguration de la statue de Philippe Pinel sur la place de la salpêtrière le 13 Juillet 1885*, (Paris: G. Rougier et Cie, 1885), 6, [https://archive.org/details/BIUSante\\_90945x39x10](https://archive.org/details/BIUSante_90945x39x10).



the essence around which all of the non-restraint controversy, and even broader, all of psychiatry revolved. Pinel was considered by the French as “[...] the great reformer of an odious system”<sup>1279</sup> and only he had “[...] the immortal honour of having put into practice the no-restraint and, if he did not invent the word, he discovered the method”.<sup>1280</sup> French psychiatrists were not willing to give Conolly the same credit as a reformer as they did Pinel. Conolly’s non-restraint system was seen as an assault on the foundations of (French) psychiatry because it was, according to French physicians, Pinel who had introduced the use of non-restraint.



**Figure 49.** Statue of Philippe Pinel was erected in 1885 in front of la Salpêtrière. The inscription on the statue reads “Bienfaiteur des Aliénés”. Pinel is seen to free a mentally ill person from their chains (top) while being flanked by a representation of science and charity (bottom). Source: Banque d’images et de portraits — BIU Santé, Université de Paris. ‘Statue de Philippe Pinel. Bienfaiteur Des Aliénés. Paris’. Accessed 14 March 2021. <https://www.biusante.parisdescartes.fr/histmed/image?CIPA0811>.

<sup>1279</sup> “[...] le grand réformateur d’un système odieux”. See: *Inauguration de la statue de Philippe Pinel sur la place de la salpêtrière le 13 Juillet 1885*, (Paris: G. Rougier et Cie, 1885), 8, [https://archive.org/details/BIUSante\\_90945x39x10](https://archive.org/details/BIUSante_90945x39x10).

<sup>1280</sup> “[...] l’immortel honneur d’avoir mis en pratique le no-restraint et, s’il n’a pas inventé le mot, il a trouvé la méthode”. See: “Du No-restraint”, AMP, 1880, vol. 4, 112, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1880x04>.

The professional identity of French alienists was grounded in a national setting that strongly influenced the non-restraint and caused palpable tensions. In 1862 the French alienist Jean-Pierre Casimir Pinel<sup>1281</sup> – a nephew of Philippe Pinel – criticised the non-restraint system in a more than 50 pages long essay in the *Journal de Médecine Mentale*.<sup>1282</sup> He starts his article with “[...] we were astonished, as we went through it [Conolly’s work], that this honourable doctor thought he had found a new system for treating the insane. [...] Mr. Conolly has not added anything to what has been practiced in France for more than half a century”.<sup>1283</sup> In the remainder of Casimir Pinel’s work it becomes apparent that two types of argument were used to undermine the value of the non-restraint system. On the one hand, opponents of the non-restraint referred to the “facts” that had been observed and reported, such as the physical restraint by attendants or the misuse of padded rooms. On the other hand, their claims were reinforced by the judgement of eminent French physicians, and in particular the French *grands maîtres* of psychiatry such as Pinel and Esquirol.

Casimir Pinel and other French alienists used their national history to try to undermine Conolly’s expertise and superiority.<sup>1284</sup> In 1863 these accusations reached the *Journal of Mental Science* and was followed by strong language from British alienists. They considered Casimir Pinel’s treatise to be a “[...] shallow and ill-inspired paper [...] and that Dr. Conolly’s merits should be redeemed from the obloquy sought to be cast upon them”.<sup>1285</sup> They defended Conolly by mentioning that Casimir Pinel’s work was full of “obsolete objections”, “mistaken notions”, “plenty of errors” and “prejudices”.<sup>1286</sup> While both French and British alienists defended the expertise and

---

<sup>1281</sup> Michel Caire, ‘Casimir Pinel’, *Histoire de la psychiatrie en France*, accessed 14 March 2021, <http://psychiatrie.histoire.free.fr/pers/bio/pinelc.htm>.

<sup>1282</sup> Casimir Pinel, “Examen du non-restraint”, *Journal de Médecine Mentale*, 1862, vol. 2, 12-23 and 51-57 and 134-142 and 198-207 and 262-269 and 306-313, <https://gallica.bnf.fr/ark:/12148/bpt6k31011g>.

<sup>1283</sup> “[...] nous fumes étonné, en le parcourant [Conolly’s work], que ce médecin honorable pensât avoir trouvé un nouveau système, new system, pour soigner les aliénés. [...] M. Conolly n’avait rien ajouté à ce qui se pratiquait en France depuis plus d’un demi-siècle”. See: Casimir Pinel, “Examen du non-restraint”, *Journal de Médecine Mentale*, 1862, vol. 2, 12-23, <https://gallica.bnf.fr/ark:/12148/bpt6k31011g>.

<sup>1284</sup> Casimir Pinel, “Examen du non-restraint”, *Journal de Médecine Mentale*, 1862, vol. 2, 137 and 307, <https://gallica.bnf.fr/ark:/12148/bpt6k31011g>.

<sup>1285</sup> “In re Non-restraint — Casimir Pinel v. Conolly”, *Journal of Mental Science*, 1863, vol. 8, no. 44, 580, <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/past-title/journal-of-mental-science/all-issues/4F51B1E4B3F81774A5D21EE614CDFD45>.

<sup>1286</sup> “In re Non-restraint — Casimir Pinel v. Conolly”, *Journal of Mental Science*, 1863, vol. 8, no. 44, 577, <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/past-title/journal-of-mental-science/all-issues/4F51B1E4B3F81774A5D21EE614CDFD45>.

honour of those who laid the groundwork of a modern and humane psychiatry they did so from their own national reference frameworks which caused conflict.

Similar patterns – all involving the notion of modernity and humanitarianism – can be observed in different nations, albeit not with as much force as was the case in France. Outside France, defining concepts and ethical and professional standards played in comparison with the motive of national heritage an overall larger role in the non-restraint debate. While the influence of national heritage was most felt in France, the impact hereof was also recognised by neighbouring countries. The Spanish alienist S. Escolar (against non-restraint) reproached his colleague Antoni Pujadas (pro non-restraint) for having “[...] [thrown] down the gauntlet to the French alienists”<sup>1287</sup> and had in this manner provoked “[...] the venerated memory of Pinel and Esquirol”.<sup>1288</sup> Belgium alienists’ symbol of humanitarianism was represented by the Gheel colony.

Gheel was proof for Belgian psychiatrists that Conolly’s system was not new but rather had existed for quite some time. These examples were simultaneously an indirect testimony that the development of psychiatry in *their nation* did not lag behind. The Belgian *Commission permanente d’inspection des établissements d’aliénés* declared in one of its reports that “If we were to present a type of rational application of the no-restraint, it would suffice to cite the establishment of Gheel’s lunatics in the Belgian Campine. [...] This is how we understand the implementation of the principle so that England boasts of having taken the initiative, whereas it has been practiced at Gheel for a long time”.<sup>1289</sup> That the non-restraint system pretended to be novel was a reoccurring criticism among continental European physicians and the Belgian Commissioners almost used the exact same wording as Casimir Pinel had done, when they said that it “[...] appears to be new, but in a reasonable sense it is merely an expression of what is being done on a daily basis in the best run treatment facilities”.<sup>1290</sup>

---

<sup>1287</sup> “[...] jetant le gant aux aliénistes français”. See: Lafitte, “Journaux Espagnols. El Siglo Medico”, AMP, 1869, vol. 1, 347, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1869x01>.

<sup>1288</sup> “[...] une sorte de provocation à la mémoire vénérée de Pinel et d’Esquirol”. See: Lafitte, “Journaux Espagnols. El Siglo Medico”, AMP, 1869, vol. 1, 347, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1869x01>

<sup>1289</sup> “Si nous devons présenter un type de l’application rationnelle du no-restraint, il nous suffirait de citer l’établissement des aliénés de Gheel, dans la Campine belge. [...] C’est ainsi que nous comprenons la mise en oeuvre du principe donc l’Angleterre se vante d’avoir pris l’initiative, tandis qu’on le pratique à Gheel depuis longtemps”. See: Ducpétiaux, Edouard, Dieudonné Jean Joseph Sauveur, and Charles Victor Oudart, *Notice sur les établissements d’aliénés des Pays-Bas*, extrait du cinquième rapport de la Commission Permanente d’Inspection des Etablissements d’Aliénés du Royaume, 1857-1858, (Bruxelles: Hayez, 1859), 70, [https://books.google.be/books?id=c\\_5RAAAAcAAJ&hl=nl](https://books.google.be/books?id=c_5RAAAAcAAJ&hl=nl).

<sup>1290</sup> “[...] parait nouvelle, mais qui, entendue dans un sens raisonnable, n’est que l’expressions de ce qui se pratique journellement dans les établissements de traitements les mieux dirigés”. See: Ducpétiaux, Edouard, Dieudonné Jean Joseph Sauveur, and Charles Victor Oudart, *Notice sur les établissements*

In Germany as well, nationalism influenced the non-restraint debate but in a different way than was the case in France or Belgium, nonetheless it led to similar claims and criticism. As we saw earlier, German physicians had already in the 1840s declared that they had no need to follow the non-restraint system because German alienists had not heavily misused mechanical restraints in the past as others had, such as the British. Some German physicians – although this was most likely a minority – such as Dick, a physician of the Bavarian Asylum at Klingenstein, claimed that the use of non-restraint was a German invention.<sup>1291</sup> These statements illustrate how German alienists' self-representation stood in high contrast with the opinion of British psychiatrists who claimed that “[...] there is much to be done in Germany, fewer physicians from that country having visited our asylums, and none have lived in them [...] with the view of ascertaining for themselves what the non-restraint is [...]”.<sup>1292</sup> National heritage, especially in the form of the authority of alienists and the skills harboured in certain psychiatric institutions, was a recurring theme to support claims of knowledge and expertise and were used to measure humanitarianism and science, resulting in different views that clashed with each other and had repercussions for the knowledge flow across Europe.

### Practical problems: “The Achilles heel of non-restraint”<sup>1293</sup>

The idea that the non-restraint system did not catch on anywhere outside England – at least on the same scale – has long been the default view in historiography<sup>1294</sup> but should be reconsidered. Firstly, there is the question of how to *define* non-restraint and as we just observed, its interpretation was often ambiguous and multi-layered. Indeed, the implementation of the non-restraint system as envisioned by Conolly did not become a nationwide success in other countries on the continent, yet each nation also had its fervent advocates. Jules Morel claimed that by 1905 England, Scotland, Ireland,

---

*d'aliénés des Pays-Bas*, extrait du cinquième rapport de la Commission Permanente d'Inspection des Etablissements d'Aliénés du Royaume, 1857-1858, (Bruxelles: Hayez, 1859), 67, [https://books.google.be/books?id=c\\_5RAAAAcAAJ&hl=nl](https://books.google.be/books?id=c_5RAAAAcAAJ&hl=nl).

<sup>1291</sup> J. T. Arlidge, “Quarterly report on the progress of psychological medicine. Foreign psychological literature. Non-restraint abroad”, *Journal of Mental Science*, 1863, vol. 9, no. 45, 89, <http://www.archive.org/details/britishjournalof09roya>.

<sup>1292</sup> J. T. Arlidge, “Quarterly report on the progress of psychological medicine. Foreign psychological literature. Non-restraint abroad”, *Journal of Mental Science*, 1863, vol. 9, no. 45, 90, <http://www.archive.org/details/britishjournalof09roya>.

<sup>1293</sup> Quote by German alienist Ludwig Wille. See: Braun, *Heilung mit Defekt*, 346 (footnote 452).

<sup>1294</sup> See for example: Binneveld and Lieburg, ‘De Eerste Psychiatrische Revolutie in Nederland’, 523.

the Scandinavian countries, Germany, the Netherlands, the United States and others practiced the non-restraint system.<sup>1295</sup> Surprisingly enough there is no in-depth research about the supporters of non-restraint on the continent and previous research has failed to take these actors into account. This warrants an excursion into the continental physicians that followed in Conolly's footsteps. Those who did adopt Conolly's practice in Europe were almost always very early adopters.

Secondly, the non-restraint system required a large number of resources – something that was not available everywhere. We can ask ourselves if European alienists were indeed indifferent to the non-restraint system. If they did not have any interest or did not practice it to some extent, why did practical problems with its realisation form one of the discussion points among alienists? In what follows I will delve into the practical obstacles that alienists encountered on different local and national levels.

One of the reasons that the non-restraint debate took different directions all over Europe were the practical limitations that alienists encountered.<sup>1296</sup> These reached from local problems within the asylums, to higher, national levels, where politics and laws created restrictions. Historian Nancy Tomes for example acknowledges that questions about the therapeutical and medical legitimacy of mechanical restraint was an issue, but she also highlights that the differences between the United Kingdom and the United States stemmed from practical difficulties. She accentuates differences in asylum layout, the approach to public and private psychiatric institutions, the policy on treating poor and rich patients and other systems of (de)centralisation.<sup>1297</sup> For instance, the state regulations imposed by the British Lunacy Commission, were absent in the United States and gave American superintendents more freedom. In Europe, the unsuited layouts of asylums, and insufficient numbers of personnel and untrained staff dominated European alienists' discourse to not practice the non-restraint system. In addition, several alienists found that statistics were an inadequate measurement to gauge the value of the non-restraint system.

---

<sup>1295</sup> Jules Morel, "La réforme des asiles d'aliénés. L'assistance des aliénés en France, en Allemagne, En Italie, En Suisse et en Belgique", BSMMB, 1905, no.119, 59, <http://hdl.handle.net/2027/hvd.32044102893880>.

<sup>1296</sup> Braun, *Heilung mit Defekt*, 346; Tomes, 'The Great Controversy a Comparative Perspective Anglo-American Psychiatry in the Nineteenth Century', 217; Binneveld and Lieburg, 'De Eerste Psychiatrische Revolutie in Nederland', 522–23.

<sup>1297</sup> Tomes, 'The Great Controversy a Comparative Perspective Anglo-American Psychiatry in the Nineteenth Century', 196, 200 and 216–17.



## Asylum layouts

Alienists pointed out that problematic asylum layouts hindered the realisation of the British non-restraint system, and in particular a lack of space was a frequently heard argument in their discourse. In Germany, numerous asylums were former cloisters repurposed for housing the mentally ill making it unfeasible to apply the non-restraint system.<sup>1298</sup> In the Netherlands as well, alienists claimed that the numerous refurbished city asylums (*stadsgestichten*) did not allow them to introduce it.<sup>1299</sup> Advocates of Conolly's theory in the Netherlands, such as Cowan and Van Der Swalme, had problems with overcoming practical obstacles.<sup>1300</sup> The latter was for example saddened that the asylum in Delft was in the 1880s "[...] not yet in a position to forgo absolute coercive measures".<sup>1301</sup> By contemporaries at the time and in current historiography, Meerenberg asylum was the only mental institution in the Netherlands, and according to some even on the continent, that succeeded in practicing the non-restraint system.<sup>1302</sup> For this reason historians Binneveld and Lieburg, as well as many other historians, have argued that its realisation stayed limited to Meerenberg and should not be seen as an illustration for the Netherlands in general. However, reality was more complex. Firstly, Meerenberg was not the only asylum adopting the non-restraint system: according to the Dutch asylum inspectors, the asylum of Zutphen adopted it as well in the 1870s.<sup>1303</sup>

Secondly, while the realisation of the British non-restraint system as a whole was limited in the Netherlands, its partial implementation however was not. The non-restraint system consisted of several parts and some were perceived as more achievable, necessary or useful by Dutch alienists. Several superintendents made by the 1870s use of isolation cells covered with soft fabric (padded rooms) as well as the

---

<sup>1298</sup> Braun, *Heilung mit Defekt*, 346; Engstrom, *Clinical Psychiatry in Imperial Germany*, 17–18.

<sup>1299</sup> D.J.M.W. Binneveld et al., *Een Psychiatrisch Verleden. Uit de Geschiedenis van de Psychiatrie* (Schoten, 1982), 522–23.

<sup>1300</sup> "Vergadering gehouden op donderdag den 26en November 1891 des voormiddags ten 10 ure in het gesticht te Utrecht", *Psychiatrische Bladen*, 1892, vol. 10, 91, <http://hdl.handle.net/2027/chi.098893722>; "Ochtendzitting donderdag den 13 mei [1880]", *Psychiatrische Bladen*, 1880, vol. 1, 115 <http://hdl.handle.net/2027/mdp.39015062749778>.

<sup>1301</sup> "[...] nog niet in die omstandigheden verkeert om absoluut dwang middelen te kunnen missen". See: "Ochtendzitting donderdag den 13 mei [1880]", *Psychiatrische Bladen*, 1880, vol. 1, 115 <http://hdl.handle.net/2027/mdp.39015062749778>.

<sup>1302</sup> Binneveld et al., *Een Psychiatrisch Verleden. Uit de Geschiedenis van de Psychiatrie*, 522–23.

<sup>1303</sup> "Verslag over den staat der gestichten voor krankzinnigen in de jaren 1869, 1870, 1871, 1872, 1873 en 1874", *Nederlandsch Tijdschrift voor Geneeskunde*, 1878, vol. 14, no. 2, 239, <https://hdl.handle.net/2027/umn.31951002693716f>.

use of single rooms (*afzonderingskamers*).<sup>1304</sup> Both were highly approved of and used by Conolly, giving alienists more control and manipulation over a patients' sensory experience.<sup>1305</sup> Another part of Conolly's non-restraint system existed in providing patients with enough distraction in terms of work or entertainment, and was also resorted to in Dutch asylums. Male patients were usefully occupied in workshops or learned a trade, while female patients did household work.<sup>1306</sup> Entertainment for the patients was also found in the form of access to games, books, gardens and occasional festivities which were present across most Dutch asylums.<sup>1307</sup> Yet, Dutch alienists kept on struggling with insufficient opportunity for seclusion, a lack of employment for patients and not enough staff at their disposal. Dutch asylum inspectors pointed out that these were the main reasons that the use of mechanical restraint was still necessary in some asylums.<sup>1308</sup>

### Insufficient and inadequate personnel

A lack of adequate and trained personnel was a second, often used, argument by Dutch alienists to not apply the non-restraint system.<sup>1309</sup> It was a labour-intensive form of asylum management and many did not have the means to do so. In addition, the practice often met with opposition from the nursing staff. Several German psychiatrists who wanted to realise the use of non-restraint in their asylums, such as Griesinger, Otto Binswanger and Bernard von Gudden, were faced with this problem. It led Griesinger to replace all personnel, and von Gudden to subject his staff to a strict disciplinary regime for example via the use of control clocks.<sup>1310</sup>

---

<sup>1304</sup> "Verslag over den staat der gestichten voor krankzinnigen in de jaren 1869, 1870, 1871, 1872, 1873 en 1874", *Nederlandsch Tijdschrift voor Geneeskunde*, 1878, vol. 14, no. 2, 235, <https://hdl.handle.net/2027/umn.31951002693716f>; "Vergadering gehouden op donderdag den 26en November 1891 des voormiddags ten 10 ure in het gesticht te Utrecht", *Psychiatrische Bladen*, 1892, vol. 10, 89-95, <http://hdl.handle.net/2027/chi.098893722>.

<sup>1305</sup> Topp, 'Single Rooms, Seclusion and the Non-Restraint Movement in British Asylums, 1838-1844'.

<sup>1306</sup> "Verslag over den staat der gestichten voor krankzinnigen in de jaren 1869, 1870, 1871, 1872, 1873 en 1874", *Nederlandsch Tijdschrift voor Geneeskunde*, 1878, vol. 14, no. 2, 234-235 and 238-239, <https://hdl.handle.net/2027/umn.31951002693716f>.

<sup>1307</sup> "Verslag over den staat der gestichten voor krankzinnigen in de jaren 1869, 1870, 1871, 1872, 1873 en 1874", *Nederlandsch Tijdschrift voor Geneeskunde*, 1878, vol. 14, no. 2, 239, <https://hdl.handle.net/2027/umn.31951002693716f>; Oosterhuis and Slijkhuis, *Verzichte Zenuwen*, 44 and 83.

<sup>1308</sup> "Verslag over den staat der gestichten voor krankzinnigen in de jaren 1869, 1870, 1871, 1872, 1873 en 1874", *Nederlandsch Tijdschrift voor Geneeskunde*, 1878, vol. 14, no. 2, 239, <https://hdl.handle.net/2027/umn.31951002693716f>.

<sup>1309</sup> Braun, *Heilung mit Defekt*, 346.

<sup>1310</sup> Engstrom, *Clinical Psychiatry in Imperial Germany*, 64.

Untrained personnel was a problem that alienists were confronted with all over Europe. Personnel was in many cases part of a religious community, and physicians had little control over them. They tried to mediate this problem by instructing their personnel in their own asylum as well as writing handbooks on nursing and organising exams. If nurses were trained in schools, asylum physicians would be able to have more control over them. While it would lead too far to cover all aspects about the history of nursing the mentally ill, I will reflect on the relationship between the non-restraint and educating attendants. The nursing staff was understood to be a cornerstone for realising the non-restraint. Schooling had to focus on how attendants needed to behave and react in accordance to the non-restraint system. Historian Cecille aan de Stegge has outlined these teaching practices for the Netherlands and highlights that several of the alienists who wrote nursing textbooks were reluctant to mention any forms of mechanical restraint, fearing it would give its reader the wrong impression about the frequency of its use or lead to unwelcome ideas about using mechanical coercion instead of non-restraint.<sup>1311</sup>

The adaptation of asylum layouts, the integration of (more) padded cells or single rooms for isolation, and a more numerous and better trained staff also had a financial side. They were costly and could easily form a strain on the asylum economy that needed to be maintained to keep asylums running. A lack of financial and practical means was one of the reasons, according to Tomes, that the non-restraint system lost credit in the United Kingdom during the 1880s and 1890s.<sup>1312</sup>

### **Quantitative and qualitative measures to evaluate a new system**

In 1847 the German alienist Roller, remarked that "The physicians of Illenau are not unacquainted with that which has been done in England, but they consider the subject as not yet sufficiently investigated to authorize a judgement [...]"<sup>1313</sup> The need for assessment was a crucial point in the non-restraint debate and like any new development in science, theories and practices needed to be evaluated. For many alienists the main questions were if the non-restraint system made an essential

---

<sup>1311</sup> aan de Stegge, 'Changing Attitudes towards "Non-Restraint" in Dutch Psychiatric Nursing, 1897-1994', 333-39.

<sup>1312</sup> Tomes, 'The Great Controversy a Comparative Perspective Anglo-American Psychiatry in the Nineteenth Century', 217.

<sup>1313</sup> Pliny Earle, *Institutions for the insane in Prussia, Austria and Germany*, (Utica: New-York State Lunatic Asylum, 1853), 38-39,  
<https://books.google.be/books?id=l6EH62AOYpEC&hl=nl&pg=PP7#v=onepage&q&f=false>.



contribution to their established repertoire of practices, aided in bringing more relief to their patients and kept abuse at bay. But how was its value to be measured and assessed? Either quantitative tools (statistics) or qualitative tools (empiricism and deduction) could be used.

### The shortcomings of statistical evidence

The use of statistics, the calculation of probabilities and numerical methods had been on the rise since the late eighteenth century and had become an important part of science by the nineteenth century, and represented objectivity and truth; principals that were guided by the enlightenment and positivism.<sup>1314</sup> If medicine was also a part of science, in how far could statistics be an aid to detect the accuracy of medical judgement? Opinions about its use in the medical field stayed divided throughout the eighteenth and nineteenth century, causing vigorous debates, although statistics would become an important part of public health medicine. Contrary to the general trend in nineteenth century science, where argumentation becomes more and more dominated by the need for precision, systematisation, and the use of factual knowledge<sup>1315</sup>, the use of statistics was largely absent in relation to the non-restraint debate. Purely medical practices, for example the use of the microscope to study certain diseases or the development of the Wassermann test, were easier to quantify and verify (see chapter 5 for an in-depth discussion).

Multiple governments in Europe – Belgium, the Netherlands, and the United Kingdom – had decreed the use of a ledger in asylums to record the use of mechanical restraint and punishments. However, these ledgers were not always accurate as asylum attendants were known for applying mechanical restraints without a doctor's order. Furthermore, they were not always accessible to (foreign) visitors who were not able to evaluate its use in different countries on a statistical basis. In addition, the rise or fall in numbers in these ledgers were only occasionally used or mentioned in debates or articles about non-restraint. A sole occurrence was for example the French alienist Solomon Lwoff, *médecin-directeur* of the colony in Ainay-le-Château, who studied the

---

<sup>1314</sup> T. D. Murphy, 'Medical Knowledge and Statistical Methods in Early Nineteenth-Century France.', *Medical History* 25, no. 3 (1981): 301–19; Karel Velle, 'Statistiek En Sociale Politiek: De Medische Statistiek En Het Gezondheidsbeleid in België in de 19de Eeuw', *Belgisch Tijdschrift Voor Nieuwste Geschiedenis* 1, no. 2 (1985); Theodore M. Porter, *Trust in Numbers, The Pursuit of Objectivity in Science and Public Life*, Course Book (Princeton: Princeton University Press, 1996), 17–21.

<sup>1315</sup> Alan G. Gross, 'Argument in the 19th Century', in *Communicating Science: The Scientific Article from the 17th Century to the Present*, 2002, 158–59.

Belgian statistics about the use of isolation and mechanical restraints for the years 1888 until 1892, mentioning the rise of its use on Belgian territory during an international conference.<sup>1316</sup>

The main problem with the use of statistics were the earlier mentioned issues about the conceptual framework surrounding the non-restraint debate as different interpretations brought its own set of problems. Moreover, as historian Theodore Porter has pointed out, “The credibility of numbers, or indeed of knowledge in any form, is a social and moral problem”.<sup>1317</sup> The line between believing and trusting statistical evidence or relying on the say-so of a medical authority could be very thin. During a discussion in the SMMB in 1910, one of the aspects discussed was the use of mechanical restraint and whether or not its use was increasing.<sup>1318</sup> One of the alienists present, Jean De Boeck who was *médecin en chef* at the *Asile-dépôt* at the *Hôpital St.-Jean* and lecturer in psychiatry at the Free University of Brussels, inquired if a list of the coercion used in Belgian asylums could be published as this would, according to him, demonstrate the misguided criticisms they had received about rising numbers.<sup>1319</sup> This triggered a strong response from A. Claus, *médecin en chef* of the *Asylum Sainte-Amédée* in Mortsels (near Antwerp). He answered De Boeck that “These statistics belong to the Government. When conscientious doctors say that these means of restraint have diminished, it must be accepted. Their claims should not be questioned. When the government publishes the report, you will be able to see the decrease”<sup>1320</sup>, which further unleashed a debate between the two Belgian physicians.<sup>1321</sup>

While alienists could record the type of restraint and how often it was used, it could however not measure its effectiveness because statistics did not say anything about the therapeutical or medical character of non-restraint or mechanical restraint.

---

<sup>1316</sup> A. Marie, “Note sur l’organisation intérieure de quelques établissements centralisés” in: Fritz Sano, *Congrès international de l’assistance des aliénés et spécialement de leur assistance familiale tenu à Anvers du 1 au 7 septembre 1902. Rapports et compte-rendu des séances*, (Antwerpen: De Nederlandsche Boekhandel, 1903), 7, <http://hdl.handle.net/2027/mdp.39015030965928>.

<sup>1317</sup> Porter, *Trust in Numbers, The Pursuit of Objectivity in Science and Public Life*, 11.

<sup>1318</sup> “Procès-verbal de la séance ordinaire tenue à la Maison des Médecins, à Bruxelles, le samedi 29 janvier 1910”, BSMMB, 1910, no. 149, 35-36, <http://hdl.handle.net/2027/mdp.39015070275147>.

<sup>1319</sup> “Procès-verbal de la séance ordinaire tenue à la Maison des Médecins, à Bruxelles, le samedi 29 janvier 1910”, BSMMB, 1910, no. 149, 48, <http://hdl.handle.net/2027/mdp.39015070275147>.

<sup>1320</sup> “Cette statistique appartient au Gouvernement. Lorsque des médecins consciencieux affirment que ces moyens de contrainte ont diminué, il faut l’admettre. Il ne faut pas mettre en doute leurs affirmations. Lorsque le gouvernement publiera le rapport, vous pourrez constater la diminution”. See: “Procès-verbal de la séance ordinaire tenue à la Maison des Médecins, à Bruxelles, le samedi 29 janvier 1910”, BSMMB, 1910, no. 149, 48, <http://hdl.handle.net/2027/mdp.39015070275147>.

<sup>1321</sup> “Procès-verbal de la séance ordinaire tenue à la Maison des Médecins, à Bruxelles, le samedi 29 janvier 1910”, BSMMB, 1910, no. 149, 47-48, <http://hdl.handle.net/2027/mdp.39015070275147>.

In addition, the use of quantitative and qualitative tools to establish the truth and verify claims was often not a story of either one or the other, but rather a matter of both. Medical experts were constantly gauged on the basis of their authorial power in the psychiatric community. Theodore Porter has pointed out that the Latin root of the word validity means power, and that power needs to be exercised in a variety of ways to make measurements valid".<sup>1322</sup> The need for the validity of experts and the ambiguity it could bring, was illustrated during a meeting of the British psychiatric association where Mundy gave a speech about the non-restraint system. As an ardent admirer he spoke highly of its merits and its contribution to the humane treatment of psychiatric patients, yet also was ashamed to mention that many forms of mechanical restraint were still used. He supported this statement by claiming that up to 50000 people were subjected to restraint across Europe.<sup>1323</sup>

An account of his speech reached the editors of the AMP in 1868. The French alienist Dumesnil, editor of the journal, mockingly remarked: "[...] you can see that he likes round figures; a few years ago, at the same meeting, he said that 50000 insane people in the United Kingdom live free, without constraints and restraints; today, a sad parallel! He says that there are just as many on the continent who are bound, restrained and deprived of all freedom".<sup>1324</sup> In contrast to British psychiatrists, Mundy had a questionable reputation among French alienists, who mocked Mundy's opinions. They undermined his credibility and reliability as a source of information by questioning the numerical evidence he gave to support his views. Even while medicine, and in addition psychiatry, wanted to acquire a more rational status and be recognised as a science<sup>1325</sup>, solely making use of statistics as a weapon of truth and objectivity, would not be of any help where it concerned judging the possible benefits of the non-restraint system as it did not lend itself to any form of certitude and called for other means of examination.

---

<sup>1322</sup> Porter, *Trust in Numbers, The Pursuit of Objectivity in Science and Public Life*, 33.

<sup>1323</sup> "Original communications. Dr Mundy on the Cottage Asylum System", *Journal of Mental Science*, vol. 8, no. 43, 329-336, <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/past-title/journal-of-mental-science/all-issues/4F51B1E4B3F81774A5D21EE614CDFD45>.

<sup>1324</sup> "[...] on peut toutefois s'apercevoir qu'il aime les chiffres ronds; ainsi, il y a quelques années, dans la même réunion, il s'écriait que les 50 000 aliénés du Royaume-Uni vivent libres, sans contrainte et sans restraint; aujourd'hui, triste parallèle! Il déclare qu'il s'en trouve juste tout autant, sur le continent, qui sont liés, immobilisés et privés de toute liberté". See: "Revue des journaux de médecine. Revue de la médecine psychologique anglaise", AMP, 1868, vol. 12, 442, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1868x12>.

<sup>1325</sup> Velle, 'Statistiek En Sociale Politiek : De Medische Statistiek En Het Gezondheidsbeleid in België in de 19de Eeuw', 226-27.

### Qualitative scrutiny: finding truth in visual observations?

Another manner to assess the value of non-restraint was through a qualitative approach, one wherein the alienists' authority would play a crucial role, as was already hinted at before. In medicine the experience a practitioner had gained, giving him the ability to estimate disease prognoses or treatment plans, was heavily relied on.<sup>1326</sup> The debate about non-restraint is a prime example of a moral-medical problem that relied on the experience and authority of alienists. The British Forbes Winslow was in the early 1850s convinced that only men with "limited experience" or those afraid for damaging their position "[...] hesitate in giving utterances to views adverse [to the non-restraint system]".<sup>1327</sup> The non-restraint supporter Robert Gardiner Hill, on the other hand, mentioned that "[...] the total abolitionists are, as a class, men of great experience, chiefly superintendents of County Asylums".<sup>1328</sup> The concept of expertise was unmistakably used to legitimise and validate restraint as well as non-restraint.

This expertise was grounded in the value that was attached to observations as it was the basis on which opinions were formed and served to validate the non-restraint system as it was witnessed abroad. According to Conolly the only valid way to judge the non-restraint system was by undertaking study trips across Europe. Those who had a different opinion about the non-restraint system or did not want to apply these principles could, according to Conolly, "[...] [not] have examined, or even witnessed, the non-restraint system in actual operation [...]".<sup>1329</sup> Several other British physicians were of the same opinion and blamed their continental peers for not undertaking visits to the United Kingdom.<sup>1330</sup>

Yet, it was not enough to merely travel: alienists needed to be an "observant eyewitness". As we saw in chapter 2, asylum visits were an art in itself and required the careful scrutiny of a trained observer who was characterised by seniority, experience, and being able to undertake long visits. This was no different when surveying the use

---

<sup>1326</sup> Murphy, 'Medical Knowledge and Statistical Methods in Early Nineteenth-Century France.', 307.

<sup>1327</sup> "On non-mechanical restraint in the treatment of the insane", *Journal of psychological medicine*, 1854, vol. 7, no. 28, 542, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5086827/>.

<sup>1328</sup> John Conolly, "Second Notice of the eighth report of the Commissioners in Lunacy", *The Asylum Journal*, 1855, vol. 1, no. 10, 154, <http://www.archive.org/details/britishjournalof01roya>.

<sup>1329</sup> John Conolly, "The treatment of the insane without mechanical restraint", (London: Smith, Elder & co., 1856), 354, <http://www.archive.org/details/treatmentofinsan00cono>.

<sup>1330</sup> "On the Progressive Changes which have taken place since the time of Pinel in the Moral Management of the Insane, and the Various Contrivances which have been adopted instead of Mechanical Restraint, by Daniel H. Tuke", *Journal of Mental Science*, 1855, vol. 1, no. 10, 158; James Clark, *A Memoir of John Conolly, M. D., D. C. L., Comprising a Sketch of the Treatment of Insane in Europe and America* (London: Murray, 1869), 254–55, <http://archive.org/details/39002086342954.med.yale.edu>.

of the non-restraint system. A British alienist<sup>1331</sup> was of the opinion that only through detailed examination and “[...] by the aid of his own senses [...]” could a correct judgement be formed about “[...] what the non-restraint system really is”.<sup>1332</sup> It was crucial that everything that could be seen and heard was absorbed by the alienist, but this was not always the case. Conolly for example complained that “Many foreign physicians have accompanied me through the wards, most of them arguing rather than observing; and some, I fear, have been conducted through them by officers regardless of the effect produced, and negligent of required explanations.”<sup>1333</sup> The second part of Conolly’s remark also points out that making accurate and able observations was not the sole responsibility of the visitor. The physician in chief had to use his own experience and authority to guide someone’s visit by giving proper explanations and steer them in what they saw and observed.

In addition to, or rather intertwined with, the observant eyewitness there was the “expert eyewitness”. One of these was the French alienist Bénédict Augustin Morel. He was one of the physicians that had visited the United Kingdom in 1858 to inspect their asylums and had amicably written about the non-restraint.<sup>1334</sup> The British used the status and positive opinion of the non-restraint system carried forward by Bénédict Morel, Girard de Cailleux and “[...] the most best known alienists of France [...]”<sup>1335</sup> to undermine Casimir Pinel’s statements against the non-restraint who had claimed that most French alienists were of a similar opinion as himself.<sup>1336</sup> Likewise, Lockhart Robertson, who had entered in a discussion by public letter with B. Morel, substantiated his claims about the deplorable state of the French asylums by printing

---

<sup>1331</sup> Most likely either C. L. Robertson or Henry Maudsley, the two editors of the *Journal of Mental Science* at the time.

<sup>1332</sup> “non-restraint abroad”, *Journal of Mental Science*, 1863, vol. 9, no. 45, 91, <http://www.archive.org/details/britishjournalof09roya>.

<sup>1333</sup> John Conolly, “The treatment of the insane without mechanical restraint”, (London: Smith, Elder & co., 1856), 345, <http://www.archive.org/details/treatmentofinsan00cono>.

<sup>1334</sup> Bénédict Augustin Morel, *Le Non-restraint, ou de l'Abolition des moyens coercitifs dans le traitement de la folie, suivi de considérations sur les causes de la progression dans le nombre des aliénés admis dans les asiles*, (Paris: Victor Masson et fils, 1860), 11, <https://gallica.bnf.fr/ark:/12148/bpt6k5619122f>; “In re non-restraint. – Casimir Pinel v Conolly”, *Journal of Mental Science*, 1863, vol. 8, no. 44, 574, <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/past-title/journal-of-mental-science/all-issues/4F51B1E4B3F81774A5D21EE614CDFD45>

<sup>1335</sup> “In re non-restraint. – Casimir Pinel v Conolly”, *Journal of Mental Science*, 1863, vol. 8, no. 44, 577, <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/past-title/journal-of-mental-science/all-issues/4F51B1E4B3F81774A5D21EE614CDFD45>.

<sup>1336</sup> “In re non-restraint. – Casimir Pinel v Conolly”, *Journal of Mental Science*, 1863, vol. 8, no. 44, 577, <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/past-title/journal-of-mental-science/all-issues/4F51B1E4B3F81774A5D21EE614CDFD45>.

part of his pocket-book in *The Lancet*, simultaneously invoking the eyewitness expertise of Baron Mundy, “[...] one of the first authorities in Europe on all that relates to asylum constructions and management [...]”<sup>1337</sup>, to support the righteousness of his views.

The label of the “expert eyewitness” was, however, also constantly negotiated. While careful observation and long visits were important to make certain claims, this did not mean that someone’s medical authority and position as an expert was recognised by all psychiatric communities across Europe. Specific characteristics needed to be met. In general, the age of the alienist in question and his years of experience helped to establish part of this authority (see chapter 3). In the context of the non-restraint system another factor played a role, namely if the expert witness in question was an asylum physician by trade. Psychiatric institutions were the place *par excellence* where non-restraint or mechanical restraint could be employed. This meant that experience with either or both systems lay in the realm of the asylum physician. Baron Mundy, a physician and wealthy philanthrope, and university professor Wilhelm Griesinger were criticised by their contemporaries for being supporters of the non-restraint system because they never had directed an asylum, they could not be “impartial” and a “competent judge”.<sup>1338</sup>

An inherent characteristic of being an eyewitness was its personal and ambiguous nature. Alienists’ experiences with non-restraint were diverse, making a consensus among a broad group of physicians not easy to attain. During an international congress in Antwerp in 1902, attendees visited the *Hôpital St.-Jean* in Brussel, directed by the Belgian alienist De Boeck. Some congress members had voiced critique on his asylum management, among which the use of restraint. The German physician Hermann Gock, director of the *Landes-Irrenanstalt Landsberg*, remarked, “[...] that such conditions still exist, one could only imagine, but to show that such conditions still exist is actually a scandal [...]”.<sup>1339</sup> In published letters and articles De

---

<sup>1337</sup> Lockhart Robertson, “The ‘restraint system’ in French public asylums for the insane”, *The Lancet*, 1865, December, vol. 2, 737, <http://hdl.handle.net/2027/mdp.39015075800063>.

<sup>1338</sup> “Le docteur Mundy, pas plus que M. Griesinger, n’a jamais dirigé un asile; ce n’est donc pas un juge impartial et compétent”. See: “Bibliographie. Psychiatrie Allemande. Discussion sur le meilleur mode d’assistance des aliénés”, *AMP*, 1868, no. 12, 465, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1868x12>.

<sup>1339</sup> “[...] dass dergleichen Zustände noch existirten, könne man sich allenfalls denken, dass man aber dergleichen gar noch zeige, sei eigentlich ein Skandal [...]”. See: “Verhandlungen psychiatrischer Vereine. Sitzung des psychiatrischen Vereins zu Berlin am 14. März 1903. Herr Gock: Mittheilungen vom Kongress zu Antwerpen”, *Zeitschrift für Psychiatrie*, 1903, vol. 60, 650, <http://hdl.handle.net/2027/hvd.32044097071062>. This quote was also used in the BSMMB. See: “Note collective sur la situation de l’assistance des aliénés en Belgique”, *BSMMB*, 1910, no. 149, 47, <http://hdl.handle.net/2027/mdp.39015070275147>.

Boeck declared that what Gock had seen – that there was no bed or bath treatment and restraints were often used<sup>1340</sup> – was incorrect. De Boeck countered these accusations by referring among other things to a more recent visit in 1910 of the Belgian Swolfs, a physician from Brussels, and a report containing positive feedback by the *Conseil général de la Seine*.<sup>1341</sup> This was a similar situation as the dispute that had occurred between B. Morel and Lockhart Robertson. Eyewitness accounts formed far from stable measurement on which alienists could base their opinion.

Aside from debatable eyewitness accounts, there were also those alienists who did not have any status as being an eyewitness which also undermined their credibility. In the beginning of the twentieth century (1905-1907) the SMMB put the topic of medical responsibility in connection with the (dis)use of straitjackets and isolation cells, and the idea of the open-door system, back on the agenda. Claus, superintendent at the asylum of Mortsels near Antwerp, and d'Hollander, from the Gheel colony, pleaded for the disuse of all types of restraint by relating their successes.<sup>1342</sup> Some colleagues, such as Cuylits, did not agree with their views, portraying them as naïve, and stuck to his principles about the use of straitjackets. As a reaction, Claus stated, “I add that for my part I have more confidence in Mr. D'Hollander, who saw the regime in Munich, than in Mr. Cuylits, who saw nothing or who doesn't want to understand anything”.<sup>1343</sup> Those who did not travel and experience the non-restraint with their own eyes, were put outside medical science so they were not taken serious and their opinions became less important.

The ambiguity of eyewitnesses is further illustrated through language and the verbal tone that was employed by alienists. Their language was often laced with personal or national inspired criticism and accusations. This type of criticism was common from the 1860s onward and flared up repeatedly in the 1870s and 1880s when the scientific etiquette between various authors, journals, societies and even countries came under pressure. Eyewitness reports reveal the different assumptions and ideas

---

<sup>1340</sup> “Verhandlungen psychiatrischer Vereine. Sitzung des psychiatrischen Vereins zu Berlin am 14. März 1903. Herr Gock: Mittheilungen vom Kongress zu Antwerpen”, *Zeitschrift für Psychiatrie*, 1903, vol. 60, 650, <http://hdl.handle.net/2027/hvd.32044097071062>.

<sup>1341</sup> “Approbation du proces-verbal de la dernière séance”, BSMMB, 1910, no. 150, 166, <http://hdl.handle.net/2027/mdp.39015070275147>.

<sup>1342</sup> “Discussion des propositions de M. le Dr Glorieux concernant la nomination des médecins-adjoints”, BSMMB, 1906, no. 125, 27, <http://hdl.handle.net/2027/hvd.32044102893872>.

<sup>1343</sup> “J'ajoute que pour ma part j'ai plus de confiance en M. D'Hollander, qui a vu le régime de Munich, qu'en M. Cuylits, qui n'a rien vu ou bien qui ne veut rien comprendre”. See: “Discussion de la communication de M. le Dr Claus: la responsabilité médicale et l'assistance des aliénés”, BSMMB 1906, no. 130, 370, <http://hdl.handle.net/2027/hvd.32044102893872>.

that were in circulation about the non-restraint system and lead to confrontations between psychiatrists in several countries. To legitimise or discredit certain knowledge and viewpoints the expertise and skills of others was used to support claims. This was however a difficult balance to keep as they, sometimes heavily, criticised each others approach, while simultaneously also acknowledging the authority that some of their peers had developed (e.g. pointing out their “European reputation” or calling them “distinguished”). This balancing exercise illustrates not only the complexity involved in establishing the non-restraint practice outside the United Kingdom, but also demonstrates that it was necessary to try to keep some stability between and inside multiple psychiatric communities.

Enforcing a “collective scientific enterprise” and acquiring “collective knowledge” via psychiatric journals proved challenging.<sup>1344</sup> Historians Joris Vandendriessche and Raf de Bont have shown that medical science was bound by a process of formalisation<sup>1345</sup> and a code of conduct that was — most of the time — guided by the general rules and etiquettes of society. The scientific community revolved around recognising each other’s “intellectual equivalence” and had to avoid presumptuousness, arrogant language and personal attacks.<sup>1346</sup> Because although an important ideal, the fact that the non-restraint debate seemed to lack a code of conduct makes it necessary to place this debate in a new light.

Throughout the previous pages and chapters, we already occasionally saw how vehement reactions could be. Both supporters and opponents of the non-restraint resorted to regularly treating their colleagues with sharp language. When the German physician Albers of Bonn remarked in Froriep’s *Tagesberichte* in the early 1850s that he was not thoroughly convinced of the merits of the non-restraint, his opinion quickly appeared in the *Journal of Mental science*, where the editor at the time, John Charles Bucknill — one of the more virulent defenders of the non-restraint — concluded that “In Germany the power of moral influence is not understood, either in Asylums or out of them. Physical force pervades the country; and it would, indeed, be folly to expect

---

<sup>1344</sup> Joris Vandendriessche, ‘Setting Scientific Standards: Publishing in Medical Societies in Nineteenth-Century Belgium’, *Bulletin of the History of Medicine* 88, no. 4 (2014): 629.

<sup>1345</sup> “The formalization of the reports and discussions in medical societies can be considered ways of removing such matters of personal interest and conflict from scientific debate. Criticism was thus not disapproved or excluded, but rather strictly regulated [between author and editor]”. See: Vandendriessche, ‘Setting Scientific Standards: Publishing in Medical Societies in Nineteenth-Century Belgium’, 643.

<sup>1346</sup> Raf de Bont, “Writing in Letters of Blood”: Manners in Scientific Dispute in Nineteenth-Century Britain and the German Lands’, *History of Science* 51, no. 3 (2013): 311.



that the merits of the non-restraint system should be recognised where even the sane portion of the community are drilled into order by soldiery and the police".<sup>1347</sup> Emotion, passion and self-interest could easily counter the voice of reason. Not only in how alienists phrased their observations, but also in the act of observing itself, these were sometimes in the way to establish a truth that was accepted by the psychiatric community. While one discussion, such as the non-restraint debate, did not upset the balance between psychiatric communities as a whole for an indefinite period of time, it does illustrate how debates contributed to the alliances forged among European psychiatric communities and the cooperation formed between alienists.

### A European non-restraint system?

In the previous sections of this chapter I illustrated the wide range of factors (conceptual problems, professional and ethical issues and practical roadblocks) that explain why the debate about the non-restraint system was high on the agenda of numerous alienists over a very long period of time. Underneath these complex and multi-layered problems lies not a black and white image as it has long been portrayed to be, rather, these diverse reasons demonstrate that a part of knowledge circulation also consisted of a large grey area. Indeed, there were controversies about definitions and its implications for the profession, and rivalries about national heritage, but nonetheless these debates triggered an awareness about medical and ethical treatment of patients, the possible abuse of restraint and made alienists conscious that there was room for professional growth in psychiatry. On the one hand, this awareness instigated some European alienists to apply Conolly's principles or, as was more often the case, adopted their own version of the non-restraint system, moulding it to fit their particular ideas, practices and asylum's layout. On the other hand, European alienists did not only observe what was happening in the United Kingdom but also turned their eyes towards neighbouring countries, gauging and mirroring their ideas and practices as well. The wide range of practices that alienists could imitate across Europe aside from the United Kingdom and the numerous ways these could be adapted according to national or local circumstances have not been widely touched upon in historiography

---

<sup>1347</sup> "Professor Albers, of Bonn, [...]", *Journal of Mental Science*, 1853, vol. 1, no. 1, 16, <http://www.archive.org/details/britishjournalof01roya>.

although it were precisely these facets that formed the corner stones of the European perspective on non-restraint.

### **Each country its own Conolly and its own Hanwell**

While each nation had its “father of psychiatry”, they each also had its own defenders of Conolly’s ideas, albeit not that numerous. Those who defended the non-restraint system were no obscure alienists practicing psychiatry at the fringes, but were rather well-known and respected alienists who experimented with the non-restraint system either in its British form or a derivate from it, shaped by their own ideas and theories.

### **The Netherlands: going beyond the Meerenberg asylum**

After visiting the United Kingdom in 1848 the Dutch psychiatrists Bernard Hendrik Everts and D. H. Van Leeuwen adopted the non-restraint system in the Meerenberg Asylum which opened in 1849.<sup>1348</sup> According to Conolly they were one of the first ones to implement his principles on the continent.<sup>1349</sup> As Binneveld and Lieburg stated, we can’t see Meerenberg as an extrapolation of the Dutch situation in psychiatry as a whole, yet, Meerenberg was *not* the only institution that subscribed fully or partially to Conolly’s principles.<sup>1350</sup> Many alienists at the time saw the Netherlands as one of the countries more open to the non-restraint system and numerous foreign alienists regularly remarked upon the positive evolutions in Dutch asylums from the 1850s through the turn of the century. The well-known British psychiatrist Daniel Hack Tuke for example had praised various Dutch asylums (Zutphen, The Hague, Meerenberg) writing that, although “[...] not yet perfect [...] She has ever been in advance of many other countries in her philanthropic institutions”.<sup>1351</sup> This kind of remarks are found on multiple occasions and warrant an excursion into Dutch psychiatry. Visitor reports help us to shed light on the status of non-restraint and the philanthropic practices in the Netherlands.

Dutch asylums gained particular praise for their implementation of three less talked about aspects of the non-restraint system: (1) the significance and relevance of

---

<sup>1348</sup> B. H. Everts, and D. H. Leeuwen, “Mededeelingen en beschouwingen over het krankzinnigewezen in Engeland”, *Nederlandsch Lancet*, 1852, no. 2, 117-148, <https://hdl.handle.net/2027/mdp.39015076659294>.

<sup>1349</sup> John Conolly, *The treatment of the insane without mechanical restraint*, (London: Smith, Elder & Co., 1856), 344-345, <http://www.archive.org/details/treatmentofinsan00cono>.

<sup>1350</sup> Binneveld and Lieburg, ‘De Eerste Psychiatrische Revolutie in Nederland’, 523.

<sup>1351</sup> Daniel H. Tuke, “The asylums of Holland: their past and present condition”, *Journal of Psychological Medicine and Mental Pathology*, 1854, vol. 7, no. 27, 464, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5086871/>.

creating welcoming, joyful and pleasant surroundings for mentally ill patients; (2) creating an environment where patients could occupy themselves usefully either by working or (3) through entertainment. Belgian physicians were quite impressed with how much distraction many Dutch asylums provided for their mentally ill patients, a practice already in place in the Netherlands as early as 1857, approximately around the same time that Conolly's views went to press.<sup>1352</sup> Edouard Ducpétiaux, a Belgian journalist and reformer, the physician Dieudonné Jean Joseph Sauveur and Charles Victor Oudart who was *inspecteur-général des établissements de bienfaisance et d'aliénés*, wrote: "In Rotterdam, as in other Dutch asylums, special importance is attached to surrounding the insane with objects that can entertain and enliven them. Readings are given, games are played, different species of animals and birds are gathered in the meadows, and the refectories and meeting rooms are decorated with lithographs, maps, etc. [...] It is noticeable that the sick are much calmer and more satisfied [...]"<sup>1353</sup> By the turn of the century the asylums of Amsterdam, Meerenberg, Boekel, Ermelo, Grave, The Hague, Medemblik, Zuid-Laren and Zutphen no longer practiced psychiatry with restraints, if we may believe a report that appeared in the BSMMB.<sup>1354</sup>

Far from all Dutch alienists were convinced of the merits of the non-restraint system, but a larger group of Dutch physicians had a more ambivalent relationship with the non-restraint than was the case in many other countries. Part of this more "successful" trajectory in the Netherlands can potentially be attributed to the relative early revision of the lunacy law (*Tweede Krankzinnigenwet*) in 1884,<sup>1355</sup> and also a more

---

<sup>1352</sup> *Notice sur les établissements d'aliénés des Pays-Bas. Extrait du cinquième rapport de la Commission permanente d'inspection des établissements d'aliénés du royaume. 1857-1858*, (Bruxelles: M. Hayez, 1858), 62, [https://books.google.be/books?id=c\\_5RAAAAcAAJ&hl=nl&pg=PP2#v=onepage&q&f=false](https://books.google.be/books?id=c_5RAAAAcAAJ&hl=nl&pg=PP2#v=onepage&q&f=false).

<sup>1353</sup> "A Rotterdam, comme dans les autres asiles de la Néerlande, on attache une importance toute particulière à environner les aliénés d'objets qui puissent les distraire et les égayer. On leur fait des lectures, on leur donne des jeux; on a réuni dans les préaux différents espèces d'animaux, des oiseaux; les réfectoires, les salles de réunion, sont ornées de lithographies, de carte géographique, etc. [...] On remarque que les malades sont beaucoup plus calme et plus satisfait [...]" See: *Notice sur les établissements d'aliénés des Pays-Bas. Extrait du cinquième rapport de la Commission permanente d'inspection des établissements d'aliénés du royaume. 1857-1858*, (Bruxelles: M. Hayez, 1858), 40, [https://books.google.be/books?id=c\\_5RAAAAcAAJ&hl=nl&pg=PP2#v=onepage&q&f=false](https://books.google.be/books?id=c_5RAAAAcAAJ&hl=nl&pg=PP2#v=onepage&q&f=false).

<sup>1354</sup> "Quant aux moyens de contrainte, on n'en a employé aucun aux asiles d'Amsterdam, de Meerenberg, de Boekel, d'Ermelo, Grave, La Haye, Medemblik, Zuid-Laren, Zutphen". See: "Verslag van het Staatstoezicht op krankzinnigen en krankzinnigengestichten en over den staat dier gestichten in de jaren 1897, 1898 en 1899, opgemaakt door de Inspecteurs Drs A. van Andel en W. Ruysch", BSMMB, 1902, no. 104, 107, <http://hdl.handle.net/2027/hvd.32044102893914>.

<sup>1355</sup> The new law stated that the use of restraints should be restricted, and psychiatrists were ushered to keep records of when and which constraints were used. Everts already used a daily register as early as 1853, which was commented upon favourably by Daniel Hack Tuke. The Netherlands were not the first that had reformed their Insane Laws. In Belgium, the reformed Insane Law of 1874 already

far-reaching and elaborate use of exams for asylum personnel, which was by many seen as a crucial factor to be able to implement the system. Professionalisation played an important role in the practical shift that took place in asylums, and thus also had an impact on the appropriation of Conolly's system. However, Dutch alienists did in general not practice an absolute form of the non-restraint system, as they relied in some cases on the use of cells as well as the *camisole de force*, albeit in small numbers according to visitors.<sup>1356</sup> Although there were parts of the non-restraint system implemented quite early in the Netherlands, the majority of physicians in the United Kingdom would never see this as a complete adaptation of the non-restraint system as long as they used any form of mechanical coercion.

### **Belgium: sanatorium Fort Jaco and its push towards change in the twentieth century**

While the use of restraint in Belgium was still growing in the very early twentieth century according to some alienists,<sup>1357</sup> Belgium nonetheless also had a few admirers of Conolly's ideas. The most apparent difference in this regard between Belgium and several other countries is that the realisation of a full non-restraint system only took place *after* the turn of the century, highlighting the discrepancy between the dissemination of theories and its practical implementation. Among those who adopted the non-restraint in Belgium we find Fritz Sano, at the time an Antwerp based psychiatrist working in the *Stuivenberggasthuis*, who claimed to have the non-restraint system in use by 1903.<sup>1358</sup> The most fervent defenders of the non-restraint system in Belgium were Auguste Ley, Boulenger and Geerts from Fort Jaco in Uccle (Brussels),

---

included a similar practice. However, this *Registre des contraintes* was not only used for registering constraints, but also for sequestration and punishment.

<sup>1356</sup> B.C. Ingels, "Rapport sur la situation des établissements d'aliénés néerlandais pendant les années 1869, 1870, 1871, 1872, 1873 et 1874 adressé au Ministre de l'Intérieur par les Inspecteurs de ces établissements", BSMMB, 1879, no. 15, 65, <http://hdl.handle.net/2027/hvd.32044102894128>; *Notice sur les établissements d'aliénés des Pays-Bas. Extrait du cinquième rapport de la Commission permanente d'inspection des établissements d'aliénés du royaume. 1857-1858*, (Bruxelles: M. Hayez, 1858), 25, [https://books.google.be/books?id=c\\_5RAAAAcAAJ&hl=nl&pg=PP2#v=onepage&q&f=false](https://books.google.be/books?id=c_5RAAAAcAAJ&hl=nl&pg=PP2#v=onepage&q&f=false); Daniel H. Tuke, "The asylums of Holland: their past and present condition", *Journal of Psychological Medicine and Mental Pathology*, 1854, vol. 7, no. 27, 445-467, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5086871/>.

<sup>1357</sup> Said by Fr. Meeus. See: A. Marie, "Note sur l'organisation intérieure de quelques établissements centralisés" in: *Congrès international de l'assistance des aliénés et spécialement de leur assistance familiale tenue à Anvers du 1 au 7 Septembre 1902*, (Antwerpen: De Nederlandsche Boekhandel, 1903), 10 [page 327 of the PDF], <http://hdl.handle.net/2027/mdp.39015030965928>. However, reports and statements by psychiatrists during discussions in the BSMMB about the growing or diminishing use of restraints often gave conflicting information.

<sup>1358</sup> "Internationaal Congres voor Psychiatrie, Neurologie, Psychologie en Krankzinnigenverpleging, gehouden te Amsterdam, 2—7 September 1907", *Psychiatrische Bladen*, 1908, vol. 12, 155, <http://hdl.handle.net/2027/mdp.39015075810138>.

where the practice was implemented in 1906. They transitioned to the non-restraint by replacing the religious staff with Dutch personnel who were specifically trained and intermediary forms of (non-)restraint such as wet packing.<sup>1359</sup> By 15 December 1907 they had entirely discontinued the use of isolation cells, on which occasion “[...] a small celebration brought together the nurses and doctors; they celebrated three months of the total abolition of solitary confinement in cells. At present, these are being converted into linen cupboards and wardrobes”.<sup>1360</sup> The fact that Ley had the fortune to hire new and trained personnel was because the *service infirmier* was in the complete hands of the physician-in-chief. This was in Belgium quite exceptional<sup>1361</sup> because in most cases it was the non-medical proprietor of an establishment that had control over the hired staff. Physicians who worked in asylums where the latter was the case often had problems with the personnel from the congregations that assisted with the patients. As we saw earlier on, the lack of trained staff and schooling for personnel was a severe problem in the eyes of asylum physicians. Many considered this also to be an important prerequisite to be able to employ non-restraint in an asylum.<sup>1362</sup> To convince other physicians in Belgium of the usefulness of the non-restraint, the alienists of Fort Jaco wrote yearly asylum reports, explicitly mentioning their progress with non-restraint.<sup>1363</sup> Yet, as long as the hiring of staff by the physician-in-chief was not possible and the lack of schooling of personnel was not solved, Belgium alienists would not see the purpose of the non-restraint and would not implement a full non-restraint system.

### **France: Bénédict Augustin Morel’s influence and the success of the Maréville Asylum**

While the law in Belgium and the Netherlands had been adapted by the late nineteenth century to include regulations about the use of restraint in asylums, French law had not. By circa 1905 they did not yet have special registers for the *moyens des contraintes*

---

<sup>1359</sup> Ley, “Le service des infirmières hollandaises a l’asile ‘Fort Jaco’”, BSMMB, 1907, no. 133, 149, <http://hdl.handle.net/2027/hvd.32044102893864>.

<sup>1360</sup> “[...] une petite fête réunissait les infirmières et les médecins; ils célébraient trois mois de suppression totale de l’isolement en cellules. Actuellement celles-ci sont transformées en armoires à linge et en garde-robes”. See: Ley and Boulenger, “Rapport sur le service médical du Sanatorium du Fort Jaco, à Uccle”, BSMMB, 1908, no. 138, 140, <http://hdl.handle.net/2027/mdp.39015070275329>.

<sup>1361</sup> “Internationaal Congres voor Psychiatrie, Neurologie, Psychologie en Krankzinnigenverpleging, gehouden te Amsterdam, 2—7 September 1907”, *Psychiatrische Bladen*, 1908, vol. 12, 153, <http://hdl.handle.net/2027/mdp.39015075810138>.

<sup>1362</sup> There were also other opinions as became apparent during the Internationaal Congres voor Psychiatrie, Neurologie, Psychologie en Krankzinnigenverpleging, gehouden te Amsterdam, 2—7 September 1907.

<sup>1363</sup> Several reports about the *service médical* were published in the BSMMB over the year such as in 1907, 1908, 1909, 1910.

according to the French physician Lwoff, who wanted to adopt the system that was used in Belgium.<sup>1364</sup> Yet several French alienists were not enthusiastic about the non-restraint system. The content published in the AMP about the non-restraint debate seeped into France via reviews of British but also mostly German origin. The majority of information published in the AMP was directed against the use of non-restraint regardless of the content being from British, German or another origin.<sup>1365</sup> Only by the 1880s and the beginning of the 1890s would French alienists extensively debate about this subject in the *Société Médico-Psychologique*.<sup>1366</sup> Nevertheless, also France had its non-restraint defenders and employed the use of an absolute non-restraint. Bénédict Augustin Morel especially was well-known to practice it in France, having introduced it around 1858<sup>1367</sup> and had been praised for his endeavour by British colleagues.<sup>1368</sup>

Others followed suite although in a more tempered form. Valentin Magnan for example was also a partisan of the non-restraint system, yet not in its British form. Magnan – in spirit of a better and less harmful treatment for patients – invented a *maillot* to restrict patients' movement without harming them. It was configured as a

---

<sup>1364</sup> J. Morel, "La réforme des asiles d'aliénés", BSMMB, 1905, no. 119, 121, <http://hdl.handle.net/2027/hvd.32044102893880>.

<sup>1365</sup> A few of the many examples to be found are: "Effets de l'emprisonnement cellulaire sur l'esprit, par le docteur Forbes Winslow", AMP, 1851, vol. 3, 130, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1851x03>; "Du système de no-restraint", AMP, 1853, vol. 5, 497-498, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1853x05>; "An essay on the use, etc. ou Essai sur l'usage de l'abus des moyens coercitifs par le docteur Hamilton Labatt", AMP, 1851, vol. 3, 130-131, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1851x03>; "Note sur les établissements d'aliénés de Siegburg, Halle, Dresden Prague, Berlin et Vienne. — Reflexion sur la médecine psychiatrique en Allemagne, par M. le docteur Moreau, de Tours", AMP, 1854, vol. 6, 615-628, especially 624, Adresse permanente : <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1854x06>; "El Siglo Medico. Sommaire. — Souvenir de l'affaire Sagrera; le Manicôme de San Baudilio près Barcelone; le Bestraint et le Non-Restraint; Mezzo termine entre le deux système", AMP, 1869, vol. 1, 346, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1869x01>.

<sup>1366</sup> Dagonet, "Du no-restraint", AMP, 1880, vol. 4, 107-113, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1880x04>; Bécoulet, "Etude sur le no-restraint", AMP, 1882, vol. 7, 41-69, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1882x07>; Constans, "De l'intervention de la magistrature dans l'appréciation du mode de traitement appliqué aux aliénés et de l'emploi des moyens de contrainte. Remarque critiques à propos d'un procès récent", AMP, 1887, vol. 6, 5-22, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1887x06>; Victor Parant, "Établissements d'aliénés. De l'emploi des moyens de contrainte dans le traitement des aliénés. État de la question en Angleterre", AMP, 1890, vol. 11, 256-271, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1890x11>.

<sup>1367</sup> J. Bulard, *Asile public d'aliénés de Maréville (Meurthe). Rapport médical sur le service de la division des femmes pour l'année 1870*, (Nancy: Sordoillet et Fils, 1871), 87, <https://gallica.bnf.fr/ark:/12148/bpt6k5619123v>.

<sup>1368</sup> James Clark, *A Memoir of John Conolly, M. D., D. C. L., Comprising a Sketch of the Treatment of Insane in Europe and America* (London: Murray, 1869), 158, <http://archive.org/details/39002086342954.med.yale.edu>; Coxe, "Lunacy in France", *JMS*, 1862, vol. 7, no. 40, 576, <http://www.archive.org/details/britishjournalof07roya>.

less dangerous straitjacket that would become known as the *Maillot de Magnan*.<sup>1369</sup> August Marie, physician in chief at Villejuif in Paris, was an advocate of the system as well.<sup>1370</sup> Another alienists who supported non-restraint was Louis Renaudin, the director of the Maréville asylum, who abandoned the use of restraints as early as 1849 – although there are accounts stating that some forms of it were still used – and introduced an overall more cheerful environment for the patients, even abolishing the use of isolation cells.<sup>1371</sup> His successor, Giraud,<sup>1372</sup> was also a follower of the non-restraint principle and used it as little as possible, stating that “It is not the means of restraint that can produce advantageous results. The most effective elements of calm in a lunatic asylum are: rational classification of the sick, good organisation of work, various means of entertainment and a vast expanse of land made available to the insane. The Maréville asylum leaves nothing to be desired in these different respects”.<sup>1373</sup> The Maréville asylum illustrates that certain French asylums managed to have a consistent and consecutive supply of physicians with a similar mindset and where able to implement a non-restraint system.

Yet, each physician-in-chief also brought his own views of the non-restraint with him and gave the asylum their own medical touch. One point on which Renaudin and Giraud had a different opinion was the use of isolation cells. According to Giraud, Renaudin had clung to a too exclusive form of non-restraint by abolishing the use of isolation cells.<sup>1374</sup> Giraud on the other hand, did find them useful and wanted to build

---

<sup>1369</sup> [different séances about no-restraint], AMP, 1880, vol.4, 113 and 314 and 443 and 446-447, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1880x04>. The Belgian physician Bulckens also recommended the use of Magnan’s invention. See: “Discussion du travail de M, Lentz sur l’emploi des moyens de coercition”, BSMMB, 1874, no. 4, 18, <http://hdl.handle.net/2027/mdp.39015070250843>.

<sup>1370</sup> “Internationaal Congres voor Psychiatrie, Neurologie, Psychologie en Krankzinnigenverpleging, gehouden te Amsterdam, 2—7 September 1907”, PB, 1908, vol. 12, 155, <http://hdl.handle.net/2027/mdp.39015075810138>.

<sup>1371</sup> Louis-François-Émile Renaudin, *Considérations sur les conditions hygiéniques de l’isolement, ou Coup d’oeil sur l’asile de Maréville en 1850*, (Nancy: A. Lepage, 1850), especially 7, <https://gallica.bnf.fr/ark:/12148/bpt6k56194531>.

<sup>1372</sup> “Nomination”, *Journal de médecine mentale*, 1865, vol. 5, 192, <https://gallica.bnf.fr/ark:/12148/bpt6k31014h>.

<sup>1373</sup> “Ce ne sont d’ailleurs pas les moyens de compression qui peuvent produire des résultats avantageux. Les éléments les plus efficaces de calme dans un asile d’aliénés sont : la classification rationnelle des malades, une bonne organisation du travail, des moyens variés de distraction et une vaste étendue de terrain mise à la disposition des aliénés. L’asile de Maréville ne laisse rien à désirer sous ces différents rapports”. See: “Asile des aliénés de Maréville”, BSMMB, 1873, no. 3, 62, <http://hdl.handle.net/2027/mdp.39015070250843>.

<sup>1374</sup> *Asile des aliénés de Maréville*, BSMMB, 1873, no. 3, 61, <http://hdl.handle.net/2027/mdp.39015070250843>



eight of them in the quarter for agitated patients.<sup>1375</sup> Divergent opinions, for example the use of isolation cells and padded cells, demonstrate that the views about non-restraint were in constant development and were continuously negotiated depending on physicians' knowledge and expertise. This knowledge base and practical expertise were crucial in developing alienists' perspective. Jules-Amédée Bulard, who had been an assistant-physician to B. A. Morel in Saint-Yon in the 1850s, would become the physician-in-chief of the female ward at Maréville in the 1860s.<sup>1376</sup> During his time with B. A. Morel he had learned and seen the benefits of using padded isolation cells and found it regrettable that these were not found in Maréville at the time. In addition, Bulard continuously tried to make his personnel aware of the dangerous of restraint. In a report to the *Préfet* he wrote: "Every day I preach the abstention from coercive means in every way I can, I stimulate my staff to use it with moderation with all possible means".<sup>1377</sup> B. A. Morel, one of the first who had introduced non-restraint in France, had a lasting influence on his pupils, such as Bulard, and in this manner preserved the continuation of the non-restraint system either in its British form or as an adaptation from it.

### **Germany: giving the non-restraint its own twist**

In the 1840s the *Gesellschaft Deutscher Naturforscher und Ärzte* had decided that Germany would not adopt the non-restraint system. This was stooled on the belief that they had never abused restraint, as opposed to other nations, who needed to transition into extreme measure such as the non-restraint system to stop abuse in their asylums.<sup>1378</sup> British alienists, however, found that "It is in Germany more than in France that non-restraint is misunderstood and abused as a cheat".<sup>1379</sup> Nonetheless, also Germany had its well-known and lesser-known spokesmen from the middle of the

---

<sup>1375</sup> Asile des aliénés de Maréville", BSMMB, 1873, no. 3, 61-62, <http://hdl.handle.net/2027/mdp.39015070250843>

<sup>1376</sup> Louis-François-Émile Renaudin, *Considérations sur les conditions hygiéniques de l'isolement, ou coup d'oeil sur l'asile de Maréville en 1850*, (Nancy: A. Lepage, 1850), 78-88, <https://gallica.bnf.fr/ark:/12148/bpt6k56194531>.

<sup>1377</sup> "Je prêche chaque jour sur tous les tons l'abstention des moyens coercitifs, je stimule à ce sujet par tous les moyens possibles la réserve de mon personnel". See: Louis-François-Émile Renaudin, *Considérations sur les conditions hygiéniques de l'isolement, ou Coup d'oeil sur l'asile de Maréville en 1850*, (Nancy: A. Lepage, 1850), 88, <https://gallica.bnf.fr/ark:/12148/bpt6k56194531>.

<sup>1378</sup> Pliny Earle, "Institutions for the insane in Prussia, Austrai and Germany", *AJP*, 1852, vol. 9, October, 146, <http://hdl.handle.net/2027/hvd.hwlwfu>.

<sup>1379</sup> James Clark, *A Memoir of John Conolly, M. D., D. C. L., Comprising a Sketch of the Treatment of Insane in Europe and America* (London: Murray, 1869), 249, <http://archive.org/details/39002086342954.med.yale.edu>.



nineteenth century onwards and were even more numerous than in several other countries. Among the adaptors or at least advocates of the non-restraint system, we find Ludwig Meyer – who was seen as the Conolly of his country<sup>1380</sup> –, Carl Westphal, Otto Binswanger, Bernhard Aloys Von Gudden, Ludwig Wille, Brosius, Cramer, Ommer, Zinn and Koeppel.<sup>1381</sup> Although we know these alienists practiced a form of non-restraint, little is known about their individual practices or why and how they became supporters of the non-restraint system. While it is impossible in the course of this thesis to study all these individuals, four of them highlight how varied experiences could be, on the one hand, and on the other – and this is the most important point I want to stress – how ideas are changed from the original, and practices are transformed depending on local circumstances.

A first step was experimentation. An early example are the experiments of Fr. Stimmel, a physician at the Württemberg asylum. At the end of the 1840s and the early 1850s he implemented the non-restraint after a visit to the United Kingdom,<sup>1382</sup> yet would abandon the practice again, being ashamed of ever having introduced it. At the time that his “confession” was printed in the AZP, the available information about the non-restraint system was still rather limited according to Stimmel, who wanted to warn his colleagues against the practice. While experiments failed and some alienists had a bad experience with the non-restraint system, there were also many who booked more positive results.

In places where it did take hold, the British non-restraint system was not merely integrally copied into German asylums, rather they were transformed and build upon and sometimes sparked new ideas. Wilhelm Griesinger would from 1865 onwards employ the non-restraint system at the famous Charité in Berlin after a visit to England, France and Belgium a few years earlier.<sup>1383</sup> Griesinger was a well-known, yet controversial, alienist and is “[...] for contemporary German psychiatry a kind of fixed

---

<sup>1380</sup> J. M., “Nécrologie. Ludwig Meyer”, BSMMB, 1900, no. 96, 109, <http://hdl.handle.net/2027/hvd.32044102893930>.

<sup>1381</sup> “La réforme des asiles d’aliénés”, BSMMB, 1905, no. 119, 61-62, <http://hdl.handle.net/2027/hvd.32044102893880>; Engstrom, *Clinical Psychiatry in Imperial Germany*, 54; Braun, *Heilung mit Defekt*, 347.

<sup>1382</sup> “Zum Non-restraint-System. Der englische Non-Restraint in seiner praktischen Anwendung in Deutschland”, *Allgemeine Zeitschrift für Psychiatrie*, 1851, vol. 8, 626, <https://hdl.handle.net/2027/mdp.39015038797885>.

<sup>1383</sup> Kai Sammet, ‘Akteure, Konflikte, Interessen: Wilhelm Griesingers Reformversuche in Der Irrenabteilung Der Berliner Charité 1865–1868 / Agents, Conflicts, and Interests: Wilhelm Griesinger and His Efforts in Reforming the Psychiatric Ward of the Berlin Charité, 1865–1868’, *Medizinhistorisches Journal* 38, no. 3/4 (2003): 285–311.

star on the horizon of historical memory [...]”<sup>1384</sup>, as historian Engstrom phrased it.<sup>1385</sup> While Griesinger employed the non-restraint system, he also adapted it to his own liking, such as adding the use of observation rooms. While not a part of how Conolly had perceived the non-restraint system, Griesinger found this an important practice, as patients could roam around without being disturbed, yet could be continuously watched for the various symptoms they manifested which resulted in better treatment.<sup>1386</sup>

Griesinger was not the only one who gave his own touch to the non-restraint system. It was not only a set of practices. Behind it lay crucial theoretical principles such as avoiding violence against patients. Essential notions such as this one lead alienists also to apply them in a broader spectrum such as through the introduction of special technologies that enabled a more gentle control over patients’ in a therapeutical as well as medical sense. The German Richarz and Bernhard Oebeke for example began to use rectal feeding because they deemed forced feeding via a tube undesirable as it frequently resulted in violence against patients.<sup>1387</sup> Historian Sammet emphasised in his research that rectal feeding “[...] was part of a complex web of practices, deliberations, different medical theories, ethical considerations and experience [...]”.<sup>1388</sup> One factor in this complex web was the non-restraint which contributed to Richarz and Oebeke’s realisation of rectal feeding. Yet their ideas did not reach a consensus among German alienists. Griesinger for example preferred the gastric tube over rectal feeding and Damerow, who was opposed to the non-restraint system, did prefer rectal feeding over the insertion of a tube.

While this were only a few examples of the variations on the non-restraint system that were used, the in-depth study of local practices used by other alienists on a larger scale will reveal even more variations in the non-restraint system and will enable us to form a better idea of the specific features that were or were not employed as well as allow historians to better trace the knowledge that was available to, and used by, alienists.

---

<sup>1384</sup> Engstrom, *Clinical Psychiatry in Imperial Germany*, 51.

<sup>1385</sup> Quote taken from: Engstrom, *Clinical Psychiatry in Imperial Germany*, 52.

<sup>1386</sup> Engstrom, *Clinical Psychiatry in Imperial Germany*, 53–57 and 64–65.

<sup>1387</sup> Kai Sammet, ‘Avoiding Violence by Technologies? Rectal Feeding in German Psychiatry, c. 1860–85’, *History of Psychiatry* 17, no. 3 (1 September 2006): 266–67.

<sup>1388</sup> Sammet, ‘Avoiding Violence by Technologies?’, 272.

### Scattered support across the rest of the world

Supporters of Conolly's system can be found in almost every country in Europe, although almost always as a minority group. Nevertheless, they are an indication that Europe was not this barren land, deaf for any form of reform as it has often been portrayed. Augusto Tebaldi was one of the few who adhered to the practice in Italy, as did the Swedish alienist Ernst Salomon.<sup>1389</sup> In Spain the psychiatrist Antoni Pujadas employed the non-restraint system in the asylum of San Baudilio de Llobregat from around 1867.<sup>1390</sup> A Spanish colleague, S. Escolar, remarked during a visit in this asylum how not one patient was subjected to any form of constraint and that the mentally ill had access to "[...] gymnastics, music, billiard, baths, etc."<sup>1391</sup> The non-restraint system also found its way into Russia, such as the criminal asylum in Saint-Petersburg where the psychiatrist J. N. Belgrave mentioned during a visit in the late 1860s that "The indoor recreations are more numerous and better understood than in many of even the most renowned English asylum".<sup>1392</sup> The Russian physician Belinsky as well employed it in Saint-Petersburg during the 1860s and tried to make use of padded rooms and hydrotherapy, hoping that in time he would be able to abolish the straitjacket.<sup>1393</sup> N. Bajenoff also practiced it in his institution in Moscow by at least 1908.<sup>1394</sup> In the United States it took psychiatrists also quite a few decades before some would start to adopt the practice during the 1880s.<sup>1395</sup> Those that adopted Conolly's non-restraint system were often very early adapters (circa 1850s-1860s), with the United States and Belgium being two of the bigger exceptions, only realising the non-restraint system in a few asylums in the late nineteenth and early twentieth centuries.

---

<sup>1389</sup> James Clark, *A Memoir of John Conolly, M. D., D. C. L., Comprising a Sketch of the Treatment of Insane in Europe and America* (London: Murray, 1869), 159, <http://archive.org/details/39002086342954.med.yale.edu>.

<sup>1390</sup> "El Siglo Medico. Sommaire. — Souvenir de l'affaire Sagrera; le Manicôme de San Baudilio près Barcelone; le Bestraint et le Non-Restraint; Mezzo termine entre le deux système", AMP, 1869, vol. 1, 345-349, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1869x01>.

<sup>1391</sup> "[...] la gymnastique, la musique, le billard, les bains, etc." See: "El Siglo Medico. Sommaire. — Souvenir de l'affaire Sagrera; le Manicôme de San Baudilio près Barcelone; le Bestraint et le Non-Restraint; Mezzo termine entre le deux système", AMP, 1869, vol. 1, 347, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1869x01>.

<sup>1392</sup> "Les récréations intérieures sont plus nombreuses et mieux entendues que dans beaucoup d'asile anglaise, même les plus renommés". See: "Journaux Anglais. Journal of Mental Science. 2<sup>e</sup> trimestre 1867", AMP, 1868, vol. 12, 412, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1868x12>.

<sup>1393</sup> "Journaux Anglais. Journal of Mental Science. 2<sup>e</sup> trimestre 1867", AMP, 1868, vol. 12, 413, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1868x12>.

<sup>1394</sup> "Internationaal Congres voor Psychiatrie, Neurologie, Psychologie en Krankzinnigenverpleging, gehouden te Amsterdam, 2—7 September 1907", PB, 1908, vol. 12, 154, <http://hdl.handle.net/2027/mdp.39015075810138>.

<sup>1395</sup> Tomes, 'The Great Controversy a Comparative Perspective Anglo-American Psychiatry in the Nineteenth Century', 214.

Although the British non-restraint system did not become widely adopted across Europe, we also would be wrong to state that these principles were non-existent on the continent. It were especially those who as solitary figures adopted the non-restraint system early, were the ones that activated discussions in their own countries, tried to push for a change in psychiatric practices such had been done by Everts and Van Leeuwen in the Netherlands, Bénédict Augustin Morel in France, Ley in Belgium and Griesinger in Germany. Apart from these full adopters, there were also those who saw some merits in the practice but wanted to keep their options flexible instead of resorting to, what in their eyes was, a rigid system wherein the only option was all or nothing, replacing one extremity with another one. The French physician Billod had already suggested this in 1856, as he believed “[...] that the truth is not in an absolute way in either system, it lies between the two [...]”.<sup>1396</sup> Ideas are never passively consumed, but are a situated conversation, wherein interpretation and modification play a crucial role.<sup>1397</sup> Over time we see that some of the aspects that represented the non-restraint system became more generally accepted and were implemented in certain places, discarded in others, or combined with still other practices in asylums across Europe. This mix of different theories and practices were found in west and eastern Europe, the United States as well as the United Kingdom.

### **Finding guidance about the non-restraint on the continent**

While the United Kingdom was in the process of appropriating the non-restraint theory and their superior position within it and tried to incite as much support towards it as possible by letting their ideas circulate, continental Europe was in the meanwhile shifting its stance towards the non-restraint system in a variety of ways and based their opinions not solely on the flow of information originating in the United Kingdom. We frequently treat the knowledge that was disseminated about the non-restraint system as a one directional path starting in the United Kingdom and haphazardly ending up in a few European asylums. But what if we examine other knowledge flows about the non-restraint as well? Even more so, what if we view this knowledge transfer also in the direction from Europe towards the United Kingdom? The dominant point of view about

---

<sup>1396</sup> Billod, “[...] la vérité n’est d’une manière absolue dans aucun des deux système, elle est entre les deux [...]”. See: “Rapport sur la fondation, la construction et l’organisation des meilleurs asiles d’aliénés en France et ailleurs, présenté au comité des états de l’île de Jersey, chargé de prendre en considération le sort des aliénés de l’île; par D.-H. van Leeuwen”, AMP, 1856, vol. 2, 451, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1856x02>.

<sup>1397</sup> Livingstone, ‘Science, Text and Space’, 392 and 395.

non-restraint in the United Kingdom began to wane slowly in the early 1870s<sup>1398</sup> but they would especially change their directions in the late 1880s and 1890s. One hypothesis for this course of action could be that, among other factors, it was perhaps the continued resistance of European physicians towards the non-restraint system that (in)directly contributed to changing opinions in the United Kingdom.

### **Continental European knowledge about the non-restraint system**

Psychiatric knowledge originating in the United Kingdom would become less of a role model and become less supported by alienists across Europe and around the turn of the century, the United Kingdom lost its medical credibility on the continent as a leading psychiatric country. In 1905 the Belgian alienist Fr. Meeus, physician at the Gheel colony, pondered: “Is it any wonder that England is no longer ‘mustergiltig’ [*sic.*] in questions of assistance to the insane, that it can no longer serve as a guide, and that psychiatric science itself only casts a faint light on it! Since the famous appearance of the no-restraint, the other countries of the North have progressed rapidly, have enlarged the conception of the asylums, but England has remained at the primitive application of a system that she herself invented”.<sup>1399</sup>

The tendency of continental European alienists to not or only partly rely on knowledge available in the United Kingdom was a process that had already begun a few decades earlier. Already in the 1870s alienists had deemed it necessary to explore the opinions of continental alienists to determine the success or failure of the non-restraint system. Alienists in other countries formed “more impartial observers”<sup>1400</sup> according to the Dutch alienist van Andel. Who’s opinion mattered, varied a great deal but across Europe, eyes seem to have been directed frequently towards Germany. Van Andel placed his trust in his German brethren, rather than his English colleagues, just like another Dutch colleague, the physician Cornelis Winkler. During a 14-day visit to the

---

<sup>1398</sup> Tomes, ‘The Great Controversy a Comparative Perspective Anglo-American Psychiatry in the Nineteenth Century’, 209.

<sup>1399</sup> “Faut-il s’étonner encore que dans les questions d’assistance des aliénés l’Angleterre ne soit plus ‘mustergültig’ ne puisse plus nous servir de guide, et que la science psychiatrique elle-même n’y jette plus qu’un faible éclat! Depuis la fameuse apparition du no-restraint, les autres pays du Nord ont progressé rapidement, ont élargi la conception des asiles, mais l’Angleterre en est restée aux primitives application d’un système qu’elle-même inventa”. See: Fr. Meeus, “Des médecin-adjoints dans les établissements d’aliénés”, BSMMB, 1905, no. 122, 513, <http://hdl.handle.net/2027/hvd.32044102893880>.

<sup>1400</sup> “[...] meer onpartijdige waarnemers [...]”. See: van Andel, “Over breuken der ribben bij krankzinnigen”, PB, 1874, vol. 1, 126, <http://hdl.handle.net/2027/mdp.39015062749778>. Hereupon we find for example references to the opinions of German psychiatrists such as Von Gudden and Tijerman.

*Heil- und Pflegeanstalt Illenau* in the first half of the 1880s, Winkler, lector in psychiatry and neurology at the university of Utrecht, found proof that an intensive and strict form of non-restraint was not necessary. Although non-restraint became in vogue at the Illenau asylum during the 1860s<sup>1401</sup>, it was a modified form of the British non-restraint system. Winkler explained that the alienists at Illenau were no supporters of the “absolute” non-restraint because “They are too wise to take part in ‘Principienreiterei’ [Sic.] [...]”<sup>1402</sup>, meaning that they did not want to stubbornly stick to certain principles for the sake of it. Physicians that worked there at that time were among others Von Krafft-Ebing, Karl Hergt and Friedrich Wilhelm Christian Roller.<sup>1403</sup> The latter has been described as a supporter of a “relative” non-restraint.<sup>1404</sup> The alienists at Illenau established their own version of the non-restraint system: on the one hand they still made use of some forms of mechanical restraint but only when absolutely necessary, while on the other hand, they also made use of isolation cells — although it’s not clear if this was with or without padding — that were keenly prescribed by Conolly.

An unknown French alienist observed in the *Annales Médico-Psychologiques* that “The British idea of the no-restraint does not seem to have been better received in Germany than in France. And this fact alone is an argument to which a certain value must be attached, if one considers the naturally gentle and submissive character of our neighbours across the Rhine”.<sup>1405</sup> The expertise and authority of physicians in other countries was co-responsible for shaping alienists’ mindset about the non-restraint. However, it was not only *information* about the non-restraint system that was gathered from different nations across continental Europe. *Credit* for introducing the non-restraint system in foreign countries was just as much claimed by others. Dutch alienists for example claimed some of the recognition in assisting with the reforms in Germany. The Dutch psychiatrist de Snoo, assistant-physician at Meerenberg, claimed that is was

---

<sup>1401</sup> R. I. Hauser, ‘Sexuality, Neurasthenia and the Law: Richard von Krafft-Ebing (1840 - 1902)’ (PhD thesis, London, University of London, 1992), 65.

<sup>1402</sup> “Men is er te verstandig om mee te doen aan ‘Principienreiterei’, men individualiseert er te gaarne”. See: “Illeneau. Het congres der zuid- en zuidwest-Duitsche neurologen en psychiaters te Baden-Baden”,

PB, 1885, 189, <http://hdl.handle.net/2027/chi.098893659>.

<sup>1403</sup> Hauser, ‘Sexuality, Neurasthenia and the Law’, 54.

<sup>1404</sup> Heinz Schott and Rainer Tölle, *Geschichte der Psychiatrie: Krankheitslehren, Irrwege, Behandlungsformen* (C.H.Beck, 2006), 289; Braun, *Heilung mit Defekt*, 348.

<sup>1405</sup> “L’idée toute britannique du no-restraint ne parait pas avoir été mieux accueillie en Allemagne qu’en France. Et ce fait est à lui seul un argument auquel il faut accorder une certaine valeur, si on considère le caractère naturellement doux et soumis de nos voisins d’outre-Rhin”. See: “Union médicale. Notes sur les établissements d’aliénés de Siegburg, Halle, Dresde, Prague, Berlin et Vienne. — Réflexions sur la médecine psychiatrique en Allemagne, par M. le docteur Moread, de Tours”, AMP, 1854, vol. 6, 624, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1854x06>.

thanks to the example that had been set at the Meerenberg asylum that certain German physicians would be inspired to walk a similar path. During a speech given at the jubilee of Persijn he told those present that “[...] Meerenberg [was] visited for many years by foreign alienists as a model institution [...]. Many men who became famous later on such as Meyner, Gudden and others were guided by you [Persijn] [through the asylum]”.<sup>1406</sup> The reception of the opinions of German alienists – who chiefly supported either not using restraint or using an adapted form – illustrates that information about the non-restraint system could come from a diverse range of sources and that the United Kingdom was not necessarily the primary reference point for continental alienists.

### **Turning the tables: the rise of a different mindset in the United Kingdom**

Debates about the non-restraint system kept erupting across Europe but around the end of the 1880s and especially by the 1890s the time was ready for a different focus point. Voices across Europe, but also in the United Kingdom, began to align themselves more towards a common centre of understanding, namely that excessive doctrines on either side of the spectrum were disadvantageous for their medical and ethical practices. British physicians gradually came to understand that imposing their views on others was ineffective and realised that they didn’t have “the monopoly of philanthropy”<sup>1407</sup> as Emil Renaudin remarked in the 1850s.

Due to conceptual disruptions, disagreement about professional and ethical standards and a variety of practical obstacles, continental European alienists did not believe in a “pure” form of the non-restraint system as practiced by British psychiatrists. European psychiatrists were however willing to employ certain elements of the system in accordance with their own views and within range of what was capable to organise in their asylums (layout, scale, personnel-patient ratio’s). The Belgian alienist Lentz, medical-director of the *Sainte-Charles* asylum in Foridmont, stipulated the Belgian philosophy to be as follows: “We will not speak [...] of the method of no restraint itself, because we do not find its introduction in our asylums desirable. [...] We will therefore

---

<sup>1406</sup> “[...] Meerenberg [is] jaren lang [door] de buitenlandsche psychiaters als modelinrichting bezocht [...]. Vele mannen die later beroemd werden als Meynert, Gudden e.a. werden door U [Persijn] hier rondgeleid [...]”. See: De Snoo, “Jubileum van Persijn”, PB, 1892, vol. 10, 197, <http://hdl.handle.net/2027/chi.098893722>.

<sup>1407</sup> “[...] le monopole de la philanthropie”. See: E. Renaudin, “Du système de no-restraint”, AMP, 1853, vol. 5, 498, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1853x05>.

limit ourselves to fighting not the use, but the abuse of means of restraint".<sup>1408</sup> After a discussion among the members of the SMMB, Lefèbvre, Lentz, Ingels, Vermeulen and Bulckens all agreed that restraint needed to be limited and restricted on the advice of the physician, but that they did not want to abide by an absolute system.<sup>1409</sup>

Moderation was the keyword in how most European psychiatrists envisioned the medical and therapeutic use of restraints.<sup>1410</sup> Moreover, European alienists believed that allowing some forms of restraint created a framework for the individualised treatment of patients instead of treating them *en masse* through a rigid system that did not allow the psychiatrist much freedom. In Switzerland several alienists were of the opinion that seclusion of patients was not necessarily advantages, Laussedat asserted that "[w]e appreciate the intentions behind this innovation, but the procedure, which can be applied for perhaps a few hours, cannot be prolonged without a certain damage to the restless insane. In Switzerland, therefore, we rightly prefer, in extreme cases, to resort to a straitjacket and let the patient walk and spend his over-activity and excitement, often even outdoors, while keeping a constant watch over him: the straitjacket should be removed as soon as calm returns".<sup>1411</sup>

Along the same lines, the Dutch psychiatrist C. Bijl, an assistant-physician (*derde geneesheer*) at the asylum of Zupthen, mentioned that "The names of Pinel and Conolly will always, and rightly so, be recorded in the annals of psychiatry with golden letters [...]; but as far as my still short experience goes, I would like to warn you here against too great an absolutism in this case. [...] [C]oercive measures sometimes not only do no harm, but sometimes they are the patient's salvation".<sup>1412</sup> Similar remarks were also

---

<sup>1408</sup> "Nous ne parlerons pas [...] de la méthode du no-restraint elle-même, parce que nous ne trouvons pas désirable son introduction dans nos asiles. [...] Nous sommes bornerons donc à combattre non pas l'usage, mais bien l'abus de moyen de contrainte". See: "Procès-verbal de la séance ordinaire tenue à Gand, le 1er mai 1873", 1873, no. 2, 35, <http://hdl.handle.net/2027/mdp.39015070250843>.

<sup>1409</sup> "Discussion du travail de M, Lentz sur l'emploi des moyens de coercition", BSMMB, 1874, no. 4, 10-21, <http://hdl.handle.net/2027/mdp.39015070250843>.

<sup>1410</sup> Tellegen, "De Rijksinspecteur der Belgische Krankzinnigen- gestichten en het no-restraint", PB, 1886, 91, <http://hdl.handle.net/2027/chi.098893714>; "Gazette des hôpitaux. Numéros d'Avril et Mai", AMP, 1844, vol. 4, 115, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1844x04>.

<sup>1411</sup> "Nous apprécions les intentions qui présidèrent à cette innovation, mais le procédé applicable pendant quelques heures peut-être, ne saurait être prolongé sans un dommage certain pour les aliénés agités, aussi préfère-t-on avec raison, en Suisse, recourir dans les cas extrêmes, à la camisole de force et laisser d'ailleurs le malade marcher et dépenser sa suractivité son excitation, souvent même en plein air, tout en exerçant sur lui une surveillance continue: la camisole devant être enlevée aussitôt que le calme reparait". See: Laussedat, "La Suisse médicale", *Bulletin de l'Académie royale de médecine de Belgique*, 1874, vol. 8, no. 5, 522, <https://books.google.be/books?id=iW01AQAAAJ&dq=Bulletin%20royal%20medecine%20belgique>.

<sup>1412</sup> "De namen van Pinel en Conolly zullen altijd, en terecht, met gulden letteren in de annalen der psychiatrie geboekstaafd blijven, evenals de namen van zoovelen, die hunne denkbeelden propageerden en ten uitvoer brachten; maar voor zooverre het mijne nog korte ervaring past, wensch



heard in Germany such as by R. Bogdan: “The most important task of modern psychiatry is certainly to rid the treatment of the insane of doctrinaire methods and to direct it in the direction of humanity”.<sup>1413</sup> These examples illustrate that alienists all over Europe had a fairly unified voice about the non-restraint system. Many believed that *less* restraint should be used but that there were nonetheless cases wherein this was not advisable, such as with epileptics or during surgical operations. This view had always been the leading idea in continental Europe from the 1860s onwards. The insistence of continental physicians on a moderate version of the non-restraint system, together with a waning fear of abuse by restraints in the United Kingdom<sup>1414</sup>, most likely contributed to a counter-reaction across the channel.

From the middle of the nineteenth century, psychiatry in the United Kingdom had been stooled upon trying to follow Conolly’s doctrine in order to avoid abuse, but this view would slowly change. The first steps in this direction are noticeable from the middle of the 1870s when the British Thomas Lawes Rogers, medical superintendent of the Lancashire County Asylum remarked in his presidential address that “[...] it is not to be expected that opinions in favour of restraint should be suppressed by the shibboleth of a System however beneficent, or of a name however distinguished and honoured. When, too, we regard the practice of other countries, notably of Germany and France, we find that a frequent resort to restraint is by no means commensurate with neglect of the medical treatment of the insane; on the contrary, no nations have contributed more to the literature of insanity in its medical aspects”.<sup>1415</sup> While admitting that continental Europe was not necessarily wrong about the use of restraint, he also did not want to be considered an advocate of restraint either, continuing his speech by saying “[...] I look on its continued employment in other countries to a great extent as being the result of a System of routine continued because it is the custom,

---

ik toch hier te waarschuwen tegen een te groote absolutisme in deze zaak. [...] dwangmiddelen soms niet alleen geen kwaad doen, maar dat zij soms den patiënt tot heil zijn”. See: C. Bijl, “Eene Ziektegeschiedenis, en in verband daarmede enkele opmerkingen van practischen aard”, PB, 1894, vol. 12, 207, <http://hdl.handle.net/2027/chi.098893667>.

<sup>1413</sup> “La tâche la plus importante de la psychiatrie modern c’est assurément de débarasser le traitement des aliénés des méthodes doctrinaires et de le diriger dans le voies de l’humanité”. Original quote in German not available, no access to original. See: “A propos du traitement des aliénés, par le Dr R. Bogdan

(Centralbl. f. Nervenheilk. und Psychiatrie, 1896)”, BSMMB, 1897, no. 84, 69, <http://hdl.handle.net/2027/hvd.32044102893963>.

<sup>1414</sup> “Scottish meeting”, JMS, 1889, vol.34, no. 148, 621-629, <http://www.archive.org/details/britishjournalof34roya>.

<sup>1415</sup> Thomas Lawes Rogers, “The Presidents Address”, JMS, 1874, vol. 20, no. 91, 330, <http://www.archive.org/details/britishjournalof20roya>.

rather than from its actual necessity".<sup>1416</sup> The ambivalence of Rogers recognising the benefits and harmfulness of both practices in continental Europe and the United Kingdom illustrate that something was changing in the mindset of British psychiatrists although slowly and hesitantly.

Another shift occurred by the end of the 1880s. While alienists still hesitated to be seen as pro-restraint, similar to the trend in the 1870s, they also recognised more and more that it could have beneficial effects. Instead of limiting discussions to the use of non-restraint, there was now room to publicly discuss the use of restraint in asylums without any form of professional hostility. During a meeting of the Scottish branch of the Medico-Psychological Association, Yellowlees, the physician-superintendent of the Glasgow Royal Asylum, addressed his peers as follows: "I am no advocate for mechanical restraint, and in ordinary cases regard it as unnecessary and wrong, because not the best thing for the patient. I think it needful only in very exceptional cases, but we can accept no dictation as to its use. We claim entire freedom of action for any educated and conscientious physician who is trying to do the best for his fellowmen. We are not only entitled, we are bound, to do what we deem best for our patients irrespective of tradition or prejudice".<sup>1417</sup> The statement created considerable support among the ten members that were present, with only a minority heavily disagreeing with Yellowlees' views.<sup>1418</sup> Clouston was one of the members that supported Yellowlees' statements, and asserted that they had now arrived in "[...] a more scientific era, and were free from the passions and prejudices of Conolly's great struggle, and, while sympathising with their philanthropic views, he thought their medical ideas to a large extent wanting in courage and scientific basis".<sup>1419</sup>

The real turning point, however, took place in the 1890s. In 1896 the British physician Peter Maury Deas, medical superintendent of Wonford House, said to his peers present in a meeting of the psychiatric association: "[...] we must free our minds from the influences of tradition in regard to this matter [the non-restraint system]; and that if we find a certain mode of treatment is useful in certain cases, we ought not to

---

<sup>1416</sup> Thomas Lawes Rogers, "The Presidents Address", *JMS*, 1874, vol. 20, no. 91, 330, <http://www.archive.org/details/britishjournalof20roya>.

<sup>1417</sup> "Scottish meeting", *JMS*, 1889, vol.34, no. 148, 625, <http://www.archive.org/details/britishjournalof34roya>.

<sup>1418</sup> "Scottish meeting", *JMS*, 1889, vol.34, no. 148, 625, <http://www.archive.org/details/britishjournalof34roya>; "Correspondence. On the use of restraint in the care of the insane", *JMS*, 1889, vol. 35, no. 151, 476-479, <http://hdl.handle.net/2027/hvd.hw1wmm>.

<sup>1419</sup> "Scottish meeting", *JMS*, 1889, vol.34, no. 148, 628, <http://www.archive.org/details/britishjournalof34roya>.

be debarred from using it by the fact that it has been abused in the past”.<sup>1420</sup> Gradual changes were no longer only suggested or discussed during debates of the psychiatric association, but the *Commissioners in Lunacy* – or at least some of its members – began to slightly shift their ideas as well. For the most part the Commissioners still forbade and made illegal the use of most forms of restraint, but also sometimes turned a blind eye. The British alienist Wade described in the 1890s to his fellow psychiatrists that “While the man [a patient] was walking about wearing the belt the visiting Commissioner was Mr. Cleaton, who remarked ‘I am glad to see it, and glad to see you have the courage to do it’”.<sup>1421</sup> Even in Hanwell Asylum, that was made famous by Conolly, forms of restraint would reappear in 1892.<sup>1422</sup> Gradually each psychiatrist had the right to construct his own views of what a humane and effective treatment of the insane embodied.

That these changing views became more and more standard is also illustrated by several psychiatric textbooks and manuals that began to refer to a moderate use of restraint and did no longer rigidly hold on to Conolly’s principles. Hack Tuke’s famous and commonly used dictionary for example mentions about the use of seclusion “That many of the objections which apply to mechanical restraint apply also to seclusion must be admitted. That it may be terribly abused is very certain; at the same time its use was one of the means by which Dr. Conolly felt himself enabled to dispense with restraint of the mechanical kind”.<sup>1423</sup> Conolly’s system and the use of (padded) isolation cells, that had formed such an important part of his ideology, was no longer seen as a core principal to provide moral and medical treatment to mentally ill patients, and instead its danger was recognised as well.

## Conclusion: different versions of the same system

The debate about the non-restraint system was volatile across the different psychiatric communities in Europe, and presents itself as an interesting case study to trace the

---

<sup>1420</sup> P. Maury Deas, “The Uses and Limitations of Mechanical Restraint as a means of Treatment of the Insane”, *JMS*, 1896, vol. 42, no. 176, 109, <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/past-title/journal-of-mental-science/all-issues/4F51B1E4B3F81774A5D21EE614CDFD45>.

<sup>1421</sup> “Discussion on Dr. Deas’ Paper”, *JMS*, 1896, vol. 42, no. 176, 111, <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/past-title/journal-of-mental-science/all-issues/4F51B1E4B3F81774A5D21EE614CDFD45>.

<sup>1422</sup> Dubois, *L’Asile de Hanwell Sous l’autorité de John Conolly*, 222.

<sup>1423</sup> “Seclusion” in: D. Hack Tuke (edit.), *A dictionary of psychological medicine*, (Philadelphia: P. Blakiston, son and Co., 1892), vol. 2, 1317, <http://www.archive.org/details/dictionaryofpsyc02tuke>.

grey areas of knowledge circulation and its assimilation. Focussing on these grey areas does not only touch upon lacuna in historical research – such as focussing more on the different viewpoints across Europe and the various directions in which knowledge flowed – it also touches upon the fact that knowledge transmission was dependent on a wide range of factors that need to align before knowledge could be disseminated and accepted, either in its original form or as a derivate, across various geographical locations or specific communities.

The communication around the non-restraint debate was hindered by four key features that were all intertwined with each other and had, all in different degrees, an impact upon the acceptance and/or modification of the non-restraint system as developed by the British alienist John Conolly. Firstly, a conceptual disruption took place. Definitions, and especially consensus about these definitions, played a vital role. Conolly's definition of the non-restraint system incorporated a wide set of features (e.g. abolishing restraint, proper food and clothing, pleasant surroundings, entertainment and work opportunities for patients). In continental Europe the understanding of this system would be quickly reduced to a single component, namely that of the total abolition of restraint. British psychiatrists tried to mediate this but with little success. Abolishing restraints gained the lion share of attention by continental alienists which was a consequence of how deeply engrained the use of restraint was in alienists' arsenal of therapeutics and medical remedies. An additional complication was defining "restraint" and "non-restraint" which also proved to be problematic across continental Europe and the United Kingdom. A consensus among alienists about the term "non-restraint system", "restraint" and "non-restraint" was never reached, and its definitions and application would keep changing across time and space as was illustrated by the diverse uses of the wet pack.

A second aspect that hindered the circulation of knowledge and its validation across Europe was related to a schism in professional and ethical standards. While the ideals (humanity, modernity, professionalism) that psychiatrists had aspired to since the conception of their field stayed the same, their meaning came under pressure. Both sides, the continent and the United Kingdom, kept dragging forward and leaning on the same arguments to support their views. In Conolly's book, published in 1856, he had already countered the most heard opposition by European physicians, but still the same

arguments sprang forward again and again.<sup>1424</sup> Alienists on the continent often referred to the physical abuse by attendants when patients needed to be restrained, leading to bone fractures and distress of the patient, or the too prominent use of isolation cells which gravely restricted patient's mobility and access to air and light. Supporters of non-restraint, especially in the United Kingdom, accused their continental brethren of holding on to old principles and reproached them for not upholding the values of, what was according to them, a modern and ethically sound medical practitioner. These claims gave way to a variety of platitudinous views on each other's moral and medical ability as well as alienists' professional authority that was no longer always recognised by colleagues across Europe. In these claims national heritage also played a significant role. This was especially noticeable in France as it was perceived to be the cradle of psychiatry, the place where Philippe Pinel had set the standard for what medical and moral care for psychiatric patients should entail. This was difficult to reconcile with how Conolly was represented in the United Kingdom, where he was seen as the new messiahs of psychiatry, a new Pinel.

Thirdly, there were different practical problems that refrained alienists across Europe from employing the British non-restraint system on a full scale. Asylum layouts, an insufficient amount of staff and badly trained personnel also left its marks. The way that asylums in Europe were built or reconverted were not always sufficient to make the non-restraint system possible, and this was further aggravated by a discrepancy in the resources that alienists had available. However, this did not have the same impact everywhere. In the Netherlands for example, training asylum personnel was seen as a crucial element of good asylum management. Another practical obstacle lay within the question of how alienists across Europe could examine and judge Conolly's non-restraint system. Asylum physicians had two options available: on the one hand there were quantitative tools and on the other there was the use of qualitative means. The former had many shortcomings to judge the usefulness of the non-restraint system. Where and how frequent mechanical restraint or seclusion was used could be gauged to a certain extent but not all psychiatrists traced this systematically in their asylums and sometimes also refused to give people access to it. The only other option was a qualitative measurement in the form of asylum visits where alienists could see with their own eyes if restraint was used and to what extent. Although more suitable to

---

<sup>1424</sup> John Conolly, *The treatment of the insane without mechanical restraints*, (London: Smith, Elder & co., 1856), 346-357, <https://archive.org/details/treatmentofinsan00cono>.

measure the usefulness and effectiveness of the non-restraint system, relying on observations for validation was also ambiguous with alienists having to find their way in the multitude of opinions that circulated and the little consensus that was reached.

Aside from different obstacles and quite some opposition to the British non-restraint system in Europe, leading only to small-scale implementations of Conolly's principles, continental European psychiatrists were nonetheless receptive to some features of the non-restraint system and adopted these in various degrees. In historiography most attention has gone to the fact that the use of the non-restraint system only flourished in the United Kingdom and that the rest of Europe ignored what was happening across the channel, never adopting the practice. Its reception in continental Europe was ambiguous and made its implementation complex. Although most of the European continent did not follow Conolly's principles, his practices were a wake-upcall for psychiatrists on the continent.

Conolly's ideology triggered very different reactions across Europe, which could be categorised into different groups. According to the German alienist Menz there were three factions: (1) those who religiously followed absolute non-restraint, (2) those who contested this new system and kept using mechanical restraint, and (3) those that liked the non-restraint system in principle/theory but knew it was not always possible in practice.<sup>1425</sup> The latter was the opinion of most continental alienists. Europe's ambiguous stance about the British psychiatric practices gave way to a varied use of the non-restraint system. Over time we see that some of the aspects that represented the non-restraint system became more generally accepted and were employed in certain places, discarded in others, or combined with still other practices in the asylums across Europe. Ideas, theories and practices is not something that is passively consumed, but actively interpreted and modified. The concept of knowledge circulation helps us go beyond the simplistic model of the active sender and passive recipient as different information circulated in parallel.<sup>1426</sup> As science historian Jürgen Renn has argued, “[...] one typically finds, not just selective assimilation of new knowledge within a preexisting local system of knowledge, [but] a remixing of the

---

<sup>1425</sup> “Une erreur psychiatrique, par le Dr Menz”, AMP, 1874, vol. 11, 132, [http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1874x11\\_12](http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1874x11_12).

<sup>1426</sup> Anders Ahlbäck, ‘Unwelcome Knowledge Resistance to Pedagogical Knowledge in a University Setting, c.1965–2005’, in *Circulation of Knowledge: Explorations in the History of Knowledge*, ed. Johan Östling et al. (Lund: Nordic Academic Press, 2018), 127.

components of imported science with components of local knowledge”.<sup>1427</sup> It is exactly this pattern that we see arise with the non-restraint debate. European psychiatrists, who greatly relied on the heritage of individuals such as Pinel, Esquirol and Guislain, needed to find ways to cope with the knowledge of their past and that of the future.

Conolly’s position as an authority was not geographically or temporally universal, even in the United Kingdom. When his expertise and knowledge was recognised within Europe, it was not necessarily for new practices he had introduced in psychiatry (e.g. the popularisation of the padded room). Instead of being applauded for these specific practices, he was rather recognised for making psychiatrists aware of their treatment of patients, stirring up different degrees of change in psychiatry. As the Dutch physician Tellegen remarked in 1884, “[...] while I do gush about the no-restrainters, it does not mean that I gush about the no-restraint”.<sup>1428</sup> To a certain extent Conolly’s call was heard everywhere across Europe but was always applied to a different contextual framework. It were these divergent frameworks that made discussions so vehement and personal. The different factions in the non-restraint debate all stood up for their beliefs, and put forward different claims as to why *their* form of treatment was more modern and humane than that of others. While the idea that the non-restraint system was more than a “Modesache”<sup>1429</sup>, and that some of Conolly’s ideas and practices would stay, Conolly would never unleash the moral revolution that he had envisioned. Rather, Europe created its own European non-restraint system.

---

<sup>1427</sup> Jürgen Renn, ‘Survey: Knowledge as a Fellow Traveler’, in *The Globalization of Knowledge in History*, ed. Jürgen Renn, Max Planck Research Library for the History and Development of Knowledge, Studies 1, 2012, [p15].

<sup>1428</sup> “Maar dweep ik met de no-restrainters, daarom dweep ik nog niet met het no-restraint”. See: “Over dwang in ’t algemeen, over grilles in ’t bijzonder”, PB, 1884, vol. 2, 228, <http://hdl.handle.net/2027/chi.098893594>.

<sup>1429</sup> “Der non-restraint wurde [eine] Modesache”. See: H. Neuman, “Zum Non-Restraint”, AZP, 1872, vol. 28, 680, <https://opacplus.bsb-muenchen.de/Vta2/bsb11044164/bsb:3001003?page=7>.

# Chapter 5. The untold story of general paralysis. Illustrating the multiple dimensions of knowledge circulation

## Introduction: general paralysis

In 1872 the British physician J. Thompson Dickson, a lecturer on mental disease at Guy's Hospital and physician to the infirmary for epilepsy and paralysis, stated that general paralysis was a disease "[...] wrapped in mystery".<sup>1430</sup> While the number of general paralysis cases was on the rise – deeming some alienists to depict it as “the disease of the nineteenth century”<sup>1431</sup> – its diagnosis, causes and cures left alienists across the world with a seemingly unsolvable question. Similarly to the non-restraint system, the debate about general paralysis (GP) was high on the medical agenda of asylum physicians. Yet, the opposition and animosity that was experienced during the non-restraint debate, did not take place on the same scale during the GP debate, even though there were numerous opinions about its causes, symptoms and cures in circulation. Coping with this global problem in and across psychiatric communities happened on different terms, which allowed for a different dynamic to wash over psychiatry.

Firstly, the tone of language especially stands in high contrast to what we saw in chapter four. There were no personal vendettas and the medical integrity of peers was not undermined. Secondly, psychiatrists across Europe struggled with similar

---

<sup>1430</sup> J. Thompson Dickson, “Abstract of a lecture on progressive paralysis and insanity”, *The British Medical Journal*, 1872, vol. 2, no. 609, 236, <https://www.jstor.org/stable/25232823>.

<sup>1431</sup> “Nous avons vu, dit-il, que la folie paralytique est la maladie de notre temps.” See: Lefebvre, “De la folie paralytique. Statistique, étiologie et prophylaxie”, *Bulletin de l'académie royale de médecine de Belgique*, troisième série, vol. 2, 1868, 147, <https://books.google.be/books?id=KogUAAAAQAAJ&hl=nl&pg=PP1#v=onepage&q&f=false>; Yet there was also some discussion about this statement. See for both opinions: A. O. H. Tellegen, “Discussie over de dementia paralytica vooral in Nederland”, *Psychiatrische Bladen*, vol. 1, 1883, 194-198, <http://hdl.handle.net/2027/chi.098893536>; A. O. H. Tellegen, “Eenige beschouwingen over krankzinnigheid, hare oorzaken en hare behandeling”, *Psychiatrische Bladen*, vol. 2, 1884, 22, <http://hdl.handle.net/2027/chi.098893594>; “Bijdrage tot de statistiek der dementia paralytica in Nederland”, *Psychiatrische Bladen*, vol. 2, 1884, 55-56, <http://hdl.handle.net/2027/chi.098893594>; “Vergadering der Nederlandsche vereeniging voor psychiatrie, te Baarn. Zitting van Donderdag den 19 Juni 1884”, *Psychiatrische Bladen*, vol. 2, 1884, 142-144, <http://hdl.handle.net/2027/chi.098893594>; “Vergadering der Nederlandsche vereeniging voor psychiatrie, te Utrecht. Zitting van Donderdag 23 October 1884”, *Psychiatrische Bladen*, vol. 2, 1884, 218-226, <http://hdl.handle.net/2027/chi.098893594>.



issues and concerns about GP and how to adequately deal with them. This created a stronger incentive to collaborate with alienists in their own nation and those in other countries because the more information they had at their disposal, the higher their changes were to uncover the mysteries of GP. On multiple occasions during the late 1880s and 1890s alienists voiced the idea to accumulate information about GP on a shared basis. The French alienist Ballet suggested during a conference in 1889 that a solution to the GP question would be found “[...] neither in the pathologic anatomy, nor in the results of specific medication. [...] It is therefore necessary to call upon another piece of information. This other element is statistics [...]”.<sup>1432</sup> Statistics were used to establish objectivity and truth; principals that were guided by the enlightenment and positivism.<sup>1433</sup>

As mentioned in the previous chapter, statistics had by the end of the nineteenth century become an asset to gather and evaluate medical and psychiatric knowledge. While the nature of the non-restraint debate did not lend itself to the use of statistics, the opposite was the case with general paralysis. Alienists relied on the data and the comparison of patient records and its registration became a common practice in asylums across Europe (e.g. the number of patients with a specific disease, the different causes of mental illness, the amount of cured and diseased patients).<sup>1434</sup> Asylums’ yearly reports were full of statistical tables to underscore the medical and financial health of their asylums and its management, and circulated on a large scale in national and foreign psychiatric communities.<sup>1435</sup> The publication of an effective asylum management (e.g. many cured patients) served as “statistical self-promotion”.<sup>1436</sup> Alienists made a sport out of it to record and tabulate the causes, disease

---

<sup>1432</sup> “[...] ni à l’anatomie pathologique, ni aux résultats de la médication spécifique. [...] Il faut donc faire appel à un autre élément d’information. Cet autre élément, c’est la statistique [...]”. See: “Revue des journaux. Congrès international de Médecine mentale, tenu à Paris, du 5 au 10 août 1889. M. Christian (de Charenton). – Syphilis et paralysie générale”, *Bulletin de la Société de Médecine Mentale de Belgique*, 1889, no. 54, 334,

<https://books.google.be/books?id=rhQEAAAAYAAJ&hl=nl&pg=PP1#v=onepage&q&f=false>.

<sup>1433</sup> T. D. Murphy, ‘Medical Knowledge and Statistical Methods in Early Nineteenth-Century France.’, *Medical History* 25, no. 3 (1981): 301–19; Theodore M. Porter, *Trust in Numbers, The Pursuit of Objectivity in Science and Public Life*, Course Book (Princeton: Princeton University Press, 1996), especially 17–21; Karel Velle, ‘Statistiek En Sociale Politiek: De Medische Statistiek En Het Gezondheidsbeleid in België in de 19de Eeuw’, *Belgisch Tijdschrift Voor Nieuwste Geschiedenis* 1, no. 2 (1985).

<sup>1434</sup> Murphy, ‘Medical Knowledge and Statistical Methods in Early Nineteenth-Century France.’, 307–8; Theodore M. Porter, *Genetics in the Madhouse. The Unknown History of Human Heredity* (Princeton: Princeton University Press, 2018), 25–33.

<sup>1435</sup> Porter, *Genetics in the Madhouse*, 34–35.

<sup>1436</sup> Porter, *Genetics in the Madhouse*, 42–44.

classifications, occupational, religion and marital state of patients in order to publish them, as they believed that these kind of overviews were essential in grasping the management of their asylums, the effectiveness of treatments and the advancement of psychiatry.

However, these various national statistics also had their drawbacks. Comparisons between asylums across Europe were often difficult because other techniques, breakdowns and definitions were used (e.g. the definition or name of certain diseases).<sup>1437</sup> In addition, these statistics were not always trustworthy because records were sometimes only understandable for the physician in charge because of his specific working methods, incorrect recordkeeping, or sketchy documentation.<sup>1438</sup> Some asylum alienists also rather kept their records for personal use, while many others shared their data and made it public.<sup>1439</sup> The idea to create a common, international statistic would grow out of these various problems.

When Ballet wanted to unravel GP's mysteries through statistics he not surprisingly suggested that "[...] an international commission should draw up a questionnaire on this subject and that this questionnaire be sent to all doctors in public or private asylums".<sup>1440</sup> A year later, in 1890, during the *congrès de médecine mentale* held in Rouen – which was specifically devoted to syphilis and GP – the issue of statistics on an international level was once more raised. The French alienist Delaporte, physician at the Quatremare asylum, wanted to produce an international survey to shine more light on the GP question.<sup>1441</sup> During the international medical congress held in Moscow in 1897, the Swiss alienist Otto Binswanger would plead yet again for a collective research initiative to reach more consistency and clarity about general paralysis.<sup>1442</sup> While multiple alienists pleaded for international initiatives, most of them seem not to have taken off, despite their good intentions.

---

<sup>1437</sup> The tracing of hereditary for example relied greatly on asylum statistics. Porter, *Genetics in the Madhouse*, 26.

<sup>1438</sup> Porter, *Genetics in the Madhouse*, 21–22 and 37.

<sup>1439</sup> Porter, *Genetics in the Madhouse*, 21–22.

<sup>1440</sup> “[...] pour mener cette enquête à bien qu’une commission international dresse un questionnaire relative à ce sujet et que ce questionnaire soit envoyé à tous les Médecins des asiles publics ou privés”. See: “Revue des journaux. Congrès international de Médecine mentale, tenu à Paris, du 5 au 10 août 1889. M. Christian (de Charenton). – Syphilis et paralysie générale”, BSMMB, 1889, no. 54, 334, <https://books.google.be/books?id=rhQEAAAAYAAJ&hl=nl&pg=PP1#v=onepage&q&f=false>.

<sup>1441</sup> “Revue des journaux. Revue du congrès de Médecine mentale, tenu à Rouen du 5 au 8 août 1890”, BSMMB, 1890, no. 58, 287, <http://hdl.handle.net/2027/mdp.39015070250702>.

<sup>1442</sup> O. Binswanger, “Die pathogenese und Abrenzung der progressive Paralyse der Irren von verwandten Formen psychischer Erkrankungen” in: W. Roth, *Comptes-rendus du XII congrès international de médecine. Moscou, 7(19)-14(26) août 1897*, vol. 4, première partie. Section VII. Maladies nerveuses et mentales, 1899, 107, <http://archive.org/details/comptesrendusdux00inte>.

Nonetheless, this plea for international statistics coming from different corners in Europe, exposes a significant shortcoming in current historiography. The history of general paralysis has mainly been approached from a French and Anglocentric perspective, while general paralysis formed a medical obstacle for numerous alienists across the world. The developments of GP in France and Great Britain are regularly generalised for all of Europe, even while research about GP in other countries (e.g. Belgium, Germany, the Netherlands) is missing in various degrees. In addition, historical research has primarily focused on specific turning points and in particular the discovery of a link between syphilis and general paralysis while alienists were engaged with a far wider range of potential causes and cures to uncover the ins and outs of this disease. Before I explore these aspects, it is crucial to explain what general paralysis – nowadays known as neurosyphilis – was, because in the nineteenth century it was still mainly understood to be a psychiatric condition characterised by a complex mixture of causes, diagnoses and symptoms.

### **A brief overview of the causes and symptoms of general paralysis**

General paralysis was described as a separate disease entity for the first time in 1822 by the French physician Antoine-Laurent-Jesse Bayle, labelling it *arachnite chronique*, although several alienists would sometimes also call it *Maladie de Bayle* in France.<sup>1443</sup> Aside from its English name general paralysis, the disease would be known under many others.<sup>1444</sup> Its French equivalent *paralysie générale* and its German and Dutch form respectively *Progressive Paralyse* and *dementia paralytica*, would be most commonly used. That GP was a distinct disease and not solely a complication of insanity did not find acceptance everywhere immediately, yet in general, the term entered asylums across the world between the second half of the 1850s and the 1860s. While physicians in Scotland already accepted it as a separate entity in 1839<sup>1445</sup>, and Conolly described

---

<sup>1443</sup> Edmond Lafaye, *De la complexité des causes de la paralysie générale*, (Lyon: Alexandre Rey, 1892), 61-62, <https://gallica.bnf.fr/ark:/12148/bpt6k3219702c>; Gayle Davis, 'The Cruel Madness of Love': Sex, Syphilis and Psychiatry in Scotland, 1880-1930 (Rodopi, 2008), 8.

<sup>1444</sup> For example: general paralysis of the insane, progressive general paralysis paralysie générale, paralysie générale des aliénés, folie paralytique, general paresis, hersenverweeking, dementia paralytica, paralyse der irren, allgemeine progressive paralyse. See: D. Hack Tuke, *A dictionary of Psychological Medicine*, (London: J. & A. Churchill, 1892), vol. 1, 519, [http://archive.org/details/b20413397\\_001](http://archive.org/details/b20413397_001); F. W. Mott, "syphilis of the nervous system" in: D'arcy Power and J. Keogh Murphy, *A system of syphilis*, (London: Henry Frowde, 1920), vol. IV, 255 (<https://wellcomelibrary.org/item/b31365188>).

<sup>1445</sup> Davis, *The Cruel Madness of Love*, 85; Gayle Davis, 'The Most Deadly Disease of Asylums: General Paralysis of the Insane and Scottish Psychiatry, c.1840–1940', *Journal of the Royal College of Physicians of Edinburgh* 42, no. 3 (2012): 266–73.

the disease in 1851, the British psychiatric association would only officially recognise GP as a distinct disease by 1869.<sup>1446</sup> In France and Belgium its was used as a disease category by the 1850s at the latest<sup>1447</sup> and in the Netherlands we know that the Dutch alienist Van der Swalme used GP in his statistical tables as early as 1865, but from a more nationwide perspective it was mentioned in medical case books from 1875 onwards.<sup>1448</sup> Outside Europe, for example in Australia which is part of the Commonwealth, the disease was recorded in patient files from the 1860s onward.<sup>1449</sup>

General paralysis was characterised by a wide range of mental and physical features.<sup>1450</sup> Its physical characteristics included speech and writing impairment; diminished locomotion (e.g. difficulty with walking); ataxia and seizures that ultimately progressed into complete paralysis, as well as the occurrence of irregular pupils (Argyll-Robertson pupils) which was often an early symptom. The latter gave patients a physiognomy described as vacant, dull, wild or foolish (**figure 50**). Some of its frequently cited mental symptoms were the presence of (grandiose) delusions, hallucinations of suspicion and persecution, extreme restlessness, larceny, hoarding and the onset of dementia with short term memory loss, ultimately resulting in a total loss of intellectual capabilities.<sup>1451</sup>

---

<sup>1446</sup> Ch. Lasègue, *De la paralysie Générale progressive*, (Paris: Rignoux, 1853), 3-4, <https://books.google.be/books?id=FAtbAAAAQAAJ&dq=paralysie%20g%C3%A9n%C3%A9rale&lr&hl=nl&pg=PA1#v=onepage&q=syphilis&f=false>; Davis, *The Cruel Madness of Love*, 85; Davis, 'The Most Deadly Disease of Asyludom: General Paralysis of the Insane and Scottish Psychiatry, c.1840–1940'.

<sup>1447</sup> "Discussion du memoire de M. Lefebvre, sur le folie paralytique", *Bulletin de l'Académie royale de médecine de Belgique*, 1873, vol. 7, 456-457, <https://books.google.be/books?id=GHA1AQAAMAAJ&dq=editions%3ATqD8Is0uqj8C&hl=fr&pg=PA457#v=onepage&q&f=false>.

<sup>1448</sup> "Van der Swalme geeft een tabelarisch overzicht van de gevallen van dementia paralytica [...]", *Psychiatrische Bladen*, 1883, vol. 1, 218 and 224, <http://hdl.handle.net/2027/chi.098893536>; "Bijdrage tot de statistiek der dementia paralytica in Nederland", *Psychiatrische Bladen*, 1884, vol. 2, 55, <http://hdl.handle.net/2027/chi.098893594>.

<sup>1449</sup> Mary Stewart et al., 'Syphilis, General Paralysis of the Insane, and Queensland Asylums', *Health and History* 19, no. 1 (2017): 62–63.

<sup>1450</sup> Davis, *The Cruel Madness of Love*, 87–96.

<sup>1451</sup> A full overview on the range of symptoms can be found in: Davis, *The Cruel Madness of Love*, 87–96.



**Figure 50.** Four male patients in the second stage of general paresis displaying a typical vacant, dull, wild or foolish stare. Source: Robert Howland Chase, *General paresis practical and clinical*, (Philadelphia: P. Blakiston's son & co., 1902), Plate III [between page 56-57], <http://www.archive.org/details/39002010916766.med.yale.edu>.

While these quite distinctive symptoms were commonly agreed upon in the medical world, it was precisely due to the abundance of characteristics that clinically diagnosing GP was nonetheless difficult because they could be symptoms of other diseases as well. These included dementia, melancholia, tabes dorsalis, syphilitic insanity, cerebral syphilis, alcoholic insanity, monomania, simple mania (*manie simple*), congestive mania, locomotor ataxia, cerebral haemorrhage, brain tumours, chronic meningitis, spinal cord diseases, nervous paralysis, epileptic and hysterical paralysis, saturnine

paralysis, phosphoric paralysis, and so on.<sup>1452</sup> While by 1913 Kraepelin called GP one of the best recognisable of diseases<sup>1453</sup>, still others – and this was the larger group – would keep struggling with the many facets of GP. When the Dutch alienists C. Winkler and Wellenbergh held a lecture before their colleagues in 1886 the first statement they made was “[...] it must have been noticed by everyone who takes an open look at the clinical literature on dementia paralytica, that there, more than anywhere else, one runs the risk of being guilty of conceptual confusion”.<sup>1454</sup> Another one of them was the British J. R. Perdrau who in 1912 was unable to distinguish GP from other disease forms. In a small research paper he diagnosed two patients with GP “[...] only as a last resort, because the course of the disease presented so many unusual clinical features”<sup>1455</sup>, mentioning that the patients were ultimately misdiagnosed due to the unavailability of the Wassermann test and other serological examinations.<sup>1456</sup>

Before the arrival of standardised tests to discover general paralysis, physicians could often only accurately diagnose a patient when the disease was in an advanced and aggravated state (a total loss of mental and physical capacities). At this stage the occurring symptoms could be less and less attributed to other diseases that mimicked those of GP. Psychiatrists were continuously adapting their diagnosis to the symptoms that manifested itself. Historian Gayle Davis illustrated – by comparing intake examinations, case notes and autopsy reports – that patients could be diagnosed with a different disease when they entered the asylum and when the disease had run its course.<sup>1457</sup> The combination of these serious mental and physical symptoms made GP a grave disease. The French alienists Magnan and Sérieux summed up the terminal stage of GP as “loss of notions of time and place. Complete ruin of intelligence. -

---

<sup>1452</sup> Discussion du memoire de M. Lefebvre, sur le folie paralytique”, *Bulletin de l'Académie royale de médecine de Belgique*, 1873, vol. 7, 481-483, <https://books.google.be/books?id=GHA1AQAAMAAJ&dq=editions%3ATqD8Is0uqj8C&hl=fr&pg=PA457#v=onepage&q&f=false>; Davis, *The Cruel Madness of Love*, 104; Davis, ‘The Most Deadly Disease of Asyludom: General Paralysis of the Insane and Scottish Psychiatry, c.1840–1940’, 270.

<sup>1453</sup> Joel T. Braslow, ‘The Influence of a Biological Therapy on Physicians’ Narratives and Interrogations: The Case of General Paralysis of the Insane and Malaria Fever Therapy, 1910–1950’, *Bulletin of the History of Medicine* 70, no. 4 (1996): 581.

<sup>1454</sup> “Het zal wel door iedereen zijn bemerk, die onbevangen een blik slaat op de klinische literatuur, dat men daar, meer dan elders, het gevaar loopt om zich aan begripsverwarring schuldig te maken”. See: “Bijdrage tot de casuïstiek der dementia paralytica”, *Psychiatrische Bladen*, 1886, vol. 4, 34, <http://hdl.handle.net/2027/chi.098893714>.

<sup>1455</sup> By J. R. Perdrau, ‘The Clinical Simulation of General Paralysis of the Insane’, *Journal of Mental Science*, 1915, vol. 61, no. 253, 260, <http://hdl.handle.net/2027/njp.32101074924471>.

<sup>1456</sup> By J. R. Perdrau, ‘The Clinical Simulation of General Paralysis of the Insane’, *Journal of Mental Science*, 1915, vol. 61, no. 253, 264, <http://hdl.handle.net/2027/njp.32101074924471>.

<sup>1457</sup> Davis, ‘The Most Deadly Disease of Asyludom: General Paralysis of the Insane and Scottish Psychiatry, c.1840–1940’, 270.



Vegetative life. - Absolute isolation from the outside world. Death”.<sup>1458</sup> It was a fatal disease as there was no cure until the discovery of penicillin.

Moreover, general paralysis was frequently observed by psychiatrists among the patients they treated in their asylums, making it a more pressing matter still. Between approximately the 1870s and the 1890s there was an increase of cases. Reports affirming this rise came from all corners of the world. The Argentinian physician Eduardo Perez for example communicated a note about GP in Buenos Ayres to the *Société de Médecine Mentale de Belgique*, mentioning that the disease was present in Argentina from the 1860s and continued to increase.<sup>1459</sup> British, French and American statistics spoke of an increase in cases of 6 to 20%.<sup>1460</sup> In Sweden and Prussia rising numbers were detected as well <sup>1461</sup> and the German alienist Mendel had also described the growing number of cases present in Brazil, Cuba, Italy and Germany. He mentioned that the disease was present everywhere in different degrees and that there was an increase in cases in certain asylums.<sup>1462</sup> An exception were the Netherlands. Dutch statistics illustrated that GP patients were rather a small group.<sup>1463</sup> The reports of the *Dutch State Inspectorship for the Insane and the Asylums* indicated similar patterns: between 1875 and 1916 there was a slight rise of GP patients (2 to 7%) which was markedly lower than that in other nations.<sup>1464</sup> A possible explanation for this is that the diagnosis of GP was less used or that at least the disease was less recognised by Dutch alienists. Something similar had happened in the United Kingdom during the 1850s when British alienists claimed that they had yet to learn “to see” the disease.<sup>1465</sup>

Its cause was for the larger part of the nineteenth and early twentieth centuries unknown and the causes that were put forward by alienists throughout this period were manifold, leading to a considerable amount of research and discussions between

---

<sup>1458</sup> “Perte des notions de temps, de lieu. Ruine complète de l’intelligence. – Vie végétative. – Isolement absolu du monde extérieur. Mort”. See: V. Magnan and Paul Sérieux, *La paralysie générale*, (Paris: G. Masson, 1894), 10, <https://gallica.bnf.fr/ark:/12148/bpt6k767463/f16.item>.

<sup>1459</sup> Eduardo Perez, “Note sur la paralysie générale à Buenos-Ayres”, *BSMMB*, 1884, no. 35, 11-14, <http://hdl.handle.net/2027/mdp.39015070251023>.

<sup>1460</sup> J. Slijkhuis and H. Oosterhuis, ‘Cadaver Brains and Excesses in Baccho and Venere: Dementia Paralytica in Dutch Psychiatry (1870-1920)’, *Journal of the History of Medicine and Allied Sciences* 69, no. 3 (2014): 433–34.

<sup>1461</sup> Robert M. Kaplan, ‘Syphilis, Sex and Psychiatry, 1789–1925: Part 1’, *Australasian Psychiatry* 18, no. 1 (2010): 20, <https://doi.org/10.3109/10398560903295709>.

<sup>1462</sup> E. Mendel, *Die progressive Paralyse der Irren: eine Monographie*, (Berlin: August Hirschwald, 1880), 224-228, <https://gallica.bnf.fr/ark:/12148/bpt6k76875z/>.

<sup>1463</sup> “Discussie over de dementia paralytica, vooral in Nederland”, *Psychiatrische Bladen*, 1883, vol. 1, 198, <http://hdl.handle.net/2027/chi.098893536>.

<sup>1464</sup> Slijkhuis and Oosterhuis, ‘Cadaver Brains and Excesses in Baccho and Venere’, 433–34.

<sup>1465</sup> Davis, *The Cruel Madness of Love*, 84.

psychiatrists, neurologists as well as syphologists in medical literature and in psychiatric associations. In a lecture in 1872, J. Thompson Dickson very concisely summed up the causes that alienists speculated about: “[...] it occurs alike without assignable cause in the subjects of the highest mental attainment, and in the very ordinary beings of everyday life; it has not been shown to be necessarily of hereditary origin, and it appears sometimes to follow accidents, as shocks and various excesses, whether of labour both mental and physical, or of alcohol and venery. It also is seen to follow sun-stroke, but much of its etiology has yet to be determined”.<sup>1466</sup> Two other causes that were often attributed to GP were a “fast life”<sup>1467</sup> and “the time-honoured question of the syphilitic origin of general paralysis”.<sup>1468</sup> The latter would gain more and more support by the end of the nineteenth century, although a combination of factors as a possible cause stayed in fashion with many alienists as well.<sup>1469</sup>

Only in 1913 would the actual culprit of this disease (syphilis) be proven via the discovery of spirochaetes<sup>1470</sup> by the Japanese bacteriologist Hideyo Noguchi and the American J. W. Moore.<sup>1471</sup> From this moment onwards GP would become known as neurosyphilis, a form of syphilis which causes an infection in the central nervous system. Before the introduction of mass-produced penicillin in the 1940s as an effective treatment, many others had been tried throughout the nineteenth and early twentieth centuries such as anti-syphilitic mercury treatment, the use of bismuth, iodides, sedation, serum therapies, salvarsan, tryparsamide, as well as surgery, malaria therapy, or no treatment at all.<sup>1472</sup>

---

<sup>1466</sup> J. Thompson Dickson, “Abstract of a lecture on progressive paralysis and insanity”, *The British Medical Journal*, 1872, vol. 2, no. 609, 236, <https://www.jstor.org/stable/25232823>.

<sup>1467</sup> This was a typical phrase used by contemporaries to denote the fast pace of life due to new technologies (train, telegraph, ...), demanding jobs, etc.

<sup>1468</sup> W. J. Penfold, “Retrospect. The Pathology of General Paralysis [Zur Pathologie der Dementia paralytica] (Psychiat. Wochens. No.21, 1899) Dees”, *Journal of Mental Science*, vol. 46, no. 192, 593, <http://hdl.handle.net/2027/mdp.39015046989029>.

<sup>1469</sup> W. H. O. Sankey, “The Pathology of General Paresis, *Journal of Mental Science*, 1864, vol.9, no.48, 468 and 476-477, <http://www.archive.org/details/britishjournalof09roya>; Theo B. Hyslop, “Pseudo-General Paralysis”, *Journal of Mental Science*, 1896, vol. 42, no. 177 314, <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/past-title/journal-of-mental-science/all-issues/4F51B1E4B3F81774A5D21EE614CDFS45>; V. Magnan and Paul Sérieux, *La paralysie générale*, (Paris: G. Masson, 1894), 175, <https://gallica.bnf.fr/ark:/12148/bpt6k767463/f181.item>

<sup>1470</sup> Spirochaetes are bacteria.

<sup>1471</sup> Kari M. Nixon and Lorenzo Servitje, eds., *Syphilis and Subjectivity: From the Victorians to the Present* (Palgrave Macmillan, 2018), 3.

<sup>1472</sup> Davis, *The Cruel Madness of Love*, 154–87.



## The famous eight and GP's peculiar historiography

Historical research about general paralysis dates back to the 1950s and consists today of many publications either directly or indirectly exploring this topic, with the majority focussing on patient records as the basis for their research and only one or two systematically integrating psychiatric journals in their study. While several of these publications are quite thorough and give an insightful and broad overview of general paralysis' history, many are nevertheless problematic on three accounts.

Firstly, in every article or book that has been published about GP, eight individuals are almost always mentioned without a fault. These “famous eight” as I call them, include the French alienist Antoine Laurent Bayle (discoverer of GP as a disease entity), the German duo Friedrich von Esmarch and Peter Jessen (first physicians to claim syphilis was the cause of GP but this idea did not take hold), the French syphologist Jean Alfred Fournier (who introduced the concept of parasyphilis, pseudo-general paralysis and an indirect link to syphilis), the German bacteriologist August von Wassermann (who developed a serological test to track syphilis in cerebrospinal fluid and blood), Austrian psychiatrist Julius Wagner-Jauregg (inventor of malaria therapy) and the bacteriologists Hideyo Noguchi from Japan and the American J. W. Moore (discoverers of syphilitic spirochaetes in the brain).<sup>1473</sup>

In itself this is not unexpected, as these individuals contributed valuable insights into general paralysis and in order to sketch a history of this disease these names will inevitably be mentioned. Bayle, Fournier, Wagner-Jauregg, Wasserman and Noguchi were central figures who shaped the turning points, the key moments of irreversible change, in the history of general paralysis. Their ideas would become the necessary drive to develop further insight into GP. Yet, the focus on these individuals has made

---

<sup>1473</sup> See for example: Braslow, 'The Influence of a Biological Therapy on Physicians' Narratives and Interrogations'; Juliet D. Hurn, *The History of General Paralysis of the Insane in Britain, 1830 to 1950* (University of London, 1998); Kaplan, 'Syphilis, Sex and Psychiatry, 1789–1925', 2010; Robert M. Kaplan, 'Syphilis, Sex and Psychiatry, 1789–1925: Part 2', *Australasian Psychiatry* 18, no. 1 (2010): 22–27, <https://doi.org/10.3109/10398560903295717>; Jesper Vaczy Kragh, 'Malaria Fever Therapy for General Paralysis of the Insane in Denmark', *History of Psychiatry* 21, no. 4 (2010): 471–86; J. M. S. Pearce, 'Brain Disease Leading to Mental Illness: A Concept Initiated by the Discovery of General Paralysis of the Insane', *European Neurology* 67, no. 5 (2012): 272–78; Nguyen Tuong-Vi, Erwin J.O. Kompanje, and Marinus C.G. van Praag, 'Enkele Mijlpalen Uit de Geschiedenis van Syfilis', *Nederlandsch Tijdschrift Voor Geneeskunde* 157, no. A6024 (2013), <https://www.ntvg.nl/artikelen/enkele-mijlpalen-uit-de-geschiedenis-van-syfilis/volledig>; Slijkhuis and Oosterhuis, 'Cadaver Brains and Excesses in Baccho and Venere'; Fatih Artvinli, 'More than a Disease: The History of General Paralysis of the Insane in Turkey', *Journal Of The History Of The Neurosciences* 23, no. 2 (2014): 127–39; Stewart et al., 'Syphilis, General Paralysis of the Insane, and Queensland Asylums'; Jesper Vaczy Kragh, 'Neurosyphilis. Historical Perspectives on General Paresis of the Insane', *JSM Schizophrenia* 2, no. 2 (2017); Kelley Swain, "'Extraordinarily Arduous and Fraught with Danger": Syphilis, Salvarsan, and General Paresis of the Insane', *The Lancet Psychiatry* 5, no. 9 (2018): 702–3.

the history about GP a repetitive story. More specifically, it tells an often whiggish, triumphalist history, highlighting only the contributions of a handful of well-known physicians.<sup>1474</sup>

Secondly, the “famous eight” can be frequently connected to a subtheme in the history of general paralysis, namely linking syphilis to GP as its main cause. While Davis deems that “[...] the historiography of psychiatry contains little substantial work that relates directly to syphilis or to the neurosyphilitic diseases [...]”<sup>1475</sup>, I rather consider syphilis to be a topic that has been researched repeatedly in connection with general paralysis. The focus on syphilis as the primary cause of GP has created a teleological perspective, while syphilis was not the only avenue that was explored by physicians during the nineteenth and twentieth century. An explanation for emphasising syphilis can be explained by the history of GP itself. We know now that GP was caused by syphilis which has made several researchers focus on the historical twists and turn of how syphilis came to be connected to GP. Yet, during the nineteenth and early twentieth centuries this explanation was not a given for most alienists and physicians. GP was for a considerable amount of time understood as a separate disease entity that stood apart from different forms of syphilis (e.g. brain syphilis) or tabes dorsalis (which would also become recognised as caused by syphilis). Therefore, it is crucial that historical research also pays attention to the other trajectories that were explored by psychiatrists. J. Wallis has been one of the few historians who has taken this aspect into account and focussed in her research on what GP can tell about how psychiatrists clinically, technically, physiologically and pathologically investigated the body of mentally ill patients.<sup>1476</sup>

Thirdly, the history of general paralysis currently misses a geographical factor because the majority of the research, such as the work by Hurn and Davis, has a distinctive French-Anglocentric perspective.<sup>1477</sup> The history of GP seems to be all too easily generalised for the whole of Europe, and, as Davis expressed in 2012, “[...] GP of

---

<sup>1474</sup> Historians Juliet Hurn and Gayle Davis have pointed this out as well. See: Davis, *The Cruel Madness of Love*, 15 and 20; Hurn, *The History of General Paralysis of the Insane in Britain, 1830 to 1950*, 7–8.

<sup>1475</sup> Davis, *The Cruel Madness of Love*, 18.

<sup>1476</sup> Jennifer Wallis, *Investigating the Body in the Victorian Asylum: Doctors, Patients, and Practices* (Palgrave Macmillan, 2017), 12, <https://www.ncbi.nlm.nih.gov/books/NBK481832/>.

<sup>1477</sup> Hurn did however point out that the history of general paralysis in other countries 419do deserves its own research (p24). Hurn, *The History of General Paralysis of the Insane in Britain, 1830 to 1950*; Davis, *The Cruel Madness of Love*; Davis, ‘The Most Deadly Disease of Asylumdom: General Paralysis of the Insane and Scottish Psychiatry, c.1840–1940’.

the insane has been surprisingly neglected by historians”<sup>1478</sup>. Until today this has not changed and over the course of the 2010s only a limited amount of research has focused on GP outside of France and the United Kingdom. The work that has been realised includes Australia with a focus on one particular asylum<sup>1479</sup>; the Netherlands emphasising the socio-cultural context and changes in clinical and pathological-anatomical practices<sup>1480</sup>; Turkey with a focus on the European-Turkish knowledge crossover<sup>1481</sup> and Denmark with a focus on malaria therapy<sup>1482</sup>. For Canada and New Zealand there are brief overviews to be found.<sup>1483</sup> Without a doubt, we do not understand nearly enough of the various theories and ideas that shaped psychiatrists’ and neurologists’ knowledge about general paralysis across different countries.

### **Forgotten stories and histories of failure**

There is more to be said about the history of general paralysis than focusing on a handful of pioneers, the creation of a syphilis link and a French-Anglocentric viewpoint. Alienists across Europe explored various routes – some of which led to success, while others would become a death-end street – making the history of GP far from straightforward. How can we aim to highlight other and even multiple histories about general paralysis? Firstly, through including other nations their hidden histories come to the surface. Not only on a transnational level but also on a national and even local level. In the previous chapters I already highlighted that, although international ideas and theories were in circulation, some being more commonly accepted than others, this does not undermine the fact that there were often nation specific influences at play as well. Social, cultural and technological factors created different ways of understanding the disease and contributed to the, sometimes subtle, variations in the development of diagnosing, treating or determining the cause of GP.

---

<sup>1478</sup> Davis, ‘The Most Deadly Disease of Asylums: General Paralysis of the Insane and Scottish Psychiatry, c.1840–1940’, 266.

<sup>1479</sup> Stewart et al., ‘Syphilis, General Paralysis of the Insane, and Queensland Asylums’.

<sup>1480</sup> Slijkhuis and Oosterhuis, ‘Cadaver Brains and Excesses in Baccho and Venere’.

<sup>1481</sup> Artvinli, ‘More than a Disease’.

<sup>1482</sup> Kragh, ‘Malaria Fever Therapy for General Paralysis of the Insane in Denmark’.

<sup>1483</sup> David Wright, Laurie Jacklin, and Tom Themeles, ‘Dying to Get out of the Asylum: Mortality and Madness in Four Mental Hospitals in Victorian Canada, c. 1841-1891’, *Bulletin of the History of Medicine* 87, no. 4 (2013): 74; Maree Elizabeth Dawson, ‘National Fitness or Failure? Heredity, Vice and Racial Decline in New Zealand Psychiatry: A Case Study of the Auckland Mental Hospital, 1868-99’ (Thesis, University of Waikato, 2013), <https://researchcommons.waikato.ac.nz/handle/10289/7521>; Catharine Coleborne, ‘White Men and Weak Masculinity: Men in the Public Asylums in Victoria, Australia, and New Zealand, 1860s-1900s’, *History of Psychiatry* 25, no. 4 (December 2014): 468–76.

Secondly, we should reevaluate how the “famous eight” were received and perceived by contemporaries in different countries, taking into account the various shifts that occurred (accepting versus rejecting theories) during the nineteenth and early twentieth centuries. Between pivotal moments, such as the creation of Fournier’s pseudo-GP concept in 1879, the creation of the Wasserman test in 1906 and the concrete proof of syphilis as the cause of GP by Noguchi and Moore in 1913, lies a 20 to 30 year gap. Knowing what happened in between these moments can reveal far more about how psychiatrists’ knowledge was build up over time and what the impact of national and international exchanges were. Did the manner to find, corroborate or reject proof change within this timeframe? Did collaborative processes assist alienists to understand this disease better and solve its mystery? To what degree were psychiatrists involved and interested in the new scientific findings in different countries? Were there large discussions held in psychiatric communities, did alienists publish original articles of their own or did they only rely on the work of foreign authors via books or reviews? It is important not to forget that we need to place the discoveries of the “famous eight” in a larger perspective because only focusing on specific agents masks the complexity of the knowledge dynamics that were behind the changing ideas and attitudes about general paralysis. Although I will mention Bayle, Fournier and others, they are not the ones that will be central in this story.

Thirdly, there are the numerous opinions, ideas, theories and practices that did not necessarily make it into the history books and are forgotten. What is remembered is of course always selective, yet examining the other side of the coin can provide a more nuanced perspective on the who, where and when of GP’s development throughout history. Scientific knowledge production is in essence a continuous process of trial and error. Practices, and theories which did not lead to new discoveries or failed to change psychiatrist’s ideas are also crucial to the history of GP.<sup>1484</sup>

While Davis focused on the evolution of GP as a disease and Wallis used GP as a window on the body and asylum practices, I will use general paralysis as a window onto knowledge transfers and (inter)national ideas. In particular how these can expose untold or hidden histories about not only GP as a disease but medical and psychiatric knowledge creation in general. In this chapter I will highlight “forgotten” facets of general paralysis’ history, yet not all of these can be researched in as much detail but I

---

<sup>1484</sup> Wallis, *Investigating the Body in the Victorian Asylum: Doctors, Patients, and Practices*, 12.

hope this chapter will make historians of medicine and psychiatry more aware of the many routes that have been taken by alienists in the past and how these shaped their experiences and knowledge about causes, cures, symptoms and diagnostic measurements in a variety of ways. Moreover, because their knowledge and experiences were so diverse, the additional research avenues that can be pursued are almost endless and does not only count for general paralysis but for many other diseases as well.

Forgotten diagnostics and causes of general paralysis form the pivotal axes of this chapter. Firstly, I will briefly touch upon diagnostic measurements that ultimately failed to make a contribution to the medical knowledge about GP and were abandoned over time. I will primarily focus on the commonly known Wassermann test and the overlooked reactions it triggered among physicians in different countries and why this was the case. Secondly, we will discuss forgotten causes. While this phrasing is not completely accurate, given that GP's main cause (syphilis) was very well-known and has been touched upon by historians before, I however want to highlight that the role assigned to syphilis in the aetiology of GP was geographical and time dependent. Especially the former stood, at least in the minds of contemporaries, in connection with GP. As a consequence, I will also touch upon other broader developments in the history of medicine and psychiatry, such as research methods (clinical observation, statistics, pathological-anatomical, macro- and microscopic research), the validation of research results and the concept of objectivity/truth.

## Forgotten diagnostics: reception of the Wassermann reaction across Europe

In 1902 the Russian Wladimir Tschisch, professor at the university of Dorpat, wrote in an article about general paralysis, "I need only state here that equally reputable physicians are very apt to make different diagnoses of one and the same case, where the pathological signs are not quite definite [...]. It is quite evident that the cause of such divergences of opinion must depend not on an insufficiency of medical accomplishment, but simply on an inexact method of reasoning".<sup>1485</sup> Through empirical observations and physical examination of a patient, alienists could spot certain

---

<sup>1485</sup> Wladimir Tschisch, "Definition of progressive paralysis; its differentiation from similar forms of disease", *The Journal of Mental Pathology*, 1902, vol. 3, no. 1, 1-11, <https://babel.hathitrust.org/cgi/pt?id=uiug.30112041668341&view=1up&seq=9>.

characteristics of GP with the naked eye. One of the most common elements to distinguish GP from other diseases was the presence of Argyll-Robertson pupils but also the typical speech disorder seen in GP patients. Historian Davis witnessed the use of phrases such as “speech like a GPI” on multiple occasions in case notes of Scottish asylums, alluding that it was a common and recognisable feature among practitioners.<sup>1486</sup> However, as touched upon earlier, GP was not always easy to recognise or classify, especially in its early stages. This meant that alienists were constantly trying to devise different diagnostic schemes to identify GP with more efficiency and with a faster and greater accuracy. The tools used for reasoning were diverse and happened on a macroscopic as well a microscopic level.

From the middle of the nineteenth century, techniques from the natural sciences were introduced in medicine and psychiatry alike to support scientific claims. New instruments and devices for analysis as well as therapeutic purposes were used on a larger scale such as microscopes, the thermometer, hypodermic syringes; the chemical analysis of bodily fluids, and the use of statistics became common forms to measure a variety of medical factors.<sup>1487</sup> Although these new instruments and methods were often understood to be a relatively certain and objective form of measurement and analysis, these new technologies came also with its own set of problems, creating a wide range of results and interpretations among physicians and alienists.<sup>1488</sup>

Research into GP diagnostics expanded and began to include studies into the sense of smell, the use of urine and measuring body temperature. While these diagnostic methods ultimately failed and have now been largely forgotten, they were at the time considered to be a potential and scientifically valid path in the development of new diagnostic tools. Furthermore, these experiments did not happen at the fringes of medical society. Well-known French physicians such as Toulouse, Vaschide and A. Voisin studied the sense of smell in GP patients. The latter especially regarded it of diagnostic value.<sup>1489</sup> Various experiments with urine were set up across Europe in the 1880s and 1890s. According to some physicians, measuring the presence of peptones in urine could be a useful diagnostic tool. Each discovery that formed a possible way

---

<sup>1486</sup> Davis, *The Cruel Madness of Love*, 91.

<sup>1487</sup> Eric J. Engstrom, *Clinical Psychiatry in Imperial Germany: A History of Psychiatric Practice* (Ithaca: Cornell University Press, 2003), 91.

<sup>1488</sup> Engstrom, *Clinical Psychiatry in Imperial Germany*, 93–96.

<sup>1489</sup> “The sense of smell in general paralysis [Recherches expérimentales sur la sensibilité olfactive dans la paralysie générale]. (Rev. de Psychiat., February, 1802.) Toulouse and Vaschide”, *Journal of Mental Science*, vol. 48, no. 202, 572, <http://hdl.handle.net/2027/mdp.39015046988005>.

out of the nightmare that GP was, was eagerly reported about in various well known psychiatric and neurological journals. The Italian A. Marro, published in the *Archivio di Psichiatria* about urine as a new diagnostic criterium, believing “[...] peptonuria to be such a sure sign that in doubtful cases he uses the detection of peptone in the urine for the diagnosis of paralysis [...]”.<sup>1490</sup> A summary of his discovery appeared among others in E. Mendel’s *Neurologische Centralblatt* and the BSMMB.<sup>1491</sup> Marro’s discovery gave rise to more research in this domain, for example by the Italian Rodrigo Fronda, who came to similar conclusions and of which a short summary was also published in the *Neurologische Centralblatt* and BSMMB.<sup>1492</sup> Multiple French and British alienists also investigated the use of urine.<sup>1493</sup> The functions of body temperature was also studied by multiple physicians across the western world such as the British alienist John Turner<sup>1494</sup> and the American Frederic Peterson and CH. Lougdon.<sup>1495</sup> Their studies as well were summarised in multiple journals.

These were only a few of the many possibilities that were researched by physicians to differentiate between GP and similar diseases. While they deserve their own historical research, I will turn my attention to two more generally known diagnostic instruments: the use of cyto-diagnostics (the microscopic study of cells) and

---

<sup>1490</sup> “[...] Peptonurie als ein so sicheres Zeichen ansehen zu dürfen, dass er in zweifelhaften Fällen den Nachweis von Pepton im Urin für die Diagnose der Paralyse benutz [...]”. See: “Di un nuovo criterio diagnostico nella paralisi progressiva derivato dall’analisi delle orine, del dott. A. Marro”, *Neurologisches Centralblatt*, 1888, vol. 7, no. 23, 665, <https://archive.org/details/neurologischescentralblatt7.1888/page/n671/mode/2up>.

<sup>1491</sup> J. M. “Un nouveau signe diagnostiqué de la paralysie générale progressive, par le Dr Marro (Neurol. Centralbl., 1888, n° 9)”, BSMMB, 1888, no. 49, 196, <http://hdl.handle.net/2027/mdp.39015070250769>; “Di un nuovo criterio diagnostico nella paralisi progressiva. Communicatione del Dott. A. Marro”, *Neurologisches Centralblatt*, 1888, vol. 7, no. 9, 268, <https://archive.org/details/neurologischescentralblatt7.1888/page/n274/mode/2up>; “Di un nuovo criterio diagnostico nella paralisi progressiva derivato dall’analisi delle orine, del dott. A. Marro”, *Neurologisches Centralblatt*, 1888, vol. 7, no. 23, 665, <https://archive.org/details/neurologischescentralblatt7.1888/page/n671/mode/2up>.

<sup>1492</sup> “Recherches expérimentales sur la peptonurie chez les paralytiques généraux, par Rodrigo Fronda (Neur. Centr., 1892)”, BSMMB, 1893, no. 70, 383-384, <https://hdl.handle.net/2027/hvd.32044102893997>; “La peptonuria nei paralitici. Ricerche sperimentali, del Dott. Rodrigo Fronda. (Manicomio. VIII. 1892. p. 1.)”, *Neurologisches Centralblatt*, 1892, vol. 11, no. 21, 688, <https://archive.org/details/neurologischescentralblatt11.1892/page/n691/mode/2up>.

<sup>1493</sup> “Considérations sur Vurine dans la paralysie générale, par M. Lailler (de Saint-Yon)”, BSMMB, 1890, no. 58, 294, <http://hdl.handle.net/2027/mdp.39015070250702>; “Variations de Vurine et de la température dans la paralysie générale par Turner [Journ. of ment. Science, 1889]”, BSMMB, 1890, no. 57, 199, <http://hdl.handle.net/2027/mdp.39015070250702>.

<sup>1494</sup> “Variations de Vurine et de la température dans la paralysie générale par Turner [Journ. of ment. Science, 1889]”, BSMMB, 1890, no. 57, 199, <http://hdl.handle.net/2027/mdp.39015070250702>.

<sup>1495</sup> “De la température dans la paralysie générale, par F. Peterson (Amer. neurol. Assoc., 1893)”, BSMMB, 1893, no. 71, 468, <https://hdl.handle.net/2027/hvd.32044102893997>; “Une étude sur les températures dans 25 cas de paralysie générale, par le Dr Frédérick Peterson et Ch. Lougdon”, BSMMB, 1894, no. 73, 235, <https://hdl.handle.net/2027/mdp.39015070250983>.

serological examinations (the study of blood serum, specifically the reaction between antigens and antibodies). Some of these diagnostic tools became commonplace – although we should be careful not to overgeneralise this for Europe as whole – while others were abandoned and disappeared from the diagnostic arsenal of the alienist.

The German bacteriologist August Paul von Wasserman and his colleagues Albert Neisser and Carl Bruck, the latter two both dermatologist and venereologist, created in 1906 a serological test to trace syphilis in a persons' blood or cerebrospinal fluid.<sup>1496</sup> The test was quite labour intensive and required a particular process to be followed.<sup>1497</sup> Via complement fixation the test measured if antibodies for syphilis were present, and the intensity of the reaction (classed 1 to 4) indicated how severe the infection was. Throughout the years other physicians and laboratory workers such as Felix Plaut – director of the department of serology at the *Deutsche Forschungsanstalt für Psychiatrie* in Munich – and J. Bauer tried to improve Wassermann's test and make it more sensitive. While their variations were regularly used, not all physicians regarded this as an improvement and rather relied on the original procedure stipulated by Wassermann. Regardless of the exact technique used, the five main and most commonly used components for the test included: luetic foetal organ extract, guinea pig serum, red blood cells from a sheep, blood serum of a healthy person and blood serum of a possibly infected patient.<sup>1498</sup> These were mixed with each other in six different tubes (most of them as a control measure) to create a reaction between the antigen and the antibodies. Depending on the cloudiness of the liquid and if red blood cells sank to the bottom of the tube it was determined if the test was negative or positive (**figure 51**).

---

<sup>1496</sup> A. Wassermann, A. Neisser and C. Bruck. "Eine serodiagnostische Reaktion bei Syphilis", *Deutsche medicinische Wochenschrift*, 1906, vol.32, no. 19, 745–746, <https://www.thieme-connect.com/products/ejournals/abstract/10.1055/s-0028-1142018>. See also its reprint: <https://nrs.harvard.edu/urn-3:HMS.COUNT:1151774>; "A note on the use of 'antigens' in diagnosis by the Wassermann reaction", *The Lancet*, 1918, vol. 192, no. 4970, 733-735, <https://www.sciencedirect.com/science/article/abs/pii/S0140673600590254>.

<sup>1497</sup> H. Klein, "Over de reactie van Wassermann", *Psychiatrische Bladen*, 1909, vol. 13, 316-326, privately owned digital scan, Hendrick Conscience Library Antwerp; J. Massaut, "Sur la présence d'antitoxines syphilitiques dans le liquide cérébro-spinal des paralytiques (Ueber das Vorhandensein syphilitischer Antistoffe in der cérébro-spinalflüssigkeit von Paralytikerri), par Wassermann et Plaut [Deutsche medicin. Wochensch., 1906, n° 44]", *BSMMB*, 1906, no. 130, 431, <http://hdl.handle.net/2027/hvd.32044102893872>; "Communication de M. le docteur Debray: syphilis conceptionnelle ignorée. Paralyse générale", *BSMMB*, 1909, no. 146-147, 176, <http://hdl.handle.net/2027/mdp.39015070275311>.

<sup>1498</sup> The original and modified forms see: H. Klein, "Over de 25eactive van Wassermann", *Psychiatrische Bladen*, 1909, vol. 13, 322-326, privately owned digital scan, Hendrick Conscience Library Antwerp ; Charles F. Craig, *The Wassermann test*, (St. Louis: C. V. Mosby company, 1918), <https://hdl.handle.net/2027/nnc2.ark:/13960/t9t15rm5j>.



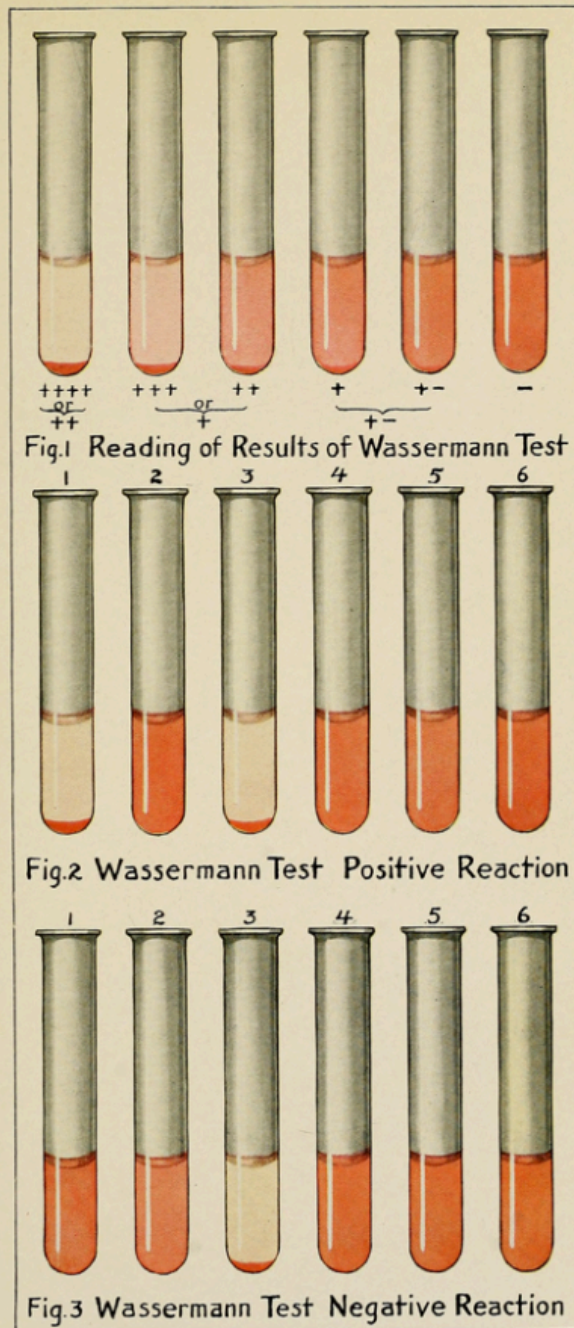


Plate II.

**Figure 51.** Plate II displaying the different reactions during the Wassermann test. Fig. 1. displays the reading of the results of the Wassermann test. The first tube for example shows complete inhibition of hemolysis, indicated by a four-plus or double-plus, according to the nomenclature used in the individual laboratory. Tube 6 on the other hand shows a minus or negative reaction. Fig. 2. displays a positive Wassermann test reaction. Tube 1 contains the patient's blood serum and syphilitic antigen and shows complete inhibition of hemolysis or a positive reaction. Tube 2 is a control of the patient's serum without antigen, and shows complete hemolysis. Tube 3 is a known syphilitic control serum. Tube 4 is a control of the positive serum, without antigen. Tube 5 is a known normal serum and Tube 6 a control of the normal serum without antigen. Fig. 3. displays a negative Wassermann test reaction. Tube 1 contains the patient's blood serum and syphilitic antigen and shows complete hemolysis, or a negative reaction. Tube 2 is a control of this serum without antigen. Tube 3 is a known positive serum and shows complete inhibition of hemolysis. Tube 4 is a control of the known positive serum without antigen. Tube 5 is a known normal serum with the antigen and Tube 6 a control of the normal serum without antigen. Source: Charles F. Craig, *The Wassermann test*, (St. Louis: C. V. Mosby company, 1918), plate II [between page 98-99], <https://babel.hathitrust.org/cgi/pt?id=nnc2.ark:/13960/t9t15rm5j&view=1up&seq=121>.

The use and development of the Wasserman test needs to be framed within the rise of the laboratory research in medical and psychiatric history. Engstrom pointed out that, although psychiatrists – at least in Germany – were keen on using the developments realised in scientific medicine, laboratories arrived relatively late in psychiatric practice.<sup>1499</sup> Hurn has furthermore outlined that the advent of the laboratory and its application in psychiatry has not been researched very well, stating that “Most historical accounts of GPI offer us only a traditional interpretation of how the laboratory made its impact - assuming that its tools led to unequivocal advances in understanding and managing the disease, and that it set a successful scientific example which psychiatry could follow”.<sup>1500</sup> My goal is not to write a psychiatric history of the laboratory, but its use – or the lack thereof – became nevertheless a central feature. Although Wassermann’s test and its derivatives meant a step forward in discovering the presence of syphilis and tracking general paralysis, opinions about its use were divided. While Hurn’s findings for the United Kingdom, which she sometimes implicitly seems to generalise for other nations, points towards a general acceptance of the test<sup>1501</sup>, other countries, such as Belgium or the Netherlands, did not follow the same tendencies as those taking place in the United Kingdom.

### **Belgium and its lack of laboratories**

The first time that the Wasserman test is mentioned in the Belgian journal for psychiatry is in 1906, when J. Massaut wrote a review of Wassermann’s and Plaut’s article that had appeared in the *Deutsche medizinische Wochenschrift* in the same year. Massaut was quite enthusiastic about this discovery and urged that other researcher needed to follow up with similar studies, ending his review with saying how this test could possibly provide new answers about the “[...] ever open question of the relationship between syphilis and general paralysis [...]”.<sup>1502</sup> Yet, Massaut’s eagerness

---

<sup>1499</sup> Engstrom, *Clinical Psychiatry in Imperial Germany*, 102.

<sup>1500</sup> Hurn, *The History of General Paralysis of the Insane in Britain, 1830 to 1950*, 23 and 140 (quote).

<sup>1501</sup> Although the Wassermann test was, at least in Britain, not in common use until after 1910 many British physicians were “[...] caught up with the new possibilities of the Wasserman test”. See: Hurn, *The History of General Paralysis of the Insane in Britain, 1830 to 1950*, 160 and 294.

<sup>1502</sup> “[...] la question toujours ouverte des relations de la syphilis et de la paralysie générale [...]”. See: J. Massaut, “Sur la présence d’antitoxines syphilitiques dans le liquide cérébro-spinal des paralytiques (Ueber das Vorhandensein syphilitischer Antistoffe in der cerebro-spinalflüssigkeit von Paralytikerri), par Wassermann et Plaut [...]”, *BSMMB*, 1906, no. 130, 432, <http://hdl.handle.net/2027/hvd.32044102893872>.

about this new discovery does not seem to have seeped through in the mindset of all Belgian psychiatrists. Although I'm not able to say much about the practice of the Wassermann test in Belgium asylums, since these are outside the scope of my research, it is something that definitely should be investigated in the future. However, we can form an idea about its perception and the value and reliability that it developed among the elite of Belgian alienists from a theoretical point of view.

Subjects that were of any relevance in psychiatry were sooner or later discussed in psychiatric associations. The SMMB and their journal were herein no exception. Between the discovery of the Wassermann test in 1906 and 1924 – the year until which I research the BSMMB – most information about this test made it into the journal in the form of reviews or short summaries of foreign articles and in one instance the appearance of a French original article.<sup>1503</sup> The core alienists attached to the SMMB and its journal, did not mention or reference at any point in time that they themselves were experimenting with the Wassermann test, although we know that by 1911 Jean Crocq made use of it in the *Maison de Santé d'Uccle*.<sup>1504</sup>

Two years earlier, the Belgian alienists Debray, Ley and Claus had been doubtful about the diagnostic value of the Wassermann reaction, although it is difficult to say if this doubt was based on experiments of their own. From their discussion during a meeting of the SMMB in 1909 it appears that their arguments were solely based on writings by Wassermann and Plaut themselves.<sup>1505</sup> While Ley was not convinced about the Wasserman reaction, he was more optimistic about another technique, that of

---

<sup>1503</sup> See for example: A. Marie and C. Levaditi, "La reaction des anticorps syphilitiques dans la paralysie générale et le tabes", BSMMB, 1907, no. 133, 154-164, <http://hdl.handle.net/2027/hvd.32044102893864>; J. Massaut, "Sur la présence d'antitoxines syphilitiques dans le liquide cérébro-spinal des paralytiques (Ueber das Vorhandensein syphilitischer Antistoffe in der cérébro-spinalflüssigkeit von Paralytikerri)", par Wassermann et Plaut [...]", BSMMB, 1906, no. 130, 430-432, <http://hdl.handle.net/2027/hvd.32044102893872>; J. Massaut, "La séro-réaction de la syphilis, spécialement au point de vue de son application pratique au diagnostic des maladies nerveuses [...]", BSMMB, 1909, no. 133, 117-118, <http://hdl.handle.net/2027/mdp.39015070275311>; F. D'Hollander, "Contributions sérologiques à la question de la syphilis- paralysie générale (Serologische lieitrüge sur Lues- Paralyse-Fragc), par Schoenhals [...]", BSMMB, 1914, no.173,185-187, <http://hdl.handle.net/2027/mdp.39015070275139>; H. Hoven, "Sicard et Hagueneau: Constance de la réaction de Bordet- Wassermann \dans le liquide céphalo-rachidien des paralytiques généraux", BSMMB, 1920, no. 179, 97, <http://hdl.handle.net/2027/mdp.39015070274991>; "A. Barbé. Examen des aliénés. Nouvelles méthodes biologiques et cliniques. (Paris. Masson, 1921.)", BSMMB, 1921, no. 184, 60, <http://hdl.handle.net/2027/mdp.39015070274983>; Maere, "Les derniers traitements de la paralysie générale", BSMMB, 1922, no.194-195, 186-192, personal digital scan from Hendrick Conscience Library, Antwerp.

<sup>1504</sup> "Chronique. Sixième Congres belge de Neurologie et de Psychiatrie (Bruges 30 septembre et 1 octobre 1911)", BSMMB, 1911, no. 157-158, 339, <http://hdl.handle.net/2027/mdp.39015070275303>.

<sup>1505</sup> "Communication de M. le docteur Debray : Syphilis conceptionnelle ignorée", BSMMB, 1909, no. 146-147, 176-177, <http://hdl.handle.net/2027/mdp.39015070275311>.

cyto-diagnostics, which was also used to trace GP in patients across Europe. In 1905 he was of the opinion that “[...] the examination of cerebrospinal fluid constitutes, both by cytodiagnostics and by bacteriological examination, a powerful means of diagnosis, which every practitioner must be able to use”.<sup>1506</sup> I will come back to the use of cyto-diagnostics while discussing the use of the Wassermann test in the Netherlands.

A lengthy discussion about the Wassermann reaction among Belgian physicians and psychiatrists happened later rather than sooner. Only in 1912, six years after the discovery of the Wasserman test, was it put up for discussion in the *Académie Royale de médecine de Belgique* by Martin Herman and Fernand D’Hollander.<sup>1507</sup> Martin Herman, at the time 48 years old, was the first director of the *Institut provincial d’Hygiène et bactériologie* which opened its doors in 1911 – the first in its nature in Belgium.<sup>1508</sup> He would hold this position for 30 years and was an important agent in the development of the institute. Fernand D’Hollander, at the time 34 years old, was a physician at the *Asile d’aliénés de l’État* in Mons. Herman and D’Hollander communicated to their peers about the countless foreign works that had confirmed the value of the Wassermann reaction, while also mentioning that “In our Belgian asylums, to our knowledge at least, nothing similar has yet been done. [...]. With the present work we therefore believe that we are filling a gap while expressing the desire to see this kind of research extended under rigorous experimental conditions and according to a uniform and judiciously ordered plan”.<sup>1509</sup>

---

<sup>1506</sup> “L’examen du liquide céphalo-rachidien constitue, tant par le cytodagnostic (pie par l’examen bactériologique, un moyen de diagnostic puissant, que tout praticien doit pouvoir employer.” See: “chronique. Le premier Congrès Belge de Neurologie et de Psychiatrie”, BSMMB, 1905, no. 124, 705, <http://hdl.handle.net/2027/hvd.32044102893880>.

<sup>1507</sup> Hermann and D’Hollander, “La réaction de Wassermann et l’aliénation mentale”, *Bulletin de l’Académie Royale de médecine de Belgique*, 1912, vol. 26, 793-825, <https://uurl.kbr.be/1814918>. It was also reprinted and reviewed in several journals. See: Hermann and D’Hollander, “La réaction de Wassermann et l’aliénation mentale”, BSMMB, 1913, no. 167, 166-196, <http://hdl.handle.net/2027/mdp.39015070275295>; P. Guiraud, “Bibliographie. Hermann and D’Hollander, ‘La réaction de Wassermann et l’aliénation mentale’, Bulletin de l’Académie Royale de médecine de Belgique, séance de 22 décembre 1912”, AMP, 1913, vol. 4, 603-604, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1913x04>.

<sup>1508</sup> “Hainaut Vigilance Sanitaire: une institution pionnière pour la santé”, Télé MB, accessed 21 March 2021, <https://www.telemb.be/index.php/article/hainaut-vigilance-sanitaire-une-institution-pionniere-pour-la-sante>.

<sup>1509</sup> Dans nos asiles belges, à notre connaissance du moins, rien de semblable n’a encore été fait. Une enquête générale sur la syphilis, dans ces établissements, mettrait, sans aucun doute, en pleine lumière ce fait que l’on a tendance à trop méconnaître que la syphilis ne le cède en rien à l’alcool, dans la genèse de la folie. Par le présent travail nous croyons donc combler une lacune tout en exprimant le désir de voir s’étendre ce genre de recherches dans des conditions d’expérience rigoureuse et d’après un plan uniforme et judicieusement ordonné. SMMB 1913 p167 [172].

Using the “original”<sup>1510</sup> Wassermann test, they observed over a course of two years female patients entering the asylum of Mons. 56 out of 62 of these had a positive Wassermann test, which was in line with the findings of Wassermann and others.<sup>1511</sup> The authors concluded that the Wassermann reaction did not only confirm the diagnosis of already clinically established cases but that the test also allowed to guide and fix a diagnosis in unsuspected or doubtful cases.<sup>1512</sup> The somewhat older Jean Cuylits, who was the *médecin en chef* of the asylum in Evere (Brussels) – and also had been opposed to the integration of the non-restraint system – thought the Wassermann reaction a complete inanity, found that the test had had its best time and would soon fall into disuse.<sup>1513</sup> A remarkable addition to his commentary was his statement that “It is no longer surprising that many doctors, I hear those who still have the advantage of youth and enthusiasm do not have a clear conscience if their patients, whoever they may be, have not undergone the Wassermann ordeal”.<sup>1514</sup> This discourse suggests that the use of the test was rather found among a younger generation of doctors. However, to corroborate this, more research would be necessary, especially on the level of individual asylums across Belgium.

Other SMMB members, such as L. De Block, *médecin-adjoint* at *Pavillon du Haut Pré* in Liège and Duchateau, *médecin en chef* of the *Maison de Santé Caritas* in Melle (close to Ghent), also had their reservations about the test, saying that the Wassermann reaction was a challenge and involved a complex procedure.<sup>1515</sup> The *inspection des asiles*, however was, in response to D’Hollanders work, contemplating

---

<sup>1510</sup> The original Wasserman test was based on the antigen of an aquatic fetal syphilitic liver extract but Herman and D’Hollander claimed the original antigen was an alcoholic extract of syphilitic organs. In the years following Wassermann’s original test it was soon discovered that both an aquatic and alcoholic extract could be used as antigen. See for these different views on the ingredients used: Hermann and D’Hollander, “La réaction de Wassermann et l’aliénation mentale”, BSMMB, 1913, no. 167, 168, <http://hdl.handle.net/2027/mdp.39015070275295>; Charles F. Craig, *The Wassermann test*, (St. Louis: C. V. Mosby company, 1918), 28, <https://hdl.handle.net/2027/nnc2.ark:/13960/t9t15rm5j>; “A note on the use of ‘antigens’ in diagnosis by the Wassermann reaction”, *The Lancet*, 1918, vol. 192, no. 4970, 733-735, <https://www.sciencedirect.com/science/article/abs/pii/S0140673600590254>.

<sup>1511</sup> Hermann and D’Hollander, “La réaction de Wassermann et l’aliénation mentale”, BSMMB, 1913, no. 167, 172, <http://hdl.handle.net/2027/mdp.39015070275295>.

<sup>1512</sup> Hermann and D’Hollander, “La réaction de Wassermann et l’aliénation mentale”, BSMMB, 1913, no. 167, 195-196, <http://hdl.handle.net/2027/mdp.39015070275295>.

<sup>1513</sup> Hermann and D’Hollander, “La réaction de Wassermann et l’aliénation mentale”, BSMMB, 1913, no. 167, 292-293, <http://hdl.handle.net/2027/mdp.39015070275295>.

<sup>1514</sup> “Ne nous étonnons plus que nombre de médecins, j’entends ceux qui ont encore l’avantage de la jeunesse et des enthousiasmes n’ont pas la conscience tranquille si leurs malades, quels qu’ils soient, n’ont pas subi l’épreuve du Wassermann”. See: Hermann and D’Hollander, “La réaction de Wassermann et l’aliénation mentale”, BSMMB, 1913, no. 167, 292-293, <http://hdl.handle.net/2027/mdp.39015070275295>.

<sup>1515</sup> Hermann and D’Hollander, “La réaction de Wassermann et l’aliénation mentale”, BSMMB, 1913, no. 167, 294, <http://hdl.handle.net/2027/mdp.39015070275295>.



of imposing a Wassermann test for all incoming patients in psychiatric institutions.<sup>1516</sup> How exactly this would have been practically facilitated is an open question since laboratories, at least those located in asylums, were sparse. Nonetheless, several Belgian alienists – at least those who associated themselves with the SMMB – were far from laudatory about the value of the Wassermann reaction.

Where did these rather unenthusiastic reactions come from? Multiple factors can explain why Belgian psychiatrists were not keen on, or rather incapacitated to, use the Wasserman reaction. First and foremost because most did not have the means to experiment with this test on their own asylum population. Performing the Wassermann reaction demanded the correct scientific equipment to be available in asylums, universities or standalone specialised laboratories such as the *Institut provincial d'Hygiene et bactériologie*.<sup>1517</sup> Performing microscopic and chemical-biological research and autopsies were an uncommon practice in Belgian psychiatric institutions during the nineteenth and part of the twentieth centuries. The sources I used are also unclear about any affiliations that were possibly formed between asylums and university laboratories or specialised laboratories, something that did happen in other countries, such as the United Kingdom.

The laboratory established at Clayburry asylum in the United Kingdom – directed by neuropathologist Frederick Mott – in 1895 would serve the asylums within the metropolitan area. The Royal Edinburgh Asylum (REA) laboratory – creating an alliance called the Scottish Asylums' Pathological Scheme (SAPS) – and the Scottish Western Asylums' Research Institute (SWARI) laboratory would follow soon after and function as central laboratories.<sup>1518</sup> Individual asylums would contribute a yearly sum to the SAPS or SWARI and could then make use of their facilities. In addition, it was mostly at European universities that laboratories could be found, especially in Germany.<sup>1519</sup> A big advantage of university laboratories was its relative autonomy from the institutional limitations found in asylum and that it did not need the “[...] elaborate institutional resources [...]” required for alienist's science.<sup>1520</sup> The access of “scientific

---

<sup>1516</sup> Hermann and D'Hollander, “La réaction de Wassermann et l'aliénation mentale”, BSMMB, 1913, no. 167, 295, <http://hdl.handle.net/2027/mdp.39015070275295>.

<sup>1517</sup> When Belgian alienists talked about “laboratories” they referred – often indistinguishably from one another – to microscopic research, chemical-biological research and the possibility to perform autopsies.

<sup>1518</sup> Davis, *The Cruel Madness of Love*, 125–27.

<sup>1519</sup> Engstrom, *Clinical Psychiatry in Imperial Germany*, 103–4.

<sup>1520</sup> Engstrom, *Clinical Psychiatry in Imperial Germany*, 104.

psychiatrists” to microscopes, dissections, autopsies and animal experiments stood in contrast with the facilities available to numerous alienists working in asylums. Although in Germany the asylums or clinics located in Illenau, Winnenthal, Uchtspringe, Buch, Giessen, Munich and Berlin, to name a few, were all equipped with laboratories containing a range of “splendid” and “excellent” instruments, there was not everywhere enough time to spend in these laboratories by alienists due to other duties.<sup>1521</sup> By 1910 many voiced the idea that scientific research in asylums had become desolated, hampered and had stagnated, and university clinics in Germany would take over laboratory work by 1914.<sup>1522</sup> Reasons for the fact that asylums “had become backwaters of scientific research” in Germany was according to alienists due to administrative problems, a shortage of personnel, overcrowded psychiatric institutions, poor laboratory facilities and the physical isolation of the asylum.<sup>1523</sup>

In Belgium the cards lay different. During the *Congrès international de l'assistance des aliénés* of 1902 held in Antwerp, the Belgian patho-anatomist Jules Havet, who direct the laboratory of the Gheel colony, declared in front of an international public of alienists how Belgian asylums were “deprived” of laboratory research and just how insufficient the state of Belgian laboratories was.<sup>1524</sup> The importance of laboratory facilities in asylums had been recognised in many countries which all had constructed numerous laboratories: the United Kingdom, the United States, South America, Australia, Germany, Austria, Italy, France, the Netherlands, Russia and Switzerland.<sup>1525</sup> The number of Belgian asylum laboratories that were set up during the first decade of the twentieth century were only a very small fraction in comparison. Havet’s dream to have laboratories in key asylums and have these collaborate and joining their forces and knowledge, as was the case in the United

---

<sup>1521</sup> C.K. Clark, “Notes on some of the psychiatric clinics and asylums of Germany”, *American Journal of Psychiatry*, 1908, October, 361 and 364 and 369, <http://hdl.handle.net/2027/ien.35558002008718>; Engstrom, *Clinical Psychiatry in Imperial Germany*, 102 and 106–7.

<sup>1522</sup> Engstrom, *Clinical Psychiatry in Imperial Germany*, 102 and 106–7.

<sup>1523</sup> Engstrom, *Clinical Psychiatry in Imperial Germany*, 106.

<sup>1524</sup> J. Havet, “Importance des laboratoires scientifiques dans les asiles et les colonies, au point de vue de l’assistance des aliénés”, [attachement III – d], in: *Congrès international de l’assistance des aliénés et spécialement de leur assistance familiale tenue à Anvers du 1 au 7 Septembre 1902*, (Antwerpen: De Nederlandsche Boekhandel, 1903), 1-10 [pdf pages 641-651], <http://hdl.handle.net/2027/mdp.39015030965928>.

<sup>1525</sup> J. Havet, “Importance des laboratoires scientifiques dans les asiles et les colonies, au point de vue de l’assistance des aliénés”, [attachement III – d], in: *Congrès international de l’assistance des aliénés et spécialement de leur assistance familiale tenue à Anvers du 1 au 7 Septembre 1902*, (Antwerpen: De Nederlandsche Boekhandel, 1903), 2 [pdf pages 643], <http://hdl.handle.net/2027/mdp.39015030965928>

Kingdom, would only stay a dream.<sup>1526</sup> Whereas foreign laboratories were equipped with four or five different rooms – dedicated to clinical research, chemical and bacteriological research, histological research, (micro)photography and projections as well as a room for autopsies – the laboratory of the Gheel colony only consisted of three rooms: the already existing autopsy room and two newly build rooms for research.<sup>1527</sup>

The construction of these new rooms began in 1894 on the initiative of the director of the colony Jan-Alexander Peeters and the minister of Justice Victor Begerem.<sup>1528</sup> A subsidy of 4000 francs was given to buy microscopes and accessories for microscopy, a microtome, ordinary and precision scales, an incubator and steriliser, colouring matter, chemical reagents and glassware. By 1897 the laboratory was in use. However, by 1902 some ameliorations were not yet in place: a water supply and heating devices were missing in the laboratory and autopsy room, and a room for animal experiments was also not present.<sup>1529</sup> Nonetheless, the laboratory was quite productive: between 1898 and 1902 nine publications originating in the Gheel laboratory were published in the Belgian journal *La Cellulle* and the BSMMB, the Spanish *Revista trimestral micrographia* and the German *Anatomischer Anzeiger*, as well as lectures being given at the *Académie Royale de Médecine de Belgique*.<sup>1530</sup> The Gheel laboratory specialised mostly in cellular biology and autopsies, macro- and

---

<sup>1526</sup> J. Havet, "Importance des laboratoires scientifiques dans les asiles et les colonies, au point de vue de l'assistance des aliénés", [attachement III – d], in: *Congrès international de l'assistance des aliénés et spécialement de leur assistance familiale tenue à Anvers du 1 au 7 Septembre 1902*, (Antwerpen: De Nederlandsche Boekhandel, 1903), 4-5 [pdf pages 645-646], <http://hdl.handle.net/2027/mdp.39015030965928>.

<sup>1527</sup> J. Havet, "Importance des laboratoires scientifiques dans les asiles et les colonies, au point de vue de l'assistance des aliénés", [attachement III – d], in: *Congrès international de l'assistance des aliénés et spécialement de leur assistance familiale tenue à Anvers du 1 au 7 Septembre 1902*, (Antwerpen: De Nederlandsche Boekhandel, 1903), 2-3 and 5 [pdf pages 643-633 and 646], <http://hdl.handle.net/2027/mdp.39015030965928>.

<sup>1528</sup> J. Havet, "Importance des laboratoires scientifiques dans les asiles et les colonies, au point de vue de l'assistance des aliénés", [attachement III – d], in: *Congrès international de l'assistance des aliénés et spécialement de leur assistance familiale tenue à Anvers du 1 au 7 Septembre 1902*, (Antwerpen: De Nederlandsche Boekhandel, 1903), 5 [pdf pages 646], <http://hdl.handle.net/2027/mdp.39015030965928>.

<sup>1529</sup> J. Havet, "Importance des laboratoires scientifiques dans les asiles et les colonies, au point de vue de l'assistance des aliénés", [attachement III – d], in: *Congrès international de l'assistance des aliénés et spécialement de leur assistance familiale tenue à Anvers du 1 au 7 Septembre 1902*, (Antwerpen: De Nederlandsche Boekhandel, 1903), 5 [pdf pages 646], <http://hdl.handle.net/2027/mdp.39015030965928>.

<sup>1530</sup> J. Havet, "Importance des laboratoires scientifiques dans les asiles et les colonies, au point de vue de l'assistance des aliénés", [attachement III – d], in: *Congrès international de l'assistance des aliénés et spécialement de leur assistance familiale tenue à Anvers du 1 au 7 Septembre 1902*, (Antwerpen: De Nederlandsche Boekhandel, 1903), 6 [pdf pages 647], <http://hdl.handle.net/2027/mdp.39015030965928>.



microscopically inspecting the brains of diseased patients such as the nerve structures or vascular lesions. This area of study, although also performed in a laboratory, was not of a chemical-biological nature, which included for example the Wassermann reaction. It is unclear if the test was performed and if any expertise in this area was present at the Gheel laboratory.

Aside from Gheel, a few other asylums had a laboratory at their disposal. By at least 1905 the asylum of Froidmont possessed one as well. A. Deroubaix, *médecin-adjoint*, and De Buck, *Médecin en chef*, in this asylum would regularly publish laboratory results, for example on the use of the lumbar puncture (needed for the Wasserman reaction as well as cyto-diagnostic).<sup>1531</sup> By 1910 the laboratory would be described as being almost of university standards.<sup>1532</sup> However, Belgian laboratories, if they existed, were mostly quite rudimentary equipped. Paul Masoin, *médecin-adjoint* at Gheel, had in the early days of the twentieth century converted a shed to function as his laboratory.<sup>1533</sup> In the sanatorium of Fort Jaco the administration board had in 1906 allowed a “scientific budget” for books or scientific equipment of 300 francs, but was by 1907 already repressed again due to financial reasons. From this moment onward, until at least 1909 the “modest” but “poorly installed” laboratory of the *médecin en chef*, which was located in his private home, was used for the research of blood, urine and cerebrospinal fluid.<sup>1534</sup>

These conditions – either having no laboratory or only a mediocre one – stood far from the ideal laboratory that was necessary to conduct proper tests and other research. The eminent German neurologist Max Nonne remarked in one of his books that the Wassermann test “[...] must be performed in large institutions or in private special institutions on account of the serological training and the number of controls required, which are possible only in such places”.<sup>1535</sup> Aside from having to learn a

---

<sup>1531</sup> A. Deroubaix, “La ponction lombaire en médecine mentale”, BSMMB, 1905, no. 119, 46-55, <http://hdl.handle.net/2027/hvd.32044102893880>; De Buck, “Nouvelles recherches sur le liquide céphalo-rachidien”, BSMMB, 1905, no. 121, 302-316, , <http://hdl.handle.net/2027/hvd.32044102893880>.

<sup>1532</sup> “Procès-verbal de la séance ordinaire tenue à la Maison des Médecins, à Bruxelles, le samedi 29 janvier 1910”, BSMMB, 1910, no. 149, 38, <http://hdl.handle.net/2027/mdp.39015070275147>.

<sup>1533</sup> “Discussion de la proposition de M. Beesau concernant une exposition permanente d’objets pour aliénés”, BSMMB, 1905, no. 119, 21-22, <http://hdl.handle.net/2027/hvd.32044102893880>.

<sup>1534</sup> Ley and Boulenger, “Rapport sur le service médical du Sanatorium Fort Jaco”, BSMMB, 1908, no. 138, 135, <http://hdl.handle.net/2027/mdp.39015070275329>; Ley, “Rapport sur le service médicale du Sanatorium du Fort Jaco à Uccle en 1908”, BSMMB, 1909, no. 145, 170, <http://hdl.handle.net/2027/mdp.39015070275311>.

<sup>1535</sup> Max Nonne and Charles R. Ball (transl.), *Syphilis and the nervous system*, (Philadelphia: J. P. Lippincott company, 1916), 368, <https://archive.org/details/syphilisnervouss00nonn/page/368/mode/2up>.

complicated procedure, a proper laboratory needed space to keep guinea pigs or sheep for the test, and specific apparatuses such as centrifuges or a freezer to store sera. This did not make the Wasserman test an attractive subject if the majority of alienists did not have access to such facilities within their own asylums and although there were university or independent laboratories it is not certain if or how frequent it was used for research of asylum physicians. Access to well-equipped facilities was missing in Belgian asylums and likely hindered the use of the Wassermann test. During the early 1900s alienists, such as the earlier mentioned Jules Havet, but also Jean Crocq, physician at the *Maison de Sante d'Uccle* (Brussels) and Beesau from the asylum in Ypres, complained about the lack of laboratories and the very rudimentary outfitting of the few laboratories that. They pleaded for the allocation of subsidies, but this would not become a reality.<sup>1536</sup> Belgian psychiatrists had to make do with the means they had.

The underlying primary cause for this lack of laboratories and insufficient infrastructure was the authoritative and organisational structure of Belgian asylums. Many were under the control of proprietors who exercised a considerable amount of control over alienists, restricting their medical and scientific freedom.<sup>1537</sup> Administrators and asylum directors were unconvinced of the services that laboratories could render and were uncertain to put large amounts of capital in something they did not know would work because they were not familiar with the medical sciences.<sup>1538</sup> Asylum boards or the government itself did not provide moral or monetary incentives on a systematic basis to enhance asylums with laboratory facilities. A practice we do see in the United States, and in the United Kingdom where the Commissioners in

---

<sup>1536</sup> A remarkable detail here is that these pleas were all voiced during national or international conferences. Perhaps with the aim to receive more attention for this problem. See: J. Havet, "Importance des laboratoires scientifiques dans les asiles et les colonies, au point de vue de l'assistance des aliénés", [attachement III – d], in: *Congrès international de l'assistance des aliénés et spécialement de leur assistance familiale tenue à Anvers du 1 au 7 Septembre 1902*, (Antwerpen: De Nederlandsche Boekhandel, 1903), 1-6 [pdf pages 642-647], <http://hdl.handle.net/2027/mdp.39015030965928>; "Chronique. Troisième Congrès Belge de Neurologie et de Psychiatrie (Anvers 27, 28 et 29 septembre 1907)", BSMMB, 1907, no. 134-138, 341-342, <http://hdl.handle.net/2027/hvd.32044102893864>; "Chronique. XXII Congrès des Aliénistes et Neurologistes de France et des pays de langue française (Tunis, 1er-7 avril 1912)", BSMMB, 1912, no. 161, 266, <http://hdl.handle.net/2027/mdp.39015070275006>.

<sup>1537</sup> "Procès-verbal de la séance ordinaire tenue à l'Université de Bruxelles, le samedi 27 janvier 1906", BSMMB, 1906 no. 125, 24, <http://hdl.handle.net/2027/hvd.32044102893872>.

<sup>1538</sup> J. Havet, "Importance des laboratoires scientifiques dans les asiles et les colonies, au point de vue de l'assistance des aliénés", [attachement III – d], in: *Congrès international de l'assistance des aliénés et spécialement de leur assistance familiale tenue à Anvers du 1 au 7 Septembre 1902*, (Antwerpen: De Nederlandsche Boekhandel, 1903), 3-4 [pdf pages 644-645], <http://hdl.handle.net/2027/mdp.39015030965928>.

Lunacy encouraged the directors and physicians of psychiatric institutions to establish laboratories.<sup>1539</sup>

A second explanation lies within medical professionalisation itself. Various medical branches were founded, creating specialists with their own set of tasks and ideologies. The primary task of the alienist and the core function of the asylum was to care for mentally ill patients. If the asylum physician was occupied with chemical or pathanatomical research, he would not have time to fulfil his primary task. Cuylits, *médecin en chef* of the Asylum in Evere, wondered “If we transform our role, what will become of our patients? Is this letting science pass us by? Is it not on the contrary to ask that science should not be turned into a vain exercise, and to desire that it be respected and used”.<sup>1540</sup> By incorporating laboratory research in the asylum, carried out by a general physician, they risked becoming another type of specialist than an alienist. Another often heard discourse was that if an asylum had a laboratory, it should be directed by a patho-anatomist, not an asylum physician.<sup>1541</sup>

These were ideas mainly fervently defended by Cuylits. While debating the tasks and position of the *médecin-adjoint* in the Belgian asylums he stated “[...] what they should not be is laboratory doctors. Let those be grouped around the universities. Because they will probably be sad practitioners, not very capable of giving patients the care they are entitled to”.<sup>1542</sup> It was difficult to combine the experience of the alienist and the technical skills of a laboratory worker in one and the same person. Rather, laboratory research had to be managed by specialists educated for this specific purpose, and Cuylits wanted alienists and other physicians to make use of laboratories located at universities.<sup>1543</sup> It is not clear in how far this was something that asylum physicians made use of in practice. Cuylits’ idea that laboratory research should be

---

<sup>1539</sup> Hurn, *The History of General Paralysis of the Insane in Britain, 1830 to 1950*, 24 and 170.

<sup>1540</sup> “Pour peu qu’on transforme notre rôle que deviendrons nos malades? Est-ce là, laisser passer la science? N’est-ce pas au contraire demander qu’on ne fasse pas de la science un vain oripeau, et désirer qu’on la respecte et qu’on l’utilise”. See: “Organisation du service médical dans les asiles d’aliénés en Belgique”, BSMMB, 1896, no. 82, 268, <http://hdl.handle.net/2027/hvd.32044102893971>.

<sup>1541</sup> “Organisation du service médical dans les asiles d’aliénés en Belgique”, BSMMB, 1896, no. 82, 268, <http://hdl.handle.net/2027/hvd.32044102893971>.

<sup>1542</sup> “[...] ce qu’ils ne doivent pas être, cest médecins de laboratoire. Que ceux-là se groupent autour des universités. Car ce seront vraisemblablement de tristes praticiens, peu aptes à donner aux malades les soins auxquels ils ont droit”. See: “Discussion des propositions de M. le Dr Glorieux concernant la nomination des médecins-adjoints”, BSMMB, 1906, no. 125, 26, <http://hdl.handle.net/2027/hvd.32044102893872>. See also: “Discussion des propositions de M. Le Dr Glorieux concernant la nomination des médecins-adjoint”, BSMMB, no. 126, 87, <http://hdl.handle.net/2027/hvd.32044102893872>.

<sup>1543</sup> “Organisation du service dans les asiles d’aliénés en Belgique”, BSMMB, 1896, no. 80, 38 and 40, <http://hdl.handle.net/2027/hvd.32044102893971>.

located at university was echoed in a similar fashion in Europe, at least in Germany. Asylum physicians had a practical-therapeutic orientation while more theoretical constructions were researched at universities by “scientific psychiatrists”.<sup>1544</sup> However, Cuyllits’ opinions were not shared by the whole Belgian psychiatric community and his ideas were opposed by people like Havet (Gheel), Decroly and Claus (Fort Jaco) who did find asylum laboratories a necessity.<sup>1545</sup> The latter stated that “Medicine includes the clinical and the analysis: the hospital and the laboratory”.<sup>1546</sup>

### **The Wasserman reaction and cyto-diagnostics in the Netherlands**

While Belgium had a problematic relationship with asylum laboratories, this was less so in its neighbouring country, the Netherlands. Scientific research was more present in psychiatric institutions due to more freedom for Dutch alienists.<sup>1547</sup> Some asylums had a laboratory at their disposal relatively early – compare with the five important laboratories that were founded in the United Kingdom between 1895 and 1909.<sup>1548</sup> The laboratory of the *Rijkskrankzinnigensticht* in Medemblik was built during the middle of the 1880s<sup>1549</sup> and the asylum in Utrecht, with the help of a subsidy from the Dutch government, had one since the early 1890s – although the space was quickly becoming too small due to the large amount of samples (*preparaten*) that had been collected.<sup>1550</sup> The asylum of Amsterdam, Meerenberg, Brinkgreve in Deventer and the sanatorium of Arnhem, to name a few, possessed a laboratory as well.<sup>1551</sup> Most research output however came from the laboratories and examination rooms located in the Endegeest

---

<sup>1544</sup> Engstrom, *Clinical Psychiatry in Imperial Germany*, 88–89.

<sup>1545</sup> J. Havet, “Importance des laboratoires scientifiques dans les asiles et les colonies, au point de vue de l’assistance des aliénés”, [attachement III – d], in: *Congrès international de l’assistance des aliénés et spécialement de leur assistance familiale tenue à Anvers du 1 au 7 Septembre 1902*, (Antwerpen: De Nederlandsche Boekhandel, 1903), 10 [pdf page 651], <http://hdl.handle.net/2027/mdp.39015030965928>; “Discussion des propositions de M. le Dr Glorieux concernant la nomination des médecins-adjoints”, BSMMB, 1906, no. 125, 87, <http://hdl.handle.net/2027/hvd.32044102893872>.

<sup>1546</sup> “La médecine comprend la clinique et l’analyse: l’hôpital et le laboratoire”. See: “Discussion des propositions de M. le Dr Glorieux concernant la nomination des médecins-adjoints”, BSMMB, 1906, no. 125, 87, <http://hdl.handle.net/2027/hvd.32044102893872>.

<sup>1547</sup> Slijkhuis and Oosterhuis, ‘Cadaver Brains and Excesses in Baccho and Venere’, 429.

<sup>1548</sup> Davis, *The Cruel Madness of Love*, 135–37.

<sup>1549</sup> “Een bezoek aan het Rijks-krankzinnigengesticht te Medemblik”, *Psychiatrische Bladen*, 1886, vol. 4, 213, <http://hdl.handle.net/2027/chi.098893714>.

<sup>1550</sup> “Voorloopig Verslag 2de Kamer. Begroeting 1895”, *Psychiatrische Bladen*, 1894, vol. 12, 318–319, <http://hdl.handle.net/2027/chi.098893667>.

<sup>1551</sup> J. Havet, “Importance des laboratoires scientifiques dans les asiles et les colonies, au point de vue de l’assistance des aliénés”, [attachement III – d], in: *Congrès international de l’assistance des aliénés et spécialement de leur assistance familiale tenue à Anvers du 1 au 7 Septembre 1902*, (Antwerpen: De Nederlandsche Boekhandel, 1903), 3 [pdf page 644], <http://hdl.handle.net/2027/mdp.39015030965928>.

asylum and that of the Bloemendaal asylum near The Hague, were frequent pathoanatomical research was conducted by A. Deenik, J. P. Hulst, Gerbrandus Jelgersma, J. van der Kolk, G. Janssens and Leendert Bouman.<sup>1552</sup> University professors specialised in psychiatry as well as leading asylum physicians across the Netherlands “[...] advocated a science-based psychiatry”.<sup>1553</sup>

There were different pathoanatomical approaches to GP, but research about cyto-diagnostics (e.g. the count of lymphocytosis in the cerebrospinal fluid) and lumbar punctures from J. van der Kolk, medical director (*geneesheer-directeur*) at the Endegeest asylum and the Rhijnegeest sanatorium, is in particular noteworthy.<sup>1554</sup> He dedicated multiple articles to this topic and made use of this diagnostic tool for multiple years claiming mostly positive results. J. van der Kolk was laudatory about the use of the lumbar puncture in differentiating general paralysis cases and encouraged his Dutch peers to experiment with the practice so it could gain more visibility.<sup>1555</sup> The reception of the lumbar puncture was, however, not received or practiced everywhere with the same enthusiasm. While it had been first applied in France by Alexis Joffroy in 1901, J. van der Kolk was surprised that this diagnostic aid had not found much awareness among psychiatrists outside France, mentioning that even German literature had barely mentioned it.

J. van der Kolk himself would enthusiastically experiment with cyto-diagnostics and lumbar punctures for a duration of five years. His first experiments took place in the early 1900s and were shown to the members of the Dutch psychiatric association.

---

<sup>1552</sup> They published research in considerable numbers in the psychiatrische bladen. See footnote 69 in: Slijkhuis and Oosterhuis, ‘Cadaver Brains and Excesses in Baccho and Venere’, 449–50. See in addition also: J. van der Kolk, “Lumbaalpunctie en cytodiagnostiek. II De betekenis der cytodiagnostiek voor de psychiatrische kliniek”, *Psychiatrische Bladen*, 1905, vol. 9, 185–243, privately owned digital scan made in the Hendrick Conscience library, Antwerp; G. Jelgersma, “Over de histopathologische veranderingen van het

zenuwstelsel bij dementia paralytica”, *Psychiatrische Bladen*, 1906, vol. 10, 105–113, <http://hdl.handle.net/2027/mdp.39015075810112>; J. van der Kolk, “De differentiaaldiagnose der dementia paralytica met de zgn. alcoholische Pseudo-paralyse”, *Psychiatrische Bladen*, 1906, vol. 10, 189–207, <http://hdl.handle.net/2027/mdp.39015075810112>.

<sup>1553</sup> Slijkhuis and Oosterhuis, ‘Cadaver Brains and Excesses in Baccho and Venere’, 449.

<sup>1554</sup> J. van der Kolk, “Lumbaalpunctie en cytodiagnostiek”, *Psychiatrische Bladen*, 1904, vol. 8, 299–332, private digital scan made at the Hendrick Conscience bibliotheek, Antwerp; J. van der Kolk, “Lumbaalpunctie en cytodiagnostiek. II De betekenis der cytodiagnostiek voor de psychiatrische kliniek”, *Psychiatrische Bladen*, 1905, vol. 9, 185–243, private digital scan made in the Hendrick Conscience library, Antwerp; J. van der Kolk, “De differentiaaldiagnose der dementia paralytica met de zgn. alcoholische Pseudo-paralyse”, *Psychiatrische Bladen*, 1906, vol. 10, 189–207, <http://hdl.handle.net/2027/mdp.39015075810112>.

<sup>1555</sup> J. van der Kolk, “Referaten van eenige mededeelingen uit de November-December aflevering der Annales médico-psychologiques. Contribution a l’étude du cyto-diagnostic du liquide céphalo-rachidien [...]”, *Psychiatrische Bladen*, 1903, vol. 7, 96, <http://hdl.handle.net/2027/mdp.39015075810088>.

With the help of a projection apparatus, he illustrated how leucocytes were not present in a case of chronic alcoholism, while in the case of a paralytic the sample (*preparaat*) was strewn with leucocytes, illustrating how cerebrospinal fluid could be used to differentiate dementia paralytica from other diseases.<sup>1556</sup> The main aspect that was sought after in the spinal fluid was the presence of lymphocytosis. If there was a high count of these, general paralysis could be assigned to a patient. Van der Kolk used this method on several occasions to differentiate dementia paralytica from for example manic-depressive psychosis, neurasthenia, multiple sclerose or insania epileptica and considered cyto-diagnostics to be an essential clinical diagnostic method.<sup>1557</sup> His main interest in cytological research was that the technique offered an early diagnosis of the disease instead of needing to wait for GP symptoms to worsen before a final verdict could be given.<sup>1558</sup> Although he also pointed out on different occasions that caution was necessary and diagnostic tests should not be blindly trusted, as errors could be made during the procedure and the test phase.<sup>1559</sup>

The development of J. van der Kolk's interest in this method contradicts the idea that the Wassermann test was the sole diagnostic tool used among alienists confronted with GP. Historians Slijkerhuis and Oosterhuis claimed that "Before the introduction of the Wassermann test, there was no hard criterion for diagnosing the disease and physicians depended on outward symptoms".<sup>1560</sup> Hurn also does not pay any attention to cyto-diagnostics, only briefly stating that, in the years before the Wasserman test was developed and began to be use on a regular basis, there had been other methods

---

<sup>1556</sup>J. van der Kolk, "Lumbaalpunctie en cytodiagnostiek", *Psychiatrische Bladen*, 1904, vol. 8, 299-332, private digital scan made at the Hendrick Conscience bibliotheek, Antwerp; J. van der Kolk, "Lumbaalpunctie en cytodiagnostiek. II De betekenis der cytodiagnostiek voor de psychiatrische kliniek", *Psychiatrische Bladen*, 1905, vol. 9, 243, private digital scan made in the Hendrick Conscience library, Antwerp; J. van der Kolk, "De differentiaaldiagnose der dementia paralytica met de zgn. alcoholische Pseudo-paralyse", *Psychiatrische Bladen*, 1906, vol. 10, 192, <http://hdl.handle.net/2027/mdp.39015075810112>.

<sup>1557</sup> J. van der Kolk, "Een geval van Tumor cerebri, gedurende het leven gehouden voor een snel verloopenden vorm van Dementia paralytica", *Psychiatrische Bladen*, 1908, vol. 12, 16, <http://hdl.handle.net/2027/mdp.39015075810138>.

<sup>1558</sup> J. van der Kolk, "De differentiaaldiagnose der dementia paralytica met de zgn. alcoholische Pseudo-paralyse", *Psychiatrische Bladen*, 1906, vol. 10, 193, <http://hdl.handle.net/2027/mdp.39015075810112>.

<sup>1559</sup> J. van der Kolk, "Lumbaalpunctie en cytodiagnostiek. II De betekenis der cytodiagnostiek voor de psychiatrische kliniek", *Psychiatrische Bladen*, 1905, vol. 9, 243, private digital scan made in the Hendrick Conscience library, Antwerp; G. Janssens and R. A. Mees, "Een geval van progressieve juveniele dementie", *Psychiatrische Bladen*, 1907, vol. 11, 222, <http://hdl.handle.net/2027/mdp.39015075810120>; J. van der Kolk, "Een geval van Tumor cerebri, gedurende het leven gehouden voor een snel verloopenden vorm van dementia paralytica", *Psychiatrische Bladen*, 1908, vol. 12, 17, <http://hdl.handle.net/2027/mdp.39015075810138>.

<sup>1560</sup>Slijkhuis and Oosterhuis, 'Cadaver Brains and Excesses in Baccho and Venere', 433..

for measuring globin content and cell counts.<sup>1561</sup> However, alienists and patho-anatomists had been experimenting with different diagnostic measures. The use of cyto-diagnostics was one of such promising avenues before the Wasserman test was invented and was used widely in French asylums and hospitals, as well as experimented with in the Netherlands.<sup>1562</sup>

Although J. van der Kolk was convinced of cyto-diagnostics for the most part, it is difficult to grasp the opinion of other Dutch asylum physicians on this particular method. At least the Dutch F. S. Meijers, alienist at the *Welhelmina-gasthuis* of Amsterdam, would arrive at similar findings as van der Kolk on the basis of foreign literature and his own research.<sup>1563</sup> While other Dutch alienists seemed to stay rather silent about the use and value of lumbar puncture and cyto-diagnostics – no positive or negative commentaries were voiced –, they did have opinions about the use of the Wassermann reaction. Contrasting the enthusiasm of a few and indifference of others towards cyto-diagnostics, with the more negative opinions of the Wasserman reaction, assists to recontextualise the reception of the Wassermann test in the Netherlands. On a purely quantitative basis of original Dutch articles appearing in the *Psychiatrische Bladen*, the level of interest in the use of cyto-diagnostics (see van der Kolk's work) and the Wassermann reaction<sup>1564</sup> did not differ widely. While focussing on the articles appearing in the *Psychiatrische Bladen* does not sketch a full image about the reception of both methods across the Netherlands, it does give an indication of psychiatrists' views in particular. In the *Nederlandsch Tijdschrift voor Geneeskunde* (NTVG) for example, multiple articles about the Wassermann test were published, but these were in most cases not written by alienists but prosecutors, general physicians or dermatologists.

---

<sup>1561</sup> Hurn, *The History of General Paralysis of the Insane in Britain, 1830 to 1950*, 139–40.

<sup>1562</sup> Guiard and Duflos, "contribution à l'étude du cyto-diagnostic du liquide céphalo-rachidien dans la paralysie générale", *AMP*, 1902, vol. 16, 469-478, [www.bium.univ-paris5.fr/histmed/media/cote?90152x1902x16](http://www.bium.univ-paris5.fr/histmed/media/cote?90152x1902x16); F. S. Meijers, "Mededelingen uit de neurologische en psychiatrische afdeling van het Wilhelmina-gasthuis te Amsterdam. Bijdrage tot de klinische waarde der lumbaalpunctie", *Nederlandsch Tijdschrift voor Geneeskunde*, 1908, second half, no. 10, 776, <https://www.ntvg.nl/artikelen/bijdrage-tot-de-klinische-waarde-der-lumbaalpunctie>.

<sup>1563</sup> F. S. Meijers, "Mededelingen uit de neurologische en psychiatrische afdeling van het Wilhelmina-gasthuis te Amsterdam. Bijdrage tot de klinische waarde der lumbaalpunctie", *Nederlandsch Tijdschrift voor Geneeskunde*, 1908, second half, no. 10, 796, <https://www.ntvg.nl/artikelen/bijdrage-tot-de-klinische-waarde-der-lumbaalpunctie>.

<sup>1564</sup> Two larger articles were published in 1909 and 1910. See: H. Klein, "Over de reactie van Wassermann", *Psychiatrische Bladen*, 1909, vol. 13, 316, private digital copy made at the Hendrick Conscience library, Antwerp; J. J. P. Hilbers, "Vaccine- en serumtherapie bij dem. Par. en tabes", 1910, vol. 14, 418, private digital copy made at the Hendrick Conscience library, Antwerp.



Furthermore, these articles did not portray a unified image as opinions were divided.<sup>1565</sup>

The first article in the *Psychiatrische Bladen* concerned a written report by H. Klein, who was a former assistant of the psychiatric ward of the *Wilhelminagasthuis*.<sup>1566</sup> He had presented his findings in 1909 before the Dutch society of psychiatry and neurology in Zutphen and had succeeded to reproduce the simplified Wasserman test developed by Bauer. According to Klein this was “[...] a confirmation of the conviction that its application has become possible in the various insane asylums in our country”.<sup>1567</sup> Yet, this idea was in contrast to the opinion of six of the members who participated in the discussion and who doubted its use. L. Bouwman, a professor at the Free University in Amsterdam, for example was of the opinion that the method was not mature enough to be practiced in asylums.<sup>1568</sup> Another member unconvinced of the Wassermann test and its derivatives was J. J. P. Hilbers, first physician (*eerste geneesheer*) in the asylum Voorburg in Vught. In 1910 he would express in an article (the second one published by a Dutch physician in the *Psychiatrische Bladen*) that he was not fully convinced of the use of the Wassermann reaction, and preached caution when a test came back positive.<sup>1569</sup> Bolten was more radical in his opinion saying that “We have very little to gain from Wassermann's reaction; this is amply proven by the

---

<sup>1565</sup> A few examples are: H. Klein, “Over de waarde van de reactie van Wassermann voor de psychiatrie”, NTVG, 1909, vol. 53, 1808-1818, <https://www.ntvg.nl/artikelen/over-de-waarde-van-de-reactie-van-wassermann-voor-de-psychiatrie>; M. S. Guetteling, “De praktische waarde der reactie van Wassermann”, NTVG, 1910, vol. 54, 677-678, <https://www.ntvg.nl/artikelen/de-praktische-waarde-der-reactie-van-wassermann>; F.S. Meijers, “De klinische waarde der reactie van wassermann in de neurologie en psychiatrie”, NTVG, 1915, vol. 59, 1819-1835, <https://www.ntvg.nl/artikelen/de-klinische-waarde-der-reactie-van-wasserman-de-neurologie-en-psychiatrie>; Th. Passtoors, “De klinische waarde der reactie van Wasserman in de neurologie en psychiatrie”, NTVG, 1915, vol. 59, 2212-2216, <https://www.ntvg.nl/artikelen/de-klinische-waarde-der-reactie-van-wasserman-de-neurologie-en-de-psychiatrie>; F. S. Meijers, “De reactie van Wassermann en latente lues”, NTVG, 1916, vol. 60, 942-943, <https://www.ntvg.nl/de-reactie-van-wassermann-en-latente-lues>; G. Kaspenberg, “De 441reactie van Wassermann”, NTVG, 1918, vol. 62, 888-889, <https://www.ntvg.nl/de-reactie-van-wassermann-0>. For more articles see also: keyword search “Wassermann” on the website of the NTVG, <https://www.ntvg.nl/>.

<sup>1566</sup> H. Klein, “Over de reactie van Wassermann”, *Psychiatrische Bladen*, 1909, vol. 13, 316, private digital copy made at the Hendrick Conscience library, Antwerp.

<sup>1567</sup> “[...] een bevestiging van de overtuiging, dat in de verschillende krankzinnigengestichten van ons land hare toepassing mogelijk geworden is”. See: H. Klein, “Over de reactie van Wassermann”, *Psychiatrische Bladen*, 1909, vol. 13, 316, private digital copy made at the Hendrick Conscience library, Antwerp.

<sup>1568</sup> H. Klein, “Over de reactie van Wassermann”, *Psychiatrische Bladen*, 1909, vol. 13, 326, private digital copy made at the Hendrick Conscience library, Antwerp.

<sup>1569</sup> J. J. P. Hilbers, “Vaccine- en serumtherapie bij dem. Par. en tabes”, 1910, vol. 14, 420 and 466, private digital copy made at the Hendrick Conscience library, Antwerp.



literature”<sup>1570</sup>, while Winkler on the other hand assumed that the Wassermann test had “[...] surely some value”.<sup>1571</sup> Most psychiatrists, at least those participating in the Dutch association for psychiatry, had quite strong opinions which point in the direction that the Wassermann test was not necessarily that warmly received or perceived as a diagnostic mechanism to provide alienists with conclusive results.

Across Europe there definitely was a general interest in the Wassermann reaction – the German physician Harald Boas mentioned by 1913 that more than 1600 titles about the subject had been published – and that its use became more common.<sup>1572</sup> However, the articles that appeared in the *Psychiatrische Bladen* and those in the NTVG often pointed out how different researchers gained different results even with the same material. Furthermore, there were doubts about which version of the Wassermann reaction should be used: the original or its derivatives, or if a qualitative or quantitative measurement should be used to convey the results. Dutch alienists and physicians stayed divided and especially cautious about its use throughout the 1910s.<sup>1573</sup>

An interesting comparison in this regard is F. S. Meijers opinion about cyto-diagnostics and the Wasserman test. He concluded in an article about cyto-diagnostics in 1908 that “[...] one must get the impression that the examination of the cerebrospinal fluid, in the main case the cytological fluid, is of great significance in many organic nerve diseases as well as in many neuroses and psychoses. [...] In the vast majority of patients suffering from dementia paralytica and tabes dorsalis, a clear lymphocytosis is found in the cerebrospinal fluid”.<sup>1574</sup> While he would, in 1915, say about the clinical value of the Wassermann test that “When valuing Wassermann's

---

<sup>1570</sup> “Wij hebben zeer weinig aan Wassermann’s reactie; dat blijkt voldoende uit de literatuur”. See: J. J. P. Hilbers, “Vaccine- en serumtherapie bij dem. Par. en tabes”, 1910, vol. 14, 466, private digital copy made at the Hendrick Conscience library, Antwerp.

<sup>1571</sup> “toch wel eenige waarde”. See: See: J. J. P. Hilbers, “Vaccine- en serumtherapie bij dem. Par. en tabes”, 1910, vol. 14, 466, private digital copy made at the Hendrick Conscience library, Antwerp.

<sup>1572</sup> F.S. Meijers, “De klinische waarde der reactie van wassermann in de neurologie en psychiatrie”, NTVG, 1915, vol. 59, 1819, <https://www.ntvg.nl/artikelen/de-klinische-waarde-der-reactie-van-wasserman-de-neurologie-en-psychiatrie>.

<sup>1573</sup> For the full range of articles see also: keyword search “Wassermann” on the website of the NTVG, <https://www.ntvg.nl/>.

<sup>1574</sup> “[...] moet men wel den indruk krijgen, dat het onderzoek, en wel in hoofdszaak het cytologische, van het cerebrospinalvocht zoowel bij tal van organische zenuwziekten als bij vele neurosen en psychosen van groote beteekenis is. [...] Bij de overgrootte meerderheid der lijdens ann dementia paralytica e naan tabes dorsalis vindt ment in het cerebro-spinaalvocht een duidelijke lymphocytose”. See: F. S. Meijers, “Mededelingen uit de neurologische en psychiatrische afdeling van het Wilhelmina-gasthuis te Amsterdam. Bijdrage tot de klinische waarde der lumbaalpunctie”, NTVG, vol. 52, second half, no. 10, 1908, 796, <https://www.ntvg.nl/artikelen/bijdrage-tot-de-klinische-waarde-der-lumbaalpunctie>.

reaction, it should be borne in mind that its actual substance is still unknown and that its outcome may depend on the method of implementation; that in certain cases, account should be taken of the fact that Wassermann's reaction is not entirely syphilis-specific, is self-explanatory; in addition, it should be fully recognised that, in general terms, the significance of the reactive as evidence of the syphilitic origin of a morbid disorder should not be called into question".<sup>1575</sup>

That the Wassermann test did not have many enthusiastic followers in the Netherlands is also evidenced on a practical level by the research of Slijkhuis and Oosterhuis who mention that in patient records of two different hospitals there were only six instances found where the Wassermann test was employed – two of these tests took place in 1914, when the real cause of GP was just barely known.<sup>1576</sup> Hurn stated that psychiatrists very quickly began to use the test on a regular basis as it clinched a link with syphilis, was a means to diagnose GP and brought psychiatry closer to the ideal of scientific medicine.<sup>1577</sup> She established for the United Kingdom that the test was more broadly accepted and positively received by a majority of physicians as a diagnostic tool, although the professional relationship between alienists and laboratory researchers did also cause some frustration (e.g. unusable tests). Between 1910 and 1925 there was an increase of asylums having their own laboratory facilities (in 1924 this was 60%, and by the end of the decade 80%) and an increase in Wasserman tests. Developments that were also pushed by the Commissioners in Lunacy.<sup>1578</sup> At the Clayburry asylum for example, the Wassermann test was first introduced in 1909. In 1910 4% of admissions underwent a Wasserman test and by 1912 this had risen to 26%.<sup>1579</sup> However, this was not the case in the whole of Europe, such as in Belgium and the Netherlands. Although more research should be done on the level of individual asylums, it would also be wrong not to recognise the cautiousness of many Dutch

---

<sup>1575</sup> "Bij de waardeering der reactie van Wassermann dient men in het oog te houden, dat haar eigenlijke wezen nog onbekend is en dat haar uitkomst afhankelijk kan zijn van de methode van uitvoering; dat men in bepaalde gevallen rekening dient te houden met het feit, dat de reactie van Wassermann niet volstrekt specifiek voor syphilis is, is van zelf sprekend; daarnaast dient ten volle erkend, dat, in het algemeen gesproken – aan de beteekenis der reactie, als bewijzend den syphilitischen oorsprong eener ziekelijke stoornis, niet mag getwijfeld worden". See: F.S. Meijers, "De klinische waarde der reactie van Wassermann in de neurologie en psychiatrie", NTVG, 1915, vol. 59, 1834, <https://www.ntvg.nl/artikelen/de-klinische-waarde-der-reactie-van-wasserman-de-neurologie-en-psychiatrie>.

<sup>1576</sup> Slijkhuis and Oosterhuis, 'Cadaver Brains and Excesses in Baccho and Venere', 447–48.

<sup>1577</sup> Hurn, *The History of General Paralysis of the Insane in Britain, 1830 to 1950*, 140.

<sup>1578</sup> Hurn, *The History of General Paralysis of the Insane in Britain, 1830 to 1950*, 170.

<sup>1579</sup> Hurn, *The History of General Paralysis of the Insane in Britain, 1830 to 1950*, 161–62.

alienists and physicians, which might have had an impact on the presence of the test in their asylums.

### **The “four reactions” test: different diagnostic tools with comparable levels of scientific doubt**

Although we only have been able to explore the setting in which the Wasserman test came to fruition (or not) in Belgium and the Netherlands, there is one other aspect we need to point out: the “four reactions” test which was in vogue across most of Europe – for some from a theoretical perspective for others also a practical point of view. This test was not only of significance for alienist to gain more certainty about the outcome of the diagnostic aids they used. From a historical perspective as well, it illustrates how prudent we need to be to not sketch a teleological and linear story about the development of certain diagnostics. Historical research has chiefly depicted the Wassermann test as the most significant diagnostic aid used by alienists, physicians and laboratory workers, but failed to consider that other diagnostic tools – developed around the same time – stood for several psychiatrists on par with the Wassermann reaction or were used simultaneously.

Numerous physicians across Europe, and particularly French and German physicians, were laudatory about the use of cyto-diagnostics and countless articles were published about the topic.<sup>1580</sup> These first experiments were done in the very early 1900s in France and by the middle of the 1900s, German neurologists, alienists and physicians had picked up on the method as well. The French alienist Alexis Joffroy, who had been employed at the most reputable asylums in France such as the Bicêtre, Salpêtrière and Sainte-Anne, published multiple articles (at least 30) about general paralysis in all its diversity<sup>1581</sup> and, more specifically, was one of the first who in the early 1900s used the lumbar puncture on GP patients to analyse their cerebrospinal

---

<sup>1580</sup> Search term “cerebrospinal fluid general paralysis” and “Zytodiagnostic” and “cytodiagnostic céphalo-rachidien” in the Index-Catalogue, Library of the Surgeon-General's Office 1880-1961. See: ‘IndexCat - Cerebrospinal Fluid General Paralysis’, U. S. National library of medicine, accessed 22 March 2021, <https://indexcat.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=indexcat&query=cerebrospinal%20fluid%20general%20paralysis&>; ‘IndexCat - Zytodiagnose’, U. S. National library of medicine, accessed 22 March 2021, <https://indexcat.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=indexcat&query=Zytodiagnose>; ‘IndexCat - Cytodiagnostic “Céphalo-Rachidien”’, U. S. National library of medicine, accessed 22 March 2021, <https://indexcat.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=indexcat&query=cytodiagnostic+c%3%A9phalo-rachidien>.

<sup>1581</sup> Cng med mentale pays francaise 1902 grenoble voll p[254-EV]; ‘IndexCat - Joffroy Paralysie Generale’, U. S. National library of medicine, accessed 22 March 2021, [https://indexcat.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Afile=viv\\_C5F6h5&server=pv1b7srchindexcat01&v:state=root%7Croot-20-10%7C0&](https://indexcat.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Afile=viv_C5F6h5&server=pv1b7srchindexcat01&v:state=root%7Croot-20-10%7C0&).

fluid.<sup>1582</sup> The lumbar puncture itself had been developed a decade earlier, in the early 1890s, by the German Heinrich Irenaeus Quincke (1842-1922)<sup>1583</sup> and the analysis of cerebrospinal fluid as a diagnostic feature dates back to 1893 when Ludwig Lichtheim observed different glucose levels in this fluid.<sup>1584</sup> The examination of other components of cerebrospinal fluid would follow, such as the count of lymphocytes (white blood cells) or measuring globulin (a form of protein) and by the first quarter of the twentieth century the measurement of cerebrospinal fluids had become an important diagnostic aid.<sup>1585</sup>

These use of lumbar punctures and cyto-diagnostics also found its way into psychiatry, especially in France. A minority was hesitant about its use, such as Régis, who was doubtful about its value as it was not accurate in every case<sup>1586</sup>, and A. Marie, from the Villejuif asylum, and Duflot considered it to be of some use but more research was necessary to draw hard conclusions and fully understand the technique.<sup>1587</sup> However, the majority of French alienists considered cyto-diagnostics to be of significant value.<sup>1588</sup> Joffroy especially was enthusiastic about the use of this tool because the examination of the cerebrospinal allowed him to affirm the existence of general paralysis in doubtful cases or where there were no speech or pupillary disorders. He considered the lumbar puncture "[...] to be the earliest and most important physical sign for the diagnosis of general paralysis. This is what I have been

---

<sup>1582</sup> A. Joffroy and E. Mercier, "De l'utilité de la ponction lombaire pour le diagnostic de la paralysie générale", *Congrès de médecine aliénistes et neurologiste de France*, (Paris, 1902), 230–241; Philippe Graftiaux, *Histoire de l'hôpital Cochin* (FeniXX, 1992), [https://books.google.be/books?id=Yg\\_qDwAAQBAJ&pg=PT223&lpq=PT223&dq=joffroy+ponction+lombaire+1901&source=bl&ots=T7b53yjevS&sig=ACfU3U1gTiGW\\_Xt5zqsSH-UT1RaLsbAuRA&hl=en&sa=X&ved=2ahUKEwjzs-fpz-3sAhWNY6QKHxUTADIQ6AEwBXoECAgQAg#v=onepage&q=joffroy%20ponction%20lombaire%201901&f=false](https://books.google.be/books?id=Yg_qDwAAQBAJ&pg=PT223&lpq=PT223&dq=joffroy+ponction+lombaire+1901&source=bl&ots=T7b53yjevS&sig=ACfU3U1gTiGW_Xt5zqsSH-UT1RaLsbAuRA&hl=en&sa=X&ved=2ahUKEwjzs-fpz-3sAhWNY6QKHxUTADIQ6AEwBXoECAgQAg#v=onepage&q=joffroy%20ponction%20lombaire%201901&f=false).

<sup>1583</sup> J. M. Pearce, 'Walter Essex Wynter, Quincke, and Lumbar Puncture', *Journal of Neurology, Neurosurgery, and Psychiatry* 57, no. 2 (1994): 179.

<sup>1584</sup> A. O. Olukoga, J. Bolodeoku, and D. Donaldson, 'Cerebrospinal Fluid Analysis in Clinical Diagnosis', *Journal of Clinical Pathology* 50, no. 3 (March 1997): 189.

<sup>1585</sup> Olukoga, Bolodeoku, and Donaldson, 'Cerebrospinal Fluid Analysis in Clinical Diagnosis', 189–90.

<sup>1586</sup> "Paralysie Générale — maladies organique du système nerveux" in: J. Bonnet, *Congrès des médecins aliénistes et neurologistes de France et des pays de langue française. XIIe session tenue à Grenoble du 1<sup>er</sup> au 7 août 1902. Comptes rendus*, (Paris: G. Masson, 1902), vol. II, 239-240, <http://www.biusante.parisdescartes.fr/histmed/medica/cote?110817x1902x02>.

<sup>1587</sup> "Paralysie Générale — maladies organique du système nerveux" in: J. Bonnet, *Congrès des médecins aliénistes et neurologistes de France et des pays de langue française. XIIe session tenue à Grenoble du 1<sup>er</sup> au 7 août 1902. Comptes rendus*, (Paris: G. Masson, 1902), vol. II, 240-241, <http://www.biusante.parisdescartes.fr/histmed/medica/cote?110817x1902x02>.

<sup>1588</sup> Guiard and Duflos, "Contribution à l'étude du cyto-diagnostic du liquide céphalo-rachidien dans la paralysie générale. Discussion", *AMP*, 1902, vol. 16, 475-477, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1902x16>.

teaching for more than a year and experience only confirms me in this conviction”.<sup>1589</sup> Very similar voices were heard from Guiard and Duflos who were of the opinion that the lumbar puncture and the cytological examination of the cerebrospinal fluid was of “[...] great importance in the diagnosis of mental affections and more particularly of general paralysis”.<sup>1590</sup>

Equally enthusiastic would some of the French alienists be about the use of the Wassermann test. While A. Marie had been doubtful about cyto-diagnostics, he and the Romanian microbiologist Constantin Levaditi, at the time working at the *Institut Pasteur*, began experimenting very early with the Wasserman test – in 1906, the same year Wasserman’s results were published, compare with the later experiments in Belgium and the Netherlands.<sup>1591</sup> The praise for and the confidence in the use of cyto-diagnostics to differentiate between various diseases and recognising GP more easily, illustrates that the value of the Wassermann test was not the same everywhere and has been a somewhat overrated component in the history of general paralysis. In addition, Cytological-research and the Wassermann reaction were both used. Not only were they developed around the same time, they also were, literally, used simultaneously in laboratory research. The latter especially offers a crucial view on the mechanisms of scientific knowledge circulation.

One diagnostic tool was not exchanged for another, even when the Wassermann test became popular in some countries. In the latter half of the 1900s, when the Wassermann reaction had already been on the market for a couple of years, cyto-diagnostics and other measurements for cerebrospinal fluid were developed, discussed and used. One of them was the *Phase I reaction* developed in 1909 and which measured the increase of globulin/albumin.<sup>1592</sup> It was also often called the Nonne-Apelt reaction referring to its creators, the German neurologists Max Nonne and Friederich

---

<sup>1589</sup> “[...] comme constituant actuellement le signe physique le plus précoce et le plus important pour le diagnostic de la paralysie générale. C’est ce que j’enseigne depuis plus d’une année et l’expérience ne fait que me confirmer dans cette conviction”. See: Guiard and Duflos, “Contribution à l’étude du cyto-diagnostic du liquide céphalo-rachidien dans la paralysie générale. Discussion”, AMP, 1902, vol. 16, 476, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1902x16>.

<sup>1590</sup> “[...] pris une grande importance dans le diagnostic des affections mentales et plus particulièrement de la paralysie générale”. See: Guiard and Duflos, “Contribution à l’étude du cyto-diagnostic du liquide céphalo-rachidien dans la paralysie générale. Discussion”, AMP, 1902, vol. 16, 469, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1902x16>.

<sup>1591</sup> A. Marie and C. Levaditi, “La réaction des anticorps syphilitiques dans la paralysie générale et le tabes”, BSMMB, 1907, no. 133, 153-164, <http://hdl.handle.net/2027/hvd.32044102893864>.

<sup>1592</sup> Max Nonne and Charles R. Ball (transl.), *Syphilis and the nervous system*, (Philadelphia: J. P. Lippincott company, 1916), 361 and 365, <https://archive.org/details/syphilisnervouss00nonn/page/368/mode/2up>.

Apelt. This and other diagnostic measurements were still in use, just like the Wasserman Reaction, many years later. In the 1924, 1930 and even in the 1934 English edition of German psychiatrist Eugen Bleuler's *Textbook of Psychiatry* for example, the "important" Wasserman test as well as the "significant" Nonne-Apelt reaction were still mentioned.<sup>1593</sup> Various other physicians across the world had a similar opinion, such as the Brazilian physicians O. Gallotti and J. Schettino, mentioning that by 1920 the four reactions of Nonne, used for diagnosing syphilis in the central nervous system, remained common.<sup>1594</sup>

If alienists wanted to be certain of a diagnosis, especially in cases where differential methods were necessary, they often made use of multiple techniques at the same time. This was done in particular with the four reactions method, which gained popularity from the 1910s onward.<sup>1595</sup> Articles or books were published about the multi-use of diagnostic tools from across different countries in Europe such as Italy, the United Kingdom and Germany.<sup>1596</sup> In the latter, alienists and neurologists were also trained or at least had a minimum amount of knowledge about different methods of examination. Lectures were provided, and Plaut for example taught sero- and cyto-

---

<sup>1593</sup> Eugen Bleuler and A. A. Brill (transl.), *Textbook of Psychiatry*, (New York: the Macmillan Company, 1924), 239 and 248 and 254 and 273, <https://hdl.handle.net/2027/mdp.39015033177075>; Eugen Bleuler and A. A. Brill (transl.), *Textbook of Psychiatry*, (New York: the Macmillan Company, 1934), 239 and 248 and 254 and 273, <https://archive.org/details/textbookofpsychi00bleu/page/n5/mode/2up>.

<sup>1594</sup> O. Gallotti and J. Schettino, *Revue neurologique*, 1920, no. 11, 1084-1088, [https://archive.org/details/BIUSante\\_130135x1920/page/n1171/mode/2up](https://archive.org/details/BIUSante_130135x1920/page/n1171/mode/2up); Divry, "Recherches systematiques sur le liquid cephalon-rachidien, specialement des epileptiques", *BSMMB*, 1921, no. 186, 90-112, <http://hdl.handle.net/2027/mdp.39015070274983>.

<sup>1595</sup> As Charles R. Ball, the translator of Nonne's second edition of *Syphilis and the Nervous System* (1916), wrote in the preface: "Since the subject of this book [...] is in such a state of transition at the present time, due chiefly to the four reactions and salvarsan therapy, Dr. Nonne has rewritten for this edition of his book the last two chapters of the original book on the four reactions, and has added a chapter on salvarsan therapy. This brings the whole subject up to date". See: Max Nonne and Charles R. Ball (transl.), *Syphilis and the nervous system*, (Philadelphia: J. P. Lippincott company, 1916), 9, <https://archive.org/details/syphilisnervouss00nonn/page/n11/mode/2up?q=%22four+reactions%22>.

<sup>1596</sup> Max Nonne and Charles R. Ball (transl.), *Syphilis and the nervous system*, (Philadelphia: J. P. Lippincott company, 1916), 368, <https://archive.org/details/syphilisnervouss00nonn/page/368/mode/2up>; E. F. McCampbell and G. A. Rowland, "Studies on the clinical diagnosis of general paralysis of the insane", *Journal of Medical Research*, 1910, vol. 22, no. 1, 169-188, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2098936/>; William Boyd, "The Cerebro-Spinal Fluid in Certain Mental Conditions. (An Essay for which was awarded a prize by the Medico-Psychological Association, 1911)", *Journal of Mental Science*, 1912, vol. 58, no. 241, 203-225, <http://hdl.handle.net/2027/njp.32101074924455>; J. H. MacDonald, "On some Methods for the Diagnosis of Syphilis in Nervous and Mental Diseases (Su alcuni metodi per la diagnosi della sifilide della malattie nervose e mentali). (Rass. di Studi Psych., vol. I, Fasc. 5.) Bravetta, E.", *Journal of Mental Science*, 1912, vol. 58, no.241, 366, <http://hdl.handle.net/2027/njp.32101074924455>.

diagnosis, the Wasserman reaction and other bio-chemical methods in the Clinic in Munich.<sup>1597</sup>

Nonne especially was convinced that the application of the four reactions for the examination of the blood and spinal fluid was “an important addition” to determine if a disease was of a syphilitic nature.<sup>1598</sup> He also found it valuable as a differential diagnosis for Bright’s disease, hysteria, general paralysis, tuberculosis, heart disease in syphilitics and arteriosclerosis in young syphilitics.<sup>1599</sup> The Belgian physicians Herman and D’Hollander as well wrote in an article about *La réaction de wassermann et l’aliénation mentale* in 1913, that more certainty could be obtained by using the four reactions test, also directing their readers to the “rich literature” that was available about it.<sup>1600</sup> Bleuler too was in the 1930s still convinced of its usefulness: “To be sure the easiest way to make the diagnosis at present is through an examination of the *cerebro spinal fluid*. If pleocytosis [increased white blood count], Nonne and Wassermann, are found in an existing psychosis, the diagnosis is as good as settled”.<sup>1601</sup>

While many were convinced of the four reactions test, neurologist, alienists and physicians however also warned that “The Four Reactions Do Not Solve All the Questions of Diagnosis”.<sup>1602</sup> The clinician always needed to be careful about the interpretation and use of diagnostic aids. Nonne, as well as other researchers<sup>1603</sup>, warned that “If the observer does not wish to run the risk of grave diagnostic errors, he has still to apply a careful and detailed clinical examination in each individual case,

---

<sup>1597</sup> R. G. Rows, “The Development of Psychiatric Science as a Branch of Public Health”, *Journal of Mental Science*, vol. 58, no. 240, 33, <http://hdl.handle.net/2027/njp.32101074924455>; R. G. Rows, “A Report on the Conditions of the Lunacy Service and of the Teaching of Psychiatric Medicine in Germany”, *Journal of Mental Science*, vol. 58, no. 243, 617, <http://hdl.handle.net/2027/njp.32101074924455>.

<sup>1598</sup> Max Nonne and Charles R. Ball (transl.), *Syphilis and the nervous system*, (Philadelphia: J. P. Lippincott company, 1916), 14, <https://archive.org/details/syphilisnervouss00nonn/page/368/mode/2up> Max Nonne and Charles R. Ball (transl.), *Syphilis and the nervous system*, (Philadelphia: J. P. Lippincott company, 1916), 368, <https://archive.org/details/syphilisnervouss00nonn/page/368/mode/2up>.

<sup>1599</sup> Max Nonne and Charles R. Ball (transl.), *Syphilis and the nervous system*, (Philadelphia: J. P. Lippincott company, 1916), 74-75, <https://archive.org/details/syphilisnervouss00nonn/page/368/mode/2up>

<sup>1600</sup> Hermann and D’Hollander, “La réaction de Wassermann et l’aliénation mentale”, BSMMB, 1913, no. 167, 183-184, <http://hdl.handle.net/2027/mdp.39015070275295>.

<sup>1601</sup> Eugen Bleuler and A. A. Brill (transl.), *Textbook of Psychiatry*, (New York: the Macmillan Company, 1934), 273, <https://archive.org/details/textbookofpsychi00bleu/page/n5/mode/2up>.

<sup>1602</sup> Max Nonne and Charles R. Ball (transl.), *Syphilis and the nervous system*, (Philadelphia: J. P. Lippincott company, 1916), 386, <https://archive.org/details/syphilisnervouss00nonn/page/368/mode/2up>

<sup>1603</sup> E. F. McCampbell and G. A. Rowland, “Studies on the clinical diagnosis of general paralysis of the insane”, *Journal of Medical Research*, 1910, vol. 22, no. 1, 169, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2098936/>.

working hand in hand with the more modern methods".<sup>1604</sup> These warnings against possible errors and a critical stance towards the observed diagnostic results, had been voiced since the establishment of serological, cytological or chemical examinations, which places not only the Wassermann test in a new light against other diagnostic tools, but moreover, places them all on the same level of trustworthiness by contemporaries. The Wassermann reaction may have become more popular in some places than other, lesser used techniques, but from a qualitative point of view, many physicians estimated their value to be similar because all had a tendency to produce errors or unclear results in some cases. Even if four techniques were combined the same cautiousness was applied. Lastly, with the emergence of the four reactions test this also meant that the infrastructure and especially the apparatuses needed, had to be more diverse and specialised in order to process the tests, meaning that applying this technique lay not in the grasp of all alienists and neurologists across Europe.

### Forgotten causes: another side of Fournier's (para)syphilitic theories

If diagnostic tools were for a long time heterogenous, the same can be said for GP's causes, which was attributed to hereditary, trauma, syphilis, a fast life, alcoholism, sun stroke, or a mix of these that simultaneously triggered the disease. The degree in which these factors caused GP also varied from researcher to researcher. Syphilis or alcoholism, were often thought to have a considerable impact, while some were of the opinion that syphilis was indeed the sole cause and according to others still, syphilis did not have any impact on the development of GP. Different epistemic communities were formed, each departing not only from their own point of view about proper research methods, as discussed earlier, but the different causes of GP as well. Attributing a cause to GP was not merely a question of answering yes or no. For many its causes stood on a sliding scale. British physician W. H. B. Stoddart reported in 1901 how various physicians found that between 1,6% and 94% of their GP patients had a history of syphilis; alcohol between 3,4% and 75%; insane heredity between 5,4% and 58,7% and

---

<sup>1604</sup> Max Nonne and Charles R. Ball (transl.), *Syphilis and the nervous system*, (Philadelphia: J. P. Lippincott company, 1916), 386,  
<https://archive.org/details/syphilisnervouss00nonn/page/368/mode/2up>.



traumatism between 1,4% and 18,3%.<sup>1605</sup> These diverging statistics puzzled alienists and did not immediately contribute to a clear image of GP's causes.

While various causes for GP circulated in the psychiatric community, I will nonetheless focus on syphilis. Not to tell a traditional story of victory, but rather to address Fournier's reception across Europe by viewing him as one researcher among many others; to consider how far his contributions were perceived as a step forward by various communities; and touching upon the fact that for many European physicians and alienists, German speaking regions as well played a role in the syphilis-GP link which was in part due to the earlier mentioned boost in laboratory research in Germany. Before addressing these issues, I will contextualise and discuss Alfred Fournier and the concepts (parasyphilis and pseudo general paralysis) that he introduced into psychiatry.

Alfred Fournier (1832-1914) was a well-known and highly esteemed French syphilologist, with a track record of more than 92 publications to his name. His medical studies began in 1854, studying under Philippe Ricord, with whom he would have a good and fruitful relationship throughout his career. After his studies he became *chef de service* of the *Hôpital de Lourcine* between 1868 and 1876, whereafter he would lead the *Hôpital Saint Louis* in Paris, known for its expertise on skin diseases, and from 1880 until 1902 he would hold the clinical chair of dermatology and syphilology at the faculty of medicine.<sup>1606</sup> In a psychiatric context he is most known for coining the term parasyphilis and introducing the concept of pseudo-general paralysis of syphilitic origin.<sup>1607</sup> The latter, also called the duality theory, referred to the fact that tertiary syphilis could imitate the symptoms of GP, and that one could be mistaken for the other.<sup>1608</sup> One of the reasons to make this distinction according to Fournier was because pseudo-GP reacted to anti-syphilitic treatment while the same mercury treatments did not help GP patients in their recovery. Fournier also coined the term *parasyphilis*. This refers to parasyphilitic affections which are syphilitic in origin but not in nature. Two of its markers were the syphilis treatments that had no or only a weak effect, and secondly, that parasyphilitic affections “[...] are to be met with

---

<sup>1605</sup> W. H. B. Stoddart, “General Paralysis and Syphilis: a Critical Digest”, *Journal of Mental Science*, 1901, vol. 47, no. 198, 444 and 448, <http://hdl.handle.net/2027/mdp.39015046987742>.

<sup>1606</sup> M. A. Waugh, ‘Alfred Fournier, 1832-1914. His Influence on Venereology’, *Sexually Transmitted Infections* 50, no. 3 (1974): 233.

<sup>1607</sup> A. Fournier, *De la pseudo-paralysie générale d'origine syphilitique*, (Paris: V. A. Delahaye et Cie., 1878), <https://gallica.bnf.fr/ark:/12148/bpt6k54624063>.

<sup>1608</sup> A. Fournier, *De la pseudo-paralysie générale d'origine syphilitique*, (Paris: V. A. Delahaye et Cie., 1878), 8-9 <https://gallica.bnf.fr/ark:/12148/bpt6k54624063>; Davis, *The Cruel Madness of Love*, 201; Hurn, *The History of General Paralysis of the Insane in Britain, 1830 to 1950*, 100.

independently of syphilis; they may be due to other causes as well [...]”.<sup>1609</sup> General paralysis was by Fournier considered to be a parasyphilitic disease, meaning it was indirectly associated with or exacerbated by syphilis.<sup>1610</sup>

### **Fournier: one among many**

Although the interest in the link between general paralysis and syphilis peaked from approximately the 1890s until the early 1910s, the idea that syphilis was an (in)direct or partial component of GP had been suggested before by several individuals. In his 1892 thesis, Edmond Lafaye, intern at the *Asile de aliénés de Saint Robert* (Isère) pointed out the opinions of various French alienists about the relevance of syphilis as a cause of GP which fluctuated between the 1820s and 1890s.<sup>1611</sup> One of the more prominent alienists who claimed there was a direct link between syphilis and GP were surgeon Friedrich von Esmarch and psychiatrist Peter Willers Jessen, publishing their findings in 1857. While known by everyone who studied general paralysis, their theory did not find many adepts outside Scandinavia and did not cause any major turnarounds in alienists’ primary point of view: multi-layered causes stayed the norm.<sup>1612</sup>

The changing and growing interest in the link between syphilis and GP is especially noticeable in the increase of publications on this subject. In the early 1890s the Danish physician D. E. Jacobson dedicated an article to the GP-syphilis relationship, mentioning a total of 45 alienists, neurologists, syphologists and physicians who had made contributions – 3/4<sup>th</sup> of these supported a form of connection between GP and syphilis.<sup>1613</sup> By 1901, almost ten years later, Stoddart mentioned no fewer than 90 researchers in the bibliography of his article about GP.<sup>1614</sup> In psychiatric textbooks a similar pattern emerged: Régis’ book *Précis de psychiatrie* – which was held in high esteem by French and foreign alienists<sup>1615</sup> – mentioned over 40 physicians that

---

<sup>1609</sup> George Ogilvie, “An address on parasyphilis”, *The Lancet*, 1903, June, 1647, <https://zenodo.org/record/1700203>.

<sup>1610</sup> Fournier parasyphilitic p137-211; Waugh, ‘Alfred Fournier, 1832-1914. His Influence on Venereology’; ‘Parasyphilitic’, Oxford Dictionary on Lexico.com, accessed 23 March 2021, <https://www.lexico.com/definition/parasyphilitic>.

<sup>1611</sup> Edmond Lafaye, *De la complexité des causes de la paralysie générale*, (Lyon: Alexandre Rey, 1892), thesis, <https://gallica.bnf.fr/ark:/12148/bpt6k3219702c>.

<sup>1612</sup> Kragh, ‘Malaria Fever Therapy for General Paralysis of the Insane in Denmark’, 473.

<sup>1613</sup> D. E. Jacobson, “The relationships between General Paralysis of the insane and syphilis”, *Journal of Mental Science*, vol. 38, no. 161, 175-185, <http://hdl.handle.net/2027/iau.31858021512862>.

<sup>1614</sup> Research by different psychiatrists as mentioned in: W. H. B. Stoddart, “General Paralysis and Syphilis: a Critical Digest”, *Journal of Mental Science*, 1901, vol. 47, no. 198, 169-199, <http://hdl.handle.net/2027/mdp.39015046987742>.

<sup>1615</sup> F. W. M., “Précis de psychiatrie. By E. Régis. [...]”, *Journal of Mental Science*, vol. 60, no. 249, 312-314,

contributed to the changing insights and research about GP.<sup>1616</sup> In the sixth edition of his textbook (1923) he elaborated on the fact that most physicians understood GP as a *maladie toxique*. On the one hand this included individuals, like Fournier, who saw it as a parasyphilitique or syphilitique affection, while others, and according to Régis this was the largest group, thought syphilitic intoxication was the main pathogenic element but not the only one, seeing the disease as *post-infectieuse*, *post-toxique* or *para-toxique*.<sup>1617</sup> A vast number of psychiatrists and neurologists contributed to understanding the complex question that GP was.

While their contributions were numerous and all contributed to a better understanding of GP, they had another essential purpose: only through validating research from peers could certain theories gain more ground. Acknowledging new theories became complex and difficult if the majority of alienist across different psychiatric community in Europe were not able to deliver similar research results. These various research outcomes served as an incentive to pursue research in even more different directions, leading to additional publications. In these cases it were not necessarily only the “famous eight” who provided this research spark. The German psychiatrist Paul Näcke, chief physician at Hubertusburg, for example had compiled a volume about GP’s aetiology after extensive research. His book contained information and statistics based on everything that had been published about GP up until 1898, resulting in a literature list of 324 different titles.<sup>1618</sup> Jules Morel praised this work tremendously in a review expressing his thanks to Näcke “[...] for wanting to compile such a rich bibliography, for coordinating this multitude of findings and for comparing them with the many results of his personal research”<sup>1619</sup>, further recommending the book to all readers interested in GP.<sup>1620</sup> Alienists across Europe benefitted from this

---

<http://hdl.handle.net/2027/njp.32101074924463>.

<sup>1616</sup> Emmanuel Régis, *Précis de Psychiatrie*, 3rd ed. (Paris: Octave Doin, 1923), 816,

<https://gallica.bnf.fr/ark:/12148/bpt6k932121g>.

<sup>1617</sup> Emmanuel Régis, *Précis de Psychiatrie*, 3rd ed. (Paris: Octave Doin, 1923), 912-913,

<https://gallica.bnf.fr/ark:/12148/bpt6k932121g>.

<sup>1618</sup> Paul Näcke, “Die Sogen. Ausseren Degenerationszeichen bei der progressive Paralyse der Männer, nebst einigen diese Krankheit betreffende Punkten (Aetiologie, Verlauf, Berufsstatistik, etc.)”, *Zeitschrift für Psychiatrie*, 1898, vol. 55, 557-693, <http://hdl.handle.net/2027/chi.16534959>.

<sup>1619</sup> Jules Morel, “Die Sogen. Ausseren Degenerationszeichen bei der progressive Paralyse der Männer, nebst einigen diese Krankheit betreffende Punkten (Aetiologie, Verlauf, Berufsstatistik, etc.), von Dr. P. Naecke, Oberarzt in Hubertusburg”, *BSMMB*, 1899, vol. 50, no. 92, 242-244,

<http://hdl.handle.net/2027/hvd.32044102893948>.

<sup>1620</sup> Jules Morel, “Die Sogen. Ausseren Degenerationszeichen bei der progressive Paralyse der Männer, nebst einigen diese Krankheit betreffende Punkten (Aetiologie, Verlauf, Berufsstatistik, etc.), von Dr. P. Naecke, Oberarzt in Hubertusburg”, *BSMMB*, 1899, vol. 50, no. 92, 242,

<http://hdl.handle.net/2027/hvd.32044102893948>.

type of work because it helped to better understand the disease, stay up to date with the most recent investigations, and formed a starting point for those wanting to brush up their knowledge.

In other instances, the research of (foreign) peers was used to encourage colleagues to produce their own studies and compare it with the work of others as the question of the GP-syphilis link was sounding louder and louder. In 1879 Fournier published his initial ideas about pseudo-general paralysis of syphilitic origin<sup>1621</sup> and inspired the French alienist Achille Foville to publish his own observations and findings about the syphilis question.<sup>1622</sup> While agreeing that it was important to look for syphilitic antecedents in GP cases, Foville did not find it correct to justify the existence of a pseudo general paralysis.<sup>1623</sup> The British physician T. W. MacDowall had also observed interesting GP cases and considered syphilis to be an important cause of GP, although he too, did not agree with the distinction that Fournier had made between real GP and pseudo GP.<sup>1624</sup> Stumbling upon Foville's forementioned research, MacDowall translated this work into English and published it in the *Journal of Mental Science* hoping it would give research about the syphilis link a boost: "I have been tempted to make the above abstract, in the hope that the subject with which it deals may receive the attention of English asylum physicians. [...] This is a subject of so much importance that it would be well if it were thoroughly examined".<sup>1625</sup>

His translation of Foville's article and especially MacDowall's own research output and opinions, in turn, piqued the interest of the Belgian alienist Jan Alexander Peeters of the Gheel colony. He used MacDowall's publication also as a way to encourage research about GP and its possible association with syphilis.<sup>1626</sup> Peeters remarked that "[...] the English doctor will have the great merit of having provoked new research and Belgian doctors, as well as their English colleagues, will do well to respond

---

<sup>1621</sup> Alfred Fournier, *La syphilis du cerveau*, (Paris: G. Masson, 1879), <https://gallica.bnf.fr/ark:/12148/bpt6k77402w>.

<sup>1622</sup> A. Foville, "Contribution à l'étude des rapports entre la syphilis et la paralysie générale", AMP, 1879, vol. 1, 353-401, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1879x01>.

<sup>1623</sup> A. Foville, "Contribution à l'étude des rapports entre la syphilis et la paralysie générale", AMP, 1879, vol. 1, 401, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1879x01>.

<sup>1624</sup> T. W. McDowall, "On the Relation between Syphilis and General Paralysis. The difficulty of distinguishing General Paralysis from certain Syphilitic changes of the Brain. By Dr. Achilla Foville", JMS, 1880, vol. 25, no. 112, 466, <http://hdl.handle.net/2027/hvd.hw1wb7>.

<sup>1625</sup> T. W. McDowall, "On the Relation between Syphilis and General Paralysis. The difficulty of distinguishing General Paralysis from certain Syphilitic changes of the Brain. By Dr. Achilla Foville", JMS, 1880, vol. 25, no. 112, 466-467, <http://hdl.handle.net/2027/hvd.hw1wb7>.

<sup>1626</sup> Peeters did not re-translate Foville's work from English to French, but rather translated the remarks and comments that had been made by MacDowall.

to his invitation”.<sup>1627</sup> Studies of various known and lesser known physicians could equally produce research initiatives or cooperation between psychiatrists, setting off a chain reaction of knowledge dissemination among peers.

Uncovering the mysteries of GP was not a one man job, expertise in many fields of medicine needed to be accumulated, something for which Fournier himself had pleaded in the 1890s: “To be sure, [...] the question of the relationship between general paralysis and syphilis can only be completely studied, elucidated and judged in the last resort in such multiple, complex and difficult subjects as it involves, by union, collaboration, the syndicate, if I dare speak, of alienists, anatomical pathologists and syphilologists”.<sup>1628</sup> It was not just a handful of key players but rather a multitude of “information brokers”<sup>1629</sup> that make up the history of GP. Research had to be stimulated across countries and across medical professions to make the exploration of new ideas and theories possible and create the necessary incentives to propel the knowledge about general paralysis forward. This mainly depended on how theories and ideas were received among alienists. Against this backdrop, Fournier, as one of many actors in a transnational environment, will be (re)evaluated. As historian Ewing has said, “[...] historians need to go further to ask how practices of republication also contained elements of validation, correction, and even repudiation”.<sup>1630</sup>

### **To what extent was Fournier’s work discussed across Europe?**

There is no doubt about it that each and every medical expert interested in general paralysis was familiar with or had heard about Fournier’s writings – especially *La syphilis du cerveau* (1879) and *Les affections parasymphilitique* (1894). His ideas had a “powerful

---

<sup>1627</sup> “[...] le médecin anglais aura le grand mérite d’avoir provoqué de nouvelles recherches et les médecins belges, aussi bien que leurs confrères anglais, feront bien de répondre à son invitation.” See: H. Peeters, “Journal of Mental Science, janvier 1880. Syphilis cérébrale”, BSMMB, 1880, no. 16, 96, <http://hdl.handle.net/2027/hvd.32044102894110>.

<sup>1628</sup> “Car, soyez-en sûrs [...] la question des rapports de la paralysie générale avec la syphilis ne parviendra à être complètement étudiée, élucidée et jugée en dernier ressort dans les sujets si multiples, si complexes et si difficiles qu’elle comporte, que par l’union, la collaboration, le *syndicat*, si j’ose ainsi parler, des aliénistes, des anatomo-pathologistes et des syphilographes”. See: Alfred Fournier, “syphilis et paralyse générale”, *Lancette Française. Gazette des hopitaux civils et militaires*, 1894, no.128, 1201, [https://archive.org/details/BIUSante\\_90130x1894/page/n1185/mode/2up](https://archive.org/details/BIUSante_90130x1894/page/n1185/mode/2up); Fournier’s plea also reached the United Kingdom where Fournier’s declaration was translated word for word. See: “psychological retrospect. Syphilis and general paralysis”, *Journal of Mental Science*, 1896, vol. 42, no, 176, 196, <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/past-title/journal-of-mental-science/information/4F51B1E4B3F81774A5D21EE614CDFD45>.

<sup>1629</sup> E. Thomas Ewing, “‘The Two Diseases Are So Utterly Dissimilar’: Using Digital Humanities Tools to Advance Scholarship in the Global History of Medicine”, *Current Research in Digital History* 1 (2018).

<sup>1630</sup> Ewing, ‘The Two Diseases Are So Utterly Dissimilar’.

and far reaching voice”<sup>1631</sup> according to the British physician George Ogilvie. Historical research as well, has brought to light that his writings on syphilis were substantial and formed an important contribution to the knowledge development about GP. Scholars have depicted Fournier as the person who firmly established a link between syphilis and general paralysis.<sup>1632</sup> Hurn for example describes him as the one “championing [its] syphilitic aetiology”<sup>1633</sup> and considered Fournier’s work to be “vital and far reaching”<sup>1634</sup> in the United Kingdom.

However, because one’s reach was far (e.g. Fournier who was known to many in the field of psychiatry) and certain ideas triggered several alienists to reflect more on the role of syphilis in mental diseases, this does not mean that all medical experts from across different specialist communities were in agreement with the ideas and theories that were professed – even those by outstanding researchers such as Fournier. His work was referenced, discussed and vetted through various mediums. Were Fournier’s books reviewed in the main psychiatric societies across Europe? Did other medical experts elaborate extensively on his theories in their own writings? Did they agree or disagree? Was his literature referenced in footnotes? Did his theories trigger large debates in the psychiatric community? Taking into account the different degrees of attention that were devoted to Fournier’s work, helps to place him in a more nuanced light across different countries.

Fournier introduced the concept of pseudo-general paralysis in his *Leçon clinique* during the late 1870s and appeared in a publication in the French journal *Progrès medical* in 1878.<sup>1635</sup> His treatise about pseudo-general paralysis would be published again – word for word – in his better known book *La syphilis du cerveau* (1879) which combined his different lectures.<sup>1636</sup> In France, Fournier’s theory promoted discussion among members of the French psychiatric association who were intrigued by his ideas. Nevertheless, his findings were also skeptically received within the midst of the French psychiatric community, especially in the beginning. The alienist

---

<sup>1631</sup> George Ogilvie, “An address on parasyphilis”, *The Lancet*, 1903, June, 1647, <https://zenodo.org/record/1700203>.

<sup>1632</sup> Hurn, *The History of General Paralysis of the Insane in Britain, 1830 to 1950*, 8 and 61; Davis, *The Cruel Madness of Love*, 201; Pearce, ‘Brain Disease Leading to Mental Illness’; Artvinli, ‘More than a Disease’, 128.

<sup>1633</sup> Hurn, *The History of General Paralysis of the Insane in Britain, 1830 to 1950*, 61.

<sup>1634</sup> Hurn, *The History of General Paralysis of the Insane in Britain, 1830 to 1950*, 24.

<sup>1635</sup> A. Fournier, *De la pseudo-paralysie générale d’origine syphilitique*, (Paris: V. A. Delahaye et Cie., 1878), <https://gallica.bnf.fr/ark:/12148/bpt6k54624063>.

<sup>1636</sup> Alfred Fournier, *La syphilis du cerveau*, (Paris: G. Masson, 1879), <https://gallica.bnf.fr/ark:/12148/bpt6k77402w>.

A. Foville and Lasègue were doubtful about the distinction made by Fournier.<sup>1637</sup> To Foville it seemed “[...] insufficiently motivated, and rather artificial than real”.<sup>1638</sup>

At the same time as discussions were taking place in the midst of the SMP, reviews about his work also appeared in the society’s journal. Antoine Ritti, alienist at the *Charenton* asylum, wrote a review about *La syphilis du cerveau* and applauded Fournier for his “most methodical and complete monograph”<sup>1639</sup> and found it deserved a place in the library of all who studied mental illness. However, he also voiced uneasiness about some of the statements Fournier put forward.<sup>1640</sup> Baillarger, in a short overview, repeatedly wrote that “In our opinion, this doctrine cannot be discussed until Mr. Fournier has published a certain number of observations”.<sup>1641</sup> Further along noting that “It seems to us that in order to answer these questions we must wait for new facts”.<sup>1642</sup> Being able to consult multiple research findings and corresponding statistics were key to formulate an opinion about such matters. In the French psychiatric community, we can observe some elaborate discussions and publications dedicated to Fournier’s ideas, yet those did not lead to an immediate acceptance of his theories at large, especially in the early years after Fournier’s work was published. However, Fournier’s idea would gain more traction in France by the middle of the 1880s. According to the Danish alienist D. E. Jacobson several eminent French physicians – Christian, Voisin, Sauret, Ball, Baillarger and Vernet – supported Fournier’s dual theory.<sup>1643</sup> While Régis was a supporter of Fournier’s idea up until 1885, he declared himself against pseudo-GP in 1888, and two of Fournier’s pupils also no

---

<sup>1637</sup> J. B., “Paralysie générale d’origine syphilitique”, AMP, 1879, vol. 1, 68-74, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1879x01>; A. Foville, “Contribution a l’étude des rapports entre la syphilis et la paralysie général”, AMP, 1879, vol. 1, 353-401, especially 399, *ibidem*; Ant. Ritti, “Bibliographie. La syphilis du cerveau [...]”, AMP, 1879, vol. 2, 502-504, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1879x02>; Paul Moreau de Tours, “Des rapports entre la syphilis et la paralysie générale (suite)”, AMP, 1879, vol. 304, *Ibidem*.

<sup>1638</sup> “insuffisamment motivée, et plutôt artificielle que réelle”. See: A. Foville, “Contribution a l’étude des rapports entre la syphilis et la paralysie général”, AMP, 1879, vol. 1, 399, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1879x01>.

<sup>1639</sup> “[...] la monographie la plus méthodique, la plus complète [...]”. See: Ant. Ritti, “Bibliographie. La syphilis du cerveau [...]”, AMP, 1879, vol. 2, 503, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1879x02>.

<sup>1640</sup> Ant. Ritti, “Bibliographie. La syphilis du cerveau [...]”, AMP, 1879, vol. 2, 504, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1879x02>.

<sup>1641</sup> “Cette doctrine ne pourra, à notre avis, être discutée que quand M. Fournier aura publié un certain nombre d’observations”. See: J. B., “Paralysie générale d’origine syphilitique”, AMP, 1879, vol. 1, 69, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1879x01>.

<sup>1642</sup> “Il nous semble que pour répondre à ces questions il faut attendre de nouveaux faits”. See: J. B., “Paralysie générale d’origine syphilitique”, AMP, 1879, vol. 1, 74, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1879x01>.

<sup>1643</sup> D. E. Jacobson, “The relationships between General Paralysis of the insane and syphilis”, *Journal of Mental Science*, vol. 38, no. 161, 177, <http://hdl.handle.net/2027/iau.31858021512862>.



longer agreed with the dual theory.<sup>1644</sup> There was clearly no unison in the voices heard in France.

Turning our attention to the United Kingdom, Fournier's work is mentioned in the British association for psychiatry in 1879 when Julius Mickle, medical superintendent at Grove Hall Asylum in London, addressed some of the cases he himself had come across concerning the relation between syphilis and mental illness. That specifically Mickle mentions Fournier is interesting on several grounds. Firstly, Mickle had, together with the German Mendel and the French Auguste Voisin, the status of being an authority on general paralysis until at least the middle of the 1890s, when Reginald Farrar called them the "three principal monographers of the disease".<sup>1645</sup> Mickle was one of the principal investigators on the topic and had written multiple articles about syphilis, GP and insanity.<sup>1646</sup> According to an anonymous American alienist who reviewed Mickle's book<sup>1647</sup>, he was well known for his writings on GP, not only in the United Kingdom but on the continent and in the United States as well.<sup>1648</sup> The same was true for his book on *General Paralysis of the Insane*, which was also widely known and read.<sup>1649</sup>

Secondly, already in 1877 Mickle had stated that syphilis was not the cause of GP. For example brain syphilis and general paralysis were according to him distinct diseases, which was visible in the form of brain lesions.<sup>1650</sup> Mickle thus had similar views as Fournier, agreeing that "syphilitic disease may simulate, but not produce, true general paralysis of the insane; or, as Fournier formulates it, there is a syphilitic general paralysis differing from true general paralysis of the insane", mentioning Fournier's

---

<sup>1644</sup> D. E. Jacobson, "The relationships between General Paralysis of the insane and syphilis", *Journal of Mental Science*, vol. 38, no. 161, 177-178, <http://hdl.handle.net/2027/iau.31858021512862>.

<sup>1645</sup> Reginald Farrar, "On the Clinical and Pathological Relations of General Paralysis of the Insane", *JMS*, 1895, vol. 41, no. 174, 462, <http://hdl.handle.net/2027/hvd.32044103072955>.

<sup>1646</sup> See: 'IndexCat - "Mickle W. J."', U. S. National library of medicine, accessed 24 March 2021, <https://indexcat.nlm.nih.gov/vivisimo/cgi-bin/query-meta?V%3Aproject=indexcat&query=%22Mickle+W.+J.%22>.

<sup>1647</sup> In contrast, neither of Fournier's well-known works were discussed in the *American Journal of Psychiatry*.

<sup>1648</sup> "Book reviews and notices. General Paralysis of the Insane. Wm. Julius Mickle", *AJP*, 1880, vol. 37, July, 103-108, <http://hdl.handle.net/2027/ien.35558002006308>.

<sup>1649</sup> "General Paralysis of the Insane, By William Julius Mickle", *AJP*, 1887, vol. 43, April, 507, <http://hdl.handle.net/2027/ucl.b4795758>; "Obituary. William Julius Mickle", *British Medical Journal*, 1918, vol. 1, 102, <https://www.bmj.com/content/1/2977/102.2>.

<sup>1650</sup> W. Julius Mickle, "notes on syphilis in the insane. Part III. The distinctions between syphilitic disease of the Encephalon and general paralysis", *British and Foreign Medical-Chirurgical Review*, 1877, vol. 59, no. 118, 444-461, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5163396/>.



book *La syphilis du cerveau* in a footnote.<sup>1651</sup> Although Mickle agreed with Fournier's differentiation between a true and pseudo-GP, it is noteworthy that in Mickle's monograph very little attention is paid to Fournier's work. Fournier is mentioned only once, by name only and in between many others, with no footnotes referencing his work.<sup>1652</sup> Either Fournier's work was known well enough that it didn't require any further explanation in the form of a reference, or on the other hand, Mickle thought it not important enough to mention.

Although we can't be conclusive about this matter in any way, it is however striking that references to Fournier are scarcely mentioned in the index drawn up by Mickle. Words such as "pseudo-general paralysis" are not found in the index, and although "Fournier" is mentioned as a keyword in the index of the first edition (1880), it is not anymore in the second edition published in 1886. Although some might perceive this as trivial, it does help to gauge what was or was not a crucial or useful term to include in reference guides, and how important they were. This process is somewhat analogue to that of the *Catalogue of Scientific Papers* that was published in the nineteenth century.<sup>1653</sup> Historian Alex Csiszar has termed the publication of such catalogues, which were "an act of canon formation", as being "among the most significant moments in the history of scientific publishing".<sup>1654</sup> The amount of scientific output became so vast in the nineteenth century that apparatuses were developed to deal with it, and bibliographical lists and indexes became essential in scientific research.<sup>1655</sup>

A second time Fournier's work is mentioned with some substantiality in 1896 in the rubric "psychological retrospects" of the *Journal of Mental Science*. Summaries of different French articles were given, among which was Fournier's article about syphilis and general paralysis that had been published in the *Gazette des Hôpitaux* of 1894.<sup>1656</sup> In addition, an extended discussion about Fournier's theory, such as had been

---

<sup>1651</sup> W. Julius Mickle, "Syphilis and Mental Alienation ; further Cases illustrative of their Relationships", *JMS*, 1879, vol. 25, no. 111, 389, <http://hdl.handle.net/2027/hvd.hwlwb>.

<sup>1652</sup> "On the one hand some, like Lancereaux, while indicating that syphilitic encephalopathies may closely resemble general paralysis yet maintain that they are distinct and independent in character. So also Müller of Leutkirch, Buzzard, Fournier, and to some extent, Wille." See: Wm. Julius Mickle, *General paralysis of the insane*, (London: H. K. Lewis, 1880), 75, <https://archive.org/details/b21517137/page/74/mode/2up>.

<sup>1653</sup> Alex Csiszar, 'How Lives Became Lists and Scientific Papers Became Data: Cataloguing Authorship during the Nineteenth Century', *The British Journal for the History of Science* 50, no. 1 (2017): 23–60.

<sup>1654</sup> Csiszar, 'How Lives Became Lists and Scientific Papers Became Data', 24.

<sup>1655</sup> Csiszar, 'How Lives Became Lists and Scientific Papers Became Data', 26.

<sup>1656</sup> Alfred Fournier, "syphilis et paralyse générale", *Lancette Française. Gazette des hopitaux civils et militaires*, 1894, no.128, 1196-1201,

the case in France, never took place in the British psychiatric association – although it might have been discussed elsewhere but this is outside the scope of this project. Discussions about Fournier and his work also never reached the proportions as during the non-restraint debate. Venerologist M.A. Waugh claims that Fournier’s life and work were little known in English speaking countries because only one of his works (*The Treatment and Prophylaxis of Syphilis*, published in 1906) had been translated. In addition, Fournier’s legitimacy in the United Kingdom as a syphologist was overshadowed by that of the British syphologist Jonathan Hutchinson.<sup>1657</sup>

Over the years Fournier would be mentioned in passing, just like many other physicians who did GP research. Phrases such as these from 1913 were frequent and common: “Fournier, nevertheless, gives a list of twenty authorities who have obtained a definite account of previous syphilis [...]” or “Fournier has also traced a connection between inadequate [syphilis] treatment and general paralysis”.<sup>1658</sup> No elaborate or detailed descriptions are given of Fournier’s theories. He does not necessarily take up a special place in the larger corpus of literature about general paralysis, nor was he more present among literature references or mentioned more often during lectures in comparison to other researchers across Europe. Aside from Fournier, Mickle for example summed up, Lancereaux, Müller, Buzzard, Voisin, Baillarger, Delasiauve, Lasegue, Linstow, Heubner, Mauriac, Lewin, Christian, Wille and Lewin as physicians being of the opinion that syphilis had a predisposing effect.<sup>1659</sup> These observations stand in contrast with Hurn’s opinion who considered Fournier’s work being vital and far reaching.<sup>1660</sup>

The integration and dissemination of Fournier’s theories in psychiatric circles in the Netherlands, was slightly different from the circulation of his work in France or the United Kingdom. Physicians in the Netherlands were acquainted with the foreign literature available on general paralysis and many well-known psychiatrists or neurologists were cited by Dutch alienists in articles or during lectures. For example, in

---

[https://archive.org/details/BIUSante\\_90130x1894/page/n1177/mode/2up](https://archive.org/details/BIUSante_90130x1894/page/n1177/mode/2up); “Psychological retrospect. Syphilis and general paralysis”, JMS, 1896, vol. 42, no. 176, 196,  
<https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/past-title/journal-of-mental-science/information/4F51B1E4B3F81774A5D21EE614CFD45>.

<sup>1657</sup> Waugh, ‘Alfred Fournier, 1832-1914. His Influence on Venereology’, 232–33.

<sup>1658</sup> George M. Robertson, “The Morison Lectures, 1913. — General Paralysis of the Insane”, JMS, 1913, vol.59, no. 245, 203 and 212, <http://hdl.handle.net/2027/njp.32101074924141>.

<sup>1659</sup> Julius William Mickle, *General Paralysis of the Insane*, (London: H.K. Lewis, 1886), 273,  
<https://archive.org/details/generalparalysis00mickuoft/page/272/mode/2up>.

<sup>1660</sup> Hurn, *The History of General Paralysis of the Insane in Britain, 1830 to 1950*, 24.

the article of Hulst about a case of infantile progressive paralysis, the literature list was very extensive, counting more than 100 references.<sup>1661</sup> Among them the work of Alzheimer, Clouston, Hirschl, multiple works of Joffroy and Régis, but also Fournier's *Les affections parasymphilitiques* and Mickle's famous book on *General Paralysis of the Insane*, were mentioned. Yet, the GP question was only put on the agenda of the Dutch psychiatric society for the first time in 1883. Caspar Max Brosius, a German alienist who regularly attended the Dutch meetings, and the Dutch psychiatrist Antonius Otto Hermannus Tellegen, at that time second physician at the *Coudewater* lunatic asylum,<sup>1662</sup> considered it important to discuss this topic and bring it under the attention of Dutch alienists.<sup>1663</sup> The questions surrounding general paralysis were far from solved and in this debate "[...] The Netherlands also has the right to be heard".<sup>1664</sup>

A dozen articles written about GP by Dutch alienists appeared over the years in the *Psychiatrische Bladen*, but almost none of them were specifically or solely devoted to the relationship between syphilis and general paralysis.<sup>1665</sup> Dutch physicians were aware of the changing ideas about this topic, as for example Tellegen mentioned in 1883, that they were now "[...] approaching a new disputed point in the doctrine of

---

<sup>1661</sup> Hulst, "Een geval van infantiele progressieve paralyse", *Psychiatrische Bladen*, 1900, vol. 4, 100-117, <http://hdl.handle.net/2027/mdp.39015075810054>.

<sup>1662</sup> Stephen Snelders, Frans Meijman, and Toine Pieters, 'Heredity and Alcoholism in the Medical Sphere: The Netherlands, 1850–1900', *Medical History* 51 (1 May 2007): 224.

<sup>1663</sup> Brosius, "Over het begin der dementia paralytica", *Psychiatrische Bladen*, 1883, vol. 1, 92-103, <http://hdl.handle.net/2027/chi.098893536>; "Vergadering der Nederlandsche vereeniging voor psychiatrie, te Driebergen, den 7 juni 1882", *Psychiatrische Bladen*, 1883, vol. 1, 153, *ibidem*; "Discussie over de dementia paralytica, vooral in Nederland", *Psychiatrische Bladen*, 1883, vol. 1, 193-218, *ibidem*.

<sup>1664</sup> "[...] ook Nederland heeft recht zich te laten hooren". See: "Discussie over de dementia paralytica, vooral in Nederland", *Psychiatrische Bladen*, 1883, vol. 1, 198, <http://hdl.handle.net/2027/chi.098893536>.

<sup>1665</sup> See for example: Van der Swalme, "Tabellarisch overzicht vande gevallen van dementia paralytica [...]", PB, 1883, vol. 1, 218-225, <http://hdl.handle.net/2027/chi.098893536>; Westenenq, "De beraadslaging over het voorkomen van Dementia paralytica in Nederland", PB, 1884, vol. 2, 143-144, <http://hdl.handle.net/2027/chi.098893594>; "Bijdrage tot de statistiek der dementia paralytica in Nederland", PB, 1884, vol. 2, 55-56, *ibidem*; Halbertsma, "Vergadaring der Nederlandsche vereeniging voor psychiatrie, te Utrecht, Zitting van donderdag 23 ococtober 1884", PB, 1884, 218-266, *ibidem*; G. Jelgersma, "Idiotie en Dementia Paralytica. Pathologisch-anatomische bijdrage", PB, 1886, 92-122, <http://hdl.handle.net/2027/chi.098893714>; Tellegen, "Het vraagstuk der geslachtelijke onthouding", PB, 1895, 81-109, <http://hdl.handle.net/2G27/chi.098893780>; P. C. J. van Brero, "Dementia paralytica in Nederlandsch Oost-Indië", PB, 1899, vol. 3, 344-378, <http://hdl.handle.net/2027/chi.73447537>; N. F. Elzevier Dom, "Bijdrage tot de kennis van de aetiologie der dementia paralytica", PB, 1900, vol. 4, 135-149, <http://hdl.handle.net/2027/mdp.39015075810054>; G. Jelgersma, "Over de histopathologische veranderingen van het zenuwstelsel bij dementia paralytica", PB, 1906, vol. 10, 105-113, <http://hdl.handle.net/2027/mdp.39015075810112>; J. van der Kolk, "De differentiaaldiagnose der dementia paralytica met de zgn. alcoholische Pseudo-paralyse", *Psychiatrische Bladen*, 1906, vol. 10, 189-207, <http://hdl.handle.net/2027/mdp.39015075810112>; Fr. Meeus, "Over 'dementia' en hare waarde in de hedendaagsche psychiatrie", PB, 1908, vol. 12, <http://hdl.handle.net/2027/mdp.39015075810138>.

dementia paralytica, the aetiological meaning of syphilis”.<sup>1666</sup> This is also evident from the reports and presentations wherein Dutch alienists elaborate on the different causes of GP. However, these did not trigger substantial debates about these causes. While historians Slijkhuis and Oosterhuis stated that Dutch psychiatrists did discuss the relationships between GP and a diverse range of causes<sup>1667</sup>, discussions during meetings of the *Nederlandsche Vereniging voor Psychiatrie* were however often superficial in its nature and did not necessarily lead to elaborate discussions – especially in comparison with the length of discussions in other countries. There was little argumentation, and often only short statements about observations were given by Dutch alienists<sup>1668</sup> which is in sharp contrast with the tendencies in France, where alienists declared their opinions at length and thoroughly.<sup>1669</sup>

Although Fournier’s research was sometimes cited or mentioned, his findings and ideas were not discussed in detail. One of the only times that Fournier and his theories were talked about to some extent was while Tellegen discussed the topic of general paralysis on several occasions. In his 1883 introduction to the GP debate, Tellegen spoke amid his Dutch colleagues of the most common causes that had been brought forward by psychiatrist across Europe. He mentioned hereditary, alcoholic or sexual excesses, syphilis, (head) trauma, heatstroke and a fast life. From a pathological point of view, Tellegen also listed atrophy, chronic inflammation, or a combination of both, and was of the opinion that physicians should recognise and take into consideration these various pathological elements. The multi-causation theory of GP and especially its moral and social factors stayed for a considerable amount of time an inherent part of Dutch alienists’ convictions.<sup>1670</sup> Amid these different factors, Tellegen stated about Fournier’s views that “[...] in my opinion, it goes too far to look for the

---

<sup>1666</sup> “[...] hier genaderd tot een nieuw betwist punt in de leer der dementia paralytica, de aetiologische beteekenis van de syphilis”. See: “Discussie over de dementia paralytica, vooral in Nederland”, *Psychiatrische Bladen*, 1883, vol. 1, 203, <http://hdl.handle.net/2027/chi.098893536>.

<sup>1667</sup> Slijkhuis and Oosterhuis, ‘Cadaver Brains and Excesses in Baccho and Venere’, 459.

<sup>1668</sup> The textual transcription often was only a few sentences. See for example: Van der Swalme, “Tabelarisch overzicht van de gevallen van dementia paralytica [...]”, PB, 1883, vol. 1, 225, <http://hdl.handle.net/2027/chi.098893536>. Others who mentioned their opinion about the causes of GP were for example: Van Capelle, Persijn, Donkersloot, De Snoo, Egeling, De Jong, Scholtens, Elzevier, Deventer. See: J. Van Devener Sz., “Bijdrage tot de aetiologie der dementia paralytica”, PB, 1898, vol. 2, 10-19, <http://hdl.handle.net/2027/chi.73447520>; Van Capelle, “Het voorkomen van paralysis cerebri in de krankzinnigengestichten van Nederland, in verband met de beroepen der opgenomenen”, PB, 1885, vol. 3, 201-207, <http://hdl.handle.net/2027/chi.098893659>; Tellegen, “Nog eens de dementia paralytica in Nederland”, PB, 1885, vol. 3, 121-140, <http://hdl.handle.net/2027/chi.098893659>.

<sup>1669</sup> The transcript of these debates often took up half a page or more.

<sup>1670</sup> Slijkhuis and Oosterhuis, ‘Cadaver Brains and Excesses in Baccho and Venere’, 456–59.

main aetiological moment in Syphilis” – referring in a footnote to Fournier’s work.<sup>1671</sup> This is in itself an interesting remark as Tellegen seems to allude to the idea that Fournier argued for a direct GP-syphilis link, this was however, not yet the case. The confusion about Fournier’s position regarding the relationship between general paralysis and syphilis is another vital component – which I will discuss in more detail later on – that showcases a different side of Fournier’s acclaimed influence.

Tellegen also did not agree with Fournier’s theory about pseudo-general paralysis. He warned his peers that, “Anyone considering the grounds on which Fournier and his above-mentioned work 'la Syphilis du cerveau' (1879) assumes the existence of a pseudo-general paralysis of syphilitic origin will have to find it too light”.<sup>1672</sup> Tellegen would continue his battle against the GP-syphilis link, even almost completely shutting down a possible discussion about it in 1885 while saying, “I don't want to return to the issue of the causal link between lues and dementia paralytica. The time has not yet come to make a statement on this matter, any more than it is now possible to establish the link between lues and tabes dorsalis [...]”.<sup>1673</sup> However, ten years later, in 1895, he would re-evaluate his opinion and declared that tabes dorsalis and GP were caused by a “luetetic infection”.<sup>1674</sup>

Aside from Tellegen’s opinions about syphilis and Fournier, Fournier’s name is not mentioned often in the journal of the Dutch psychiatric association. His name is mentioned a total of 19 times across nine years throughout the Dutch *Psychiatrische Bladen*.<sup>1675</sup> None of them were to review or discuss his work in depth on any occasion, only to very briefly mention him in a factual way without any further elaboration.<sup>1676</sup>

---

<sup>1671</sup> “het gaat naar mijne meening te ver, om in de Syphilis het voornaamste aetiologische moment te zoeken”. See: A. O. H. Tellegen, “Discussie over de dementia paralytica vooral in Nederland”, *Psychiatrische Bladen*, vol. 1, 1883, 204-205, <http://hdl.handle.net/2027/chi.098893536>.

<sup>1672</sup> “Wie de gronden overweegt, waarop Fournier en zijn boven aangehaald werk 'la Syphilis du cerveau' (1879) het bestaan eener pseudoparalysie générale syphilitique aanneemt, die zal ze te licht moeten bevinden”. See: A. O. H. Tellegen, “Discussie over de dementia paralytica vooral in Nederland”, *Psychiatrische Bladen*, vol. 1, 1883, 214, <http://hdl.handle.net/2027/chi.098893536>.

<sup>1673</sup> “Ik wil niet terugkomen op de kwestie, in hoeverre de lues met de dementia paralytica in oorzakelijk verband staat. De tijd is nog niet gekomen om hierover uitspraak te doen, evenmin als dat men nu reeds het verband kan aangeven tusschen lues en tabes dorsalis, een strijd, die niet alleen met wetenschappelijke wapenen gevoerd wordt, maar die vooral in Duitschland een persoonlijk karakter aanneemt”. See: Tellegen, “Nog eens de dementia paralytica in Nederland”, PB, 1885, vol. 3, 136, <http://hdl.handle.net/2027/chi.098893659>.

<sup>1674</sup> “luetische infectie”. See: Tellegen, “Het vraagstuk der geslachtelijke onthouding”, PB, 1895, vol. 13, 90, <http://hdl.handle.net/2G27/chi.098893780>.

<sup>1675</sup> Calculated via AntConc. This calculation is of course only an indication. See chapter 1 on why this is the case.

<sup>1676</sup> Tellegen for example only says: “Fournier speaks of a pseudo-paralysis of syphilitic origin to distinguish it from true dementia paralytica”. Original: “Fournier spreekt van eene pseudoparalysie syphilitique, om ze van de ware dementia paralytica te onderscheiden”. See: Tellegen, “Discussie over

The only known book review about his work appeared in the *Nederlandsch Tijdschrift voor Geneeskunde* in 1895.<sup>1677</sup> Jelgersma wrote a review about his *Les affections parasymphilitiques* which was of a similar length to the reviews published in the United Kingdom.<sup>1678</sup> In France, the United Kingdom and the Netherlands Fournier's presence, and especially the forms this presence took, varied. Not everywhere did his ideas form a significant trigger for discussion, and interest in his books also varied if we consider the reviews that appeared or the frequency with which his research was cited – especially in comparison to that of others.

### **Fournier and the concept of *parasyphilis* and *pseudo-paralysie générale*: an enabler or a deterrent?**

Tellegen's argumentation provides an incentive to contemplate Fournier's position in Europe in even more depth: should we consider him to be an enabler or a deterrent of the GP-syphilis link? Firstly, there were different schools of thought about the link between GP and syphilis, which were situated on a sliding scale that reached from no connection at all to the idea that syphilis was the sole and definite cause of GP. Fournier is in historical research mainly depicted as the one who created the seed of a possible link between GP and syphilis, but Fournier's own position in this debate was not always clearly delineated – which will also become apparent from how different alienists categorised him – and would change his opinion about an (in)direct link somewhere in the early 1890s. Secondly, the concepts parasyphilis and pseudo-general paralysis that were introduced by Fournier did not necessarily bring more clarity to the GP debate.

While the possibility of an (in)direct link between syphilis and general paralysis came more to the forefront, alienists, neurologists and syphologists clustered around certain theories and assertions, forming different schools of thought: those who believed in a direct link, an indirect link or no link at all. D. E. Jacobson, employed as a physician at the Communal hospital in Copenhagen, outlined these different schools in 1892.<sup>1679</sup> Firstly, there was the Scandinavian school who believed that syphilis caused general paralysis (direct link). This theory was professed by among others Esmarch,

---

de dementia paralytica, vooral in Nederland", PB, 1883, vol. 1, 203, <http://hdl.handle.net/2027/chi.098893536>.

<sup>1677</sup> G. Jelgersma, "Alfred Fournier. Les Affections syphilitiques", *Nederlandsch Tijdschrift voor Geneeskunde*, 1895, vol. 39, 1086-1093, <https://www.ntvg.nl/artikelen/les-affections-parasyphilitiques>.

<sup>1678</sup> For example: W. J. M., "La syphilis du cerveau", *Journal of Mental Science*, 1880, vol. 26, 94-100, <http://hdl.handle.net/2027/hvd.hwlwby>.

<sup>1679</sup> D. E. Jacobson, "The Relationship between General Paralysis of the Insane and Syphilis", *Journal of Mental Science*, 1892, vol. 38, 175-186, <http://hdl.handle.net/2027/iau.31858021512862>.

Jenssen, Kjelberg and Steenberg. The latter also coined the aphorism “no general paralysis without syphilis”.<sup>1680</sup> This doctrine of the syphilitic origin of general paralysis was only accepted by a few. A second school, according to Jacobson the majority of alienists situated themselves here, consisted of those who held a middle ground position. They recognised syphilis as a prominent cause, yet mostly as a predisposing factor (indirect link). The last school of thought included those who denied any connection between GP and syphilis (no link). Here Jacobson indicated that Fournier was “[...] the chief exponent of this view, [and] regards the coincidence as purely accidental if we are considering a case of true general paralysis”.<sup>1681</sup>

The latter is an interesting statement, especially if we contrast it with those made by historians about Fournier’s position. He is commonly depicted as the one making the syphilis-GP link gain more ground, while it is also pointed out that Fournier was hesitant to suggest a firm connection and mainly believed in an indirect link.<sup>1682</sup> The work by Allan Ropper, a neurologist, and Brian Burrell especially illustrates Fournier’s ambiguousness and how difficult it is to actually place him in the history of GP. As non-historians they mention on the one hand that Fournier hesitated to suggest a syphilis-GP link, stating that “most physicians sided with Fournier on the matter”, while on the other hand also declaring that Noguchi’s discovery of spirochaetes proved “Antoine Bayle and Alfred Fournier had been right all along” which points towards the idea that Fournier believed in a direct link.<sup>1683</sup> The reception of Fournier’s ideas and theories cannot simply be generalised across the different psychiatric communities in Europe and has to be contextualised more extensively through time and space.

Fournier’s point of view changed over time and long rejected any GP-syphilis link. For this reason he put forward the concept of a pseudo-general paralysis of a syphilitic origin in his 1879 monograph *La syphilis du cerveau*.<sup>1684</sup> This notion, which was often referred to as the duality theory, consisted on the one hand of the idea that true general paralysis was not caused by syphilis, while syphilis could be found in

---

<sup>1680</sup> D. E. Jacobson, “The Relationship between General Paralysis of the Insane and Syphilis”, *Journal of Mental Science*, 1892, vol. 38, 176, <http://hdl.handle.net/2027/iau.31858021512862>.

<sup>1681</sup> D. E. Jacobson, “The Relationship between General Paralysis of the Insane and Syphilis”, *Journal of Mental Science*, 1892, vol. 38, 176-177, <http://hdl.handle.net/2027/iau.31858021512862>.

<sup>1682</sup> Hurn, *The History of General Paralysis of the Insane in Britain, 1830 to 1950*, 8 and 61 and 99–100 and 107; Davis, *The Cruel Madness of Love*, 201; Stewart et al., ‘Syphilis, General Paralysis of the Insane, and Queensland Asylums’, 62; Allan H. Ropper and Brian Burrell, *How the Brain Lost Its Mind: Sex, Hysteria, and the Riddle of Mental Illness*, 1 edition (New York: Avery, 2019) [ebook].

<sup>1683</sup> Ropper and Burrell, *How the Brain Lost Its Mind* [ebook].

<sup>1684</sup> Alfred Fournier, *La syphilis du cerveau*, (Paris: G. Masson, 1879), <http://hdl.handle.net/123456789/1965>.



pseudo-general paralysis. More specifically, it was tertiary syphilis that mimicked general paralysis as they both produced similar symptoms in psychiatric patients.<sup>1685</sup> However, their cause was different. One of the main reasons why Fournier, but others as well, believed in the existence of GP and pseudo-GP as two different diseases was due to the fact that anti-syphilitic treatment with mercury did not have any effect on GP patients, and Fournier encouraged physicians to use the term pseudo-GP when tertiary syphilis imitated GP.<sup>1686</sup> During the 1890s his views began to change, yet would stay ambiguous, revising his opinion, and professing an indirect link between GP and syphilis.

This meant that the constellations formed around Fournier's fluctuating ideas and the position others took up in defense or not of Fournier's theories would shift across time and across different countries. The reading and interpretation of Fournier's work created quite diverse ideas and was not straightforward, causing considerable confusion about Fournier's opinions and theories among contemporaries. For example, not all alienists associated Fournier with the school of thought that promoted an indirect link. As we have touched upon earlier, the Dutch alienist Tellegen had alluded to the notion that Fournier argued for a direct link between syphilis and GP, while the declaration of the Danish physician Jacobson showed rather the complete opposite idea.

Although Fournier tried to encourage physicians to use the duality theory, it was not accepted by all. While French alienists were somewhat sceptical about Fournier's doctrine, as we saw earlier, he would gain some supporters in France during the 1880s yet at the same time, still others raised their voice against it.<sup>1687</sup> Many alienists found it impossible to distinguish between real GP and Fournier's pseudo-GP of syphilitic origin. The Danish alienist Jacobson noted in 1892 how British, American and German alienists had difficulties to establish a diagnosis while different concepts were in circulation. Of the latter he mentioned that "In Germany Fournier's dual theory has on the whole been received with but scant favour, many clinical teachers, such as Mendel, Ripping, Goldstein, Ziehen and Ziemssen, having given expression to statements setting forth their inability to subscribe to this assumed distinction".<sup>1688</sup> Throughout the 1880s

---

<sup>1685</sup> Hurn, *The History of General Paralysis of the Insane in Britain, 1830 to 1950*, 99–100.

<sup>1686</sup> Davis, *The Cruel Madness of Love*, 201.

<sup>1687</sup> D. E. Jacobson, "The Relationship between General Paralysis of the Insane and Syphilis", *Journal of Mental Science*, 1892, vol. 38, 177, <http://hdl.handle.net/2027/iau.31858021512862>.

<sup>1688</sup> D. E. Jacobson, "The Relationship between General Paralysis of the Insane and Syphilis", *Journal of Mental Science*, 1892, vol. 38, 178, <http://hdl.handle.net/2027/iau.31858021512862>.



and all the way through the 1890s we find similar accounts. The French alienist August Voisin, one of the principal writers about GP, did not believe in a GP-syphilis link, yet at the same time also had trouble with Fournier's duality theory. In his *Traité de la paralysie générale des aliénés* (1879) he wrote: "Statistics are a weapon that should not be used much in questions of general paralysis, and here is why: a statistic is only good if it relates to both large numbers and units of the same nature. Now, the law of large numbers can be strictly observed, but the second condition is difficult to fulfill, because of all the pseudo general paralysis, because of the difficulty of diagnosing the real one at its various periods".<sup>1689</sup>

Ten years later, the difference between GP and pseudo-GP still formed a stumbling block for numerous alienists. Especially in Belgium there was some strong opposition. In 1889 the Belgian physician Lentz, not being convinced of the use of *pseudo-paralysie générale*, stated that it only contributed to confusion and declared in one of the meetings of the SMMB that "First of all, we will clear the ground by completely discarding all the facts of cerebral syphilis and the more uncertain facts of pseudo-paralysis, a term which is unfortunately misused too much. These vague and ill-defined terms are meant to mislead science rather than to serve it".<sup>1690</sup> Fournier's "encouragement" to use pseudo-GP was not appreciated by all to say the least. A few years later, in 1895, the Belgian alienist Francotte asserted that "A search has been made for clinical signs to distinguish it [pseudo-general paralysis of a syphilitic origin] from true progressive paralysis, but so far no one seems to have been happier than in the case of alcoholic pseudo-general paralysis".<sup>1691</sup> The historian Davis claims that the

---

<sup>1689</sup> "La statistique est une arme dont on doit peu se servir dans les questions relatives à la paralysie générale, et voici pourquoi: une statistique n'est bonne qu'à la double condition de porter sur de grands nombres et sur des unités de même nature. Or, la loi des grands nombres peut être à la rigueur observée, mais la deuxième condition est difficile à remplir, à cause de toutes les pseudo-paralysies générales, à cause de la difficulté du diagnostic de la véritable à ses diverses périodes". See: Auguste Voisin, *Traité de la paralysie generale*, (Paris: J.-B. Baillière et fils, 1879), 308, <https://gallica.bnf.fr/ark:/12148/bpt6k5500705p>. An interesting side note here is that D.E. Jacobson had expressed that Voisin adhered to Fournier's duality theory, while the mentioned quote rather seems to imply a somewhat different view. Psychiatrists points of view were often ambiguous and categorising alienists according to supporters or opponents of a syphilis-GP link was rather artificial and arbitrary and was based on alienists prior knowledge base. To gain more insight in these peculiarities, we should investigate Voisin's writings in more detail, but this is unfortunately outside of the scope of this thesis.

<sup>1690</sup> "Déblayons d'abord le terrain en écartant complètement tous les faits de syphilis cérébrale et ceux, plus incertains de pseudo-paralysie générale, terme dont on prend malheureusement l'habitude d'abuser beaucoup trop. Ces termes vagues et mal définis sont faits plutôt pour égayer la science que pour la servir". See: "Discussion sur la paralysie générale d'origine syphilitique", BSMMB, 1889, no. 52, 22[25], <https://books.google.be/books?id=rhQEAAAAYAAJ&hl=nl&pg=PP1#v=onepage&q&f=false>.

<sup>1691</sup> "On a cherché des signes cliniques qui per missent de la distinguer de la paralysie progressive vraie; mais, il ne semble pas que, jusqu'ici, on ait été plus heureux qu'en matière de pseudo-paralysie

use of prefixes such as ‘para’ and ‘pseudo’ allowed physicians to tentatively link syphilis to general paralysis and tabes dorsalis without having to commit fully to the idea of syphilis being the definitive or single cause.<sup>1692</sup> Yet, the introduction of the term pseudo-GP unmistakably only added more possibilities and more confusion on top of the complex disease that GP already was. On this basis we could question if we should attribute as much agency to the use of pseudo- and para-diseases as has been done by historians up till now.

Aside from alienists across Europe considering Fournier’s pseudo-GP to only add more confusion than was necessary, there would also be psychiatrists who did make use of it. Terms such as *pseudo-paralysie générale alcoolique* or *pseudo-paralysie générale saturnine* were sometimes used but were abandoned by alienists by the turn of the century.<sup>1693</sup> However, alienists also took the concept of pseudo-GP into their own hands and used the category in a different manner than Fournier had intended, adapting the term pseudo-general paralysis to serve their own needs. According to Francotte the term was for example useful in uncertain cases as it had “[...] the advantage of giving a rudimentary outline of the morbid condition in question and of warning against misdiagnosis”<sup>1694</sup>, adding that it could be used as a “diagnostic provisoire” and a “diagnostic d’attente”.<sup>1695</sup>

Numerous alienists across Europe, especially up until the 1890s, saw Fournier as a non-believer in the link between syphilis and GP. Tellegen for example gave in 1883 a list of authors who did not attribute any significance to syphilis as a factor or those who renounced a direct connection. Among them we find Fournier, Voisin and Mickle.<sup>1696</sup> Fournier was one of them and this was also one of the reasons he developed the concept of pseudo-GP, which was often misinterpreted. In his 1894 publication *Les affections parasyphilitic* Fournier mentions: “this pseudo syphilitic general paralysis is

---

générale alcoolique”. See: Francotte, “De la symptomatologie et du diagnostic de la paralysie générale”, BSMMB, 1895, no. 78, 272,

<http://hdl.handle.net/2027/hvd.32044102893989>.

<sup>1692</sup> Davis, *The Cruel Madness of Love*, 201.

<sup>1693</sup> J. Rogues de Fursac, *Manuel de psychiatrie*, (Paris: Felix Alcan, 1903), 215,

<https://gallica.bnf.fr/ark:/12148/bpt6k5684289b>.

<sup>1694</sup> “[...] a l’avantage de donner une caractéristique sommaire de l’état morbide don’t il s’agit et de metre en garde contre des erreur de diagnostic”. See: Francotte, “De la symptomatologie et du diagnostic de la paralysie générale”, BSMMB, 1895, no. 78, 267,

<http://hdl.handle.net/2027/hvd.32044102893989>.

<sup>1695</sup> Francotte, “De la symptomatologie et du diagnostic de la paralysie générale”, BSMMB, 1895, no. 78, 268, <http://hdl.handle.net/2027/hvd.32044102893989>.

<sup>1696</sup> A. O. H. Tellegen, “Discussie over de dementia paralytica vooral in Nederland”, *Psychiatrische Bladen*, vol. 1, 1883, 203, <http://hdl.handle.net/2027/chi.098893536>.

in no way a proper morbid entity, nor a modified general paralysis, nor a syphilitic general paralysis. It is purely and simply, I repeat one last time, a form of cerebral syphilis [...]”.<sup>1697</sup> The fact that he had to make such a statement indicates and confirms what I have outlined above: Fournier’s ideas were not necessarily understood or accepted in the same manner everywhere.

However, while trying to alter his peers’ misconception about pseudo-GP, he would also simultaneously denounce pseudo-GP. In 1894 he writes: “Originally, [...] I didn't believe, I tried not to believe in general paralysis of a syphilitic cause. I rejected such a doctrine in the manner of a heresy. So much so that, in order to intertwine the facts which presented themselves to me in the form of general paralysis due to syphilis, I imagined a new morbid type, the pseudo syphilitic general paralysis, a true type, an authentic type, but in which, certainly, I was wrong in the past to include, willingly or unwillingly, no less authentic cases of true general paralysis”.<sup>1698</sup> While letting go of the idea of pseudo-general paralysis, he introduced yet another concept in his monograph, namely that of parasyphilis. Through this concept he gave some credit to syphilis as a factor in GP. Although Fournier would by 1894 admit that there was a connection, he would always maintain that this was an indirect relationship: general paralysis was syphilitic in origin but not in nature.<sup>1699</sup> By this he meant that GP was under the influence of syphilis, but that it was not its primary cause. This is also how most alienists across Europe understood Fournier’s new theory: an indirect connection between syphilis and GP, yet also here nuances were often small and sometimes hard to

---

<sup>1697</sup> “[...] cette pseudo-paralysie générale syphilitique ne constitue en rien ni une entité morbide propre, ni une paralysie générale modifiée, ni une paralysie générale syphilitique. C’est purement et simplement, je le répète une dernière fois, une forme de syphilis cérébrale [...]”. See: Alfred Fournier, *Les affections parasyphilitique*, (Paris: Rueff et Cie., 1894), 197, <https://wellcomelibrary.org/item/b20403732>.

<sup>1698</sup> “A l'origine, [...] je ne croyais pas, je m'efforçais de ne pas croire à la paralysie générale de cause syphilitique. Je repoussais une telle doctrine à la façon d'une hérésie. Si bien que, pour interpréter les faits qui se présentaient à moi sous forme de paralysies générales consécutives à la syphilis, j'imaginai un type morbide nouveau, la pseudo paralysie générale syphilitique, type vrai, type authentique, mais dans lequel, bien certainement, j'ai eu le tort autrefois de faire rentrer, bon gré mal gré, des cas non moins authentique de paralysie générale vraie”. See: Alfred Fournier, *Les affections parasyphilitique*, (Paris: Rueff et Cie., 1894), 166-167, <https://wellcomelibrary.org/item/b20403732>.

<sup>1699</sup> By this he meant under the influence of syphilis, the latter not being “[...] exclusively and necessarily depend” on syphilis for the production of GP. Fournier’s instinct “rebelled” against syphilis being a direct consequence of GP. A British reviewer stated: “[...] in no way does he qualify it as syphilitic in the sense that a chancre or a gumma is syphilitic; for general paralysis, as an example (and there are other reasons, he adds), is in no way modified by antisyphilitic treatment. General paralysis he therefore classifies among the parasyphilitic affections”. See: “Syphilis and General Paralysis”, *Journal of Mental Science*, 1896, vol. 42, no. 176, 197, <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/past-title/journal-of-mental-science/all-issues/4F51B1E4B3F81774A5D21EE614CDFD45>. See also: : Alfred Fournier, *Les affections parasyphilitique*, (Paris: Rueff et Cie., 1894), <https://wellcomelibrary.org/item/b20403732>.

distinguish from each other. In 1903 the French physician Joseph Rogues de Fursac, at one point *médecin en chef* of the Asylum of Ville-Évrard, asked himself “But is syphilis the essential and specific cause of this condition?”, answering this question with “Some agree with M. Fournier that general paralysis is a disease of syphilitic origin, a parasymphilitic affection; others agree with M. Joffroy that it is only an additive, a powerful one it is true, which favours, but is not sufficient to provoke the outbreak of the disease”.<sup>1700</sup>

Fournier’s theories were known by many but produced very different reactions. In a similar fashion, but yet different from the example above, the British alienist George M. Robertson claimed during a lecture in 1913 that it was Fournier who in 1875 brought to the attention that syphilis was the cause of GP.<sup>1701</sup> Yet, in the 1870s Fournier was still considered to be a non-believer by most of his peers and his ideas would only change around the 1890s. Robertson also asserted that “[...] our belief in the syphilitic nature of general paralysis was wavering and inconclusive so long as the parasymphilitic theory of Fournier could not be disproved or held to be improbable”.<sup>1702</sup> These examples illustrate how different alienists’ perception about Fournier could be and explains why even when Fournier’s ideas had already been circulating for some time, alienists were unsure about Fournier’s standpoint and his theories. The American Arthur W. Hurd, superintendent of the Buffalo State Hospital, would very hesitantly state that “Fournier somewhat rigidly distinguished between the two [pseudo-GP of syphilitic origin and GP], but I believe, later, somewhat modified his view and declared that many of the cases which he had formerly called pseudo-paresis, he now regarded as true paresis”.<sup>1703</sup> Historians Hurn and Davis have claimed that Fournier’s theories were a catalyst for the recognition of syphilis as a cause of GP.<sup>1704</sup> However, aside from the fact that a direct GP-syphilis link was difficult to prove for psychiatrists, this was also

---

<sup>1700</sup> “Mais la syphilis est-elle bien la cause essentielle et spécifique de cette affection? Ici les opinions divergent. Les uns admettent avec M. Fournier que la paralysie générale est une maladie d'origine syphilitique, une affection parasymphilitique; les autres pensent avec M. Joffroy qu'elle n'est qu'un adjuvant, puissant il est vrai, qui favorise, mais ne suffit pas à provoquer l'écluse de la maladie”. See: J. Rogues de Fursac, *Manuel de psychiatrie*, (Paris: Felix Alcan, 1903), 225, <https://gallica.bnf.fr/ark:/12148/bpt6k5684289b>.

<sup>1701</sup> George M. Robertson, “The Morison Lectures, 1913. Spinal Fluid Reactions and Signs of General Paralysis”, *Journal of Mental Science*, 1914, vol. 60, no. 248, 2, <http://hdl.handle.net/2027/njp.32101074924463>.

<sup>1702</sup> George M. Robertson, “The Morison Lectures, 1913. General Paralysis of the Insane”, *Journal of Mental Science*, 1913, vol. 59, no. 245, 220, <http://hdl.handle.net/2027/njp.32101074924141>.

<sup>1703</sup> Arthur W. Hurd, “Differential diagnosis of paretic and pseudo-paretic states”, *AJP*, 1900, vol. 56, January, 423, <http://hdl.handle.net/2027/mdp.39015076899528>.

<sup>1704</sup> Hurn, *The History of General Paralysis of the Insane in Britain, 1830 to 1950*, 117; Davis, *The Cruel Madness of Love*, 201.

the case for Fournier's pseudo-GP and parasyphilitic theory and the confusion that Fournier's new concepts brought with it. Therefore we should not only see Fournier as an enabler but also as a deterrent in the history of general paralysis.

### A German syphilitic theory?

Fournier has always been seen as *the* individual who introduced and stood behind the idea of a syphilis connection to GP, yet as outlined above this needs to be nuanced across time and space. In addition, the syphilis theory was not necessarily or primarily connected to Fournier and therefore France, but was rather associated with Germany and the German school of thought. Fournier himself wrote: "France - I am sorry to say - remained for a long time a stranger to this movement of opinion [the connection between syphilis and GP]; but elsewhere, especially in Germany, the Scandinavian countries, the United States, etc., there was suddenly a real upheaval on the subject".<sup>1705</sup> We find this idea not only by well-known individuals such as Fournier, also the French alienist Joseph Rogues de Fursac had a similar understanding about German alienists' favouring a relationship between syphilis and GP. Although not well-known, especially in current historiography, he did publish a handbook on psychiatry that went through various French and English editions<sup>1706</sup> in which he pointed out that "At first scorned, this idea [the GP-syphilis connection] soon made its way abroad, especially in Germany. It took longer to acclimatise in France".<sup>1707</sup> Alienists and physicians across Europe attributed a significant role to German and Austrian-Hungarian physicians, when it concerned the role of syphilis and its connection to general paralysis, yet the role of German-speaking psychiatrists and neurologists upon the ideas that circulated across Europe has up till now not been investigated by historians. The only exception

---

<sup>1705</sup> "La France - je regrette d'avoir à le constater — est restée longtemps étrangère à ce mouvement d'opinion; mais ailleurs et surtout en Allemagne, dans les pays Scandinaves, aux États-Unis, etc., une véritable 'agitation' s'est produite subitement sur le sujet". See: Alfred Fournier, *Les affections parasyphilitique*, (Paris: Rueff et Cie., 1894), 139, <https://wellcomelibrary.org/item/b20403732>.

<sup>1706</sup> See for example the first French edition and the second and fifth English edition: J. Rogues de Fursac, *Manuel de psychiatrie*, (Paris: Felix Alcan, 1903), <https://gallica.bnf.fr/ark:/12148/bpt6k5684289b>; J. Rogues de Fursac and Aaron Joshua Rosanoff (transl. and edit.), *Manual of psychiatry*, (New York: John Wiley & Sons, 1908), <https://archive.org/details/manualofpsychiat00roguuooft/page/n3/mode/2up>; Aaron Joshua Rosanoff (edit.), *Manual of psychiatry*, (New York: John Wiley & Sons, 1913), <https://archive.org/details/manualofpsychiat00rosa/page/n5/mode/2up>.

<sup>1707</sup> "D'abord dédaignée, cette idée ne tarda pas à faire son chemin à l'étranger, surtout on Allemagne. Elle fut plus longue à s'acclimater en France". See: J. Rogues de Fursac, *Manuel de psychiatrie*, (Paris: Felix Alcan, 1903), 224, <https://gallica.bnf.fr/ark:/12148/bpt6k5684289b>.

being Jörg Grefe's dissertation about the perception of the etiology of GP in the *Allgemeine Zeitschrift für Psychiatrie* between 1884 and 1813.<sup>1708</sup>

European alienists' ideas about the GP-syphilis link and their tendency to connect it with German-speaking regions is another opportunity to place Fournier in a more nuanced light. German physicians researched and recognised the syphilitic etiology of general paralysis relatively early, most likely even before Fournier voiced his different theories in the late 1870s. In 1879, the year that Fournier outlined his idea about pseudo-GP and was still a non-believer in a GP-syphilis link, the French alienist Foville observed that "[...] some German authors have attributed a very large share to syphilis in the etiology of general paralysis [...]".<sup>1709</sup> Alienists across Europe were keen to use and reference their work, making use of the expertise of various German physicians – which becomes especially apparent among the various psychiatric journals studied. German physicians were equally, maybe even more often, referenced than Fournier or other French physicians. In 1898 the Irish physician W. R. Dawson, assistant medical superintendent at Farnham House Asylum in Dublin, for example touched upon the existence of the GP-syphilis theory, referring to the research on the continent where "[...] the importance of syphilis in the causation of general paralysis is almost universally admitted".<sup>1710</sup> Among these continental authors he mentions chiefly those from German speaking regions, such as Mendel, Rieger, Binswanger, Greidenberg and Hirschl – the latter's writing being called a "most important recent work".<sup>1711</sup> Out of the ten works Dawson consulted for his article, six of these were written by German speaking physicians (J. A. Hirschl, R. von Kraft-Ebing, E. Lang together with G. Nobl, H. Obersteiner and H. Oppenheimer), while three others were countrymen of his and the only French work he consulted was Fournier's *Syphilis and General Paralysis* published in 1897.<sup>1712</sup> Dawson furthermore mentioned that most of these German authors

---

<sup>1708</sup> Jörg Grefe, *Die Vorstellungen zur Ätiologie der Progressiven Paralyse in der Allgemeinen Zeitschrift für Psychiatrie 1844-1913.*, 1991.

<sup>1709</sup> "On sait que quelques auteurs allemands ont attribué une part très-large à la syphilis dans l'étiologie de la paralysie générale [...]". See: "Observation reproduite. Paralysie générale d'origine syphilitique", AMP, 1879, vol. 1, 68-69, <http://www.bium.univ-paris5.fr/histmed/medica/cote?90152x1879x01>.

<sup>1710</sup> W. R. Dawson, "The Relation of Acquired Syphilis to Insanity. A Critical Digest", JMS, 1898, vol.44, no. 185, 286, <http://hdl.handle.net/2027/mdp.39015046989011>.

<sup>1711</sup> W. R. Dawson, "The Relation of Acquired Syphilis to Insanity. A Critical Digest", JMS, 1898, vol.44, no. 185, 286, <http://hdl.handle.net/2027/mdp.39015046989011>.

<sup>1712</sup> W. R. Dawson, "The Relation of Acquired Syphilis to Insanity. A Critical Digest", JMS, 1898, vol.44, no. 185, 290, <http://hdl.handle.net/2027/mdp.39015046989011>.

considered syphilis to be the “sole essential factor”,<sup>1713</sup> while in the United Kingdom several alienists assigned an important role to syphilis but not to the same degree as German physicians.

The variety of theories that circulated affected psychiatrist’s perception concerning their colleague’s opinions. The Scandinavian alienist Emil Hougberg, assistant physician in the Asylum of Lappvik, near Helsingfors in Finland, and the earlier mentioned British physician Dawson both wrote about GP during the late 1890s, yet their impression and perception of how much impact German alienists attributed to syphilis varied. Hougberg remarked in 1897 that the “[...] psychiatric physicians of Scandinavia and Finland hold that general paralysis is a disease entirely caused by an earlier infection of syphilis. The German alienists with Mendel for the most part take a middle position. Though they admit that syphilis is an important factor in the production of so-called paralytic dementia, they do not consider it to be its sole cause”.<sup>1714</sup> While Hougberg mentions Mendel taking a middle position, Dawson on the other hand, stressed that Mendel found syphilitic antecedents in 75% of general paralysis cases and believed that syphilis could produce GP.<sup>1715</sup>

Different psychiatric communities each stressed the importance of other factors or prioritised them to a different degree. Aside from German physicians who favoured syphilis in the aetiology of GP, several alienists underlined that French physicians did not find this factor important although “[...] little by little, the German idea was gaining ground” in France as well.<sup>1716</sup> During the 1890s in particular there was a “tendance hostile”<sup>1717</sup> towards the syphilitic idea among French alienists and rather held the influence of alcohol or alcohol abuse in the aetiology of GP in high esteem.<sup>1718</sup> Yet even among those who adhered to a certain theory, there were often small variations in alienists’ views. The French alienist Charpentier for example believed in an

---

<sup>1713</sup> W. R. Dawson, “The Relation of Acquired Syphilis to Insanity. A Critical Digest”, JMS, 1898, vol.44, no. 185, 287, <http://hdl.handle.net/2027/mdp.39015046989011>.

<sup>1714</sup> Emil Hougberg, “The aetiology of general paralysis”, JMS, 1894, vol. 40, no. 170, 464, <http://hdl.handle.net/2027/hvd.hw1wmo>.

<sup>1715</sup> W. R. Dawson, “The Relation of Acquired Syphilis to Insanity. A Critical Digest”, JMS, 1898, vol.44, no. 185, 286 and 340, <http://hdl.handle.net/2027/mdp.39015046989011>.

<sup>1716</sup> “[...] peu à peu, l’idée allemande faisait du chemin”. See: “La syphilis et l’alcoolisme dans la paralysie générale, par le Dr Toulouse (Gaz. des Hopitaux, 1892)”, BSMMB, 1892, no. 66, 339, <http://hdl.handle.net/2027/chi.102775440>.

<sup>1717</sup> “La syphilis et l’alcoolisme dans la paralysie générale, par le Dr Toulouse (Gaz. des Hopitaux, 1892)”, BSMMB, 1892, no. 66, 339, <http://hdl.handle.net/2027/chi.102775440>.

<sup>1718</sup> Emil Hougberg, “The aetiology of general paralysis”, JMS, 1894, vol. 40, no. 170, 464, <http://hdl.handle.net/2027/hvd.hw1wmo>; “La syphilis et l’alcoolisme dans la paralysie générale, par le Dr Toulouse (Gaz. des Hopitaux, 1892)”, BSMMB, 1892, no. 66, 339, <http://hdl.handle.net/2027/chi.102775440>.



“intoxication alcoolique” that could produce general paralysis<sup>1719</sup> and Marandon de Montyel was convinced of the existence of “une vraie paralysie générale alcoolique”.<sup>1720</sup> However, among these voices there were also those that still believed that the aetiology of GP was not univocal, and that physicians should speak of multiple general paralysis.<sup>1721</sup> The latter was for example believed by the French alienist Ballet because psychiatrists’ stance in the debate about the syphilitic or alcoholic predominance of GP depended according to him on the region and the type of asylum where alienists worked: in private asylums with an urban clientele, they were more prone to adopt the theory of a “origine syphilitique”, while in public asylums they adhered to the theory of an “origine alcoolique”.

The variety in, and the perception of, these theories across different psychiatric communities in Europe illustrates that many sides were explored in order to unravel the mysteries of GP. Each theory also often consisted of various sub-opinions within a particular community. Studying these variations in more depth in the future could highlight the different paths that were explored in more detail, and in particular assist to further contextualise mainstream historiography.

## Conclusion: a new light on knowledge circulation through forgotten diagnostics and practices

The aim of this chapter was to offer a window on how knowledge is created and circulated across Europe. General paralysis, which was a universally recognised mental disease during the nineteenth and twentieth centuries, was taken as a case study. By taking a step back from a repetitive historiography – studying the same French-Anglophone geographical area as well as the focus on the GP-syphilis link and the “famous eight” – a very different image arises. Not only about general paralysis itself, which still contains various untold and hidden histories, but in particular about historian’s perception on knowledge circulation and the (over)generalisation of historical trends. The idea that there is not just one history, but that we should speak of *histories* has over the past decade taken hold among historians, and its significance

---

<sup>1719</sup> “Recherches expérimentales sur l’alcoolisme chronique comme cause de la paralysie générale par M. Combemale”, BSMMB, 1891, no. 62, 359-360, <http://hdl.handle.net/2027/hvd.32044102894011>.

<sup>1720</sup> “Le diagnostic différentiel de la 'paralysie générale et de Valcoolisme paralytique, par Marandon de Montyel (Rev. de méd., 1898)”, BSMMB, 1898, no. 88, 49, <http://hdl.handle.net/2027/hvd.32044102893955>.

<sup>1721</sup> “Recherches expérimentales sur l’alcoolisme chronique comme cause de la paralysie générale par M. Combemale”, BSMMB, 1891, no. 62, 365, <http://hdl.handle.net/2027/hvd.32044102894011>.



is witnessed here as well. Rather than talking about the circulation of knowledge, we should speak of the multiple dimensions of knowledge circulation. Focussing in particular on GP's forgotten diagnostics and causes adds an extra dimension that emphasises the various ways in which knowledge and information was approached, discussed and used across Europe. Moreover, it re-contextualises the mainstream ideas about "common" diagnostic aids such as the Wassermann test and "universal" theories such as those by Fournier.

Although the Wassermann reaction has been depicted as a crucial component to unravel GP's mysteries, there is much more to be discovered beneath the surface. British trends have often been generalised for the whole of Europe, while the test was far from commonly used across Europe. The reasons herefor vary, depending on the national or local contexts of different countries. Discrepancies in its use can be mainly attributed to technical and practical obstacles: for some it was a lack of equipment, for others it was doubtfulness of its value and reliability. The Wassermann reaction was a complex test which needed a wide range of fluids and technical equipment, and in particular a laboratory to conduct research. While Belgian alienists were aware of Wasserman's discovery and knew of its existence, it does not seem to have been of much value to Belgian alienists because many asylums did not possess a laboratory, with the exception of the Gheel colony, the sanatorium Ford Jaco and the asylum of Froidmont. Scientific and well outfitted laboratories were found in abundance in Germany – who were at the top of their class when it came to scientific research – and asylums in the United Kingdom were supported by the government and the Lunacy Commission to establish laboratories, but this was not the case in Belgium.

The main reason laboratories did not exist or were lacking in quality in Belgium was due to the power and administrative structure in the asylums, where non-medical men were the proprietors with no interest in facilitating scientific research. This made the largescale introduction of tests such as the Wasserman reaction difficult. In addition, those who did have access to a laboratory did not necessarily do chemical-biological studies. Research on the cellular level and autopsies seem to have been more common, likely due to less specific procedures being necessary than tests like the Wassermann reaction required. Furthermore, the idea of an asylum laboratory jeopardised the alienist's task to care and heal the mentally ill and some contemporaries were of the opinion that an alienist could not be an experienced caregiver and be thoroughly trained to carry out laboratory procedures.

While Belgium lacked equipment and facilities, this was less the case in the Netherlands, where multiple asylums possessed laboratories. Its use was further facilitated because Dutch alienists possessed more scientific and medical freedom. Yet, alienists in the Netherlands were rather cautious about the use of the Wassermann reaction. Several Dutch asylum physicians expressed themselves adversely about the test and no unified image of opinions about its use was found, standing in contrast to the use of cyto-diagnostics. In the Netherlands, J. van der Kolk in particular, considered cyto-diagnostics to be an essential clinical method, although he would adjust his opinion and warn for cautiousness as well. Grasping the opinion of other Dutch asylum physicians on this particular method is difficult but the enthusiasm of a few about cyto-diagnostics and the indifference of others towards it does assist to recontextualise the reception and value of the Wassermann test in the Netherlands.

These developments contradict the idea that the Wassermann test was the sole diagnostic tool used among alienists. This was not only the case in the Netherlands, but across the whole of Europe several other diagnostics tools were experimented with. Even more so, they were used simultaneously with the Wassermann reaction. The use and acceptance of the Wassermann test did not follow an upward linear path. All diagnostic aids that were available to unmask the presence of GP caused scientific doubt among alienists. What did give more assurance was to combine these diagnostic measurements, which was called the “four reactions” test.

Aside from the diagnostic tools to uncover GP, one of the main questions for alienists remained the cause of this complex and deadly disease. While alienists have suggested various causes such as hereditary, alcohol and even sunstroke, the causal link between syphilis and general paralysis is one of the highlights in GP’s history. This theory of a GP-syphilis link was accompanied by numerous debates among physician. One of the primary focus points in historiography has been the involvement of the French syphilologist Alfred Fournier in promoting a link between GP and syphilis. Although Fournier’s work was well known across Europe, the extent to which it was discussed in-depth or triggered intense debates in different psychiatric communities varied, portraying another dimension of Fournier’s position. Fournier introduced new concepts such as pseudo-general paralysis and parasyphilis and historians have ascribed much value to these concepts, yet Fournier’s ideas would shift across time and his own position about these concepts changed. Evaluations by and commentary from peers was necessary to give credit to Fournier’s theories. Not all alienists in Europe

perceived the introduction of these concepts as valuable, but rather adding unwanted confusion to the complex disease that GP was.

The extent of Fournier's fame, should be adjusted even further. While his name is strongly associated with syphilis and GP, he was far from the only alienist or syphologist studying GP. This does not only mean that alienists explored various directions for the cause of GP – resulting in countless of publications – but that also the people and countries we associate with GP, and the GP-syphilis link in particular, should not solely revolve around Fournier. While he made an important contribution to the history of GP and the GP-syphilis link, German physicians also took a special place in the debate. Physicians from German speaking countries were by psychiatrists across Europe recognised as important contributors as they were early adopters of a GP-syphilis link and their publications reached other nations in great quantities. Furthermore, aside from syphilis, alcohol was also attributed a large role in GP, especially by French alienists. Both the involvement of German physicians in the GP-syphilis link and French physicians' view on alcohol as a cause in the history of GP deserve more research and would help to better contextualise the broad tendencies that have been painted by historians over the past few decades.

The various fluctuations in the use of diagnostics or the confidence in certain theories to combat general paralysis illustrate the necessity to approach knowledge creation and circulation not only through the lens of those paths in history that led to success, but also to take into account those that ultimately failed. The latter teaches us that these were perceived by contemporaries as just as valid as those that ended up in history books and brings a whole other perspective to the variety of information that circulated and the different opinions that are found across Europe.

# Final conclusion

On the fourteenth of July 1892 the German alienist Heinrich Laehr of the Schweizerhof asylum near Berlin wrote a congratulatory letter to the British psychiatric association on the centenary of the York Retreat, a famous asylum that is closely associated with the British history of psychiatry. Laehr wrote, “How gladly would I have laid on the day of celebration a laurel-wreath upon the foundation stone of the Retreat, and have expressed my good wishes to the English nation, but alas! I am prevented by illness”. He continued his praise for British psychiatry by further outlining how “German alienists have always had great sympathy with those of England. We have learnt much from them, and still do”.<sup>1722</sup> Laehr’s words of praise, respect and collegiality capture the essence of this thesis’ objective: his words remind us of the many national narratives that have been produced and re-produced about psychiatry from the nineteenth century onwards and yet, it also tells us that these national narratives were not only “owned” by psychiatrists of a particular country. They were shared narratives, offering continuous inspiration or guidance to alienists dispersed across different geographical locations.

Approaching the history of psychiatry from a different angle and confronting it with new concepts and practices creates an ideal framework to reassess established historiography in addition to discovering and identifying new avenues that deserve further exploration, allowing a better understanding of psychiatry’s developments. Applying a transnational approach to the history of psychiatry does not necessarily consist of a concrete set of practices that need to be followed, rather it is a foundation that creates awareness about the interconnectedness of people, ideas and processes. The study of links and flows in a society comes within hands reach if we acknowledge that people, ideas, theories, practices and processes operate “over, across, through, beyond, above, under or in-between polities and societies”.<sup>1723</sup>

Not only does this broaden up the geographical research scope considerably, it also aids our understanding of the interaction, mediation and negotiation processes that took place. A transnational mindset is crucial to place the circulation of psychiatric

---

<sup>1722</sup> “Notes and News. The retreat centenary. [Letter] from Dr. Heinrich Laehr, of the Schweizer-hof [sic.], near Berlin. July 14 1892”, *JMS*, 1892, vol. 38, no. 163, 636.

<sup>1723</sup> Akira Iriye and Pierre-Yves Saunier, *The Palgrave Dictionary of Transnational History* (Basingstoke: Palgrave Macmillan, 2009), XVIII.

knowledge in relation to other (European) countries and its impact on a local, national and international level. While the history of knowledge provides many essential features, the core of its approach lies in (1) the orders of knowledge, (2) circulation and non-originality, and (3) materiality and mediality<sup>1724</sup>, challenging and changing our outlook on psychiatry.<sup>1725</sup> The concept of circulation has become a cornerstone, directing the attention of researchers towards the movement of knowledge and a focus on its constant state of change.<sup>1726</sup> Alienists did not passively consume the knowledge and information that was given to them via different mediums. To the contrary, they continuously adapted the knowledge available to them to their own needs, standards and circumstances.

While transnational history and the history of knowledge have existed under different names and in different configurations over the past decades without the aid of digital repositories and digital tools, combining a large geographical scope and a sizeable number of sources did however require a specific approach. Before the use of digital tools, writing these kinds of histories was much more time-consuming as well as more expensive, often resulting in specifically selected examples rather than trying to study a particular subject in its entirety.<sup>1727</sup> Via the use of digital search tactics and the aid of digital tools such as AntConc, histogram, Nodegoat and Gephi these problems were remedied. All four provided essential contributions and proved to be valuable assets, even a necessity, to address large scale research questions and oversee its accompanying sources.

---

<sup>1724</sup> Philipp Sarasin, 'More Than Just Another Specialty: On the Prospects for the History of Knowledge', *Journal for the History of Knowledge* 1, no. 1 (2020): 2–3. This has been further elaborated on by Östling and his team, see: Johan Östling, David Larsson Heidenblad, and Anna Nilsson Hammar, 'Introduction. Developing the History of Knowledge', in *Forms of Knowledge: Developing the History of Knowledge*, ed. Johan Östling, David Larsson Heidenblad, and Anna Nilsson Hammar (Lund: Nordic Academic Press, 2020); Johan Östling and David Larsson Heidenblad, 'Fulfilling the Promise of the History of Knowledge: Key Approaches for the 2020s', *Journal for the History of Knowledge* 1, no. 1 (2020): Art. 3, 1-6; Johan Östling, 'Circulation, Arenas, and the Quest for Public Knowledge: Historiographical Currents and Analytical Frameworks', *History and Theory* 59, no. 4 (2020): 111–26.

<sup>1725</sup> Östling and Larsson Heidenblad, 'Fulfilling the Promise of the History of Knowledge: Key Approaches for the 2020s', 1; Östling, Larsson Heidenblad, and Nilsson Hammar, 'Introduction. Developing the History of Knowledge', 17.

<sup>1726</sup> Johan Östling et al., 'The History of Knowledge and the Circulation of Knowledge. An Introduction', in *Circulation of Knowledge: Explorations in the History of Knowledge*, ed. Johan Östling et al. (Lund: Nordic Academic Press, 2018), 17–18; Östling, 'Circulation, Arenas, and the Quest for Public Knowledge', 115–17; Östling and Larsson Heidenblad, 'Fulfilling the Promise of the History of Knowledge: Key Approaches for the 2020s', 2.

<sup>1727</sup> Lara Putnam, 'The Transnational and the Text-Searchable: Digitized Sources and the Shadows They Cast', *The American Historical Review* 121, no. 2 (2016): 382–383 and 394.

Tapping into the possibilities of these frameworks provided insight into the existence of a real or imagined Republic of Alienists during the nineteenth and early twentieth centuries, and the extent to which psychiatric knowledge circulated throughout Europe. The magnitude with which alienists were bound together took on a variety of scales and consisted of a wide range of properties that enabled or deterred the breadth with which knowledge could circulate. Understanding the mechanics and reception of knowledge circulation generated a new representation of psychiatric knowledge, challenging nationalistic views in current medical and psychiatric historiography as well as the practice of attributing ideas and theories to a single person or place.

## The mechanics of psychiatric knowledge circulation

Exploring the social and practical mechanisms behind various knowledge containers (journals, traveling and international conferences), the development of alienists' networks and reputation, their participation in the psychiatric community as well as the rhetoric they used revealed the intrinsic complexity of psychiatric knowledge circulation and the many boxes that needed to be ticked to achieve this. Different platforms attracted different alienists. Scientific journals published by psychiatric associations across Europe mostly attracted readership from amongst their members, although attempts were made to also attract general practitioners and sub-specialities related to psychiatry such as neurology and psychology when they came in vogue. Its core readers would however mainly stay asylum physicians.

While these journals were meant as nationally anchored knowledge containers, they also acquired a transnational dimension. Journals written in commonly used languages, such as French, German or English, were sought after by alienists and foreign psychiatric associations making the boundaries of national journals diffuse. Language played a crucial role in a journal's visibility. The editors of the Dutch journal *Psychiatrische Bladen*, for example, struggled with being a national organ of communication while simultaneously seeking ways to make their ideas, theories, practices and discoveries known to the world; allowing from 1897 onwards the publication of articles in French, English and German with limited success. The indispensability of foreign languages and cross-lingual communication also surfaced in the large skillset demanded of editors. Language proficiency and being well connected with foreign peers were crucial, not only assisting in promoting journals to foreigners

and gain the attention of European peers but also for the purpose of providing national readers with valuable information in the form of summaries or reviews of foreign books and journal articles.

Asylum travel and attending international conferences attracted yet other types of alienists. These knowledge containers offered opportunities to develop and grow one's network, meet esteemed individuals, attend lectures of "the masters", learn new ways to manage asylums and get acquainted with new diagnostic tools. While social-scientific encounters between alienists were deemed to be of vital importance, this form of knowledge accumulation was only available to a select group of individuals, as psychiatrists' motivation as well as the means to travel to geographically dispersed locations was sometimes lacking. The discrepancy for example between the large group of psychiatrists having access to information about upcoming conferences through journals or personal contacts and those attending conferences on a regular basis was extremely large, the latter only consisting of 1% of the total group of participants studied.<sup>1728</sup> Only an elite group had the opportunity to interact with peers in this particular setting on multiple occasions. In addition, participants' access to the knowledge available at conferences fluctuated. The extent of this access lay on the one hand with the organisation committee of the conference (e.g. the distribution of the congress journal or solving language problems). On the other hand, more personal factors contributed to the availability of knowledge and information such as attendees' language proficiency and their willingness to participate in extracurricular activities.

Communication via different knowledge containers did not only regulate the circulation of knowledge on a general level, it also influenced the visibility of individual alienists and the knowledge they embodied. Visibility was reached through several forms of exchange. These included a high publication rate in scientific journals, partaking in editorial committees or being a staff member of psychiatric associations. These actions impacted alienists' standing in different communities and the extent to which their ideas, theories and practices became susceptible among peers. Jules Morel was notorious for the range of associations and editorial boards he belonged to; an ideal strategy to strengthen his network and visibility. This lacked completely in Jaomir von Mundy's portfolio, which partly explains the hesitancy of peers to acknowledge Mundy's theories and ideas.

---

<sup>1728</sup> This 1% includes all people who attended more than 8 conferences in the pool of international congresses I studied.

Establishing connections with peers happened through one-on-one meetings, gatherings of psychiatric societies with a dozen people present or large-scale international conferences where hundreds of physicians and alienists flocked together. The types of exchange that alienists or physicians relied upon depended chiefly on personal preferences. Mundy mainly relied on travel to accumulate knowledge as well as encounters with peers in psychiatric associations, while Jules Morel would succeed in extending his reputation and visibility across Europe and the United States through his physical and remote participation in conferences. These exchanges allowed alienists to develop their own signature trademarks through which they were recognised by colleagues (e.g. Mundy being well travelled), aiding in the formation of their professional networks.

Mere visibility and recognisability did however not ensure that opinions were accredited or valued, let alone adopted or appropriated. To function as a transnational broker, acquiring a reputation was paramount. In addition, the rhetoric alienists used to communicate with and across their network was essential. The tone and style of communication used by Mundy and Morel differed considerably and was partly responsible for the willingness of peers to stand behind the ideas, theories and practices they professed. Mundy was not accepted by many into the fold of the psychiatric community, aside from British alienists, while Morel was regarded as a valuable member of the psychiatric community.

A Republic of Alienists manifested itself in more tangible and concrete forms than has been recognised by historians. It was a republic that was neither composed of individuals in a continuous state of harmony, nor did it consist of one large homogeneous group. On the contrary, it was made up of many different groups ranging from large superficial connections between alienists, to smaller, close-knit groups.

## A new representation of psychiatric knowledge development

The need for a more varied and transnationally centred representation of psychiatric knowledge-development was emphasised through different case studies. Focusing on grey areas and forgotten and failed knowledge in particular offers an interesting window on knowledge transfer and (inter)national ideas. Information is not transferred in its entirety from one place to another. In most cases only certain parts of information were implemented because more often than not, knowledge was in a constant state of change and was transformed and adapted to national, regional or local conditions. In



addition, forgotten and failed knowledge is as much a part of history as are those events and facts that have made it into the history books, the former giving us further insight into the changes that psychiatry underwent.

The debate concerning the non-restraint system illustrated that the United Kingdom should not necessarily be placed in a central position, but that it is rather essential to observe what the remainder of Europe did with the knowledge and information that reached them from the United Kingdom as well as other countries. Continental Europe created its own version of the non-restraint system and this in a variety of forms and degrees. Crucial concepts such as “mechanical restraint”, “non-restraint” and “non-restraint system” did not carry the same meaning across time and space and different components of the non-restraint system were used by alienists across Europe as they saw fit, contributing to debates that often ran among inconsistent and diffuse lines of thought.

Asylums in the Netherlands for example took much care to create pleasant surroundings for their patients, being less concerned about other facets (e.g. padded isolation cells) that, by the British, were considered essential. In Belgium a different arrangement was observed. The superintendent of Fort Jaco asylum banished mechanical restraints and discontinued the use of isolation cells, a practice used regularly in other places, particularly the United Kingdom. Moreover, it could be claimed that Continental Europe’s hesitancy towards the British non-restraint system and the adaptation of non-restraint practices contributed to British alienists slightly changing their perspectives about the use of mechanical restraints. This generates a very different image from the one that has proclaimed Europe being averse to the non-restraint system at all times and in every possible way as well the superior role of the United Kingdom in this conundrum.

The case study on general paralysis highlighted that commonly known, hyped and triumphalist narratives should be approached from another angle to unearth undiscovered aspects. Investigating the Wassermann reaction more closely revealed that this test was not used everywhere across Europe on the same scale (e.g. due to a lack of laboratory facilities) and that there were many other test in vogue simultaneously (e.g. cyto-diagnostics and the “four reaction test”). Likewise, Fournier’s theories about para-syphilis and pseudo-general paralysis, hailed as important milestones in the history of GP and ingrained into medical and psychiatric historiography, shows on closer inspection that there is more than one narrative to be

told. Fournier was only one researcher among many others and from a quantitative point of view, does not seem to have taken up a proportionally larger space (e.g. triggering discussions, disproportionate interest in his books or literature references) in scientific journals than the research of many dozens of other alienists, physicians, syphologists and neurologists such as the well-known British Julius Mickle, the German Emmanuel Mendel or the Frenchman Auguste Voisin.

Fournier's opinions also fluctuated through time causing the reading and interpretation of Fournier's work by contemporaries to be quite diverse and not that straightforward. Labelling alienists as defenders or contenders of the syphilis-GP link or as an adherent or adversary to Fournier's theories was and is rather artificial and arbitrary from the standpoint of the historian and of contemporaries themselves. In addition, and although a reoccurring statement in current historiography, not all alienists associated Fournier or French psychiatry instantly with the GP-syphilis doctrine but also associated it with theories that circulated among German physicians – something that had been touched upon by Fournier himself.

## What is next for the history of psychiatric knowledge?

The exploration of failed and forgotten psychiatric knowledge and the grey areas of knowledge circulation will continue to be an important avenue of research concerning both the micro and macro level across Europe and the world in its entirety. This entails the re-examination of topics currently part of mainstream historiography and analysing less researched and “mundane” aspects that make up the history of psychiatry. While exploring these components, it is crucial to bear in mind the existence of a Republic of Alienists and the implications this has for the position of individual psychiatrists relative to the psychiatric community as a whole: psychiatric knowledge could only be vetted and accredited through peers.

One interesting avenue in this regard can be additional research into psychiatric and medical journals. An even more precise image can be generated about alienists' views and help to map the extent and consistency of knowledge circulation even further (e.g. how frequently did the same contend appear in these journals? How extensive was the process of copy-pasting or abstracting information from other journals in the field of psychiatry and what does this tell us about how information was generated, circulated and absorbed within psychiatric communities?). While I mainly

used journals under the auspices of psychiatric associations, there were many journals with similar purposes in circulation. This includes for example the *Revue de psychiatrie et de psychologie expérimentale* (edited by Edouard Toulouse)<sup>1729</sup>; *L'Aliéniste Français. Bulletin de l'Association Amicale des médecins des Établissements publics d'aliénés*<sup>1730</sup>; *L'Informateur des aliénistes et des neurologistes*<sup>1731</sup>; *Annales de psychiatrie et d'hypnologie dans leurs rapports avec la psychologie et la médecine légale* (edited by J. Luys)<sup>1732</sup>; *Archives de Neurologie. Revue trimestrielle des maladies nerveuses et mentales* (edited by Jean Martin Charcot)<sup>1733</sup>; *Correspondenzblatt Der Deutschen Gesellschaft Für Psychiatrie Und Gerichtliche Psychologie*; the *Alienist and neurologist: A quarterly journal of scientific, clinical and forensic psychiatry and neurology*<sup>1734</sup>; and the *Journal of psychological medicine and mental pathology* (edited by L. S. Forbes Winslow).<sup>1735</sup>

Enlarging the scope of the data means that corpora quickly can become a burden to the researcher due to its size, something that was already felt within the current research. This could however be mediated through creating more awareness among historians of its possibilities and more specifically by developing additional approaches of digital search. From a transnational and digital point of view, collaboration between historians could be essential. One out of several pragmatic reasons is that researchers might not master the language of the sources they wish to investigate. Through collaboration this can be overcome and can be streamlined further through digital tools. While Berridge et al. have touched upon the problem of

---

<sup>1729</sup> Available online. See: *Revue de psychiatrie et de psychologie expérimentale*, *Gallica*, <https://gallica.bnf.fr/ark:/12148/cb41949199b/date>, consulted 18/01/2021.

<sup>1730</sup> Available online. See: *L'Aliéniste Français. Bulletin de l'Association Amicale des médecins des Établissements publics d'aliénés*, *Gallica*, <https://gallica.bnf.fr/ark:/12148/cb32685548x/date&rk=21459;2>, consulted 18/01/2021.

<sup>1731</sup> Available online. See: *L'Informateur des aliénistes et des neurologistes*, *Gallica*, <https://gallica.bnf.fr/ark:/12148/cb343510074/date.item>, consulted 18/01/2021.

<sup>1732</sup> Available online. See: *Annales de psychiatrie et d'hypnologie dans leurs rapports avec la psychologie et la médecine légale*, *Gallica*, <https://gallica.bnf.fr/ark:/12148/cb326941583/date&rk=21459;2>, consulted 18/01/2021.

<sup>1733</sup> Available online. See: *Archives de Neurologie. Revue trimestrielle des maladies nerveuses et mentales*, *Archive.org*, [https://archive.org/search.php?query=Archives+de+Neurologie&and\[\]=languageSorter%3A%22French%22&page=1](https://archive.org/search.php?query=Archives+de+Neurologie&and[]=languageSorter%3A%22French%22&page=1)

<sup>1734</sup> Available online. See: *Alienist and neurologist: A quarterly journal of scientific, clinical and forensic psychiatry and neurology*, *HathiTrust*, <https://catalog.hathitrust.org/Record/000504306>, consulted 18/01/2021.

<sup>1735</sup> Available online. See: *Journal of psychological medicine and mental pathology*, *Archive.org*, [https://archive.org/search.php?query=Journal+of+psychological+medicine&and\[\]=mediatype%3A%22texts%22](https://archive.org/search.php?query=Journal+of+psychological+medicine&and[]=mediatype%3A%22texts%22), consulted 19/01/2021.

different degrees of digitalisation and the access to different analytical tools<sup>1736</sup>, it is worthwhile to invest some effort and time in the digitisation of content to collect complete sets and to develop a tool for digital search that can process corpora coming from different digital libraries, archives and platforms in a standardised manner, such as histogram. The continued exploration and integration of various forms of digital search forms an essential component of research facilitation, such as the use of auto-complete queries as it is located in-between two approaches: searching through keyword lists on the one hand and searching via topic modelling on the other.

Auto-complete queries could bypass some of the problems inherent to these two methods: keyword searches depend heavily on the researcher's extensive background knowledge of contemporary vocabulary, and while this need falls away to some degree via topic modelling, one issue that arises with the latter is the necessity to establish an optimal number of topics. A small number might create too broad topics, while too many might create overly specific topics, both causing the topics to become irrelevant for research purposes. Even while a topic modelling algorithm can detect useful subjects for the historian to explore, it could be that the researcher is aware of more topics or themes in a corpus than is captured by the topic model. In contrast, auto-complete queries rely on the background knowledge of the researcher and the power of computational methods to provide the historian with other relevant keywords via word embeddings, and the identification of relevant co-located terms. While there was no time to do extensive research on this with my colleagues, our experiment showed that if this would be further developed, it could assist the historian in his or her research or even inspire new avenues to be explored.<sup>1737</sup>

Another avenue within digital search would be the ability to cross-map sources over different languages. It could be beneficial to for example map and connect the topic model "general paralysis" in the British corpus with the same topic in the French or Belgian corpus. While this avenue is probably still out of reach for the time being, as mapping different words across languages is not easy to automate, especially when

---

<sup>1736</sup> Alex Mold and Virginia Berridge, 'Using Digitised Medical Journals in a Cross European Project on Addiction History', *Media History* 25, no. 1 (2019): 85–99; Virginia Berridge, Jennifer Walke, and Alex Mold, 'From Inebriety to Addiction: Terminology and Concepts in the UK, 1860-1930', *The Social History of Alcohol and Drugs* 28, no. 1 (2014): 88–105; Virginia Berridge et al., 'Addiction in Europe, 1860s–1960s Concepts and Responses in Italy, Poland, Austria, and the United Kingdom', *Contemporary Drug Problems* 41, no. 4 (2014): 551–66.

<sup>1737</sup> Eva Andersen et al., 'How to Read the 52.000 Pages of the British Journal of Psychiatry? A Collaborative Approach to Source Exploration', *Journal of Data Mining and Digital Humanities (HistoInformatics)*, 2020, <https://hal.archives-ouvertes.fr/hal-02463141v4>.

dealing with historical material, it could nonetheless lead to relevant insights into the reception of certain knowledge within different psychiatric communities. Advancing digital approaches opens up new and additional research ground for the history of psychiatry and psychiatric knowledge.

Research questions and historical practices are profoundly challenged by digital technologies, questioning the values of tradition historical research. The use of digital search exposed the mechanisms of psychiatric knowledge dissemination in great detail, allowing a better understanding of not only the formation of agreements within the psychiatric community but also the disputes that arose, the grey areas and the failures that are a vital part of it as well. These components were in turn integral to prove and establish the existence of a Republic of Alienists across Europe which was not only an ideal that was strived towards but can also be traced in more tangible forms, affecting the development of psychiatric knowledge.

# Appendix

## Appendix 1. Keyword list non-restraint & restraint

### Non-restraint cluster

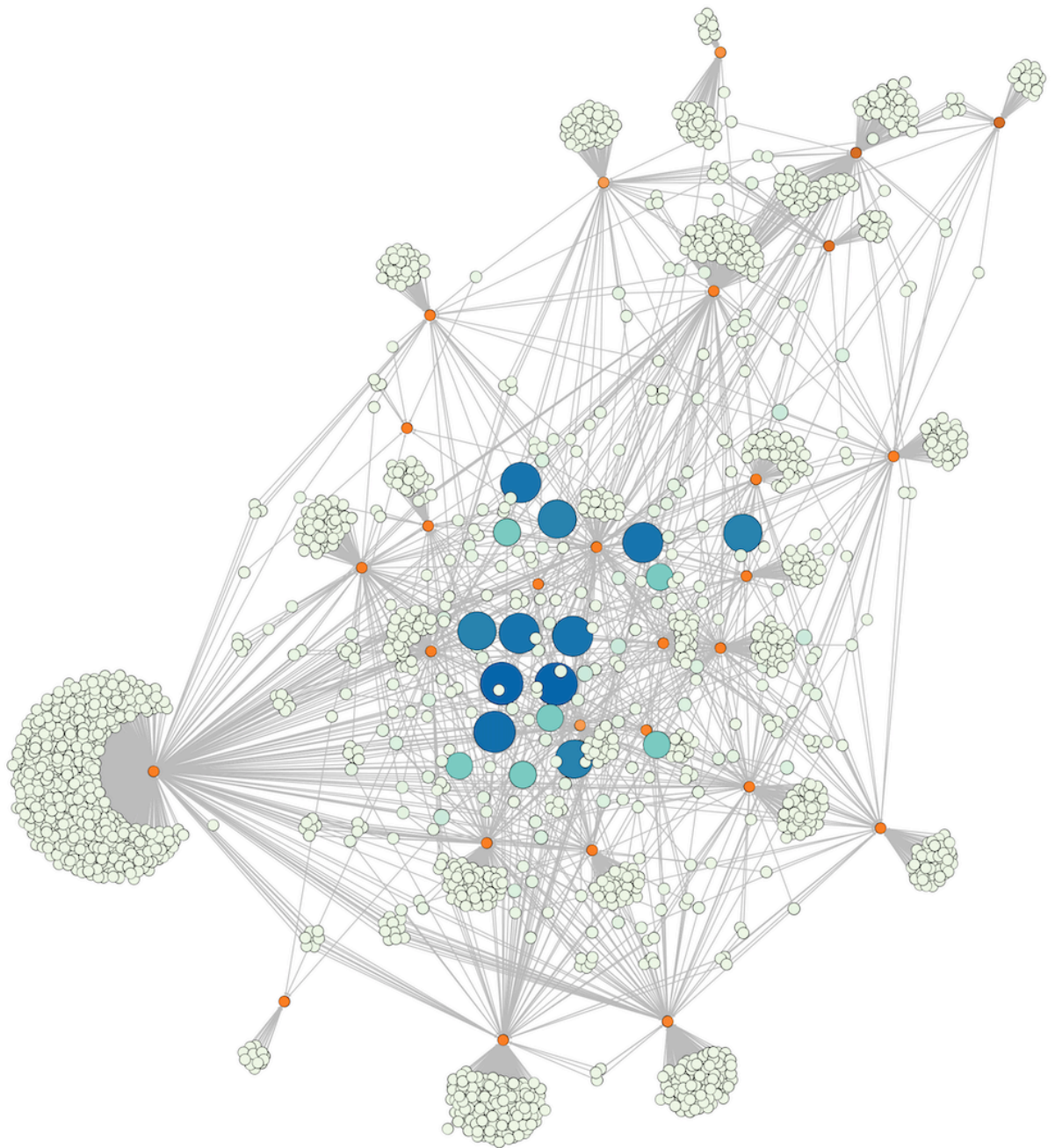
af-zonderingskamer	no- restraint
afzonderingskamer	no-restraint
Beschr*nkung	non ?*esiraint
Beschr*nkungsmitt*l	non restraint
Beschränkung	non-coercition
Beschränkungsmittel	non-restraint
Beschränkungsmitteln	non-restreint
celbehandeling	non^restraint
cellule d'isolement	not restraint
cellule matelassée	not-restraint
cellule matelassée	nulle contrainte
cellule, matelassée	Nichtbeschränkung
cellules isolées	Nichtbeschränkung
chambre d'isolement	Non-ResstralQt
Einzelhaft	Nichtbeschr*nkung
Einzelzimmer	Nichtbeschränkung
encellulement	Non-restraint System
free treatment	ondwang
freie Behandlung	padded room
Freiheitsbeschränkung	padded room
gebombeerde cel	padded room
gematelseerde cel	quartier cellulaire
gematlaseerde cel	Rclusion
gepolsterten zimmern	Réclusion solitaire
gepolsterter Raum	Reclusion solitaire
gematelseerde cel	Register über den Restraint
gematelseerde	Solitary confinement
isolation cell	single room
isolation kamer	single room
isolation cell	single rooms
isolation cell	single-room
Isolationszelle	singlerooms
isolationroom	solitary confinement
isoleer cel	System der Nichtbeschränkung
isoleercel	vrije behandeling
isoleering	Zwangshandschuhc
instrumentale Mittel	Zwangsmitteln
körperlichen Beschränkung	Zwangsstuhles
körperliche Beschränkungsmittél	Zwangsweste absolute Zurückhaltung
mechanische beschr*nkungemittel	
mechanische beschränkungemittel	
mechanischen Zwangsmittel	
Nichtbeschränkungssystem	
no restraint	

Restraint-cluster

appareils de coercition  
camisole de force  
camisole  
Chemikalienrückhaltung  
coercitifs  
coercive  
complete dwang  
chemical restraint  
chemische Zwangsjacke  
camisoles de force  
contrainte mécanique  
dwang middel  
dwang middelen  
dwang\*er-pleging  
dwangbuis  
dwangjack  
dwangjak  
dwangmiddelen  
dwang-middel  
dwang buis  
dwang jack  
dwang jak  
dwang-buis  
dwang-jack  
dwang-jak  
lijfswang  
mechanical restraint  
mechanische dwang  
mechanische Rückhalteeinrichtung  
mechanische Rückhaltung  
medicamenteuze dwang  
moyen de contrainte  
moyens de coercition  
moyens de coercition  
moyens de contrainte  
moyens de coërcition  
moyens de contention  
narcotischen Zwangsmittel  
narkotischen Zwangsmittel  
physischen Zwang  
restraint absolu  
restraint chimique  
restraint complet  
restraint mécanique  
restraint-complete  
Rückhaltemittel  
Sequestrierung  
Sekwestratie  
sequestration

straight jacket  
straight-jacket  
straightjacket  
strait-jacket  
volledige dwang  
zwang jacke  
zwangjacket  
zwangsjacke  
Zwangsjacke  
Zwangsmittel

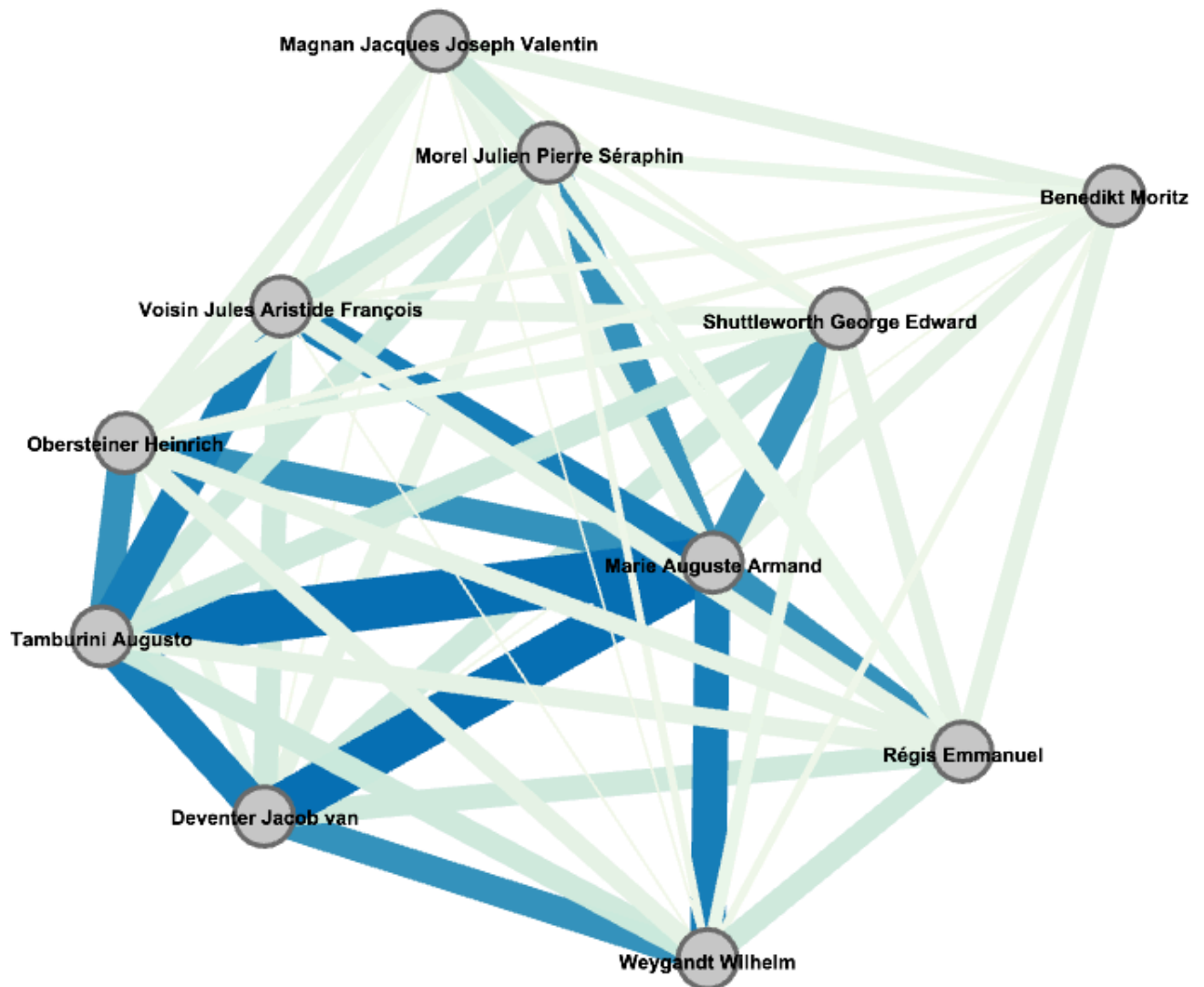
## Appendix 2



Two-mode network visualisation. Grey edges = connection between conferences and persons attending. Orange nodes = conferences. Shades of blue nodes = people (note: “attended by” and “attendance uncertain” label included). The largest dark blue and turquoise nodes signify those physicians or alienists that visited many conferences (for more details see **Appendix 3**). Settings used: nodes formatted by “out-degree”. The spline function was used to emphasise the most important nodes. Source of data: TIC/2TBI Nodegoat database. Tool: Gephi.



### Appendix 3



One-mode-graph displaying those individuals that attended more than eight conferences as well as the conferences they had in common with other people. Grey nodes = people ; Shades of blue edges = common conferences. The darker and thicker the edges, the more conferences two individuals had in common. The spline function was used to emphasise the most important edges. Source of data: TIC/2TBI Nodegoat database. Tool: Gephi.

Person A	Person B	Number of conferences incommon
Marie Auguste Armand	Tamburini Augusto	10
Deventer Jacob van	Marie Auguste Armand	9
Deventer Jacob van	Tamburini Augusto	7
Marie Auguste Armand	Weygandt Wilhelm	7
Marie Auguste Armand	Voisin Jules Aristide François	7
Tamburini Augusto	Voisin Jules Aristide François	7
Deventer Jacob van	Weygandt Wilhelm	6
Marie Auguste Armand	Obersteiner Heinrich	6
Marie Auguste Armand	Régis Emmanuel	6
Marie Auguste Armand	Morel Julien Pierre Séraphin	6
Marie Auguste Armand	Shuttleworth George Edward	6
Tamburini Augusto	Obersteiner Heinrich	6
Deventer Jacob van	Régis Emmanuel	5
Deventer Jacob van	Shuttleworth George Edward	5
Deventer Jacob van	Voisin Jules Aristide François	5
Tamburini Augusto	Weygandt Wilhelm	5
Tamburini Augusto	Morel Julien Pierre Séraphin	5
Tamburini Augusto	Shuttleworth George Edward	5
Voisin Jules Aristide François	Morel Julien Pierre Séraphin	5
Magnan Jacques Joseph Valentin	Morel Julien Pierre Séraphin	5
Régis Emmanuel	Weygandt Wilhelm	5

Number of conferences that frequent-visitors had in common with each other.

## Appendix 4

**Person: Morel Julien Pierre Séraphin**  
(ngRo3J16bRYpcCeS1SLpbD2b)

Family name	<input type="text" value="Morel"/>	ver
Given name	<input type="text" value="Julien Pierre Séraphin"/>	ver
Particle	<input type="text"/>	ver
Title before name	<input type="text"/>	ver
Title behind name	<input type="text"/>	ver
Patronymic	<input type="text"/>	ver
Suffix	<input type="text"/>	ver
Honorifics	<input type="text" value="Dr."/>	ver
Alternative names	<input type="text" value="Morel, Jules; Jules Morel; Julius Morel"/>	ver
Short description	<input type="text"/>	ver
Date of birth	<input type="text" value="06-06-1841"/>	ver
Date of death	<input type="text" value="d-m-y"/>	ver
Place of birth	<input type="text" value="Q"/>	ver
Country of birth	<input type="text" value="Q"/>	ver
Place of death	<input type="text" value="Q"/>	ver
Country of death	<input type="text" value="Q"/>	ver
sex	<input type="text" value="Q male"/>	ver
VIAF	<input type="text"/>	ver
Biografisch portaal	<input type="text" value="Q"/>	ver
dbpedia	<input type="text" value="Q"/>	ver
Wikipedia	<input type="text"/>	ver
ODIS	<input type="text"/>	ver
HLS	<input type="text"/>	ver
Notes	<input type="text"/> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <span>H12</span> <span>B</span> <span>i</span> <span>¶</span> <span>↶</span> <span>↷</span> <span>✖</span> <span> </span> <span>👁</span> </div>	

Close-up of a person index card displaying different object fields. These fields are static and have no temporal dimension. Source: <https://nodegoat.ugent.be>, accessed 9 February 2021.

Sub-Objects: Editor

Sub-Objects: Overview [Nationality / Country] [Place of residence] [Function / Profession] ▶ Congress [Relation with a person]

[Title] + ++ [Nationality / Country] + ++ [Place of residence] + ++ [Marital Status] + ++ [Education] + ++ [relation with a person] + ++ [Birth] + ++

[Decease] + ++ [Function / Profession] + ++ [Thematic field] + ++ [Mentioned in] + ++ ▶ Congress [Relation with a person] + ++ ▶ Publication [Relation with a person] + ++

▶ Person [relation with a person] + ++ ▶ Letter [Person] + ++ ▶ Text [Relation with a person] + ++

Close-up of a person index card displaying different sub-object fields such as “education”, “birth”, “function/profession”, “nationality/country”. These sub-object fields can change through time. Multiple instances of for example “place of residence” can be added. Source: <https://nodegoat.ugent.be>, accessed 9 February 2021.

## Appendix 5

Congress name	Congress year
Congrès aliéniste international 10-08-1867 14-08-1867 Paris (FR)	1867
Congrès périodique international des sciences médicales 19-09-1875 25-09-1875 Brussels (BE)	1875
Congrès international médical 04-09-1876 09-09-1876 Philadelphia (US)	1876
Congrès international médical 09-09-1877 15-09-1877 Genève (CH)	1877
Congrès international de médecine mentale 05-08-1878 10-08-1878 Paris (FR)	1878
Congrès international des sciences médicales 07-09-1879 13-09-1879 Amsterdam (NL)	1879
Congrès international des sciences médical 02-08-1881 09-08-1881 London (GB)	1881
Congrès international médical 10-08-1884 16-08-1884 Copenhagen (DK)	1884
Congrès de phrénatrie et de psychopathologie 07-09-1885 09-09-1885 Antwerpen (BE)	1885
Congrès international médical 05-09-1887 10-09-1887 Washington, D. C. (US)	1887
Congrès international de médecine mentale 05-08-1889 10-08-1889 Paris (FR)	1889
Internationalen Medicinischen congress 04-08-1890 09-08-1890 Berlin (DE)	1890
Congrès international de médecine 29-03-1894 05-04-1894 Roma (IT)	1894
Congrès international de neurologie, de psychiatrie, d'électricité médicale et d'hypnologie 14-09-1897 21-09-1897 Brussels (BE)	1897
Congrès international de médecine 19-08-1897 26-08-1897 Moscow (RU)	1897
Congrès international de l'assistance familiale 1900 1900 Paris (FR)	1900
Congrès international de médecine 02-08-1900 09-08-1900 Paris (FR)	1900
Conférence internationale de l'assistance des aliénés et spécialement de leur assistance familiale 01-09-1902 07-09-1902 Antwerpen (BE)	1902
Congrès international de médecine 23-04-1903 30-04-1903 Madrid (ES)	1903
Congrès international d'assistance familiale 07-06-1904 10-06-1904 Edinburgh (GB)	1904
Congrès international de médecine 19-04-1906 26-04-1906 Lisbon (PT)	1906
Congrès international de l'assistance des aliénés et spécialement de leur assistance familiale 26-09-1906 30-09-1906 Milano (IT)	1906
Congrès international de psychiatrie et de neurologie 02-09-1907 07-09-1907 Amsterdam (NL)	1907
Congrès international de l'assistance aux aliénés 07-10-1908 10-10-1908 Vienna (AT)	1908
Congrès international de médecine 29-08-1909 04-09-1909 Budapest (HU)	1909
Congrès international de l'assistance aux aliénés 03-10-1910 07-10-1910 Berlin (DE)	1910
Congrès international de médecine 06-08-1913 12-08-1913 London (GB)	1913
Congrès international de neurologie et de psychiatrie et de psychologie 20-08-1913 26-08-1913 Gent (BE)	1913

List of the 28 main conferences used. The left column contains the congress name, the exact start and end date, and the city and country where it took place. The right column contains the year the congress took place. Sorted in chronological order. Data is derived from: <https://nodegoat.ugent.be>, accessed 9 February 2021.

## Appendix 6

Editor	Function	
Alexander Reid Urquhart	editor	17
C. L. Robertson	editor	8
Conolly Norman	editor	13
D. Hack Tuke	editor	17
Edwin Goodall	editor	4
G. Douglas McRae	assistant-editor	6
	editor	6
Geo. H. Savage	editor	17
Henry Devine	assistant-editor	6
	editor	6
Henry Maudsley	editor	16
Henry Rayner	editor	17
James Chambers	assistant-editor	7
	editor	7
John Charles Bucknill	editor	10
John Robert Lord	assistant-editor	12
	editor	14
John Sibbald	editor	4
Lewis Campbell Bruce	editor	3
Thomas Drapes	editor	8
Thomas S. Clouston	editor	8
unknown	editor	1
W. R. Dawson	editor	2

List of the editors of the *Journal of Mental Science* according to their position in the editorial board and the number of years they had this function.

## Appendix 7

Editor	Function	
A. de Jong	editorial comission (commissie van redactie)	2
A. Deenik	no information	3
A. Land	secretary (secr.)	1
A. Stärcke	no information	2
A. van der Chijs	no information	2
A.M. Benders	no information	3
A.O.H. Tellegen	manager (gérant)	9
	no information	1
Ada Potter	no information	2
B. Brouwer	managing-editor (redacteur -gérant)	4
	no information	3
C. Bijl	no information	2
	secretary (secr. red.)	2
C. van Persijn	president (voorz.)	1
C. Winkler	no information	5
C.U. Ariëns Kappers	managing-editor (redacteur -gérant)	2
	president (voorz.)	6
D. Schermers	no information	6
D.J. Hulshoff Pol	no information	2
D.M. van Londen	no information	2
E. de Vries	no information	3
Everts	president (voorz.)	3
F. Muller	no information	1
F.H. Kooy	no information	3
F.M. Cowan	no information	6
G. J.B.A. Janssens	no information	1
G. Jelgersma	managing-editor (redacteur -gérant)	4
	no information	9
G.A.M. van Wayenburg	no information	4
G.C. van Walsem	managing-editor (redacteur -gérant)	1
	no information	3
	secretary (secr. red.)	6
H. Postma	no information	4
H. Van Capelle	no information	3
J. Kat Wzn.	no information	1
J. van der Kolk	managing-editor (redacteur -gérant)	5
	no information	2
J. Van Deventer Sz.	no information	10
J.A. van Trotsenburg	no information	2
J.B.A. Janssens	no information	2
J.C. Th. Scheffer	no information	3
J.C. van der Hagen	no information	6
J.C.L. Godefroy	no information	1
J.K.A. Werthem	managing-editor (redacteur -gérant)	4
Salomonson	no information	4
J.N. Ramaer	editorial comission (commissie van redactie)	4
	president (voorz.)	3
L. Bouman	no information	5
	secretary (secr. red.)	2
	secretary (secr.)	6
L. Th. Pompe	secretary (secr.)	3
M.J. Van Erp Taalman Kip	no information	11
	vice-president (vice-voorz.)	6
N.B. Donkersloot	no information	3
	president (voorz.)	2
	secretary (secr.)	5
P. Nieuwenhuysse	no information	3
P. Wellenbergh	no information	4
Th. E. Frijlinck	no information	8
unknown	no information	3
Van Andel	editorial comission (commissie van redactie)	2
Van Den Bogaert	secretary (secr.)	1
Van der Lith	editorial comission (commissie van redactie)	4
	president (voorz.)	1
W. M. van der Scheer	no information	1
W. Vos	no information	4
W.G. Huet	no information	1
	secr. Red.	1
	secretary (secr. red.)	4
W.H. Cox	no information	10
W.M. van der Scheer	no information	7

List of the editors of the *Psychiatrische Bladen* according to their position in the editorial board and the number of years they had this function. For those who we have no detailed information, their position was most likely that of (assistant-)editor.

## Appendix 8

1900	1.000
1901	
1902	
1903	
1904	1.050
1905	1.075
1906	1.075
1907	
1908	1.100
1909	
1910	
1911	1.125
1912	1.125
1913	1.125
1914	1.125
1915	1.125
1916	1.125
1917	1.125
1918	900
1919	
1920	3.600
1921	3.759
1922	3.800
1923	4.000
1924	4.100
1925	

The yearly print run (number of copies) of *the Journal of Mental Science*. For blank cells, no information was available. Source: editorial reports and treasury reports in the *Journal of Mental science* between 1900-1925.

## Appendix 9

Year	Congress name
1885	Congrès de phrénatrie et de psychopathologie 07-09-1885 09-09-1885 Antwerpen (BE)
1889	Congrès international de médecine mentale 05-08-1889 10-08-1889 Paris (FR)
1890	Congrès international pour l'étude des questions relatives au patronage des détenus et à la protection des enfants moralement abandonnés 09-10-1890 14-10-1890 Antwerpen (BE)
1892	Congrès international d'anthropologie criminelle 07-08-1892 13-08-1892 Brussels (BE)
1893	Congrès international de bienfaisance 12-06-1893 18-06-1893 Chicago (US)
1894	Congrès international du patronage des condamnés, des enfants moralement abandonnés, des vagabonds et des aliénés 27-07-1894 27-07-1894 Antwerpen (BE)
1894	Congrès international de médecine 29-03-1894 05-04-1894 Roma (IT)
1896	National conference of Charities and Corrections 04-06-1896 10-06-1896 Grand Rapids (US)
1896	Congrès international d'anthropologie criminelle 24-08-1896 29-08-1896 Genève (CH)
1896	Annual Congress of the National Prison Association of the United States 26-09-1896 30-09-1896 Milwaukee (US)
1898	Congrès international sur le patronage des détenus et la protection des enfants moralement abandonnés 01-06-1898 06-06-1898 Antwerpen (BE)
1899	National conference of Charities and Corrections 17-05-1899 23-05-1899 Cincinnati (US)
1900	Congrès international de médecine 02-08-1900 09-08-1900 Paris (FR)
1901	Congrès international contre l'abus des boissons alcooliques 09-04-1901 14-04-1901 Vienna (AT)
1901	Congrès international d'anthropologie criminelle 09-09-1901 14-09-1901 Amsterdam (NL)
1901	National Association for the Study of Epilepsy and the Care and Treatment of Epileptics at the first annual meeting 14-05-1901 15-05-1901 Washington, D. C. (US)
1902	Conférence internationale de l'assistance des aliénés et spécialement de leur assistance familiale 01-09-1902 07-09-1902 Antwerpen (BE)
1903	Congrès des médecins aliénistes et neurologistes de France et des pays de langue française 01-08-1903 08-08-1903 Brussels (BE)
1903	Conférence internationale contre l'abus des boissons alcooliques 14-04-1903 19-04-1903 Bremen (DE)
1904	Congrès des médecins aliénistes et neurologistes de France et des pays de langue française 01-08-1904 07-08-1904 Pau (FR)
1904	Congrès international d'assistance familiale 07-06-1904 10-06-1904 Edinburgh (GB)
1905	Congrès des médecins aliénistes et neurologistes de France et des pays de langue française 01-08-1905 07-08-1905 Rennes (FR)
1905	Congrès international pour l'étude des questions relatives au patronage des condamnés, des enfants moralement abandonnés, des vagabonds et des aliénés 08-08-1905 12-08-1905 Liège (BE)
1905	Conférence internationale contre l'abus des boissons alcooliques 11-09-1905 16-09-1905 Budapest (HU)
1906	Congrès des médecins aliénistes et neurologistes de France et des pays de langue française 01-08-1906 07-08-1906 Lille (BE)
1906	Congrès international de médecine 19-04-1906 26-04-1906 Lisbon (PT)
1906	Congrès international de l'assistance des aliénés et spécialement de leur assistance familiale 26-09-1906 30-09-1906 Milano (IT)
1906	Congrès international d'anthropologie criminelle 28-04-1906 03-05-1906 Torino (IT)
1907	Congrès des médecins aliénistes et neurologistes de France et des pays de langue française 01-08-1907 07-08-1907 Lausanne (CH), Genève (CH)
1907	Congrès international de psychiatrie et de neurologie 02-09-1907 07-09-1907 Amsterdam (NL)
1908	Congrès des médecins aliénistes et neurologistes de France et des pays de langue française 03-08-1908 09-08-1908 Dijon (FR)
1908	Congrès international de l'assistance aux aliénés 07-10-1908 10-10-1908 Vienna (AT)
1909	Congrès international contre l'abus des boissons alcooliques 18-07-1909 24-07-1909 London (GB)
1910	Congrès international de l'assistance aux aliénés 03-10-1910 07-10-1910 Berlin (DE)
1911	Congrès international d'anthropologie criminelle 09-10-1911 13-10-1911 Köln (DE)

List of all conferences Morel had an interest in, meaning those where he was present on the membership list. This does not mean he attended them all.



# List of figures

Page 25

**Figure 1.** Schematic overview displaying all fields related to psychiatry.

Page 36

**Figure 2.** Google Books Ngram Viewer with the keywords: “digital humanities”, “digital history”, “humanities computing” and “quantitative history”.

Page 42

**Figure 3.** This page shows how severe the impact of inadequate scanning can be on search functionalities.

Page 44

**Figure 4.** Textual output of page 283 of the *Journal of Mental science*.

Page 50

**Figure 5.** Frequency distribution of words related to non-restraint in the German *Allgemeine Zeitschrift für Psychiatrie*.

Page 55

**Figure 6.** Each document (page) exists of a “bag of words”.

Page 57

**Figure 7.** A selection of window topics for the year 1876 in the *Journal of Mental Science*.

**Figure 8.** Example of a topic distribution across documents in the *Journal of Mental Science*.

Page 58

**Figure 9.** Example of a dynamic topic.

Page 60

**Figure 10.** Topic modelling scores visualised by dot colour and size in histogram’s Bucket of explorables.

Page 61

**Figure 11.** View of the topic “general paralysis” with the additional keyword “wassermann” (top left corner).

Page 62

**Figure 12.** The keyword mentions view in the Bucket of Exploreables in histogram.

Page 67

**Figure 13.** TIC/2TBI Nodegoat environment with a list view of all conferences within the thematic scope “psychiatry”.

Page 68

**Figure 14.** A person “index card” as constructed by the TIC/2TBI team.

Page 72

**Figure 15.** Table of all physicians/alienists who visited more than 6 conferences in the network under study.

Page 97

**Figure 16.** *Gerbrandus Jelgersma’ publications in the Psychiatrische Bladen between 1886 and 1922.*

Page 107

**Figure 17.** The number of editors that were employed for each journal between 1843 and 1925. All journals make use of larger editorial boards over time except for the AMP.

Page 117

**Figure 18.** *Graph showing the total amount of JMS members and the number of foreign members (honorary members and correspondents) between 1890-1925.*

Page 125

**Figure 19.** Example of advertisements for medical appliances (left side), sanatoriums and sleeping pills (right side).

Page 138

**Figure 20.** Articles published in a foreign language in the *Psychiatrische Bladen*.

Page 149

**Figure 21.** Drawing of the asylum Marburg in Germany, accompanied with a legend to describe the buildings

**Figure 22.** Third class pavilions at the *Am Steinhof* asylum in Vienna, one of the largest mental institutions in Europe

Page 151

**Figure 23.** Private notes made by Andrea Verga of a journey he made through several cities in Germany and Prussia

Page 152

**Figure 24.** A published account of a visit to the Middlesex County asylum in the United Kingdom by the American alienist Pliny Earle

Page 156

**Figure 25.** Example of the type of maps regularly found in psychiatric travel guides. The map depicts the locations of the asylums and the railway network.

Page 182

**Figure 26.** Inverted pyramid illustrating the different layers that defined the probability of alienists gaining access to, and understanding of, the information and knowledge that was provided to them.

Page 193

**Figure 27.** Programme and inscription form of the Congrès International d'Anthropologie Criminelle 1892 to be held in Brussels.

Page 194

**Figure 28.** List of members and participants to the International Medical Congress held in Rome in 1894.

Page 203

**Figure 29.** Proof of membership of J.C.J. Van der Hagen to the international congress for psychiatry, neurology, psychology and care for the insane, held in Amsterdam in 1907

Page 205

**Figure 30.** Opening ceremony of the 15th international medical congress in the *Sala Portugal* of the Geographical Society

Page 207

**Figure 31.** Postcard of the exterior of the Royal Albert Hall from 1913

Page 208

**Figure 32.** French delegates during the international medical conference in London in 1913

Page 209

**Figure 33.** Map of the Royal Albert Hall used for the international medical conference in 1913

Page 213

**Figure 34.** Cutout from the plan of the *École de pharmacie* in 1882

Page 214

**Figure 35.** Amphithéâtre Richelieu at the Sorbonne

**Figure 36.** A conference room used during the International Medical conference in Lisbon in 1906.

Page 223

**Figure 37.** Garden party at Quinta das Necessidades with over 5000 people in attendance

Page 224

**Figure 38.** *Palácio de Monserrate* where conference attendees could attend a garden party

Page 234

**Figure 39.** Jaromir, Freiherr von Mundy. Photogravure.

Page 235

**Figure 40.** Photograph of Jules Morel.

Page 242

**Figure 41.** Map showing Mundy's travels across Europe

**Figure 42.** Drawing of a padded isolation cell which was sent by Bedford Pierce to Jules Morel

Page 265

**Figure 43.** Map showing which conferences Morel attended

Page 297

**Figure 44.** Table with the number of reviews per year written by Morel

Page 314

**Figure 45.** Table with Mundy's publications about psychiatry displayed per country and publication format.

Page 347

**Figure 46.** Man in a restraint chair at Wakefield Prison

Page 350

**Figure 47.** Patients wrapped in wet sheets and watched over by attendants

Page 364

**Figure 48.** Table with British asylum superintendents' opinion about the use of restraint and non-restraint in 1854

Page 370

**Figure 49.** Statue of Philippe Pinel was erected in 1885 in front of la Salpêtrière

Page 414

**Figure 50.** Four male patients in the second stage of general paralysis displaying a typical vacant, dull, wild or foolish stare

Page 425

**Figure 51.** Plate II displaying the different reactions during the Wassermann test

# Frequently used abbreviations

AJP	American Journal of Psychiatry
AMP	Annales Médico psychologiques
ASPI	Archivio storico della psicologia italiana
AZP	Allgemeine Zeitschrift für Psychiatrie
BSMMB	Bulletin de la Société de Médecine Mentale de Belgique
JMS	Journal of Mental Science
MLJ	Medico-Legal Journal
MPA	Medico-Psychological Association
NTVG	Nederlansch Tijdschrift voor Geneeskunde
NVP	Nederlandsche Vereniging voor Psychiatrie
PB	Psychiatrische Bladen
SMMB	Société de Médecine Mentale de Belgique
SMP	Société Médico-psychologique

# Software used

Gephy, <https://gephi.org/>

Histogram (Developed at C<sup>2</sup>DH), <http://histograph.eu/>. The code can be found at <https://github.com/C2DH/histogram>

Microsoft Excel

Nodegoat, <https://nodegoat.net/>

Tableau, <https://www.tableau.com/>

Zotero, <https://www.zotero.org/>

# Bibliography

## (Digitised) archival sources

### **Alan Mason Chesney Medical Archives of The Johns Hopkins Medical Institutions**

Morel, Jul., Ghent, Belgium, Unit I/2760, Series I, The Adolf Meyer Collection, Alan Mason Chesney Medical Archives of The Johns Hopkins Medical Institutions, [https://medicalarchivescatalog.jhmi.edu/jhmi\\_permalink.html?key=1](https://medicalarchivescatalog.jhmi.edu/jhmi_permalink.html?key=1).

### **Archief Gent (Archive Ghent)**

Dossier betreffende dokter Jules Morel, hoofdgeneesheer van het Guislaingesticht, folder 75/1886-1896, BG 19, Guislaingesticht, Archief Gent.

List of birth and death certificates, death certificate Morel no. 4203, Archief Gent.

### **Archive of Yale University**

George Alder Blumer Correspondence, Archive of Yale University, <https://archives.yale.edu/repositories/10/resources/502>.

### **Archive of the University of Birmingham**

Henry Havelock Ellis Collection, Archive of the University of Birmingham, <https://www.birmingham.ac.uk/facilities/cadbury/rarebooks/havelockellis.aspx>.

### **Archivio storico della psicologia italiana. Le scienze della mente on-line (ASPI) (Historical Archives of Italian Psychology. The sciences of the mind online)**

Archivio Andrea Verga, ASPI, <https://www.aspi.unimib.it/collections/object/detail/10208/>.

Archivio Giulio Cesare Ferrari, ASPI, <https://www.aspi.unimib.it/collections/object/detail/74/>.

Archivio Serafino Biffi, ASPI, <https://www.aspi.unimib.it/collections/object/detail/9898/>.

Cartolina di Giulio Cesare Ferrari alla fidanzata Emilia Giordani (6) [dated 21 august 1900], ASPI, <https://www.aspi.unimib.it/collections/occurrence/detail/391/>.

Cartolina di Giulio Cesare Ferrari alla fidanzata Emilia Giordani (7) [dated 22 august 1900], ASPI, <https://www.aspi.unimib.it/collections/occurrence/detail/392/>.  
Cartolina di Giulio Cesare Ferrari alla fidanzata Emilia Giordani (10), [dated 25 August 1900], ASPI, <https://www.aspi.unimib.it/collections/occurrence/detail/395/>.  
Ferrari all'Esposizione di Parigi, ASPI, <https://www.aspi.unimib.it/collections/collection/detail/13/>

### **Guislain Museum Ghent**

Portrait of Jules Morel, no archival reference available

### **Nationaal Archief Den Haag (National Archive the Hague)**

Inventory no. 70, access no. 2.19.221, Nederlandse Vereniging voor Psychiatrie, Nationaal Archief Den Haag.  
Inventory no. 71, access no. 2.19.221, Nederlandse Vereniging voor Psychiatrie, Nationaal Archief Den Haag.  
Inventory no. 72, access no. 2.19.221, Nederlandsche Vereniging voor Psychiatrie, National Archief Den Haag  
Inventory no. 73, access no. 2.19.221, Nederlandsche Vereniging voor Psychiatrie, Nationaal Archief Den Haag  
Inventory no. 668, access no. 2.19.221, Nederlandsche Vereniging voor Psychiatrie, National Archief Den Haag  
Inventory no. 816, access no. 2.19.221, Nederlandsche Vereniging voor Psychiatrie, National Archief Den Haag

### **Universiteitsarchief Gent (Archive of the University of Ghent)**

Bronnen voor het inschrijven van studenten, ARUG\_AR0654.

### **Universiteitsbibliotheek Gent (University Library Ghent)**

Briefwisseling van Jules Morel, Vooral Betreffende Psychiatrie En Psychiatrische Instellingen, BHSL.HS.2830, Universiteitsbibliotheek Gent, <https://lib.ugent.be/catalog/rug01:000833696>.

## **(Digitised) printed sources**

### **Repositories & collections**

Bayerische Staatsbibliothek, Munich (Germany).  
Bibliothèque Numérique Medica, BIU Santé, Université de Paris, <https://www.biusante.parisdescartes.fr/histoire/medica/>  
Gallica, <https://gallica.bnf.fr/accueil/en/content/accueil-en?mode=desktop>.  
HathiTrust Digital Library, <https://www.hathitrust.org/>.  
Henry Conscience Bibliotheek, Antwerp (Belgium).  
Internet Archive. Digital Library of Free & Borrowable Books, Movies, Music & Wayback Machine, <https://archive.org/>.

Münchener DigitalisierungsZentrum (MDZ), <https://www.digitale-sammlungen.de/index.html?c=startseite&l=en>.

The British Journal of Psychiatry. <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/all-issues>.

Wellcome Collection. <https://wellcomecollection.org/collections>.

## List of periodicals and serial sources

(\* Main periodicals used. These are not listed in detail in the reference list of 'Printed sources')

*Acta Radiologica*

*Allgemeine Wiener medizinische Zeitung*

*Allgemeine Zeitschrift für Psychiatrie und psychisch-gerichtliche Medicin\**. (1844-1937).

Continued as: *Allgemeine Zeitschrift für Psychiatrie und ihre Grenzgebiete* (1938-1949)

*American Journal of Insanity*

*Annales Médico-psychologiques\**. (1843-...)

*Annual of the universal medical science*

*Archiv für Psychiatrie und Nervenkrankheiten*

*Archives d'Anthropologie Criminelle de Médecine Légale et de Psychologie Normale et Pathologique*

*Archiv für Psychiatrie und Nervenkrankheiten*

*British Medico-Chirurgical Journal*

*British and Foreign Medical-Chirurgical Review*

*Bulletin de l'Académie royale de médecine de Belgique*

*Bulletin de la société Clinique de médecine mentale*

*Bulletin de la Société de Médecine Mentale de Belgique\**. (1873-1922).

Continued as: *Journal Belge de Neurologie et de Psychiatrie* (1923-1847)

*De Gids*

*Deutsche medizinische Wochenschrift*

*Edinburgh Medical Journal*

*Handelingen der Nederlandsche Vereniging voor Psychiatrie\**. (1871-1882).

Continued as: *Psychiatrische Bladen* (1883-1896). *Psychiatrische en Neurologische Bladen* (1897- ?)

*Index Medicus*

*Journal de médecine mentale*

*Journal of Medical Research*

*Journal of Psychological Medicine and Mental Pathology*

*Journal of Psychological Medicine*

*Lancette Française. Gazette des hopitaux civils et militaires*

*L'Informateur des aliénistes et des neurologistes*

*Nederlandsch Tijdschrift voor Geneeskunde*

*Neurologisches Centralblatt*

*Occidente. Revista Illustrada de Portugal e do Extrangeiro*

*Précis analytique des travaux de l'Académie des sciences, belles-lettres et arts de Rouen*



*Psychiatrische Wochenschrift*

*Revue neurologique*

*The Alienist and Neurologist*

*The Asylum Journal* \*. (1853-1854).

Continued as: *The Asylum Journal of Mental Science* (1855-1858). *The Journal of Mental Science* (1858-1962)

*The Birmingham Medical Review*

*The British Medical Journal*

*The Hospital*

*The Lancet*

*The Medico-legal Journal*

*The Sanitarian*

*The Times* (newspaper)

### **Printed sources**

- Alder Blumer G. and A. B. Richardson (eds.), "Commitment, Detention, Care and Treatment of the Insane", being a report of The Fourth section of the International congress of charities, correction and philanthropy, Chicago, June, 1893, (Baltimore: the Johns Hopkins Press,, 1894), 182 and 186, <https://wellcomelibrary.org/item/b28083532>.
- Alderman et al., Report of a deputation consisting of Alderman T.H. Jenkins, D.M. Cassidy, and Joseph Wigglesworth, appointed to visit asylums on the Continent [...], (Preston: Lancashire asylums board, 1900), <http://archive.org/details/b28133493>.
- Andel van, A. H. les établissements pour le traitement des maladies mentales et des affections nerveuses des Pays-Bas, des colonies néerlandaises et de la Belgique en 1900, (Leiden: S. C. van Doesburgh, 1901), 3, <http://archive.org/details/39002086345734.med.yale.edu>.
- Archives d'Anthropologie Criminelle de Médecine Légale et de Psychologie Normale et Pathologique, 1911, vol. 26, 881, <https://criminocorpus.org/fr/bibliotheque/page/19694/>.
- Atti dell'XI Congresso medico internazionale. Roma, 29 marzo-5 aprile 1894. Vol. IV, Psichiatria, neuropatologia ed antropologia criminale, (Torino : Rosenberg and Sellier, 1895), [http://archive.org/details/b28124169\\_0004](http://archive.org/details/b28124169_0004).
- — —. Roma 29 marzo – 5 aprile 1894. Volume I. Parte Generale, (Torino: Rosenberg & Sellier), <https://archive.org/details/attidellxicongr04unkngoog>.
- Bell, Clark. "The hospice Guislain", *The Medico-legal journal*, vol. 7, 1889, 30, <https://hdl.handle.net/2027/mdp.39015070572063>.
- Billings John S. and Henry M. Hurd, Suggestions to hospital and asylum visitors, (Philadelphia: J. B. Lippincott company, 1895), <http://archive.org/details/68110410R.nlm.nih.gov>.
- Billod, E. Les aliénés en Italie : établissements qui leur sont consacrés, organisation de l'enseignement des maladies mentales et nerveuses, (Paris: G. Masson, 1884), 15-17, <https://gallica.bnf.fr/ark:/12148/bpt6k766742>.
- Binswanger, O. "Die pathogenese und Abrenzung der progressive Paralyse der Irren von verwandten Formen psychischer Erkrankungen" in: W. Roth, *Comptes-rendus du XII congrès international de médecine*. Moscou, 7(19)-14(26) août 1897, vol. 4, première

- partie. Section VII. Maladies nerveuses et mentales, 1899, 107,  
<http://archive.org/details/comptesrendusdux00inte>.
- Bleuler Eugen and A. A. Brill (transl.), *Textbook of Psychiatry*, (New York: the Macmillan Company, 1924), <https://hdl.handle.net/2027/mdp.39015033177075>;
- . *Textbook of Psychiatry*, (New York: the Macmillan Company, 1934),  
<https://archive.org/details/textbookofpsychi00bleu>.
- Bodington, G. F. *Restraint in the treatment of insanity*, (Birmingham: White and Pike, 1878),  
reprinted from *The Birmingham Medical Review*, October 1878,  
<https://wellcomelibrary.org/item/b24762635>.
- Bonnet, J. *Congrès des médecins aliénistes et neurologistes de France et des pays de langue française. XI<sup>e</sup> session tenue à Grenoble du 1<sup>er</sup> au 7 août 1902. Comptes rendus*, (Paris: G. Masson, 1902), vol. II,  
<http://www.biusante.parisdescartes.fr/histmed/medica/cote?110817x1902x02>.
- Book review of Morel's "Guardian societies", *Psychiatrische Wochenschrift*, 1900, vol. 2, no. 29,  
281-282, <https://archive.org/details/PsychiatrischeWochenschrift2.190001/mode/2up>.
- Briggs, L. Vernon. "'Am steinhof'. Hospital and sanatoria in Vienna for mental and nervous patients of lower Austria", *American Journal of Insanity*, 1909, vol. 65, nr. 4, plate XVII  
[page 774 of pdf], <http://hdl.handle.net/2027/ien.35558002008718>.
- Centenaire de l'École supérieure de pharmacie de l'université de Paris, 1803-1903, (Paris: A. Joainin et Cie., 1904), 99-100, <https://gallica.bnf.fr/ark:/12148/bpt6k65347909>
- Clark, C.K. "Notes on some of the psychiatric clinics and asylums of Germany", *American Journal of Psychiatry*, 1908, October, 361 and 364 and 369,  
<http://hdl.handle.net/2027/ien.35558002008718>
- Clark, James. *A Memoir of John Conolly, M. D., D. C. L., Comprising a Sketch of the Treatment of Insane in Europe and America* (London: Murray, 1869), 254–55,  
<http://archive.org/details/39002086342954.med.yale.edu>.
- Congrès international de médecine mentale, tenu à Paris, du 5 au 10 août 1878. *Comptes rendus sténographiques*, (Paris: Imprimerie nationale, 1880),  
<http://www.biusante.parisdescartes.fr/histmed/medica/cote?110817x1878>.
- Congrès international de Neurologie de Psychiatrie, d'Électricité médicale & d'Hyponologie. Première session tenue à Bruxelles du 14 au 21 septembre 1897. Fascicule I. Rapports,  
(Paris: Baillière et Cie., 1898), <http://archive.org/details/b2170207x>.
- Congrès international de psychologie physiologique. *Procès-verbaux sommaires*, (Paris: imprimerie nationale, 1889), <http://cnum.cnam.fr/redir?8XAE332.10>.
- Congrès périodique international des sciences médicales. 4<sup>ème</sup> session – Bruxelles – 1875. *Compte-rendu*, <https://gallica.bnf.fr/ark:/12148/bpt6k97886149>.
- Conolly John and C. M. Brosius (transl.), *Die Behandlung der Irren ohne mechanischen Zwang*, (Laehr, verlag von M. Schauenburg & C., 1860),  
[https://archive.org/details/bub\\_gb\\_mp08AAAaAAJ](https://archive.org/details/bub_gb_mp08AAAaAAJ).
- Conolly, John. "Appendix. Abolition of personal coercion", *The construction and government of lunatic asylums and hospitals for the insane*, (London: John Churchill, 1847, 164-167,  
<https://archive.org/details/constructiongove00cono/page/n5/mode/2up>
- . *The treatment of the insane without mechanical restraints*, (London: Smith, Elder & co., 1856), <https://archive.org/details/treatmentofinsan00cono>.

- Craig, Charles F. *The Wassermann test*, (St. Louis: C. V. Mosby company, 1918),  
<https://hdl.handle.net/2027/nnc2.ark:/13960/t9t15rm5j>.
- Crommelinck, C. *Rapport sur les hospices d'aliénés de l'Angleterre, de la France et de l'Allemagne*, (Courtrai: Jaspin, 1842), <https://gallica.bnf.fr/ark:/12148/bpt6k5604087m>.
- Dedichen, Hendrik A. Th. *Die Heil- und Pflege-Anstalten für psychisch Kranke in den skandinavischen Ländern im Jahre 1900*, (Berlin: Georg Reimer, 1901), III,  
<https://www.degruyter.com/document/doi/10.1515/9783111666549/html>.
- Delasiauve, "Législation. Réquisitoire Sandon. Lettre a M. Adolphe Guérout", *Journal de médecine mentale*, 1869, vol. 9, 338,  
<https://babel.hathitrust.org/cgi/pt?id=mdp.39015062733426&view=1up&seq=360>.
- Ducpétiaux, Edouard, Dieudonné Jean Joseph Sauveur, and Charles Victor Oudart, *Notice sur les établissements d'aliénés des Pays-Bas, extrait du cinquième rapport de la Commission Permanente d'Inspection des Etablissements d'Aliénés du Royaume, 1857-1858*, (Bruxelles: Hayez, 1859), [https://books.google.be/books?id=c\\_5RAAAAcAAJ&hl=nl](https://books.google.be/books?id=c_5RAAAAcAAJ&hl=nl).
- Dumesnil, "Quelques aperçus comparatifs sur les soins et l'assistance donnés aux aliénés en France et ailleurs", *Précis analytique des travaux de l'Académie des sciences, belles-lettres et arts de Rouen*, 1868, 212, <https://gallica.bnf.fr/ark:/12148/bpt6k58048280>.
- Earle, Plinly. *Institutions for the insane in Prussia, Austria and Germany*, (Utica: New-York State Lunatic Asylum, 1853), 38-47, <https://books.google.be/books?id=I6EH62AOYpEC&hl=nl>.
- — —. *A visit to thirteen asylums for the insane in Europe. To which are added a brief notice of similar institutions in transatlantic countries and in the United States and an essay on the causes, duration, termination, and moral treatment of insanity*, (Philadelphia: J. Dobson, 1841), <https://wellcomelibrary.org/item/b21117172>.
- Ellis Havelock. *Sexual Inversion*. (Philadelphia: F. A. Davis Co., 1901),  
<http://archive.org/details/sexualinversion00elligoog>.
- Erlenmeyer, Albrecht. *Uebersicht der öffentlichen und privaten Irren- und Idioten-Anstalten aller europäischen Staaten*, (Neuwied: J. H. Heuser, 1863), [https://reader.digitale-sammlungen.de/de/fs1/object/display/bsb10286350\\_00005.html](https://reader.digitale-sammlungen.de/de/fs1/object/display/bsb10286350_00005.html).
- — —. *Uebersicht der öffentlichen und privaten Irren-Anstalten Deutschlands, der Schweiz und der Niederlande*, (Wetzlar: G. Rathgeber, 1859), [https://reader.digitale-sammlungen.de/de/fs1/object/display/bsb10286348\\_00005.html](https://reader.digitale-sammlungen.de/de/fs1/object/display/bsb10286348_00005.html).
- Esquirol, E. *Des Maladies mentales considérés sous les rapports médical, hygiénique et médico-légal*, vol. 1, (Paris: J.-B. Baillière, 1838), 137,  
<https://archive.org/details/desmaladiesmenta01esqu/page/136/mode/2up?q=moyens+d+e+distraktion>.
- Ferrus, G. *Des aliénés, considérations : 1° sur l'état des maisons qui leur sont destinées tant en France qu'en Angleterre, sur la nécessité d'en créer de nouvelles en France... 2° sur le régime hygiénique et moral... 3° sur quelques questions de médecine légale*, (Paris: Madame Huzard, 1834), <https://gallica.bnf.fr/ark:/12148/bpt6k57310440>.
- Fournier, Alfred. *De la pseudo-paralysie générale d'origine syphilitique*, (Paris: V. A. Delahaye et Cie., 1878), <https://gallica.bnf.fr/ark:/12148/bpt6k54624063>.
- — —, "syphilis et paralyse générale", *Lancette Française. Gazette des hopitaux civils et militaires*, 1894, no.128, 1201,  
[https://archive.org/details/BIUSante\\_90130x1894/page/n1185/mode/2up](https://archive.org/details/BIUSante_90130x1894/page/n1185/mode/2up)

- — —. La syphilis du cerveau, (Paris: G. Masson, 1879),  
<https://gallica.bnf.fr/ark:/12148/bpt6k77402w>.
- — —. Les affections parasymphilitique, (Paris: Rueff et Cie., 1894),  
<https://wellcomelibrary.org/item/b20403732>.
- Gallotti O. and J. Schettino, *Revue neurologique*, 1920, no. 11, 1084-1088,  
[https://archive.org/details/BIUSante\\_130135x1920/page/n1171/mode/2up](https://archive.org/details/BIUSante_130135x1920/page/n1171/mode/2up)
- Grósz de, Emile (ed.). *XVIe Congrès International de Médecine*. Budapest : août-septembre 1909.  
 Comptes-rendus. Volume général, x, [http://archive.org/details/b28120966\\_0022](http://archive.org/details/b28120966_0022).
- Guérin Du Grandlaunay, A. *Asile départemental d'aliénés de Saint-Dizier, compte moral, administratif et médical pour l'année 1862*, (Saint-Dizier: O. Saupique, 1863,  
<https://gallica.bnf.fr/ark:/12148/bpt6k61199708/f4.item>.
- Guetteling, M. S. "De praktische waarde der reactie van Wassermann", *NTVG*, 1910, vol. 54,  
 677-678,
- Guislain, Joseph. *Lettre médicale sur la Hollande, adressé à MM. les membres de la Société de Médecine de Gand*. Gyselynck, 1842.  
[https://books.google.be/books?id=KgBBAAAACAAJ&printsec=frontcover&hl=nl&source=gs\\_bse\\_summary\\_r&cad=0#v=onepage&q&f=false](https://books.google.be/books?id=KgBBAAAACAAJ&printsec=frontcover&hl=nl&source=gs_bse_summary_r&cad=0#v=onepage&q&f=false).
- — —. *Lettres médicales sur l'Italie, avec quelques renseignements sur la Suisse : résumé d'un voyage fait en 1838, adressé à la Société de médecine de Gand*, (Gand: F. et E. Gyselynck, 1840), <https://gallica.bnf.fr/ark:/12148/bpt6k106851d>.
- Guitard, Eugène-Humbert. "Lettres de Londres: le XVIIe Congrès international de médecine", *Bulletin de la Société d'histoire de la pharmacie*, vol. 1, no. 4, 1914, 52,  
[https://www.persee.fr/doc/pharm\\_0995-838x\\_1913\\_num\\_1\\_4\\_1212](https://www.persee.fr/doc/pharm_0995-838x_1913_num_1_4_1212).
- Havet, J. "Importance des laboratoires scientifiques dans les asiles et les colonies, au point de vue de l'assistance des aliénés", [attachement III – d], in: *Congrès international de l'assistance des aliénés et spécialement de leur assistance familiale tenue à Anvers du 1 au 7 Septembre 1902*, (Antwerpen: De Nederlandsche Boekhandel, 1903), 1-10 [pdf pages 641-651], <http://hdl.handle.net/2027/mdp.39015030965928>
- Hermann and D'Hollander, "La réaction de Wassermann et l'aliénation mentale", *Bulletin de l'Académie Royale de médecine de Belgique*, 1912, vol. 26, 793-825,  
<https://uurl.kbr.be/1814918>.
- Hirschwald'sche Buchhandlung, Berlin. *Katalog von medicinischen Werken aus dem Verlag von August Hirschwald in Berlin*. Berlin, 1861.
- Hollander, Bernard. *The mental symptoms of brain disease*, (London: Rebman Limited, 1910),  
<http://www.archive.org/details/mentalsymptomsof00holluoft>.
- Howland Chase, Robert. *General paresis practical and clinical*, (Philadelphia: P. Blakiston's son & co., 1902), <http://www.archive.org/details/39002010916766.med.yale.edu>
- Hughes, Charles H. (ed.). *The Alienist and Neurologist*, 1916, vol. 37, no. 3,  
<https://archive.org/stream/alienistneurolog37stlouoft#page/320/mode/2up>.
- Hurd, Arthur W. "Differential diagnosis of paretic and pseudo-paretic states", *AJP*, 1900, vol. 56, January, 423, <http://hdl.handle.net/2027/mdp.39015076899528>.
- Index Medicus*, 1879, vol. 1,  
<https://hdl.handle.net/2027/msu.31293025237565?urlappend=%3Bseq=5>.

- Index Medicus, 1906, vol. 4, part 2,  
<https://hdl.handle.net/2027/msu.31293025237326?urlappend=%3Bseq=248>.
- James Clark. A Memoir of John Conolly, M. D., D. C. L., Comprising a Sketch of the Treatment of Insane in Europe and America. London: Murray, 1869.  
<http://archive.org/details/39002086342954.med.yale.edu>.
- Jelgersma, G. "Alfred Fournier. Les Affections syphilitiques", *Nederlandsch Tijdschrift voor Geneeskunde*, 1895, vol. 39, 1086-1093, <https://www.ntvg.nl/artikelen/les-affections-parasyphilitiques>.
- . "XI. Der Fall 'Zingerle' von Balkenmangel im Grosshirn", *Archiv für Psychiatrie und Nervenkrankheiten*, 1899, vol. 32, no. 1, 330,  
<https://archive.org/details/archivfrpsychia04nervgoog/page/n8/mode/>.
- Kaspenberg, G. "De reactie van Wassermann", *NTVG*, 1918, vol. 62, 888-889,  
<https://www.ntvg.nl/de-reactie-van-wassermann-0>.
- Klein, H. "Over de waarde van de reactie van Wassermann voor de psychiatrie", *NTVG*, 1909, vol. 53, 1808-1818, <https://www.ntvg.nl/artikelen/over-de-waarde-van-de-reactie-van-wassermann-voor-de-psychiatrie>.
- Lafaye, Edmond. *De la complexité des causes de la paralysie générale*, (Lyon: Alexandre Rey, 1892), 61-62, <https://gallica.bnf.fr/ark:/12148/bpt6k3219702c>.
- Lasègue, Ch. *De la paralysie Générale progressive*, (Paris: Rignoux, 1853), 3-4,  
<https://books.google.be/books?id=FAtbAAAAQAAJ&dq=paralysie%20g%C3%A9n%C3%A9rale&lr&hl=nl&pg=PA1#v=onepage&q=syphilis&f=false>
- Lauder Lindsay, W. "The theory and practice of non-restraint in the treatment of the insane", *Edinburgh Medical Journal*, 1878, vol. 23, no. 10, 890,  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5321991/>.
- . "The Theory and Practice of Non-Restraint in the Treatment of the Insane", *Edinburgh Medical Journal*, 1878, vol. 23, no. 12, 1092-1103,  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5322016/>.
- Laussedat. "La Suisse médicale", *Bulletin de l'Académie royale de médecine de Belgique*, 1874, vol. 8, no. 5, 522,  
<https://books.google.be/books?id=iW01AQAAMAAJ&dq=Bulletin%20royal%20medecine%20belgique>.
- Lefebvre, "De la folie paralytique. Statistique, étiologie et prophylaxie", *Bulletin de l'académie royale de médecine de Belgique, troisième série, tome 2*, 1868, 147,  
<https://books.google.be/books?id=KogUAAAAQAAJ&hl=nl&pg=PP1#v=onepage&q&f=false>.
- Letchworth, William P. *The insane in foreign countries*, (New York: G. P. Putnam's sons, 1889), xi,  
<http://www.archive.org/details/insaneinforeignc00letcuoft>.
- Libert, "Au Congrès de Londres", *L'informatateur*, 1913, vol. 9, 369,  
<https://gallica.bnf.fr/ark:/12148/bpt6k9648486r>.
- L'informatateur*, 1913, vol. 9, 370, <https://gallica.bnf.fr/ark:/12148/bpt6k9648486r>.
- Lockhart Robertson, C. "The 'restraint system' in French public asylums for the insane", *The Lancet*, 1865, December, vol. 2, <http://hdl.handle.net/2027/mdp.39015075800063>.
- Magnan V. and Paul Sérieux, *La paralysie générale*, (Paris: G. Masson, 1894), 10,  
<https://gallica.bnf.fr/ark:/12148/bpt6k767463/f16.item>.

- Martin, Etienne. "VIIe congrès d'anthropologie criminelle", *Archives d'Anthropologie Criminelle de Médecine Légale et de Psychologie Normale et Pathologique*, 1911, vol. 26, 881, <https://criminocorpus.org/fr/bibliotheque/page/19694/>.
- McCampbell E. F. and G. A. Rowland, "Studies on the clinical diagnosis of general paralysis of the insane", *Journal of Medical Research*, 1910, vol. 22, no. 1, 169-188, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2098936/>.
- Meijer, L.S.. "Staatszorg voor krankzinnige gevangenen", *De Gids*, 1899, vol. 63, 460, [https://www.dbnl.org/tekst/\\_gid001189901\\_01/\\_gid001189901\\_01\\_0083.php](https://www.dbnl.org/tekst/_gid001189901_01/_gid001189901_01_0083.php).
- Meijers, F. S. "De reactie van Wassermann en latente lues", *NTVG*, 1916, vol. 60, 942-943, <https://www.ntvg.nl/de-reactie-van-wassermann-en-latente-lues>.
- . "Mededelingen uit de neurologische en psychiatrische afdeling van het Wilhelmina-gasthuis te Amsterdam. Bijdrage tot de klinische waarde der lumbaalpunctie", *Nederlandsch Tijdschrift voor Geneeskunde*, 1908, second half, no. 10, 776, <https://www.ntvg.nl/artikelen/bijdrage-tot-de-klinische-waarde-der-lumbaalpunctie>.
- . "De klinische waarde der reactie van wassermann in de neurologie en psychiatrie", *NTVG*, 1915, vol. 59, 1819-1835, <https://www.ntvg.nl/artikelen/de-klinische-waarde-der-reactie-van-wasserman-de-neurologie-en-psychiatrie>.
- Mendel, E. *Die progressive Paralyse der Irren: eine Monographie*, (Berlin: August Hirschwald, 1880), 224-228, <https://gallica.bnf.fr/ark:/12148/bpt6k76875z/>.
- Metcalfe, Richard. *Life of Vincent Priessnitz founder of hydrotherapy*, (London: Simpkin, Marshall, Hamilton, Kent & co., 1898), <https://wellcomecollection.org/works/gbkh9mbu>.
- Mickle, W. Julius. "notes on syphilis in the insane. Part III. The distinctions between syphilitic disease of the Encephalon and general paralysis", *British and Foreign Medical-Chirurgical Review*, 1877, vol. 59, no. 118, 444-461, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5163396/>.
- ., *General paralysis of the insane*, (London: H. K. Lewis, 1880), 75, <https://archive.org/details/b21517137>.
- . *General Paralysis of the Insane*, (London: H.K. Lewis, 1886), <https://archive.org/details/generalparalysis00mickuoft>.
- Morel Jules. "On the prophylaxis and treatment of the recidivist criminal", *Journal of Mental Pathology* 1901, vol. 1, no. 3, 121-134, <https://hdl.handle.net/2027/mdp.39015074129308?urlappend=%3Bseq=131>.
- . "prevention of mental diseases", *The Sanitarian*, 1900, vol. 44, no. 362, 40-48, <https://hdl.handle.net/2027/hvd.32044103033049?urlappend=%3Bseq=60>.
- . "The treatment of degenerative psychoses", *AJP*, 1893-1894, vol. 50, 200, <http://hdl.handle.net/2027/ien.35558002007967>.
- Morel's nursing handbook is mentioned by Mercklin (Treptow a. Rega), *Psychiatrische Wochenschrift*, 1900, vol. 2, no 17, 170, <https://archive.org/details/PsychiatrischeWochenschrift2.190001/mode/2up>.
- Morel, Bénédict August. *Le Non-restraint, ou de l'Abolition des moyens coercitifs dans le traitement de la folie, suivi de considérations sur les causes de la progression dans le nombre des aliénés admis dans les asiles*, (Paris: Victor Masson et fils, 1860), 11, <https://gallica.bnf.fr/ark:/12148/bpt6k5619122f>

- Mott, F. W. "syphilis of the nervous system" in: D'arcy Power and J. Keogh Murphy, *A system of syphilis*, (London: Henry Frowde, 1920), vol. IV, 255  
<https://wellcomelibrary.org/item/b31365188>.
- Mundy von J. *Petit catéchisme sur la nécessité et la possibilité d'une réforme radicale des institutions pour les aliénés* (Par l'auteur de la question de Gheel.), (Paris: Charles Schiller, 1864), 35, <https://gallica.bnf.fr/ark:/12148/bpt6k56194516>.
- . "Ein Referat über ein anderes Referat von Dr. Flemming und Professor Parigot", *Correspondenzblatt der Deutschen Gesellschaft für Psychiatrie*, 1860, vol. 7, 300-303, <https://hdl.handle.net/2027/chi.102718896>.
- . "Five cardinal questions on administrative psychiatry", (London: J. E. Adlard, 1861), reprinted from *The Journal of Mental Science*, <https://wellcomecollection.org/works/j5utdz22>.
- . "Fünf Kardinal-Fragen der administrativen Psychiatrie", *Med. Aehrenlese*, 1860–63, v–viii and 449 and 465 and 481 and 497 and 513.
- . "On the educational treatment of cretensism", (London: Savill & Edwards, 1861), reprinted from *The Medical Critic* October 1861, 11-12, <https://wellcomelibrary.org/item/b22347732>.
- . *Sur les divers modes de l'assistance publique appliquee aux alienes: discours prononcés dans les séances de la Société médico-psychologique à Paris le 26 décembre 1864 et le 16 janvier 1865*, (Paris: Aug. Marc, 1865), 37, <https://wellcomelibrary.org/item/b22651871>.
- Nonne Max and Charles R. Ball (transl.), *Syphilis and the nervous system*, (Philadelphia: J. P. Lippincott company, 1916), 368, <https://archive.org/details/syphilisnervouss00nonn/page/368/mode/2up>.
- [http://www.persee.fr/doc/pharm\\_0995-838x\\_1913\\_num\\_1\\_4\\_1212](http://www.persee.fr/doc/pharm_0995-838x_1913_num_1_4_1212)
- Notice sur les établissement d'aliénés des Pays-Bas. Extrait du cinquième rapport de la Commission permanente d'inspection des établissements d'aliénés du royaume. 1857-1858*, (Bruxelles: M. Hayez, 1858), [https://books.google.be/books?id=c\\_5RAAAAcAAJ&hl=nl&pg=PP2#v=onepage&q&f=fals](https://books.google.be/books?id=c_5RAAAAcAAJ&hl=nl&pg=PP2#v=onepage&q&f=fals).
- Occidente. Revista Illustrada de Portugal e do Extrangeiro*, 1906, vol. 29, no. 984, [http://hemerotecadigital.cm-lisboa.pt/OBRAS/Ocidente/1906/N984/N984\\_item1/index.html](http://hemerotecadigital.cm-lisboa.pt/OBRAS/Ocidente/1906/N984/N984_item1/index.html)
- Ogilvie, George. "An address on parasyphilis", *The Lancet*, 1903, June, 1647, <https://zenodo.org/record/1700203>.
- Passtoors, Th. "De klinische waarde der reactie van Wasserman in de neurologie en psychiatrie", *NTVG*, 1915, vol. 59, 2212-2216, <https://www.ntvg.nl/artikelen/de-klinische-waarde-der-reactie-van-wasserman-de-neurologie-en-de-psychiatrie>.
- Peeters, J. Al. "Préface", Fritz Sano (ed.), *Congrès international de l'assistance des aliénés et spécialement de leur assistance familiale tenue à Ancers du 1 au 7 septembre 1902. Rapports et compte-rendu des séances*, (Antwerpen: De Nederlandsche Boekhandel, 1903), 4, <http://hdl.handle.net/2027/mdp.39015030965928>.
- Pinel, Casimir. "Examen du non-restraint", *Journal de Médecine Mentale*, 1862, vol. 2, 12-23 and 51-57 and 134-142 and 198-207 and 262-269 and 306-313, <https://gallica.bnf.fr/ark:/12148/bpt6k31011g>.

- Pinel, Philippe. *Traité médico-philosophique sur l'aliénation mentale ou la manie*, (Paris : Richard, Caille et Ravier, 1801), <https://gallica.bnf.fr/ark:/12148/bpt6k432033>.
- Postcard of the exterior of the Royal Albert Hall from 1913, <https://www.royalalberthall.com/about-the-hall/news/2012/march/why-was-the-hall-built/>, © Royal Albert Hall Archive.
- Proceedings of the national conference of Charities and Correction at the fortieth annual session held in Seattle, Washington, July 5-12, 1913, (Fort Wayne: Fort Wayne printing company, 1913), 454, <https://quod.lib.umich.edu/n/ncosw/ACH8650.1913.001/471?rgn=full+text;view=image;q1=morel>.
- Quatrième rapport de la commission permanente d'inspection des établissements d'aliénés, (Brussel: Hayez, 1857), <https://books.google.be/books?vid=GENT900000184241&printsec=frontcover&hl=nl#v=onepage&q&f=false>.
- Régis, E. *A practical manual of mental medicine*, (Philadelphia: P. Blakiston, son & co., 1895), <https://wellcomecollection.org/works/svj28sbc>.
- . *Manuel pratique de médecine mentale*, (Paris : O. Doin, 1885), <https://gallica.bnf.fr/ark:/12148/bpt6k5462474x>.
- . *Manuel pratique de médecine mentale* (2ième ed.), (Paris: O. Doin, 1892), <https://gallica.bnf.fr/ark:/12148/bpt6k5506906n>.
- . *Précis de psychiatrie* (3ième ed.), (Paris: O. Doin, 1906), <https://gallica.bnf.fr/ark:/12148/bpt6k9622650d>.
- . *Précis de psychiatrie* (4ième ed.), (Paris: O. Doin, 1909).
- . *Précis de psychiatrie* (3ième ed.), (Paris: O. Doin et fils, 1914), <https://gallica.bnf.fr/ark:/12148/bpt6k6234491z>.
- . *Précis de psychiatrie* (5ième ed.), (Paris: Gaston Doin, 1923), <https://gallica.bnf.fr/ark:/12148/bpt6k932121g>.
- Renaudin, Louis-François-Émile. *Considérations sur les conditions hygiéniques de l'isolement, ou Coup d'oeil sur l'asile de Maréville en 1850*, (Nancy: A. Lepage, 1850), especially 7, <https://gallica.bnf.fr/ark:/12148/bpt6k56194531>.
- Ritti Ant. (ed.), *Congrès International de Médecine mentale tenue à Paris du 5 au 10 août 1889. Comptes rendus*, (Paris: G. Masson, 1890), 13, <http://archive.org/details/b21702068>.
- . *XIIIe congrès international de médecine. Paris. Section de psychiatrie. Comptes rendus*, (Paris: Masson et Cie., 1900), vol. 8, 10, <http://www.biusante.parisdescartes.fr/hismed/medica/cote?90240x08>.
- Robinovitch, "The prevention of crime", *Journal of Mental Pathology*, vol. 1, 157 (footnote), <https://hdl.handle.net/2027/uiug.30112054679417>.
- Rogues de Fursac J. and Aaron Joshua Rosanoff (transl. and edit.), *Manual of psychiatry*, (New York: John Wiley & Sons, 1908), <https://archive.org/details/manualofpsychiat00roguuoft/page/n3/mode/2up>
- Rogues de Fursac, J. *Manuel de psychiatrie*, (Paris: Felix Alcan, 1903), 215, <https://gallica.bnf.fr/ark:/12148/bpt6k5684289b>.
- Roth, W. *Comptes-rendus du XII congrès international de médecine. Moscou, 7(19)-14(26) août 1897*, vol. 1, partie générale, 129, <http://archive.org/details/comptesrendusdux00inte>.



- Sano Fritz (ed.). Congrès international de l'assistance des aliénés et spécialement Sérieux, Paul. L'assistance des alcooliques en Suisse, en Allemagne, en Autriche Création d'un asile spécial d'alcooliques dans le département de la Seine. Montévrain: imprimerie typographique de l'École d'Alembert, 1894.  
<http://catalog.hathitrust.org/api/volumes/oclc/83364634.html>.
- — —. Les Cliniques psychiatriques des Universités allemandes, par le Dr Paul Sérieux ... Évreux: Impr. de C. Hérissey, 1901.
- Shuttleworth, G. E. "Criminal responsibility in idiotic and feeble-minded persons", *The Medico-legal journal*, 1895, vol. 13, 273,  
<https://hdl.handle.net/2027/umn.319510027432861?urlappend=%3Bseq=29>.
- Sixteenth annual meeting of the British Medical Association", *British Medical Journal*, 1892, vol. II, 408, [https://archive.org/details/britishmedicalj1892unse\\_0/page/408/mode/2up](https://archive.org/details/britishmedicalj1892unse_0/page/408/mode/2up).
- Stefano Bonacossa, G. Sullo stato de' mentecatti e degli ospedali per i medesimi in varii paesi dell' Europa, (Torino: Fratelli Favale, 1840), <https://wellcomecollection.org/works/j694sjuv>.
- Stevens, Walter B.. St. Louis. History of the Fourth City 1763-1909, 1909, vol.3, 140-142,  
<https://archive.org/stream/stlouisfourthcit03stev#page/140/mode/2up>.
- The Journal of Mental Pathology, 1901-1902, vol. 1-2,  
<https://hdl.handle.net/2027/hvd.32044103072898>.
- The Journal of Mental Pathology, 1909, vol. 8,  
<https://archive.org/details/journalofmentalp08newy>.
- The Times. 10 august 1881, 27/11/2020, <https://www.thetimes.co.uk/archive/article/1881-08-10/4/2.html>.
- The Times. July 28 1881, accessed 27/11/2020,  
<https://www.thetimes.co.uk/archive/article/1881-07-28/9/5.html>.
- Thirty-sixth report of the Commissioners in Lunacy to the Lord Chancellor [1881], 1882, 261,  
<https://wellcomecollection.org/works/uhb5apts>.
- Thompson Dickson, J. "Abstract of a lecture on progressive paralysis and insanity", *The British Medical Journal*, 1872, vol. 2, no. 609, 236, <https://www.jstor.org/stable/25232823>.
- Tschisch, Wladimir. "Definition of progressive paralysis; its differentiation from similar forms of disease", *The Journal of Mental Pathology*, 1902, vol. 3, no. 1, 1-11,  
<https://babel.hathitrust.org/cgi/pt?id=uiug.30112041668341&view=1up&seq=9>.
- Tucker, G. A. Lunacy in Many Lands. Sydney: Charles Potter, 1887.  
<https://wellcomecollection.org/works/mc4q7qdb>.
- Tuke, Daniel Hack. 'On the Past and Present Provision for the Insane in the United States'. *Journal of Mental Science* 22 (1876): 1876-77.
- — —. A few notes on lunacy in France. Suggested by a recent visit to French asylums. Read at the annual meeting of the Medico-Psychological Assoc., July 26, 1878, (Lewes: Alex. Reivington, 1878), <http://archive.org/details/b22350123>.
- — —. The Insane in the United States and Canada. London: H.K. Lewis, 1885.  
<http://online.canadiana.ca/view/oocihm.09276>.
- — —. "The asylums of Holland: their past and present condition", *Journal of Psychological Medicine and Mental Pathology*, 1854, vol. 7, no. 27, 445-467,  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5086871/>.

- — —. A dictionary of Psychological Medicine, (London: J. & A. Churchill, 1892), vol. 1, 519, [http://archive.org/details/b20413397\\_001](http://archive.org/details/b20413397_001).
- Twenty-seventh report of the Commissioners in Lunacy to the Lord Chancellor [1872], (1873), 212, <https://wellcomecollection.org/works/f8makpva>.
- Université de Gand. Ouverture solennelle des cours. Université de Gand, 1861.
- University of Bristol. Library. List of Medical Works, Lately Published by Highley and Son, 24, Fleet-Street, London. [London : Highley and Son], 1814. <http://archive.org/details/b21438377>.
- Vallon Charles and Armand Marie, *Les aliénés en Russie*, (Montévrain: L'École d'Alembert, 1899), v, <https://wellcomelibrary.org/item/b21000220>.
- Vermischte Abhandlungen aus dem Gebiet der Heilkunde von einer Gesellschaft practischer Aerzte zu St. Petersburg, vol. 1, 1821, <https://opacplus.bsb-muenchen.de/title/10842461>.
- Voisin, Auguste. *Traité de la paralysie generale*, (Paris: J.-B. Baillière et fils, 1879), 308, <https://gallica.bnf.fr/ark:/12148/bpt6k5500705p>.
- Voorhoeve, N. "J. K. A. Wertheim Salomonson (1864-1922)", *Acta Radiologica*, 1923, vol. 2, no. 1, 1-13, <https://www.tandfonline.com/doi/abs/10.3109/00016922309174881>
- Wassermann, A. and A. Neisser and C. Bruck. "Eine serodiagnostische Reaktion bei Syphilis", *Deutsche medicinische Wochenschrift*, 1906, vol.32, no. 19, 745–746, <https://www.thieme-connect.com/products/ejournals/abstract/10.1055/s-0028-1142018>.
- Wayenburg van, G. A. M. (ed.). *Compte rendu des Travaux du 1er congrès international de Psychiatrie, de Neurologie, de Psychologie et de l'Assistance des aliénés tenue à Amsterdam du 2 à 7 Septembere 1907*, (Amsterdam : J. H. de Bussy, 1908), 721-723, <http://archive.org/details/b2129575x>.
- Webster, John. Notes of a recent visit to several provincial asylums for the insane in France, reprinted from no. XII of the *Journal of Psychological Medicine and Mental Pathology* October 1850, 34, <http://archive.org/details/b21943588>.
- Westphal, "Ein Auswuchs des Non-restraint", *Arhiv für Psychiatrie und Nervenkrankheiten*, 1818, vol. 1, 234-236, <https://digital.zbmed.de/zbmednervpsych/periodical/structure/6515673>.
- Wiener medizinische Wochenschrift*, 1866, vol. 16, <https://anno.onb.ac.at/cgi-content/anno-plus?aid=wmw&datum=1866&size=45>
- Wiener medizinische Wochenschrift*, 1872, vol. 22, no. 9, <https://anno.onb.ac.at/cgi-content/anno-plus?aid=wmw&datum=1872&size=45>
- Wiener medizinische Wochenschrift*, 1872, vol. 22, no. 12, <https://anno.onb.ac.at/cgi-content/anno-plus?aid=wmw&datum=1872&size=45>.
- Wistar, Isaac J. "Prison system of Pennsylvania" in: S. J. Barrows (ed.), *Prison systems of the United States. Reports prepared for the international prison commission*, (Washington: Government printing office, 1900), 115, <https://archive.org/details/prisonsystemsofu00inteuoft/page/114/mode/2up>.
- XV Congrès International de Médecine. Lisbonne 19-26 avril 1906. Volume générale, (Lisbonne: Adalino do Mendonca, 1906), <https://archive.org/details/xvcongrsinterna02unkngoog>.
- XVIIth international congress of medicine (London, 1913). Daily Journal, <http://archive.org/details/b2807645x>.

- "The Friends' Hospital, Frankford", Typescript account of Pierce's visit to the USA in October 1925, describing his experiences and also his visits to hospitals, Wellcome Collection, <https://wellcomelibrary.org/item/b24958505>.
- "A note on the use of 'antigens' in diagnosis by the Wassermann reaction", *The Lancet*, 1918, vol. 192, no. 4970, 733-735, <https://www.sciencedirect.com/science/article/abs/pii/S0140673600590254>.
- "Abstracts and extracts", *American Journal of Insanity*, vol. 1, July, 68, <https://archive.org/details/americanjournalo5018amer/page/n95/mode/2up>.
- "Annual of the Universal Medical Sciences. Edited by C. E. Sajous, M.D. Five Volumes. Philadelphia, New York, and London: F. A. Davis. 1889", *British Medico-Chirurgical Journal*, 1889, vol. 7, no. 26, 268, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5047490/?page=1>
- "Association of medical officers of asylums and hospitals for the insane", *The Lancet*, 1864, vol. 2, 132, <https://babel.hathitrust.org/cgi/pt?id=njp.32101074830686&view=1up&seq=140>.
- "Baron Mundy", *Allgemeine Wiener medizinische Zeitung*, 1868, vol. 13, no. 4, 34, <https://books.google.lu/books?id=wQhy7Gg8ggQC&pg=PA34&dq=#v=onepage&q&f=false>.
- "Belgian group", *The Medico-legal Journal*, 1890, vol. 8, 285, <https://hdl.handle.net/2027/umn.319510027432780>.
- "Boekaankondiging. Verslag over den staat der gestichten voor krankzinnigen in de jaren 1869, 1870, 1871, 1872, 1873 en 1874 [...]", *Nederlandsch Tijdschrift voor Geneeskunde*, 1878, vol. 22, 234-237, <https://www.ntvg.nl/artikelen/verslag-over-den-staat-der-gestichten-voor-krankzinnigen-de-jaren-1869-1870-1871-1872-1873/artikelinfo>.
- "Book reviews and notices. General Paralysis of the Insane. Wm. Julius Mickle", *American Journal of Psychiatry*, 1880, vol. 37, July, 103-108, <https://hdl.handle.net/2027/ien.35558002006308>.
- "Comité de Propagande Internationaux", in: G. A. M. van Wayenburg (ed.), *Compte rendu des Travaux du 1er congrès international de Psychiatrie, de Neurologie, de Psychologie et de l'Assistance des aliénés tenue à Amsterdam du 2 à 7 Septembre 1907*, (Amsterdam: J. H. de Bussy, 1908), xv-xxiv, <http://archive.org/details/b2129575x>.
- "Composition du bureau", *Bulletin de la Société clinique de médecine mentale*, 1909, V, <https://gallica.bnf.fr/ark:/12148/bpt6k96465763/f5.image>.
- "Conférence sur l'assistance familiale des aliénés", in: Fritz Sano (ed.), *Congrès international de l'assistance des aliénés et spécialement de leur assistance familiale tenu à Anvers du 1 au 7 septembre, 1902. Rapports et compte-rendu des séances*, (Antwerpen: De Nederlandsche Boekhandel, 1903), 838, <http://hdl.handle.net/2027/mdp.39015030965928>.
- "Corresponding editors", *Annual of the universal medical science*, 1893, vol. 1, xii, <https://hdl.handle.net/2027/hvd.32044102995131?urlappend=%3Bseq=18>
- "Corresponding staff", *Annual of the universal medical sciences*, 1890, vol. 1, xii, <https://hdl.handle.net/2027/hvd.32044102995297?urlappend=%3Bseq=18>.
- "Délégués français au Congrès international de médecine de Londres : professeur R. Blanchard, professeur L. Landouzy, docteur H. Hallopeau", *Collection de portraits*, image no.

- CIPC0170, Banque d'images et de portraits, BIU Santé Médecine, Université de Paris, <https://www.biusante.parisdescartes.fr/histoire/images/index.php?refphot=CIPC0170>.
- "Di un nuovo criterio diagnostico nella paralisi progressiva derivato dall'analisi delle urine, del dott. A. Marro", *Neurologisches Centralblatt*, 1888, vol. 7, no. 23, <https://archive.org/details/neurologischescentralblatt7.1888/page/n671/mode/2up>.
- "Di un nuovo criterio diagnostico nella paralisi progressiva. Comunicazione del Dott. A. Marro", *Neurologisches Centralblatt*, 1888, vol. 7, no. 9, <https://archive.org/details/neurologischescentralblatt7.1888/page/n274/mode/2up>
- "Discussion du memoire de M. Lefebvre, sur le folie paralytique", *Bulletin de l'Académie royale de médecine de Belgique*, 1873, vol. 7, 456-457, <https://books.google.be/books?id=GHA1AQAAMAAJ&dq=editions%3ATqD8Is0uqj8C&hl=fr&pg=PA457#v=onepage&q&f=false>.
- "Editorial. Success of the medico-legal society", *The Medico-legal journal*, 1885, vol. 2, 131, <https://hdl.handle.net/2027/mdp.39015012358241?urlappend=%3Bseq=149>; "Associate Editors", *The Medico-legal journal*, 1890, vol. 8, 1, <https://hdl.handle.net/2027/umn.319510027432780?urlappend=%3Bseq=5>.
- "General Paralysis of the Insane, By William Julius Mickle", *AJP*, 1887, vol. 43, April, 507, <http://hdl.handle.net/2027/ucl.b4795758>
- "La peptonuria nei paralitici. Ricerche sperimentali, del Dott. Rodrigo Fronda. (Manicomio. VIII. 1892. p. 1.", *Neurologisches Centralblatt*, 1892, vol. 11, no. 21, 688, <https://archive.org/details/neurologischescentralblatt11.1892/page/n691/mode/2up>.
- "London: Saturday April 20, 1867", *The Lancet*, 1867, vol. 1, 489-490 and 524-525, <https://books.google.lu/books?id=eBxAAAAAcAAJ&pg=PA490&#v=onepage&q&f=false>
- "Maison-modèle pour les aliénés", *Journal de médecine mentale*, 1867, 352, <https://gallica.bnf.fr/ark:/12148/bpt6k96574340>
- "Mental diseases. By George H. Rohé", *Annual of the universal medical sciences*, 1894, vol. 2, D-3-5 and D-10 and D-21, and D-28 and D-30, <https://hdl.handle.net/2027/hvd.32044102995073?urlappend=%3Bseq=195>.
- "Modern sociology. Solitary confinement and insanity", *The Hospital*, 1897, vol. 22, no. 568, 333, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5254126/?page=1>.
- "Nachtrag zu Dr. Morel's Aufsatz: Die Krankenkorrespondenz in den Belgischen Irrenanstalten, *Psychiatrische Wochenschrift*, 1900, vol. 2, no. 34, 326, <https://archive.org/details/PsychiatrischeWochenschrift2.190001/mode/2up>.
- "Nomination", *Journal de médecine mentale*, 1865, vol. 5, 192, <https://gallica.bnf.fr/ark:/12148/bpt6k31014h>.
- "Obituary. Bernard Hollander", *The British Medical Journal*, 1934, vol. 1, no. 3815, 316, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2444176/pdf/brmedj07140-0048d.pdf>.
- "Obituary. Daniel Hack Tuke", *The Lancet*, 1895, vol. 145, no. 3733, 718-719, <https://www.sciencedirect.com/science/article/pii/S0140673601931204>
- "Obituary. William Julius Mickle", *British Medical Journal*, 1918, vol. 1, 102, <https://www.bmj.com/content/1/2977/102.2>
- "Obituary", *British Medical Journal*, 1912, vol. 2, 403, <https://www.bmj.com/content/2/2694/403.2>.

- “On non-mechanical restraint in the treatment of the insane”, *Journal of Psychological Medicine and Mental Pathology*, 1854, vol. 7, no. 28, 547,  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5086827/>.
- “Preface”, *Annual of the universal medical sciences*, 1888, vol. 1, iii,  
<https://hdl.handle.net/2027/chi.73681899?urlappend=%3Bseq=9>.
- “Preface”, *Proceedings of the National Conference of Charities and Correction at the twenty-sixth annual session held in the city of Cincinnati, Ohio, May 17-23, 1899*, (Boston: George H. Ellis, 1900), iii,  
<https://hdl.handle.net/2027/wu.89030648901?urlappend=%3Bseq=9>.
- “Prospectus”, *Index Medicus*, 1879, vol. 1, no. 1,  
<https://hdl.handle.net/2027/msu.31293025237565?urlappend=%3Bseq=7>
- “Règlement”, *Congrès périodique international des sciences médicales. 4me session – Bruxelles – 1875. Compte-rendu*, (Paris: J.-B. Baillière, 1876), vi,  
<https://gallica.bnf.fr/ark:/12148/bpt6k97886149>.
- “Règlement”, *VIIIe congrès international de médecine tenue à Paris du 2 au 9 août 1900. Organisation. Assemblées générales. Énoncé des travaux. Liste des membres*, (Paris: Imprimerie nationale, 1901), 7, <http://archive.org/details/xiiiecongrsinter00inte>.
- “Table des matières. Séance du 21 Décembre 1908. Membres associés étrangers”, *Bulletin de la société Clinique de médecine mentale*, 1908, 151,
- “The destructiveness of insane patients”, *American Journal of Psychiatry*, 1867, vol. 24, July, 103-107, <http://hdl.handle.net/2027/mdp.39015076886343>
- “The Journal of Mental Pathology, edited by Lousie G. robinovitch B. ès L., M.D. Editorial Board. Drs. N. Magnan, A. Joffroy, F. Raymond, Chas. K. Hills, Jul. Morel, C. H. Hughes and E. Régis”, *American Journal of Insanity*, 1901, vol. 58, 213,  
<http://hdl.handle.net/2027/ien.35558002007702>.
- “Verslag over den staat der gestichten voor krankzinnigen in de jaren 1869, 1870, 1871, 1872, 1873 en 1874”, *Nederlandsch Tijdschrift voor Geneeskunde*, 1878, vol. 14, no. 2, 231-240, <https://hdl.handle.net/2027/umn.31951002693716f>.
- “Zum Capitel der Krankenkorrespondenz in Irrenanstalten”, see: *Psychiatrische Wochenschrift*, 1900, vol. 2, no. 33, 309-311,  
<https://archive.org/details/PsychiatrischeWochenschrift2.190001/mode/2up>
- “Zur Einführung”, *Psychiatrische Wochenschrift*, 1899, vol. 1, no. 1, 2,  
<https://archive.org/details/PsychiatrischeWochenschrift1.18991900>.

## References

- Aarli, Johan A. ‘Neurology and Psychiatry: “Oh, East Is East and West Is West ...”’. *Neuropsychiatric Disease and Treatment* 1, no. 4 (2005): 285–86.
- Abel, Günter. ‘Forms of Knowledge: Problems, Projects, Perspectives’. In *Clashes of Knowledge: Orthodoxies and Heterodoxies in Science and Religion*, edited by Günter Abel, Peter Meusburger, Michael Welker, and Edgar Wunder, 1st ed. *Knowledge and Space* 1. New York: Springer, 2008.
- Adam, Thomas. *Buying Respectability: Philanthropy and Urban Society in Transnational Perspective, 1840s to 1930s*. Indiana University Press, 2009.

- Ahlbäck, Anders. 'Unwelcome Knowledge Resistance to Pedagogical Knowledge in a University Setting, c.1965–2005'. In *Circulation of Knowledge: Explorations in the History of Knowledge*, edited by Johan Östling, Erling Sandmo, David Larsson Heidenblad, Anna Nilsson Hammar, and Kari Nordberg. Lund: Nordic Academic Press, 2018.
- Alan G. Gross. 'Argument in the 19th Century'. In *Communicating Science: The Scientific Article from the 17th Century to the Present*, 2002.
- . 'Style and Presentation in the 19th Century'. In *Communicating Science: The Scientific Article from the 17th Century to the Present*, 2002.
- Alex, Beatrice, Claire Grover, Ewan Klein, and Richard Tobin. 'Digitised Historical Text: Does It Have to Be MediOCRe?', 2012.
- Allart, Barbara. 'Perspectives on Science in Dutch Nineteenth-Century General Periodicals, or Ideas on the Use of Scientific Education'. *Scientiarum Historia* 26 (2000).
- Allen, David E. 'The Struggle for Specialist Journals: Natural History in the British Periodicals Market in the First Half of the Nineteenth Century'. *Archives of Natural History* 23, no. 1 (1996): 107–23.
- Allik, Jüri. 'Why Was Emil Kraepelin Not Recognized as a Psychologist?' *TRAMES. A Journal of the Humanities and Social Sciences* 20, no. 4 (2016): 369–91.
- Andersen, Eva, Maria Biryukov, Roman Kalyakin, and Lars Wieneke. 'How to Read the 52.000 Pages of the British Journal of Psychiatry? A Collaborative Approach to Source Exploration'. *Journal of Data Mining and Digital Humanities (Histoinformatics)*, 2020. <https://hal.archives-ouvertes.fr/hal-02463141v4>.
- Andersen, Eva. 'De Société de Médecine Mentale de Belgique in Transnationaal Perspectief (1869-1900)'. *Belgisch Tijdschrift Voor Nieuwste Geschiedenis XLVII*, no. 4 (2017): 50–82.
- . 'Digital Approaches towards Serial Publications (18th–20th Centuries)'. C2DH | Luxembourg Centre for Contemporary and Digital History (blog). Accessed 7 February 2021. <https://www.c2dh.uni.lu/thinking/digital-approaches-towards-serial-publications-18th-20th-centuries>.
- . 'Digital Exploration of General Paralysis in the Nineteenth Century'. "Digital History and Hermeneutics" Doctoral Training Unit (blog). Accessed 6 February 2021. <https://dhh.uni.lu/2019/10/23/digital-exploration-of-general-paralysis-in-the-nineteenth-century/>.
- . 'From Search to Digital Search. An Exploration through the Transnational History of Psychiatry'. In *Digital History and Hermeneutics. Between Theory and Practice*, edited by Juliane Tatarinov and Andreas Fickers. Oldenbourg: De Gruyter, 2021.
- . 'The Digital Wild West of Sources'. "Digital History and Hermeneutics" Doctoral Training Unit (blog). Accessed 6 February 2021. <https://dhh.uni.lu/2019/03/20/the-digital-wild-west-of-sources/>.
- . 'To Digitise or Not to Digitise, That Is the Question'. C2DH | Luxembourg Centre for Contemporary and Digital History (blog). Accessed 6 February 2021. <https://www.c2dh.uni.lu/thinking/digitise-or-not-digitise-question>.
- Ankele, Monika, and Benoît Majerus, eds. *Material Cultures of Psychiatry*. Transcript Verlag, 2020.
- . 'Material Cultures of Psychiatry'. In *Material Cultures of Psychiatry*, 10–29. Transcript Verlag, 2020.

- Artvinli, Fatih. 'More than a Disease: The History of General Paralysis of the Insane in Turkey'. *Journal Of The History Of The Neurosciences* 23, no. 2 (2014): 127–39.
- Atkinson, Dwight. *Scientific Discourse in Sociohistorical Context: The Philosophical Transactions of the Royal Society of London, 1675-1975*. Mahwah: Lawrence Erlbaum Associates, 1999.
- Bakker, J. I. (Hans). 'Scientific Networks and Invisible Colleges'. In *The Blackwell Encyclopedia of Sociology*, edited by George Ritzer, 4115–16. Malden MA: Blackwell, 2007.
- Baldwin, Melinda. 'A Perspective from the History of Scientific Journals'. *History of Psychology* 21, no. 4 (2018): 363–68.
- . 'Credibility, Peer Review, and Nature, 1945–1990'. *Notes and Records: The Royal Society Journal of the History of Science* 69, no. 3 (2015): 337–52.
- . 'The Business of Being an Editor: Norman Lockyer, Macmillan and Company, and the Editorship of Nature, 1869–1919'. *Centaurus* 62, no. 1 (2020): 111–24.
- . *Making 'Nature': The History of a Scientific Journal*. Chicago: University of Chicago Press, 2015.
- Bank of England. 'Inflation Calculator'. Accessed 10 April 2021.  
<http://www.bankofengland.co.uk/monetary-policy/inflation/inflation-calculator>.
- Barton, Ruth. "'Men of Science": Language, Identity and Professionalization in the Mid-Victorian Scientific Community'. *History of Science* 41, no. 1 (2003): 73–119.
- Bayly, C. A. *The Birth of the Modern World, 1780-1914: Global Connections and Comparisons*. Malden, Mass.: Blackwell, 2004.
- Bayly, C.A., Sven Beckert, Matthew Connelly, Isabel Hofmeyer, Wendy Kozel, and Patricia Seed. 'AHR Conversation: On Transnational History'. *The American Historical Review* 111, no. 5 (2006): 1440–64.
- Bazar, Jennifer L. 'Objects of Daily Life: Materiality in North American Institutions for the Insane'. PhD thesis, York University, 2014.
- Beauchamp, Ken. *History of Telegraphy*. History of Technologies Series 26. London: Institution of Engineering and Technology, 2001.
- Belknap, Geoffrey, ed. *From a Photograph: Authenticity, Science and the Periodical Press, 1870-1890*, 2016.
- . 'Illustrating Natural History: Images, Periodicals, and the Making of Nineteenth-Century Scientific Communities'. *The British Journal for the History of Science* 51, no. 03 (2018): 395–422.
- Bennett, Douglas. 'One Hundred Years after John Conolly'. *Proceedings of the Royal Society of Medicine* 60, no. 1 (1967): 89–92.
- Bentley, Jerry. 'Travel Narratives'. *World History Sources*. Center for History and New Media George Mason University. Accessed 29 January 2019.  
<https://chnm.gmu.edu/worldhistorysources/unpacking/travelscholar.html>.
- Bento, João P. Cerdeira, Fídel Martínez-Roget, Elisabeth T. Pereira, and Xosé A. Rodríguez, eds. *Academic Tourism: Perspectives on International Mobility in Europe*. Tourism, Hospitality & Event Management. Springer International Publishing, 2021.
- Berger, Peter L, and Thomas Luckmann. *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*. London: Penguin Books, 1991.

- Bernhard Struck, Kate Ferris, and Jacques Revel. 'Introduction: Space and Scale in Transnational History'. *The International History Review* 33, no. 4 (2011): 573–84.
- Berridge, Virginia, Alex Mold, Franca Beccaria, Irmgard Eisenbach-Stangl, Grażyna Herczyńska, Jacek Moskalewicz, Enrico Petrilli, and Suzanne Taylor. 'Addiction in Europe, 1860s–1960s Concepts and Responses in Italy, Poland, Austria, and the United Kingdom'. *Contemporary Drug Problems* 41, no. 4 (2014): 551–66.
- Berridge, Virginia, Jennifer Walke, and Alex Mold. 'From Inebriety to Addiction: Terminology and Concepts in the UK, 1860-1930'. *The Social History of Alcohol and Drugs* 28, no. 1 (2014): 88–105.
- Berrios, German Elias, and Hugh Lionel Freeman. *150 Years of British Psychiatry, 1841-1991. Vol.2, the Aftermath*. London: Athlone Press, 1996.
- Berrios, German Elias. 'Forbes Winslow and His Journal'. *History of Psychiatry* 24, no. 4 (2013): 492–501.
- Berry, D. *Understanding Digital Humanities*. London: Palgrave Macmillan UK, n.d. Accessed 20 January 2017.
- Bewley, Thomas. *Madness to Mental Illness: A History of the Royal College of Psychiatrists*. London: RCPsych Publications, 2008.
- Bingham, Adrian. 'The Digitization of Newspaper Archives: Opportunities and Challenges for Historians'. *Twentieth Century British History* 21, no. 2 (2010): 225–31.
- Binnenveld, D.J.M.W., C. Brinkgreve, A.J. Lameijn, H.M.F. Peeters, P. Vandermeersch, C.P. Vos De, and J. Vijselaar. *Een Psychiatrisch Verleden. Uit de Geschiedenis van de Psychiatrie*. Schoten, 1982.
- Binneveld, J. M. W., and M. J. van Lieburg. 'De Eerste Psychiatrische Revolutie in Nederland: Een Revolutie Die Niemand Wilde'. *Tijdschrift Voor Psychiatrie* 20, no. 1 (1978): 517–27.
- Biryukov, Maria, Eva Andersen, and Lars Wieneke. 'Making Sense of Non-Sense. Tracing Topics in a Historical Corpus on Psychiatry Facing Low OCR Quality'. Liège, 2019. [http://2019.dhbenelux.org/wp-content/uploads/sites/13/2019/08/DH\\_Benelux\\_2019\\_paper\\_34.pdf](http://2019.dhbenelux.org/wp-content/uploads/sites/13/2019/08/DH_Benelux_2019_paper_34.pdf).
- Biryukov, Maria, Roman Kalyakin, Eva Andersen, and Lars Wieneke. 'Topics, Buckets, and Psychiatry. On the Collective Creation of a Corpus Exploration Tool'. Ottawa, 2020. [https://dh2020.adho.org/wp-content/uploads/2020/07/495\\_TopicsbucketsandpsychiatryOnthecollectivecreationofacorpusexplorationtool.html](https://dh2020.adho.org/wp-content/uploads/2020/07/495_TopicsbucketsandpsychiatryOnthecollectivecreationofacorpusexplorationtool.html).
- BIU Santé, Université de Paris. 'Bibliothèque Numérique Medica'. Accessed 7 February 2021. <https://www.biusante.parisdescartes.fr/histoire/medica/>.
- Blackshaw, Gemma. *Journeys into Madness: Mapping Mental Illness in the Austro-Hungarian Empire*. New York: Berghahn Books, 2012.
- Blei, David M, Andrew Y Ng, and Michael I Jordan. 'Latent Dirichlet Allocation'. *Journal of Machine Learning Research* 3, no. January (2003): 993–1022.
- Blei, David M. 'Probabilistic Topic Models'. *Communications of the ACM* 55, no. 4 (2012): 77–84.
- . 'Topic Modeling and Digital Humanities'. *Journal of Digital Humanities* 2, no. 1 (2012). <http://journalofdigitalhumanities.org/2-1/topic-modeling-anddigitalhumanitiesby-david-m-blei/>.
- Bock, Benedikt. *Baedeker & Cook: Tourismus am Mittelrhein 1756 bis ca. 1914*. Peter Lang, 2010.



- Bodensten, Erik. 'Political Knowledge in Public Circulation: The Case of Subsidies in Eighteenth-Century Sweden'. In *Circulation of Knowledge: Explorations in the History of Knowledge*, edited by Johan Östling, Erling Sandmo, David Larsson Heidenblad, Anna Nilsson Hammar, and Kari Nordberg, 25. Lund: Nordic Academic Press, 2018.
- Böhmer, Maria Dorothee. 'The Making and Travelling of Knowledge: A Biography of a Medical Case History in 19th Century Europe', 2013.
- Bont, Raf de. "'Writing in Letters of Blood": Manners in Scientific Dispute in Nineteenth-Century Britain and the German Lands'. *History of Science* 51, no. 3 (2013): 309–35.
- Boschma, Geertje. *The Rise of Mental Health Nursing: A History of Psychiatric Care in Dutch Asylums, 1890-1920*, 2003.
- Brake, L., and Marysa Demoor, eds. *The Lure of Illustration in the Nineteenth Century - Picture and Press*. Basingstoke: Palgrave Macmillan, 2009.
- Braslow, Joel T. 'The Influence of a Biological Therapy on Physicians' Narratives and Interrogations: The Case of General Paralysis of the Insane and Malaria Fever Therapy, 1910–1950'. *Bulletin of the History of Medicine* 70, no. 4 (1996): 577–608.
- Braun, Salina. *Heilung mit Defekt: psychiatrische Praxis an den Anstalten Hofheim und Siegburg 1820 - 1878*. Veröffentlichungen des Max-Planck-Instituts für Geschichte 203. Göttingen: Vandenhoeck & Ruprecht, 2009.
- Breure, Abraham S. H., and Raphael Heiko Heiberger. 'Reconstructing Science Networks from the Past. Eponyms between Malacological Authors in the Mid-19th Century'. *Journal of Historical Network Research* 3 (2019): 92–117.
- Brintlinger, Angela, and Ilya Vinitzky. *Madness and the mad in Russian culture*. Toronto: University of Toronto Press, 2007.
- Brock, W. H. 'Science'. In *Victorian Periodicals and Victorian Society*, edited by J. Don Vann and Rosemary T. Van Arsdell. Toronto: University of Toronto Press, 2016.
- Brown, Michael. *Performing Medicine: Medical Culture and Identity in Provincial England, c.1760-1850*, 2011.
- Burke, Peter. 'Response'. *Journal for the History of Knowledge* 1, no. 1 (2020): Art. 7, 1-7.  
 ———. *What Is the History of Knowledge*. Oxford: Polity Press, 2015.
- Burman, Jeremy Trevelyan. 'What Is History of Psychology?: Network Analysis of Journal Citation Reports, 2009-2015'. *SAGE Open* 8, no. 1 (January 2018): 1–17.
- Burnham, J. C. 'Transnational History of Medicine after 1950: Framing and Interrogation from Psychiatric Journals'. *Medical History* 55, no. 1 (2012): 3–26.  
 ———. 'The British Medical Journal in America'. In *Medical Journal's and Medical Knowledge: Historical Essays*, edited by W.F. Bynum, Stephen Lock, and Roy Porter, 165–87. London: Routledge, 1992.
- Bynum, W. F., and Roy Porter. *Companion Encyclopedia of the History of Medicine*. London: Routledge, 1993.
- Bynum, W.F., and Janice C. Wilson. 'Periodical Knowledge: Medical Journals and Their Editors in Nineteenth-Century Britain'. In *Medical Journals and Medical Knowledge*, edited by W. F. Bynum, 29–48. London: Routledge, 1992.
- Bynum, W.F., Stephen Lock, and Roy Porter. *Medical Journal's and Medical Knowledge: Historical Essays*. London: Routledge, 1992.

- Caire, Michel. 'Casimir Pinel'. *Histoire de la psychiatrie en France*. Accessed 14 March 2021. <http://psychiatrie.histoire.free.fr/pers/bio/pinelc.htm>.
- Certeau, Michel de. *Heterologies: Discourse on the Other*. U of Minnesota Press, 1986.
- Chaiklin, Harris. 'Franklin Benjamin Sanborn: Human Services Innovator'. *Research on Social Work Practice* 15, no. 2 (2005): 127–34.
- Chaney, Edward. *The Evolution of the Grand Tour: Anglo-Italian Cultural Relations since the Renaissance*. 1 edition. London: Routledge, 2000.
- Charland, Louis C. 'Lost in Myth, Lost in Translation: Philippe Pinel's 1809 Medico-Philosophical Treatise on Mental Alienation'. *International Journal of Mental Health* 47, no. 3 (2018): 245–49.
- Chaudhuri, Arindam, Krupa Mandaviya, Pratixa Badelia, and Soumya K. Ghosh. 'Optical Character Recognition Systems'. In *Optical Character Recognition Systems for Different Languages with Soft Computing*, edited by Arindam Chaudhuri, Krupa Mandaviya, Pratixa Badelia, and Soumya K Ghosh, 352:9–41. *Studies in Fuzziness and Soft Computing*. Cham: Springer International Publishing, 2017.
- Chouin, Gérard. 'Seen, Said, or Deduced? Travel Accounts, Historical Criticism, and Discourse Theory: Towards an "Archeology" of Dialogue in Seventeenth-Century Guinea'. *History in Africa* 28 (2001): 53–70.
- Clariah. '2TBI'. Accessed 9 February 2021. <https://www.clariah.nl/projecten/research-pilots/2tbi#abstract>.
- Clavin, Patricia. 'Defining Transnationalism'. *Contemporary European History* 14, no. 4 (November 2005): 421–39.
- . 'Time, Manner, Place: Writing Modern European History in Global, Transnational and International Contexts'. *European History Quarterly* 40, no. 4 (2010): 624–40.
- Coleborne, Catharine, and Matthew Smith. 'Mental Health in Historical Perspective'. Palgrave Macmillan. Accessed 20 January 2021. <https://www.palgrave.com/gp/series/14806>.
- Coleborne, Catharine. 'White Men and Weak Masculinity: Men in the Public Asylums in Victoria, Australia, and New Zealand, 1860s-1900s'. *History of Psychiatry* 25, no. 4 (December 2014): 468–76.
- Collini, Stefan. 'General Introduction'. In *Economy, Polity, and Society: British Intellectual History 1750-1950*, edited by Stefan Collini, Richard Whatmore, and Brian Young, 1–21. Cambridge: Cambridge University Press, 2000.
- Collins, Brianne M., and Henderikus J. Stam. 'A Transnational Perspective on Psychosurgery: Beyond Portugal and the United States'. *Journal of the History of the Neurosciences* 23, no. 4 (2014): 335–54.
- Collins, Randall. *The Sociology of Philosophies: A Global Theory of Intellectual Change*. Cambridge: Belknap Press of Harvard University Press, 2002.
- Corsi, Pietro. 'What Do You Mean by a Periodical? Forms and Functions'. *Notes and Records of the Royal Society of London* 70, no. 4 (2016): 325–41.
- Craik, Kenneth H. *Reputation: A Network Interpretation*. 1 edition. Oxford: Oxford University Press, 2008.
- Crawford, Elisabeth. *Nationalism and Internationalism in Science, 1880-1939: Four Studies of the Nobel Population*. Cambridge: Cambridge University Press, 2002.

- Csiszar, Alex. 'Broken Pieces of Fact: The Scientific Periodical and the Politics of Search in Nineteenth-Century France and Britain', 2010.
- . 'How Lives Became Lists and Scientific Papers Became Data: Cataloguing Authorship during the Nineteenth Century'. *The British Journal for the History of Science* 50, no. 1 (2017): 23–60.
- . 'Introduction Broken Pieces of Fact'. In *The Scientific Journal: Authorship and the Politics of Knowledge in the Nineteenth Century*. Chicago: University of Chicago Press, 2018.
- . 'Objectivities in Print'. In *Objectivity in Science: New Perspectives from Science and Technology Studies*, edited by Flavia Padovani, Alan Richardson, and Jonathan Y. Tsou, 145–69. Cham: Springer, 2015.
- . 'Proceedings and the Public: How a Commercial Genre Transformed Science'. In *Science Periodicals in Nineteenth-Century Britain: Constructing Scientific Communities*, edited by Gowan Dawson, Bernard Lightman, Sally Shuttleworth, and Jonathan R. Topham. Chicago: University of Chicago Press, 2020.
- . 'Seriality and the Search for Order: Scientific Print and Its Problems during the Late Nineteenth Century'. *History of Science* 48, no. 3–4 (2010): 399–434.
- . *The Scientific Journal: Authorship and the Politics of Knowledge in the Nineteenth Century*. Chicago: University of Chicago Press, 2018.
- Cummins, C. J., New South Wales, and Department of Health. *A History of Medical Administration in NSW 1788-1973*. North Sydney, N.S.W.: NSW Dept. of Health, 2003.
- Curthoys, Ann, and Marilyn Lake, eds. *Connected Worlds: History in Transnational Perspective*. Canberra: Australian National University Press, 2005.
- D'haeninck, Thomas, Jan Vandersmissen, and Christophe Verbruggen. 'Belgian Physicians beyond Disciplinary Borders. Social Medicine and Socio-Medical Internationalism, 1852-1914', 2018.
- D'haeninck, Thomas. 'Hervormers En de Sociale Kwestie in België', 2016.
- . 'Sociale Hervormers Op Zoek Naar Een Moreel Reveil'. PhD thesis, Universiteit Gent, 2018.
- Damerow, Julia, and Dirk Wintergrün. 'The Hitchhiker's Guide to Data in the History of Science'. *Isis* 110, no. 3 (2019): 513–21.
- Daston, Lorraine. 'History of Science'. In *International Encyclopedia of the Social & Behavioral Sciences*, edited by James D. Wright, 2nd ed., 241–47. Amsterdam: Elsevier, 2015.
- . 'The History of Science and the History of Knowledge'. *KNOW: A Journal on the Formation of Knowledge* 1, no. 1 (2017): 131–54.
- . 'The Ideal and Reality of the Republic of Letters in the Enlightenment'. *Science in Context* 4, no. 2 (1991): 367–86.
- Davis, Gayle. 'The Cruel Madness of Love': Sex, Syphilis and Psychiatry in Scotland, 1880-1930. Rodopi, 2008.
- . 'The Most Deadly Disease of Asylumbdom: General Paralysis of the Insane and Scottish Psychiatry, c.1840–1940'. *Journal of the Royal College of Physicians of Edinburgh* 42, no. 3 (2012): 266–73.
- Dawson, Gowan, and Jonathan R. Topham. 'Introduction: Constructing Scientific Communities'. In *Science Periodicals in Nineteenth-Century Britain: Constructing Scientific Communities*,

- edited by Gowan Dawson, Bernard Lightman, Sally Shuttleworth, and Jonathan R. Topham. Chicago: University of Chicago Press, 2020.
- Dawson, Gowan, Bernard Lightman, Sally Shuttleworth, and Jonathan R. Topham. *Science Periodicals in Nineteenth-Century Britain: Constructing Scientific Communities*. Chicago: University of Chicago Press, 2020.
- Dawson, Maree Elizabeth. 'National Fitness or Failure? Heredity, Vice and Racial Decline in New Zealand Psychiatry: A Case Study of the Auckland Mental Hospital, 1868-99'. Thesis, University of Waikato, 2013.  
<https://researchcommons.waikato.ac.nz/handle/10289/7521>.
- De Gruyter. 'History of Intellectual Culture'. Accessed 19 April 2021.  
<https://www.degruyter.com/serial/HICU-B/html>.
- De Gruyter. Internet Archive. Waybackmachine. 'A Short History of the Publishing House', 13 August 2016.  
<https://web.archive.org/web/20160813214404/http://www.degruyter.com/page/79>.
- Decavele, Johan. 'Morel, Julien P.S.' NEVB Online. Accessed 27 July 2020.  
[https://nevb.be/wiki/Morel,\\_Julien\\_P.S.](https://nevb.be/wiki/Morel,_Julien_P.S.)
- Dijk, Teun A. van. *Discourse and Knowledge: A Sociocognitive Approach*. Cambridge University Press, 2014.
- Dixhoorn, Arjan van, and Susie Speakman Sutch, eds. *The Reach of the Republic of Letters: Literary and Learned Societies in Late Medieval and Early Modern Europe*. Volume 1. Leiden; Boston: Brill, 2008.
- Dowbiggin, Ian. *Inheriting Madness. Professionalisation and Psychiatric Knowledge in Nineteenth-Century France*. Vol. 4. *Medicine and Society Series*. Berkeley: University of California Press, 1991.
- Dubois, Laurence. "'Such cheerful scenes": loisirs et festivités à l'Asile de Hanwell, ou le divertissement au cœur du dispositif de soins (1839-1852)'. Presented at the Franco-British History seminar series, University of London, 10 December 2015.  
<http://bit.ly/3t3sUkN>.
- . *L'Asile de Hanwell Sous l'autorité de John Conolly: Un Modèle Utopique Dans l'histoire de La Psychiatrie Anglaise (1839-1852)?* Sorbonne Paris Cité, 2016.
- Dupont, Wannes. 'Free-Floating Evils: A Genealogy of Homosexuality in Belgium'. PhD thesis, Universiteit Antwerpen, 2015.
- Dupré, Sven, and Geert Somsen. 'The History of Knowledge and the Future of Knowledge Societies'. *Berichte zur Wissenschaftsgeschichte* 42, no. 2–3 (2019): 186–99.
- Düring, Marten, Lars Wieneke, and Vincenzo Croce. 'Interactive Networks for Digital Cultural Heritage Collections - Scoping the Future of HistoGraph'. In *Engineering the Web in the Big Data Era*, edited by Philipp Cimiano, Flavius Frasinca, Geert-Jan Houben, and Daniel Schwabe, 613–16. Cham: Springer International Publishing, 2015.
- Edwards, Paul N., Lisa Gitelman, Gabrielle Hecht, Adrian Johns, Brian Larkin, and Neil Safier. 'AHR Conversation: Historical Perspectives on the Circulation of Information'. *The American Historical Review* 116, no. 5 (2011): 1392–1435.
- Eghigian, Greg, ed. *The Routledge History of Madness and Mental Health*. Basingstoke: Taylor & Francis Ltd, 2017.

- Ehrmann, Maud, Estelle Bunout, and Marten Düring. 'Historical Newspaper User Interfaces: A Review', 2017. <http://library.ifla.org/2578/>.
- Enderle, Jonathan Scott. 'Senderle/Topic-Modeling-Tool', 30 August 2020. <https://github.com/senderle/topic-modeling-tool>.
- Engstrom, Eric J. 'Cultural and Social History of Psychiatry'. *Current Opinion in Psychiatry* 21, no. 6 (2008): 585–92.
- . *Clinical Psychiatry in Imperial Germany: A History of Psychiatric Practice*. Ithaca: Cornell University Press, 2003.
- Epple, Moritz. 'The Theatetus Problem: Some Remarks Concerning a History of Weak Knowledge'. In *Weak Knowledge: Forms, Functions, and Dynamics*, edited by Moritz Epple, Annette Imhausen, and Falk Müller. Campus Verlag, 2020.
- Eriksson, Lena. 'Science, Social Construction Of'. In *The Blackwell Encyclopedia of Sociology*, edited by George Ritzer, 4101–5. Malden MA: Blackwell, 2007.
- . 'Scientific Knowledge, Sociology Of'. In *The Blackwell Encyclopedia of Sociology*, 4105–8. Malden MA: Blackwell, 2007.
- Ernst, Waltraud, and Thomas Müller, eds. *Transnational Psychiatries: Social and Cultural Histories of Psychiatry in Comparative Perspective c. 1800-2000*. Newcastle upon Tyne: Cambridge Scholars Publishing, 2010.
- Ernst, Waltraud. 'Centres and Peripheries in the Periphery Medicine and Psychiatry in British India, c. 1920-1940'. In *Zentrum und Peripherie in der Geschichte der Psychiatrie Regionale, nationale und internationale Perspektiven*, edited by Thomas Müller, 155–69. Stuttgart: Franz Steiner Verlag, 2017.
- . *Colonialism and Transnational Psychiatry: The Development of an Indian Mental Hospital in British India, c. 1925–1940*. London: Anthem Press, 2013.
- Everett-Lane, Debra. 'International Scientific Congresses, 1878-1913: Community and Conflict in the Pursuit of Knowledge', 2004.
- Ewing, E. Thomas, and Katherine Randall, eds. *Viral Networks: Connecting Digital Humanities and Medical History*. Blacksburg: VT Publishing, 2018.
- Ewing, E. Thomas, Samah Gad, and Naren Ramakrishnan. 'Gaining Insights into Epidemics by Mining Historical Newspapers'. *Computer* 46, no. 6 (2013): 68–72.
- Ewing, E. Thomas, Veronica Kimmerly, and Sinclair Ewing-Nelson. 'Look Out for "La Grippe": Using Digital Humanities Tools to Interpret Information Dissemination during the Russian Flu, 1889–90'. *Medical History* 60, no. 01 (2016): 129–31.
- Ewing, E. Thomas. "'The Two Diseases Are So Utterly Dissimilar": Using Digital Humanities Tools to Advance Scholarship in the Global History of Medicine'. *Current Research in Digital History* 1 (2018).
- . 'Will It Come Here? Using Digital Humanities Tools to Explore Medical Understanding during the Russian Flu Epidemic, 1889–90 -'. *Medical History* 61, no. 3 (2017): 474–77.
- Fehlemann, Silke, Heiner Fangerau, Steffen Dörre, and Frank Schneider. '175 Jahre Psychiatrische Fachgesellschaften in Deutschland. Die Geschichte Der DGPPN Und Ihrer Vorgängerorganisationen'. DGPPN, 2017. [https://www.dgppn.de/\\_Resources/Persistent/d236aa5d3d496368c2a1f8551d992c983914f2cb/2017-06-29\\_Festschrift\\_175\\_Jahre\\_DGPPN.pdf](https://www.dgppn.de/_Resources/Persistent/d236aa5d3d496368c2a1f8551d992c983914f2cb/2017-06-29_Festschrift_175_Jahre_DGPPN.pdf).

- Feldman, Ronen, and James Sanger. *The Text Mining Handbook: Advanced Approaches in Analyzing Unstructured Data*. Cambridge; New York: Cambridge University Press, 2007.
- Ferry, Georgina. 'Medical Periodicals: Mining the Past'. *The Lancet* 385, no. 9987 (2015): 2569–70.
- Fickers, Andreas, and Pascal Griset. *Communicating Europe: Technologies, Information, Events. Making Europe*. Palgrave Macmillan UK, 2019.
- Figl, Markus, and Linda E. Pelinka. 'Jaromir Baron von Mundy. Founder of the Vienna Ambulance Service'. *Resuscitation* 66, no. 2 (2005): 121–25.
- Finnegan, Diarmid A. 'Finding a Scientific Voice: Performing Science, Space and Speech in the 19th Century'. *Transactions of the Institute of British Geographers* 42, no. 2 (2017): 192–205.
- . 'The Spatial Turn: Geographical Approaches in the History of Science'. *Journal of the History of Biology* 41, no. 2 (2008): 369–88.
- Fish, William B. 'A Thesis on Idiocy'. In *Mental Retardation in America: A Historical Reader*, edited by Steven Noll and James Trent, 27–39. New York: New York University Press, 2004.
- Freeman, Hugh Lionel, and German Elias Berrios, eds. *150 Years of British Psychiatry 1841-1991*. Vol. 1. London: Gaskell, 1991.
- Freidson, Eliot. *Professionalism. The Third Logic*. Cambridge: Polity Press, 2001.
- Frumer, Yulia. 'What Is and Isn't in a Name'. *Berichte zur Wissenschaftsgeschichte* 42, no. 2–3 (2019): 150–66.
- fxtop.com. 'Currency Converter'. Accessed 10 April 2021. <https://fxtop.com/en/currency-converter.php>.
- Fyfe, Aileen, and Anna Gielas. 'Introduction: Editorship and the Editing of Scientific Journals, 1750–1950'. *Centaurus* 62, no. 1 (2020): 5–20.
- Fyfe, Aileen. 'Editors, Referees, and Committees: Distributing Editorial Work at the Royal Society Journals in the Late 19th and 20th Centuries'. *Centaurus* 62, no. 1 (2020): 125–40.
- . 'Journals, Learned Societies and Money: Philosophical Transactions, ca. 1750-1900'. *Notes and Records of the Royal Society of London* 69, no. 3 (2015): 277–99.
- . *Steam-Powered Knowledge: William Chambers and the Business of Publishing, 1820-1860*. Chicago: The University of Chicago Press, 2012.
- Gassan, Richard. 'The First American Tourist Guidebooks: Authorship and the Print Culture of the 1820s'. *Book History* 8 (2005): 51–74.
- Geduldig-Jacki, Cordula. 'Die Behandlung von Geisteskranken ohne physischen Zwang: Die Rezeption des Non-Restraint im deutschen Sprachgebiet'. [s.n.], 1975.
- Geheugen van de VU. 'Bouman, L.' Accessed 15 February 2021. <https://www.geheugenvandevu.nl/personen/bouman-l>.
- Gephi. Accessed 9 February 2021. <https://gephi.org/>.
- Gerassi-Navarro, Nina. *Women, Travel, and Science in Nineteenth-Century Americas: The Politics of Observation*. Cham: Palgrave Macmillan US, 2017.
- Gerritsen, Anne, and Giorgio Riello. 'Introduction. Writing Material Culture History'. In *Writing Material Culture History*, edited by Anne Gerritsen and Giorgio Riello. London: Bloomsbury Academic, 2015.

- Gibson, Abraham, and Cindy Ermus. 'The History of Science and the Science of History: Computational Methods, Algorithms, and the Future of the Field'. *Isis* 110, no. 3 (2019): 555–66.
- Gielas, Anna, and Aileen Fyfe, eds. 'Special Issue: Editorship and the Editing of Scientific Journals, 1750-1950'. *Centaurus* 62, no. 1 (2020).  
<https://onlinelibrary.wiley.com/toc/16000498/2020/62/1>.
- Gielas, Anna. 'Turning Tradition into an Instrument of Research: The Editorship of William Nicholson (1753–1815)'. *Centaurus* 62, no. 1 (2020): 38–53.
- Gijbels, Jolien, and Eva Andersen. 'AntConc, Historians and Their Diverging Research Methods'. "Digital History and Hermeneutics" Doctoral Training Unit (blog). Accessed 19 September 2020. <https://dhh.uni.lu/2020/08/11/antconc-historians-and-their-diverging-research-methods/>.
- Gijswijt-Hofsta, Marijke. 'Within and Outside the Walls of the Asylum. Caring for the Dutch Mentally Ill, 1884-2000'. In *Psychiatric Cultures Compared. Psychiatrie and Mental Health Care in the Twentieth Century: Comparisons and Approaches*, edited by Marijke Gijswijt-Hofstra, H. Oosterhuis, and Joost Vijselaar, 35–72. Amsterdam: Amsterdam University Press, 2005.
- Gitelman, Lisa. 'Popular Kinematics: Technical Knowing in the Age of Machines'. *History and Theory* 59, no. 4 (2020): 19.
- Gold, Matthew K., and Lauren F. Klein, eds. *Debates in the Digital Humanities 2016*, 2016.  
<https://dhdebates.gc.cuny.edu/projects/debates-in-the-digital-humanities-2016>.
- Gold, Matthew K., and Lauren F. Klein. 'Introduction. Digital Humanities: The Expanded Field'. In *Debates in the Digital Humanities 2016*, edited by Matthew K. Gold and Lauren F. Klein, 2016. <https://dhdebates.gc.cuny.edu/projects/debates-in-the-digital-humanities-2016>.
- . 'Introduction. A DH That Matters'. In *Debates in the Digital Humanities 2019*, edited by Matthew K. Gold and Lauren F. Klein. Minneapolis; London: University of Minnesota Press, 2019.
- Goldstein, Jackie L., and Marc M. L. Godemont. 'The Legend and Lessons of Geel, Belgium: A 1500-Year-Old Legend, a 21st Century Model'. *Community Mental Health Journal* 39, no. 5 (2004): 441–58.
- Goldstein, Jan Ellen. *Console and Classify. The French Psychiatric Profession in the Nineteenth Century*, 1987.
- Gordin, Michael D., and Kostas Tampakis. 'Introduction: The Languages of Scientists'. *History of Science* 53, no. 4 (2015): 365–77.
- Gordon, Peter E. 'What Is Intellectual History? A Frankly Partisan Introduction to a Frequently Misunderstood Field', 2012.  
[http://projects.iq.harvard.edu/files/history/files/what\\_is\\_intell\\_history\\_pgordon\\_mar2012.pdf](http://projects.iq.harvard.edu/files/history/files/what_is_intell_history_pgordon_mar2012.pdf).
- Graf-Nold, Angela. 'History of Psychiatry in Switzerland'. *History of Psychiatry* 2 (1991): 321–28.
- Graftiaux, Philippe. *Histoire de l'hôpital Cochin*. FeniXX, 1992.  
[https://books.google.be/books?id=Yg\\_qDwAAQBAJ&pg=PT223&lpg=PT223&dq=joffroy+ponction+lombaire+1901&source=bl&ots=T7b53yjzvS&sig=ACfU3U1gTiGW\\_Xt5zqsSH-UT1RaLsbAuRA&hl=en&sa=X&ved=2ahUKEwjzs-fpz-](https://books.google.be/books?id=Yg_qDwAAQBAJ&pg=PT223&lpg=PT223&dq=joffroy+ponction+lombaire+1901&source=bl&ots=T7b53yjzvS&sig=ACfU3U1gTiGW_Xt5zqsSH-UT1RaLsbAuRA&hl=en&sa=X&ved=2ahUKEwjzs-fpz-)

3sAhWNY6QKHUTADIQ6AEwBXoECAgQAg#v=onepage&q=joffroy%20ponction%20lomb  
aire%201901&f=false.

- Grafton, Anthony. *The Footnote: A Curious History*. Ebook. Harvard University Press, 1999.
- Graham, Shawn, Ian Milligan, and Scott Weingart. *Exploring Big Historical Data: The Historian's Macroscope*. London: Imperial College Press, 2016.
- Graham, Shawn, Scott Weingart, and Ian Milligan. 'Getting Started with Topic Modeling and MALLET'. *Programming Historian*, 2 September 2012. <http://programminghistorian.org/lessons/topic-modeling-and-mallet>.
- Graham, Shawn. 'Review of MALLET, Produced by Andrew Kachites McCallum'. *Journal of Digital Humanities*, 4 April 2013. <http://journalofdigitalhumanities.org/2-1/review-mallet-by-ian-milligan-and-shawn-graham/>.
- Grandjean, Martin. 'GEPHI – Introduction to Network Analysis and Visualization'. Martin Grandjean (blog). Accessed 29 December 2020. <http://www.martingrandjean.ch/gephi-introduction/>.
- Graney, Bernard John. *Hervey Backus Wilbur and the Evolution of Policies and Practices toward Mentally Retarded People*, 1979.
- Green, Christopher D. 'A Digital Future for the History of Psychology'. *History of Psychology* 19, no. 3 (2016): 209–19.
- . 'Digital History of Psychology Takes Flight'. *History of Psychology* 21, no. 4 (2018): 374–79.
- Green, Christopher D., and Ingo Feinerer. 'The Evolution of The American Journal of Psychology 1, 1887-1903: A Network Investigation'. *The American Journal of Psychology* 128, no. 3 (2015): 387–401.
- Green, Christopher D., Crystal Heidari, Daniel Chiacchia, and Shane M. Martin. 'Bridge Over Troubled Waters? The Most "Central" Members of Psychology and Philosophy Associations Ca. 1900'. *Journal of the History of the Behavioral Sciences* 52, no. 3 (2016): 279–99.
- Green, Christopher D., Ingo Feinerer, and Jeremy Trevelyan Burman. 'Beyond the Schools of Psychology 1: A Digital Analysis of Psychological Review, 1894-1903'. *Journal Of The History Of The Behavioral Sciences* 49, no. 2 (2013): 167–89.
- . 'Beyond the Schools of Psychology 2: A Digital Analysis of Psychological Review, 1904-1923'. *Journal Of The History Of The Behavioral Sciences* 50, no. 3 (2014): 249–79.
- . 'Searching for the Structure of Early American Psychology: Networking Psychological Review, 1894–1908'. *History of Psychology* 18, no. 1 (2015): 15–31.
- . 'Searching for the Structure of Early American Psychology: Networking Psychological Review, 1909-1923'. *History of Psychology* 18, no. 2 (2015): 196–204.
- Greene, Derek, and James P. Cross. 'Exploring the Political Agenda of the European Parliament Using a Dynamic Topic Modeling Approach'. *Political Analysis* 25, no. 1 (2017): 77–94.
- Greene, Jeremy A. 'Knowledge in Medias Res: Toward a Media History of Science, Medicine, and Technology'. *History and Theory* 59, no. 4 (2020): 48–66.
- Grefe, Jörg. *Die Vorstellungen zur Ätiologie der Progressiven Paralyse in der Allgemeinen Zeitschrift für Psychiatrie 1844-1913.*, 1991.



- Grob, Gerald N. *The Inner World of American Psychiatry, 1890-1940 : Selected Correspondence*. New Brunswick, N.J. : Rutgers University Press, 1985.  
<http://archive.org/details/innerworldofamer0000grob>.
- Gupta, Maya R., Nathaniel P. Jacobson, and Eric K. Garcia. 'OCR Binarization and Image Pre-Processing for Searching Historical Documents'. *Pattern Recognition* 40, no. 2 (2007): 389–97.
- Güttler, Nils. "'Hungry for Knowledge": Towards a Meso-History of the Environmental Sciences'. *Berichte zur Wissenschaftsgeschichte* 42, no. 2–3 (2019): 235–58.
- Hall, Nigel. 'The Materiality of Letter Writing A Nineteenth Century Perspective'. In *Letter Writing as a Social Practice*, edited by David Barton and Nigel Hall. John Benjamins Publishing, 2000.
- Hammar, Anna Nilsson. 'Theoria, Praxis, and Poiesis. Theoretical Considerations on the Circulation of Knowledge in Everyday Life'. In *Circulation of Knowledge: Explorations in the History of Knowledge*, edited by Johan Östling, Erling Sandmo, David Larsson Heidenblad, Anna Nilsson Hammar, and Kari Nordberg. Lund: Nordic Academic Press, 2018.
- Hammar, Isak. 'Conflict, Consensus, and Circulation. The Public Debates on Education in Sweden, c.1800–1830'. In *Circulation of Knowledge: Explorations in the History of Knowledge*, edited by Johan Östling, Erling Sandmo, David Larsson Heidenblad, Anna Nilsson Hammar, and Kari Nordberg. Lund: Nordic Academic Press, 2018.
- Hanson, John E. 'Hastings Hornell Hart (1851-1932): Prison Authority, Children's Advocate and President the National Conference of Charities and Correction in 1893'. *Social Welfare History Project*. Accessed 3 March 2021. <https://socialwelfare.library.vcu.edu/eras/civil-war-reconstruction/hart-hastings-h/>.
- Hargest, George E. *History of Letter Post Communication Between the United States and Europe, 1845-1875*. Washington: Smithsonian Institution Press, 1971.
- Hashimoto, Akira, and Thomas Müller. 'Geel, over de Grenzen: De Transnationale Geschiedenis van de Psychiatrische Gezinsverpleging in Duitsland En Japan'. *Geschiedenis Der Geneeskunde* 14, no. 2 (2010): 81–88.
- Hashimoto, Akira. '[A History of Psychiatry in Geel, Belgium: International Interest from the 19th to the 20th Century]'. [*Japanese Journal of History of Psychiatry*] 4 (2000): 29–30.
- . '[Gheel Visits and Austrian Psychiatric Hospital Reform around 1900]'. [*Japanese Journal of History of Psychiatry*] 9, no. 2 (2005): 117–28.
- . 'A "German World" Shared among Doctors: A History of the Relationship between Japanese and German Psychiatry before World War II'. *History of Psychiatry* 24, no. 2 (2013): 180–95.
- . 'Gheel Visitors in Modern Medicine: The Register Book and the Context of Visits from Germany and Japan'. *Social Welfare Studies (Department of Social Welfare, Faculty of Literature, Aichi Prefectural University)* 8, no. 7 (2006): 7–16.
- . 'Invention of a "Japanese Gheel": Psychiatric Family Care from a Historical and Transnational Perspective'. In *Transnational Psychiatries: Social and Cultural Histories of Psychiatry in Comparative Perspective c. 1800-2000*, edited by Waltraud Ernst and Thomas Müller, 142–61. Newcastle upon Tyne: Cambridge Scholars Publishing, 2010.

- — —. 'Japanische Psychiater „zwischen“ den akademischen Zentren der Psychiatrie der westlichen Hemisphäre. Uchimura Yushi (1897-1980) und seine Zeitgenossen'. In *Zentrum und Peripherie in der Geschichte der Psychiatrie Regionale, nationale und internationale Perspektiven*, edited by Thomas Müller, 171–88. Stuttgart: Franz Steiner Verlag, 2017.
- Haupt, Heinz-Gerhard, and Jürgen Kocka. *Comparative and Transnational History: Central European Approaches and New Perspectives*. New York; Oxford: Berghahn Books, 2009.
- Hauser, Andreas W. 'OCR Postcorrection of Historical Texts'. MA thesis, Ludwig-Maximilians-Universität München, 2007.
- Hauser, R. I. 'Sexuality, Neurasthenia and the Law: Richard von Krafft-Ebing (1840 - 1902)'. PhD thesis, University of London, 1992.
- Heffernan, Michael, and Heike Jöns. 'Research Travel and Disciplinary Identities in the University of Cambridge, 1885–1955'. *The British Journal for the History of Science* 46, no. 2 (2013): 255–86.
- Heidenblad Larsson, David. 'From Content to Circulation Influential Books and the History of Knowledge'. In *Circulation of Knowledge: Explorations in the History of Knowledge*, edited by Johan Östling, Erling Sandmo, David Larsson Heidenblad, Anna Nilsson Hammar, and Kari Nordberg, 71–81. Lund: Nordic Academic Press, 2018.
- Henkin, David M. *The Postal Age: The Emergence of Modern Communications in Nineteenth-Century America*. Chicago and London: University of Chicago Press, 2008.
- Heppler, Jason A. 'What Is Digital Humanities?' Accessed 6 February 2021. <https://whatisdigitalhumanities.com/>.
- Hirschmüller, Albrecht, and Magda Whitrow. 'The Development of Psychiatry and Neurology in the Nineteenth Century'. *History of Psychiatry* 10, no. 40 (1999): 395–423.
- Histogram. Accessed 5 January 2021. <http://histograph.eu/>.
- History of Knowledge. 'History of Knowledge. Research, Resources, and Perspectives'. Text. History of Knowledge. World. Accessed 18 April 2021. <https://historyofknowledge.net/>.
- Hitchcock, Tim. 'Confronting the Digital. Or How Academic History Writing Lost the Plot'. *Cultural and Social History* 10, no. 1 (2013): 9–23.
- Hitchcock, Tim. 'Lecture: Beyond Close and Distant Reading: Recording and Interview', 18 June 2019. <https://www.c2dh.uni.lu/data/lecture-tim-hitchcock-beyond-close-and-distant-reading-recording-and-interview>.
- Hofman, Elwin. 'Een kleine geschiedenis van het dankwoord | cultuurgeschiedenis.be'. Accessed 30 April 2019. <https://cultuurgeschiedenis.be/een-kleine-geschiedenis-van-het-dankwoord/>.
- Holley, Rose. 'How Good Can It Get?: Analysing and Improving OCR Accuracy in Large Scale Historic Newspaper Digitisation Programs'. *D-Lib Magazine* 15, no. 3/4 (2009). <http://www.dlib.org/dlib/march09/holley/03holley.html>.
- Hotho, Andreas, Andreas Nürnberger, and Gerhard Paaß. 'A Brief Survey of Text Mining'. *LDV Forum* 20 (2005). <http://epub.uni-regensburg.de/6835/1/LDV-Forum1.2005.pdf>.
- Huijnen, Pim, Fons Laan, Maarten de Rijke, and Toine Pieters. 'A Digital Humanities Approach to the History of Science'. In *Social Informatics*, 71–85. Springer, Berlin, Heidelberg, 2013.

- Huistra, Hieke, and Bram Mellink. 'Phrasing History: Selecting Sources in Digital Repositories'. *Historical Methods: A Journal of Quantitative and Interdisciplinary History* 49, no. 4 (2016): 220–29.
- Huistra, Hieke. 'Experts by Experience. Lay Users as Authorities in Slimming Remedy Advertisements, 1918–1939'. *BMGN - Low Countries Historical Review* 132, no. 1 (2017): 126–48.
- Hulme, Peter. *The Cambridge Companion to Travel Writing*. Cambridge, U.K. ; New York: Cambridge University Press, 2002.
- Human Rights Watch. *Living in Chains. Shackling of People with Psychosocial Disabilities Worldwide, 2020*. <https://www.hrw.org/news/2020/10/06/people-mental-health-conditions-living-chains>  
[https://www.hrw.org/sites/default/files/media\\_2020/10/global\\_shackling1020\\_web\\_2.pdf](https://www.hrw.org/sites/default/files/media_2020/10/global_shackling1020_web_2.pdf).
- Hunter, Richard, and Ida Macalpine. *Three Hundred Years of Psychiatry 1535-1860*. London: Oxford Univ. Press, 1963.
- Hunter, Richard. 'One Hundred Years after John Conolly'. *Proceedings of the Royal Society of Medicine* 60, no. 1 (1967): 85–89.
- Hurn, Juliet D. *The History of General Paralysis of the Insane in Britain, 1830 to 1950*. University of London, 1998.
- Iriye, Akira, and Pierre-Yves Saunier. *The Palgrave Dictionary of Transnational History*. Basingstoke: Palgrave Macmillan, 2009.
- Iriye, Akira. 'The Rise of Global and Transnational History'. In *Global and Transnational History: The Past, Present, and Future*. Basingstoke; New York: Palgrave Macmillan, 2013.
- Jacob, Christian. 'Lieux de Savoir: Places and Spaces in the History of Knowledge'. *KNOW: A Journal on the Formation of Knowledge* 1, no. 1 (2017): 85–102.
- Joas, Christian, Fabian Krämer, and Kärin Nickelsen. 'Introduction: History of Science or History of Knowledge?' *Berichte Zur Wissenschaftsgeschichte* 42, no. 2–3 (2019): 117–25.
- John G. Benjafield. 'Between Pink Noise and White Noise: A Digital History of The American Journal of Psychology and Psychological Review'. *The American Journal of Psychology* 130, no. 4 (2017): 505.
- Jones, Adam. 'Travelers' Accounts as Sources'. *Oxford Research Encyclopedia of African History*, 24 October 2018.
- Jones, Kingsley. 'Robert Gardiner Hill and the Non-Restraint Movement'. *The Canadian Journal of Psychiatry* 29, no. 2 (1 March 1984): 121–24.
- Jöns, Heike, Peter Meusburger, and Michael J Heffernan. 'Mobilities of Knowledge. An Introduction'. In *Mobilities of Knowledge*, 1–19, 2017.
- Jöns, Heike. 'Academic Travel from Cambridge University and the Formation of Centres of Knowledge, 1885–1954'. *Journal of Historical Geography* 34, no. 2 (2008): 338–62.
- . 'Transnational Mobility and the Spaces of Knowledge Production: A Comparison of Global Patterns, Motivations and Collaborations in Different Academic Fields'. *Social Geography* 2 (2007): 97–114.
- Kaelbe, Hartmut. 'Between Comparison and Transfers – and What Now?' In *Comparative and Transnational History: Central European Approaches and New Perspectives*, edited by Heinz-Gerhard Haupt and Jürgen Kocka. New York; Oxford: Berghahn Books, 2009.

- Kahle, Erhart. 'Neue Deutsche Biographie'. In Wikipedia, 22 June 2017.  
[https://de.wikipedia.org/w/index.php?title=Neue\\_Deutsche\\_Biographie&oldid=166619158](https://de.wikipedia.org/w/index.php?title=Neue_Deutsche_Biographie&oldid=166619158).
- Kaluszynski, Martine. 'The International Congresses of Criminal Anthropology. Shaping the French and International Criminological Movement, 1886-1914'. In *Criminals and Their Scientists. The History of Criminology in International Perspective*, 301–16. Cambridge: Cambridge University Press, 2006.
- Kaplan, Robert M. 'Syphilis, Sex and Psychiatry, 1789–1925: Part 1'. *Australasian Psychiatry* 18, no. 1 (2010): 17–21. <https://doi.org/10.3109/10398560903295709>.
- . 'Syphilis, Sex and Psychiatry, 1789–1925: Part 2'. *Australasian Psychiatry* 18, no. 1 (2010): 22–27. <https://doi.org/10.3109/10398560903295717>.
- Kelley, Donald R. 'Intellectual History and Cultural History: The inside and the Outside'. *History of the Human Sciences* 15, no. 2 (2002): 1–19.
- . *The Descent of Ideas: The History of Intellectual History*. First published 2002. London; New York: Routledge, 2017.
- Kelly, Brendan. *Hearing Voices: The History of Psychiatry in Ireland*. Kildare: Irish Academic Press, 2016.
- Kirchhoff, Michael David. 'Material Agency: A Theoretical Framework for Ascribing Agency to Material Culture'. *Techné: Research in Philosophy and Technology* 13, no. 3 (2009): 206–20.
- Kirov, Kiril. 'Bulgarian Psychiatry: Development, Ideas, Achievements'. Edited by A. W. Beveridge and George Kirov. Translated by George Kirov. *History of Psychiatry* 4 (1993): 565–75.
- KNOW: A Journal on the Formation of Knowledge. Accessed 16 December 2020.  
<https://www.journals.uchicago.edu/toc/know/current>.
- Knowledge Societies in History - Book Series - Routledge & CRC Press. Accessed 16 December 2020. <https://www.routledge.com/Knowledge-Societies-in-History/book-series/KSHIS>.
- Kocka, Jürgen. 'Comparison and Beyond: Traditions, Scope, and Perspectives of Comparative History'. In *Comparative and Transnational History: Central European Approaches and New Perspectives*, edited by Heinz-Gerhard Haupt and Jürgen Kocka. New York; Oxford: Berghahn Books, 2009.
- Koszar, Rudy. "'What Ought to Be Seen": Tourists' Guidebooks and National Identities in Modern Germany and Europe'. *Journal of Contemporary History* 33, no. 3 (1998): 323–40.
- . *German Travel Cultures. Leisure, Consumption and Culture*. Oxford New York: Berg, 2000.
- Kragh, Jesper Vaczy. 'Malaria Fever Therapy for General Paralysis of the Insane in Denmark'. *History of Psychiatry* 21, no. 4 (2010): 471–86.
- . 'Neurosyphilis. Historical Perspectives on General Paresis of the Insane'. *JSM Schizophrenia* 2, no. 2 (2017).
- Kreuter, Alma. *Deutschsprachige Neurologen und Psychiater: Ein biographisch-bibliographisches Lexikon von den Vorläufern bis zur Mitte des 20. Jahrhunderts*. Walter de Gruyter, 2013.
- Kringlen, Einar. 'History of Norwegian Psychiatry'. *Nordic Journal of Psychiatry* 66, no. sup1 (2012): 31–41.
- Kuchar, Jaroslav, and Joan Codina. 'Multimode Networks Transformation Plugin'. Gephi plugin. Accessed 9 February 2021. <https://gephi.org/plugins/#/plugin/multimode>.

- Kuhn, Thomas. *The Structure of Scientific Revolutions*, 1962.
- L'Institut national de la statistique et des études économiques (INSEE). 'Convertisseur Francs-Euro'. Accessed 22 April 2021. <https://www.insee.fr/fr/information/2417794>.
- Laqua, Daniel. *The Age of Internationalism and Belgium, 1880-1930. Peace, Progress and Prestige*. Manchester: Manchester University Press, 2013.
- Lässig, Simone. 'The History of Knowledge and the Expansion of the Historical Research Agenda'. *Bulletin of GHI*, 2011.
- Latham, Sean, and Robert Scholes. 'The Rise of Periodical Studies'. *PMLA* 121, no. 2 (2006): 517–31.
- Laurence, Anthony. 'Laurence Anthony's Website'. Accessed 7 February 2021. <https://www.laurenceanthony.net>
- Lee, Susanna. 'Text Mining Historic Medical Journals'. *Theory and Practice of Digital History* (blog). Accessed 8 February 2021. <http://susannalee.org/dh/2014/10/16/472/>.
- LUCK Lund Centre for the History of Knowledge. Accessed 16 December 2020. <https://newhistoryofknowledge.com/>.
- Lemercier, Claire, and Claire Zalc. *Quantitative Methods in the Humanities: An Introduction*. Translated by Arthur Goldhammer. Charlottesville: University of Virginia Press, 2019.
- Lemercier, Claire. 'Formal Network Methods in History: Why and How?' In *Social Networks, Political Institutions, and Rural Societies*, 281–310. Brepols Publishers, 2015. <https://halshs.archives-ouvertes.fr/halshs-00521527>.
- Lempérière, Thérèse, and Roger Ropert. 'La Révolution neuroleptique, le congrès de 1955'. In *Psychiatries dans l'histoire: actes du 6e Congrès de l'Association européenne pour l'histoire de la psychiatrie*, edited by Jacques Arveiller, 233–40. Caen: Presses universitaires de Caen, 2008.
- Leonards, Chris, and Nico Randerad. 'Going Places. French, Swiss, British and American Visitors to International Social Reform Congresses, 1876-1913. Working Paper.' Maastricht/Ghent University. TIC Collaborative, 2017.
- Lewenstein, Ian. 'Charles Richmond Henderson (1848 – 1915): Minister, Professor, Sociologist and Prison Reformer'. *Social Welfare History Project*. Accessed 3 March 2021. <https://socialwelfare.library.vcu.edu/people/henderson-charles-richmond/>.
- Leys, Ruth. 'Guide to The Adolf Meyer Collection'. Website of the Alan Mason Chesney Medical Archives, 1999. <https://medicalarchives.jhmi.edu:8443/sgml/amg-d.htm>.
- Liégeois, Axel. 'The Historiography of Psychiatry in Belgium'. *History of Psychiatry* 2, no. 7 (1991): 263–70.
- Lipphardt, Veronika, and David Ludwig. 'Knowledge Transfer and Science Transfer'. *European History Online (EGO)* (blog). Accessed 21 March 2017. <http://ieg-ego.eu/en/threads/theories-and-methods/knowledge-transfer/veronika-lipphardt-david-ludwig-knowledge-transfer-and-science-transfer>.
- Lisboa ConVida. 'Sociedade de Geografia de Lisboa'. Accessed 28 November 2020. <http://lisboa.convida.pt/poi/utilities/sociedade-de-geografia-de-lisboa-6427>.
- Livingstone, David N. 'Science, Site and Speech: Scientific Knowledge and the Spaces of Rhetoric'. *History of the Human Sciences* 20, no. 2 (2007): 71–98.
- . 'A Geogrpahy of Science?' In *Putting Science in Its Place: Geographies of Scientific Knowledge*, 1–16. University of Chicago Press, 2003.

- ‘Science, Text and Space: Thoughts on the Geography of Reading’. *Transactions of the Institute of British Geographers* 30, no. 4 (2005): 391–401.
- . *Putting Science in Its Place: Geographies of Scientific Knowledge*. Science. Culture. Chicago, Ill.: University of Chicago Press, 2003.
- Livingstone, David N., and Charles W. J. Withers. *Geographies of Nineteenth-Century Science*. Chicago: University of Chicago Press, 2011.
- Longino, Helen E. *The Fate of Knowledge*. Princeton, NJ: Princeton University Press, 2018.
- Longman Dictionary of Contemporary English. ‘Baedeker’. Accessed 10 April 2021. <https://www.ldoceonline.com/dictionary/baedeker>.
- Loudon, Irvine, and Jean Loudon. ‘Medicine, Politics and the Medical Periodical 1800-50’. In *Medical Journal’s and Medical Knowledge: Historical Essays*, edited by William F. Bynum, Stephen Lock, and Roy Porter. London: Routledge, 1992.
- Majerus, Benoît, and Joris Vandendriessche. ‘Introduction’. In *Medical Histories of Belgium. New Narratives on Health, Care and Citizenship in the Nineteenth and Twentieth Centuries*, edited by Benoît Majerus and Joris Vandendriessche, 4–21. Manchester: Manchester University Press, in press.
- Majerus, Benoît. ‘Material Objects in Twentieth Century History of Psychiatry’. *BMGN - Low Countries Historical Review* 132, no. 1 (2017).
- . ‘Surveiller, Punir et Soigner? Pratiques Psychiatriques En Europe de l’Ouest Du XIXe Siècle Aux Années 1950’. *Histoire, Médecine et Santé* 7 (2015).
- . ‘The Straitjacket, the Bed, and the Pill: Material Culture and Madness’. In *The Routledge History of Madness and Mental Health*, edited by Greg Eghigian, 263–76. Basingstoke: Taylor & Francis Ltd, 2017.
- MALLET Machine Learning for Language Toolkit. Accessed 8 February 2021. <http://mallet.cs.umass.edu/>.
- Manning, Christopher D., Mihai Surdeanu, John Bauer, Jenny Rose Finkel, Steven Bethard, and David McClosky. ‘The Stanford CoreNLP Natural Language Processing Toolkit’. In *Proceedings of the 52nd Annual Meeting of the Association for Computational Linguistics, ACL 2014, June 22-27, 2014, Baltimore, MD, USA, System Demonstrations*, 55–60, 2014.
- Mapping the Republic of Letters. Accessed 9 February 2021. <http://republicofletters.stanford.edu/index.html>.
- Marchand, Suzanne. ‘How Much Knowledge is Worth Knowing? An American Intellectual Historian’s Thoughts on the Geschichte des Wissens’. *Berichte zur Wissenschaftsgeschichte* 42, no. 2–3 (2019): 126–49.
- Marks, Sarah. ‘Communist Europe and Transnational Psychiatry’. In *Psychiatry in Communist Europe*, edited by Mat Savelli and Sarah Marks, 1–26. Basingstoke: Palgrave Macmillan, 2015.
- Mason, Nicholas. *Literary Advertising and the Shaping of British Romanticism*. JHU Press, 2013.
- Masson et Cie Paris. *Masson et Cie, 1804-1954: un siècle et demi d’édition médicale et scientifique*. Masson et Cie, 1954.
- Mayhew, Robert. ‘British Geography’s Republic of Letters: Mapping an Imagined Community, 1600-1800’. *Journal of the History of Ideas* 65, no. 2 (2004): 251–76.

- McMenemey, W. H. 'Medical History: International Congress of Medicine 1867 and Some of the Personalities Involved'. *British Medical Journal* 3, no. 5563 (1967): 487–89.
- Meadows, Arthur Jack. 'The Rise of the Scientific Journal'. In *Communication in Science*. London: Butterworths, 1974.
- . *Development of Science Publishing in Europe*. Elsevier Science Publishers, 1980.
- . *The Scientific Journal*. London: Aslib, 1979.
- Meeks, Elijah, and Scott B. Weingart. 'The Digital Humanities Contribution to Topic Modeling'. *Journal of Digital Humanities* 2, no. 1 (2012). <http://journalofdigitalhumanities.org/2-1/dh-contribution-to-topic-modeling/>.
- Merriam Webster. 'Definition of Travel'. Accessed 9 April 2021. <https://www.merriam-webster.com/dictionary/travel>.
- Meusburger, Peter. 'The Nexus of Knowledge and Space'. In *Clashes of Knowledge: Orthodoxies and Heterodoxies in Science and Religion*, edited by Günter Abel, Peter Meusburger, Michael Welker, and Edgar Wunder, 35–90. *Knowledge and Space* 1. New York: Springer, 2008.
- . 'The Spatial Concentration of Knowledge: Some Theoretical Considerations (Die Räumliche Konzentration Des Wissens. Einige Theoretische Überlegungen)'. *Erdkunde*, 2000, 352–64.
- Meyer, Morgan. 'The Rise of the Knowledge Broker'. *Science Communication* 32, no. 1 (1 March 2010): 118–27.
- Miert, Dirk van. 'What Was the Republic of Letters? A Brief Introduction to a Long History'. *Groniek* 47, no. 204/5 (2017).
- Mold, Alex, and Virginia Berridge. 'Using Digitised Medical Journals in a Cross European Project on Addiction History'. *Media History* 25, no. 1 (2019): 85–99.
- Mora, George. 'The History of Psychiatry in the United States: Historiographic and Theoretical Considerations'. *History of Psychiatry* 3, no. 10 (1992): 187–201.
- Moran, James, Leslie Topp, and Jonathan Andrews, eds. *Madness, Architecture and the Built Environment: Psychiatric Spaces in Historical Context*. 1 edition. New York ; London: Routledge, 2007.
- Moretti, Franco. *Distant Reading*. 1 edition. London: Verso, 2013.
- . *Graphs, Maps, Trees: Abstract Models for a Literary History*. London: Verso, 2005.
- Moxham, Noah, and Aileen Fyfe. 'The Royal Society and the Prehistory of Peer Review, 1666–1965'. *The Historical Journal* 61, no. 4 (2018): 863–89.
- Moxham, Noah. "'Accoucheur of Literature": Joseph Banks and the Philosophical Transactions, 1778–1820'. *Centaurus* 62, no. 1 (2020): 21–37.
- Müller, Michael G., and Cornelius Torp. 'Conceptualising Transnational Spaces in History'. *European Review of History: Revue Européenne d'histoire* 16, no. 5 (2009): 609–17.
- Müller, Thomas, and Akihito Suzuki, eds. 'Psychiatric Surveys and Eugenics in the Family and Community in Japan, 1935–1945'. In *Zentrum und Peripherie in der Geschichte der Psychiatrie Regionale, nationale und internationale Perspektiven*, 189–201. Stuttgart: Franz Steiner Verlag, 2017.
- Müller, Thomas, ed. *Zentrum und Peripherie in der Geschichte der Psychiatrie Regionale, nationale und internationale Perspektiven*. Stuttgart: Franz Steiner Verlag, 2017.

- . 'Die Reise Des Französischen Psychiaters Falret in Die Badische Anstalt Illenau Bei Achern'. Zentrum für Psychiatrie Reichenau, Konstanz, 2013.
- . 'Die Welt Erfahren. Reisende Psychiater Aus Württemberg Und Die Wissenstransfer in Der Psychiatrie Des 19. Jahrhunderts'. In Bd. 11 Der „Schriftenreihe Der Deutschen Gesellschaft Für Die Geschichte Der Nervenheilkunde“, edited by W. J. Bock and B. Holdorff, 85–98. Würzburg: Königshausen und Neumann, 2008.
- . 'Le placement familial des aliénés en France. Le baron Mundy et l'Exposition universelle de 1867'. *Romantisme* 141, no. 3 (2008): 37–50.
- . 'Psychiater des 19. Jahrhunderts, ihre Reisen und der Wissenstransfer. Ein internationales Phänomen'. In *Wissenstransfer in der Psychiatrie: Albert Zeller und die Psychiatrie Württembergs im 19. Jahrhundert*, edited by Thomas Müller, Bodo Rüdemburg, and Martin Rexer. Zwiefalten: Verl. Psychiatrie und Geschichte, 2009.
- . 'Re-Opening a Closed File of the History of Psychiatry: Open Care and Its Historiography in Belgium, France and Germany, c. 1880-1980'. In *Transnational Psychiatries: Social and Cultural Histories of Psychiatry in Comparative Perspective c. 1800-2000*, edited by Waltraud Ernst and Thomas Müller, 172–99. Newcastle upon Tyne: Cambridge Scholars Publishing, 2010.
- . 'Reisende Psychiater. Über Den Transfer Medizinischen Wissens, Die Formen Der Repräsentation Dieses Wissens Und Die Berufspolitik Im 19. Jahrhundert'. Institut für Geschichte der Medizin des Zentrums für Human- und Gesundheitswissenschaften der Berliner Hochschulmedizin, Berlin, 2002.
- . 'Reisende Psychiater. Zum Transfer medizinischen Wissens zwischen europäischen Ärzten im späten 19. Jahrhundert'. In *Die Welt erfahren: Reisen als kulturelle Begegnung von 1780 bis heute*, edited by Arnd Bauerkämper, Hans Erich Bödeker, and Bernhard Struck, 265–92. Frankfurt am Main: Campus, 2004.
- . 'Vergleich Und Transferanalyse in Der Medizingeschichte? Eine Diskussion Anhand von Reiseberichten Als Quelle / Comparison and Transfer Analysis in the History of Medicine? Using Travel Reports as a Source'. *Medizinhistorisches Journal* 39, no. 1 (2004): 57–77.
- Mulsow, Martin, and Lorraine Daston. 'History of Knowledge'. In *Debating New Approaches to History*, edited by Marek Tamm and Peter Burke. London; New York; Oxford; New Delhi; Sydney: Bloomsbury Academic, 2019.
- Münchener Digitalisierungszentrum (MDZ). Accessed 7 February 2021. <https://www.digitale-sammlungen.de/index.html?c=startseite&l=en>.
- Murphy, T. D. 'Medical Knowledge and Statistical Methods in Early Nineteenth-Century France.' *Medical History* 25, no. 3 (1981): 301–19.
- Museum of the mind. 'European Journeys'. Accessed 1 November 2017. <https://museumofthemind.org.uk/projects/european-journeys/reports>.
- Mussell, James. *The Nineteenth-Century Press in the Digital Age*. London: Palgrave Macmillan UK, 2012.
- National Conference on Social Welfare Proceedings - Search Results. Accessed 4 March 2021. <https://quod.lib.umich.edu/n/ncosw?type=simple&rgn=full+text&q1=morel&cite1=&cite1restrict=author&cite2=&cite2restrict=author&firstpubl1=1874&firstpubl2=1982&Submit=Search>.
- Nicholson, Bob. 'The Digital Turn'. *Media History* 19, no. 1 (2013): 59–73.



- Nixon, Kari M., and Lorenzo Servitje, eds. *Syphilis and Subjectivity: From the Victorians to the Present*. Palgrave Macmillan, 2018.
- Nodegoat UGent Portal. Accessed 28 December 2020. <https://nodegoat.ugent.be>.
- Nodegoat. Accessed 9 February 2021. <https://nodegoat.net>.
- Nölte, Manfred, and Martin Blenkle. 'Die Grenzboten on Its Way to Virtual Research Environments and Infrastructures'. *Journal of European Periodical Studies* 4, no. 1 (30 June 2019): 19–35. <https://doi.org/10.21825/jeps.v4i1.10171>.
- Novak, Jasminko, Lars Wieneke, Marten Düring, Isabel Micheel, Mark Melenhorst, Javier Garcia Morón, Chiara Pasini, Marco Tagliasacchi, and Piero Fraternali. 'HistoGraph: A Visualization Tool for Collaborative Analysis of Historical Social Networks from Multimedia Collections'. *IV2014 - DHKV: Cultural Heritage Knowledge Visualisation*, 2014.
- Novella, Enric J. 'Travel and Professional Networks in the Origins of Spanish Psychiatry'. *História, Ciências, Saúde-Manguinhos* 23, no. 4 (2016): 1023–40.
- Novella, Enric J., and R. Huertas. 'Alexandre Brierre de Boismont and the Origins of the Spanish Psychiatric Profession'. *History of Psychiatry* 22, no. 88 Pt 4 (2011): 387–402.
- Olukoga, A. O., J. Bolodeoku, and D. Donaldson. 'Cerebrospinal Fluid Analysis in Clinical Diagnosis'. *Journal of Clinical Pathology* 50, no. 3 (March 1997): 187–92.
- Oosterhuis, Harry, and Jessica Slijkhuis. *Verzichte Zenuwen En Zeden. De Opkomst van de Psychiatrie in Nederland (1870-1920)*. Rotterdam: Erasmus Publishing, 2012.
- Oosterhuis, Harry, and Marijke Gijswijt-Hofstra. *Verward van Geest En Ander Ongerief. Psychiatrie En Geestelijke Gezondheidszorg in Nederland (1870-2005)*. Houten: Bohn Stafleu van Loghum, 2008.
- Open Library. 'John Churchill'. Accessed 28 March 2019. [https://openlibrary.org/publishers/John\\_Churchill](https://openlibrary.org/publishers/John_Churchill).
- Open Library. 'Samuel Highley'. Accessed 28 March 2019. [https://openlibrary.org/publishers/Samuel\\_Highley](https://openlibrary.org/publishers/Samuel_Highley).
- Open Library. 'Verlag von August Hirschwald'. Accessed 18 February 2021. [https://openlibrary.org/publishers/Verlag\\_von\\_August\\_Hirschwald](https://openlibrary.org/publishers/Verlag_von_August_Hirschwald).
- Östling, Johan, and David Larsson Heidenblad. 'Fulfilling the Promise of the History of Knowledge: Key Approaches for the 2020s'. *Journal for the History of Knowledge* 1, no. 1 (2020): Art. 3, 1-6.
- Östling, Johan, David Larsson Heidenblad, and Anna Nilsson Hammar. 'Introduction. Developing the History of Knowledge'. In *Forms of Knowledge: Developing the History of Knowledge*, edited by Johan Östling, David Larsson Heidenblad, and Anna Nilsson Hammar. Lund: Nordic Academic Press, 2020.
- . *Forms of Knowledge: Developing the History of Knowledge*. Lund: Nordic Academic Press, 2020.
- Östling, Johan, Erling Sandmo, David Larsson Heidenblad, Anna Nilsson Hammar, and Kari Nordberg, eds. *Circulation of Knowledge: Explorations in the History of Knowledge*. Lund: Nordic Academic Press, 2018.
- . 'The History of Knowledge and the Circulation of Knowledge. An Introduction'. In *Circulation of Knowledge: Explorations in the History of Knowledge*, edited by Johan Östling, Erling Sandmo, David Larsson Heidenblad, Anna Nilsson Hammar, and Kari Nordberg. Lund: Nordic Academic Press, 2018.

- Östling, Johan. 'Circulation, Arenas, and the Quest for Public Knowledge: Historiographical Currents and Analytical Frameworks'. *History and Theory* 59, no. 4 (2020): 111–26.
- Owens, Trevor. 'Digital Sources & Digital Archives: The Evidentiary Basis of Digital History'. In *Companion to Digital History*, edited by David Stanley, 2017.
- Oxford Advanced Learner's Dictionary. 'Red-Letter-Day'. Accessed 10 April 2021. <https://www.oxfordlearnersdictionaries.com/definition/english/red-letter-day?q=red-letter+day>.
- Oxford Dictionary on Lexico.com. 'Knowledge'. Accessed 22 January 2021. <https://www.lexico.com/definition/knowledge>.
- Oxford Dictionary on Lexico.com. 'Parasyphilitic'. Accessed 23 March 2021. <https://www.lexico.com/definition/parasyphilitic>.
- Page, Gillian, Arthur Jack Meadows, and Robert Campbell. *Journal Publishing: Principles and Practice*. London: Butterworths, 1987.
- Page, Gillian, Robert Campbell, and Jack Meadows. *Journal Publishing*. Cambridge University Press, 1997.
- Pagel, Julius Leopold. 'Mundy, Jaromir Freiherr von'. *Allgemeine Deutsche Biographie* 52 (1906) S.540-541. Bayerische Staatsbibliothek, 1906. <https://www.deutsche-biographie.de/sfz67315.html#adbcontent>.
- Parry-Jones, William. 'The Model of the Geel Lunatic Colony and Its Influence on the Nineteenth-Century Asylum System in Britain'. In *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*, edited by Andrew Scull, 201–17. Philadelphia: University of Pennsylvania Press, 1981.
- Patinotis, Manolis, and Kostas Gavroglu. 'The Sciences in Europe: Transmitting Centers and the Appropriating Peripheries'. In *The Globalization of Knowledge in History : Based on the 97th Dahlem Workshop*, edited by Jürgen Renn. Max Planck Research Library for the History and Development of Knowledge, Studies 1. Berlin: Edition Open Access, 2012.
- Pattyn, B. 'De Geschiedenis van Geel'. In *Psychiatrie, Godsdienst En Gezag. De Ontstaansgeschiedenis van de Psychiatrie in België Als Paradigma*, edited by P. Vandermeersch. Leuven: Acco, 1984.
- Paul, Herman. 'Introduction: Repertoires and Performances of Academic Identity'. *BMGN - Low Countries Historical Review* 131, no. 4 (20 December 2016): 3–7.
- . 'What Is a Scholarly Persona? Ten Theses on Virtues, Skills, and Desires'. *History and Theory* 53, no. 3 (2014): 348–71.
- Pearce, J. M. 'Walter Essex Wynter, Quincke, and Lumbar Puncture'. *Journal of Neurology, Neurosurgery, and Psychiatry* 57, no. 2 (1994): 179.
- . 'Brain Disease Leading to Mental Illness: A Concept Initiated by the Discovery of General Paralysis of the Insane'. *European Neurology* 67, no. 5 (2012): 272–78.
- Peters, John Durham. *The Marvelous Clouds: Toward a Philosophy of Elemental Media*. Chicago: University of Chicago Press, 2015.
- Pichel, Beatriz. 'Reading Photography in French Nineteenth Century Journals'. *Media History* 25, no. 1 (2019): 51–69.
- Piersma, Hinke, and Kees Ribbens. 'Digital Historical Research: Context, Concepts and the Need for Reflection'. *BMGN - Low Countries Historical Review* 128, no. 4 (2013): 78–102.

- Pisciotta, Alexander W. *Benevolent Repression: Social Control and the American Reformatory-Prison Movement*. NYU Press, 1996.
- Pladek, Brittany. "‘A Variety of Tastes’": The "Lancet" in the Early-Nineteenth-Century Periodical Press'. *Bulletin of the History of Medicine* 85, no. 4 (2011): 560–86.
- Porter, Theodore M. *Genetics in the Madhouse. The Unknown History of Human Heredity*. Princeton: Princeton University Press, 2018.
- . *Trust in Numbers, The Pursuit of Objectivity in Science and Public Life*. Course Book. Princeton: Princeton University Press, 1996.
- Posner, Miriam. 'Miriamposner/Ajp\_charts', 2 October 2015. [https://github.com/miriamposner/ajp\\_charts](https://github.com/miriamposner/ajp_charts).
- . 'The Case of the Missing Faces – Miriam Posner's Blog'. Accessed 6 February 2020. <http://miriamposner.com/blog/the-case-of-the-missing-faces/>.
- Project MUSE. 'Victorian Periodicals Review'. Accessed 13 February 2021. <https://muse.jhu.edu/journal/304>.
- Prown, Jules David. 'Mind in Matter: An Introduction to Material Culture Theory and Method'. *Winterthur Portfolio* 17, no. 1 (1982): 1–19.
- Putnam, Lara. 'The Transnational and the Text-Searchable: Digitized Sources and the Shadows They Cast'. *The American Historical Review* 121, no. 2 (2016): 377–402.
- Qvarsell, Roger. 'History of Psychiatry in Sweden'. *History of Psychiatry* 2 (1991): 315–20.
- Randeraad, Nico. 'Triggers of Mobility: International Congresses (1840-1914) and Their Visitors'. *Jahrbuch Für Europäische Geschichte/European History Yearbook* 16 (2015): 63–82.
- Raposo, Pedro M. P., Ana Simões, Manolis Patiniotis, and José R. Bertomeu-Sánchez. 'Moving Localities and Creative Circulation: Travels as Knowledge Production in 18th-Century Europe'. *Centaurus* 56, no. 3 (2014): 167–88.
- Rasmussen, Anne. 'Jalons pour une histoire des congrès internationaux au XIXe siècle: régulation scientifique et propagande intellectuelle'. *Relations Internationales* 0, no. 62 (1990): 115–33.
- . 'L'internationale scientifique, 1890-1914', 1995.
- . 'Les Congrès internationaux liés aux Expositions universelles de Paris (1867-1900)'. *Cahiers Georges Sorel* 7, no. 1 (1989): 23–44.
- Renn, Jürgen. 'Survey: Knowledge as a Fellow Traveler'. In *The Globalization of Knowledge in History*, edited by Jürgen Renn. Max Planck Research Library for the History and Development of Knowledge, Studies 1, 2012.
- Roelcke, Volker, Paul Weindling, and Louise Westwood. 'Introduction'. In *International Relations in Psychiatry: Britain, Germany, and the United States to World War II*, edited by Volker Roelcke, Paul Weindling, and Louise Westwood. Rochester: University of Rochester Press, 2010.
- Ronse, H. 'De Geschiedenis van de Psychiatrie Te Geel. Van Armenzorg Naar Gestichtspsychiatrie'. *Tijdschrift Voor Psychiatrie* 30, no. 1 (1988): 6–20.
- Roosens, Eugeen, and Lieve Van de Walle. *Geel Revisited. After Centuries of Mental Rehabilitation*. Antwerpen: Garant, 2007.
- Ropper, Allan H., and Brian Burrell. *How the Brain Lost Its Mind: Sex, Hysteria, and the Riddle of Mental Illness*. 1 edition. New York: Avery, 2019.

- Rosenthal, Naomi, Meryl Fingrutd, Michele Ethier, Roberta Karant, and David McDonald. 'Social Movements and Network Analysis: A Case Study of Nineteenth-Century Women's Reform in New York State'. *American Journal of Sociology* 90, no. 5 (1985): 1022–54.
- Rostain, Bruno. 'Gheel et son fantasma chez les aliénistes français du XIXe siècle.' [s.n.], 1980.
- Royal Albert Hall. '1900s. Find out More about Events at the Royal Albert Hall during the 1900s'. Archived - Wayback Machine. Accessed 26 May 2019. <https://www.royalalberthall.com/about-the-hall/our-history/explore-our-history/time-machine/1900s/>.
- . 'Mosaic Frieze'. Accessed 26 May 2019. <https://www.royalalberthall.com/about-the-hall/our-history/explore-our-history/building/mosaic-frieze/>.
- . 'Roof'. Accessed 26 May 2019. <https://www.royalalberthall.com/about-the-hall/our-history/explore-our-history/building/roof/>.
- Royal College of Psychiatrists. 'The Medico-Psychological Association (1865-1926)'. Accessed 5 March 2021. <https://www.rcpsych.ac.uk/about-us/celebrating-our-history/our-history/the-mpa>.
- Royal Institute of British Architecture (RIBA). 'Construction'. Archived - Wayback Machine. Accessed 26 May 2019. <https://web.archive.org/web/20120208165405/http://www.architecture.com/LibraryDrawingsAndPhotographs/Albertopolis/TheStoryOf/RoyalAlbertHall/Construction.aspx>.
- . 'Floor Plan and Seating'. Archived - Wayback Machine. Accessed 16 April 2021. <https://web.archive.org/web/20120208155358/http://www.architecture.com/LibraryDrawingsAndPhotographs/Albertopolis/TheStoryOf/RoyalAlbertHall/FloorPlan.aspx>.
- Sammet, Kai. 'Akteure, Konflikte, Interessen: Wilhelm Griesingers Reformversuche in Der Irrenabteilung Der Berliner Charité 1865–1868 / Agents, Conflicts, and Interests: Wilhelm Griesinger and His Efforts in Reforming the Psychiatric Ward of the Berlin Charité, 1865–1868'. *Medizinhistorisches Journal* 38, no. 3/4 (2003): 285–311.
- . 'Avoiding Violence by Technologies? Rectal Feeding in German Psychiatry, c. 1860–85'. *History of Psychiatry* 17, no. 3 (1 September 2006): 259–78.
- Sarasin, Philipp. 'More Than Just Another Specialty: On the Prospects for the History of Knowledge'. *Journal for the History of Knowledge* 1, no. 1 (2020): Art.2, 1-5.
- . 'Was Ist Wissensgeschichte?' *Internationales Archiv Für Sozialgeschichte Der Deutschen Literatur (IASL)* 36, no. 1 (2011): 159–72.
- Sarkowski, Heinz. Springer-Verlag: History of a Scientific Publishing House: Part 1: 1842–1945 Foundation Maturation Adversity. Berlin Heidelberg: Springer-Verlag, 1996.
- Schepers, Rita. 'Om de Eenheid van Het Medisch Beroep. Het Debat over de Specialisatie in België (1900-1940)'. *Gewina* 16 (1993): 155–70.
- . 'The Legal and Institutional Development of the Belgian Medical Profession in the Nineteenth Century'. *Sociology of Health & Illness* 7, no. 3 (1985): 314–41.
- Schmiedebach, Heinz-Peter. 'Inspecting Great Britain. German Psychiatrists' Views of British Asylums in the Second Half of the Nineteenth Century'. In *International Relations in Psychiatry: Britain, Germany, and the United States to World War II*, edited by Volker Roelcke, Paul Weindling, and Louise Westwood. Rochester: University of Rochester Press, 2010.

- Schott, Heinz, and Rainer Tölle. *Geschichte der Psychiatrie: Krankheitslehren, Irrwege, Behandlungsformen*. C.H.Beck, 2006.
- Scull, Andrew 'A Brilliant Career? John Conolly and Victorian Psychiatry'. *Victorian Studies* 27 (1984): 203–35.
- . 'Insanity in the 18th and 19th Centuries. John Conolly: A Reconsideration'. *Journal of the Royal Society of Medicine* 81, no. 2 (1988): 67–70.
- . 'A Victorian Alienist: John Conolly, FRCP, DCL (1794–1866)'. In *The Anatomy of Madness: Essays in the History of Psychiatry*, edited by W. F. Bynum, Roy Porter, and M. Shepherd, 2004th ed., I People and ideas:103–50. London: Routledge, 1985.
- . 'Commentary: Arthur Mitchell on the Statistics of Insanity'. *International Journal of Epidemiology* 39, no. 6 (2010): 1432–34.
- . 'The Asylum, Hospital and Clinic'. In *The Routledge History of Madness and Mental Health*, edited by Greg Eghigian, 101–14. Basingstoke: Taylor & Francis Ltd, 2017.
- . *Madness in Civilization: A Cultural History of Insanity, from the Bible to Freud, from the Madhouse to Modern Medicine*. London: Thames & Hudson, 2015.
- Secord, James. 'Knowledge in Transit'. *Isis* 95, no. 4 (2004): 654–72.
- Seigel, Micol. 'Beyond Compare: Comparative Method after the Transnational Turn'. *Radical History Review*, no. 91 (2005): 62–90.
- Shafir, Nir. 'The International Congress as Scientific and Diplomatic Technology: Global Intellectual Exchange in the International Prison Congress, 1860–90'. *Journal of Global History* 9, no. 1 (2014): 72–93.
- Shean, Jack. *Scranton's Hill Section*. Arcadia Publishing, 2015.
- Shepherd, Michael. 'Psychiatric Journals and the Evolution of Psychological Medicine'. In *Medical Journals and Medical Knowledge: Historical Essays*, edited by W.F. Bynum, Stephen Lock, and Roy Porter. London: Routledge, 1992.
- Shorter, Edward. *A Historical Dictionary of Psychiatry*. Oxford: Oxford University Press, 2005.
- Shortt, S.E.D. 'Physicians, Science, and Status: Issues in the Professionalization of Anglo-American Medicine in the Nineteenth Century'. *Medical History* 27, no. 1 (1983).
- Shuttleworth, Sally, and Berris Charnley. 'Science Periodicals in the Nineteenth and Twenty-First Centuries'. *Notes and Records of the Royal Society of London* 70, no. 4 (2016): 297–304.
- Simões, Ana, Ana Carneiro, and Maria Paula Diogo, eds. *Travels of Learning*. Dordrecht: Springer Netherlands, 2003.
- . 'Travels of Learning. Introductory Remarks'. In *Travels of Learning*, edited by Ana Simões, Ana Carneiro, and Maria Paula Diogo, Vol. 233. *Boston Studies in the Philosophy of Science*. Dordrecht: Springer Netherlands, 2003.
- Six Degrees of Francis Bacon. Accessed 9 February 2021.  
[http://www.sixdegreesoffrancisbacon.com/?ids=10000473&min\\_confidence=60&type=network](http://www.sixdegreesoffrancisbacon.com/?ids=10000473&min_confidence=60&type=network).
- Slijkhuis, J., and H. Oosterhuis. 'Cadaver Brains and Excesses in Baccho and Venere: Dementia Paralytica in Dutch Psychiatry (1870-1920)'. *Journal of the History of Medicine and Allied Sciences* 69, no. 3 (2014): 426–60.
- Smith, Eugene. *Criminal Law in the United States. A Selection from the Russell Sage Foundation*. Edited by Ann Greer. Dubuque, Iowa: Brown reprints, 1971.

- Snelders, Stephen, Frans Meijman, and Toine Pieters. 'Heredity and Alcoholism in the Medical Sphere: The Netherlands, 1850–1900'. *Medical History* 51 (1 May 2007): 219–36.
- Sociedade de Geografia de Lisboa. 'Congressos e Exposições. História'. Accessed 28 November 2020. <http://www.socgeografialisboa.pt/historia/congressos-e-exposicoes/>.
- Sörlin, Sverker. 'National and International Aspects of Cross-Boundary Science: Scientific Travel in the 18th Century'. In *Denationalizing Science: The Contexts of International Scientific Practice*, edited by Elisabeth Crawford, Terry Shinn, and Sverker Sörlin, 43–72. Dordrecht: Springer Netherlands, 1993.
- Special Issue on Topic Modeling. *Journal of Digital Humanities* 2, no. 1 (2012).
- Special Issue: Science Periodicals in the Nineteenth and Twenty-First Centuries'. *Notes and Records of the Royal Society of London* 70, no. 4 (2016). <https://www.jstor.org/stable/i26312829>.
- Special Issue. Reading the Nineteenth Century Medical Journal. *Media History* 25, no. 1 (2019). <https://www.tandfonline.com/toc/cmeh20/25/1>.
- Special Issue: 350 Years of Scientific Periodicals. *Notes and Records of the Royal Society of London* 69, no. 3 (2015). <https://www.jstor.org/stable/i26312828>.
- Special Issue: History of Science or History of Knowledge? *Berichte Zur Wissenschaftsgeschichte | History of Sciences and Humanities* 42, No. 2-3, 2019. Accessed 21 January 2021. <https://onlinelibrary.wiley.com/toc/15222365/2019/42/2-3>.
- Staley, Richard. 'Partisans and the Use of Knowledge versus Science'. *Berichte zur Wissenschaftsgeschichte* 42, no. 2–3 (2019): 220–34.
- Stanford NLP. 'Core NLP'. Accessed 8 February 2021. <https://stanfordnlp.github.io/CoreNLP/>.
- . Stanford Topic Modeling Toolbox. Accessed 8 February 2021. <https://nlp.stanford.edu/software/tmt/tmt-0.4/>.
- Stegge, Cecile aan de. 'Changing Attitudes towards "Non-Restraint" in Dutch Psychiatric Nursing, 1897-1994'. In *Psychiatric Cultures Compared. Psychiatrie and Mental Health Care in the Twentieth Century: Comparisons and Approaches*, edited by Marijke Gijswijt-Hofstra, H. Oosterhuis, and Joost Vijselaar. Amsterdam: Amsterdam University Press, 2005.
- Stewart, Mary, Joseph Debattista, Lisa Fitzgerald, and Owain Williams. 'Syphilis, General Paralysis of the Insane, and Queensland Asylums'. *Health and History* 19, no. 1 (2017): 60–79.
- Stovel, Katherine, and Lynette Shaw. 'Brokerage'. *Annual Review of Sociology* 38, no. 1 (2012): 139–58.
- Struck, Bernhard, Hans Erich Bödeker, and Arnd Bauerkämper. 'Inleitung'. In *Die Welt erfahren: Reisen als kulturelle Begegnung von 1780 bis heute*, edited by Arnd Bauerkämper, Hans Erich Bödeker, and Bernhard Struck. Frankfurt am Main; New York: Campus, 2004.
- Suzuki, A. 'The Politics and Ideology of Non-Restraint: The Case of the Hanwell Asylum'. *Medical History* 39, no. 1 (1995): 1–17.
- Swain, Kelley. "'Extraordinarily Arduous and Fraught with Danger": Syphilis, Salvarsan, and General Paresis of the Insane'. *The Lancet Psychiatry* 5, no. 9 (2018): 702–3.
- Tagliavini, Annamaria. 'Aspects of the History of Psychiatry in Italy in the Second Half of the Nineteenth Century'. In *The Anatomy of Madness: Essays in the History of Psychiatry*, edited by William F. Bynum, Roy Porter, and Michael Shepherd, (2004) second., II Institutions and society:175–96. London; New York: Routledge, 1985.

- Takabayashi, Akinobu. 'Surviving the Lunacy Act of 1890: English Psychiatrists and Professional Development during the Early Twentieth Century'. *Medical History* 61, no. 2 (2017): 246–69.
- Tanner, Simon, Trevor Muñoz, and Pich Hemy Ros. 'Measuring Mass Text Digitization Quality and Usefulness: Lessons Learned from Assessing the OCR Accuracy of the British Library's 19th Century Online Newspaper Archive'. *D-Lib Magazine* 15, no. 7/8 (2009). <http://www.dlib.org/dlib/july09/munoz/07munoz.html>.
- Télé MB. 'Hainaut Vigilance Sanitaire: une institution pionnière pour la santé'. Accessed 21 March 2021. <https://www.telemb.be/index.php/article/hainaut-vigilance-sanitaire-une-institution-pionniere-pour-la-sante>.
- The Global Epistemics Book Series - gloknoz. 'The Global Epistemics Book Series | RLI - Gloknoz'. Accessed 16 December 2020. <http://gloknoz.ac.uk/media/book-series>.
- TIC Collaborative. Accessed 9 February 2021. <https://www.tic.ugent.be/>.
- The Multigraph Collective. *Interacting with Print: Elements of Reading in the Era of Print Saturation*. Chicago: University of Chicago Press, 2019.
- The Stevenovich Institute on the Formation of Knowledge. Accessed 16 December 2020. <https://sifk.uchicago.edu/>.
- Thompson, P., J. McNaught, and S. Ananiadou. 'Customised OCR Correction for Historical Medical Text'. In *2015 Digital Heritage*, 1:35–42, 2015.
- Thomson, Ann. 'L'histoire intellectuelle: quelles idées, quel contexte?' *Revue d'histoire moderne contemporaine* 5, no. 59–4bis (2012): 47–64.
- Tollebeek, Jo, Geert Vanpaemel, and Kaat Wils. 'Een Codewoord. Bij Een Geschiedenis van Ideeën En Praktijken'. In *Degeneratie in België, 1860-1940: Een Geschiedenis van Ideeën En Praktijken*, edited by Jo Tollebeek, Geert Vanpaemel, and Kaat Wils, 3–10. Leuven: Universitaire Pers Leuven, 2003.
- Tollebeek, Jo. 'Commemorative Practices in the Humanities around 1900'. *Advances in Historical Studies* 04, no. 03 (2015): 216–31.
- Tomes, Nancy. 'The Great Controversy a Comparative Perspective Anglo-American Psychiatry in the Nineteenth Century'. In *The Anatomy of Madness: Essays in the History of Psychiatry*, edited by William F. Bynum, Roy Porter, and Michael Shepherd, 2004th ed., III The asylums and its psychiatry:190–225. London: Routledge, 1988.
- Topham, Jonathan R. 'Scientific Publishing and the Reading of Science in Nineteenth-Century Britain: A Historiographical Survey and Guide to Sources'. *Studies in History and Philosophy of Science Part A* 31, no. 4 (2000): 559–612.
- . 'The Scientific, the Literary and the Popular: Commerce and the Reimagining of the Scientific Journal in Britain, 1813–1825'. *Notes Rec. Notes and Records of the Royal Society of London* 70, no. 4 (2016): 305–24.
- Topp, Leslie. 'Isolation, Privacy, Control and Privilege: Psychiatric Architecture and the Single Room'. In *Healing Spaces, Modern Architecture, and the Body*, edited by Sarah Schrank and Didem Ekici. Routledge, 2016.
- . 'Otto Wagner and the Steinhof Psychiatric Hospital: Architecture as Misunderstanding'. *The Art Bulletin* 87, no. 1 (2005): 130–56.
- . 'Single Rooms, Seclusion and the Non-Restraint Movement in British Asylums, 1838–1844'. *Social History of Medicine* hky015 (2018).

- Towheed, Shafquat. 'Reading in the Digital Archive'. *Journal of Victorian Culture* 15, no. 1 (2010): 139–43.
- Towner, John. 'The Grand Tour: A Key Phase in the History of Tourism'. *Annals of Tourism Research* 12, no. 3 (1985): 297–333.
- Tuong-Vi, Nguyen, Erwin J.O. Kompanje, and Marinus C.G. van Praag. 'Enkele Mijlpalen Uit de Geschiedenis van Syfilis'. *Nederlandsch Tijdschrift Voor Geneeskunde* 157, no. A6024 (2013). <https://www.ntvg.nl/artikelen/enkele-mijlpalen-uit-de-geschiedenis-van-syfilis/volledig>.
- Tyrrell, Ian. 'Reflections on the Transnational Turn in United States History: Theory and Practice'. *Journal of Global History* 4, no. 03 (2009): 453–74.
- U. S. National library of medicine. 'IndexCat - "Mickle W. J."' Accessed 24 March 2021. <https://indexcat.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=indexcat&query=%22Mickle+W.+J.%22>.
- . 'IndexCat - Cerebrospinal Fluid General Paralysis'. Accessed 22 March 2021. <https://indexcat.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3aproject=indexcat&query=cerebrospinal%20fluid%20general%20paralysis&>.
- . 'IndexCat - Joffroy Paralyse Generale'. Accessed 22 March 2021. [https://indexcat.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3afile=viv\\_C5F6h5&server=pvlb7srchindexcat01&v:state=root%7Croot-20-10%7C0&](https://indexcat.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3afile=viv_C5F6h5&server=pvlb7srchindexcat01&v:state=root%7Croot-20-10%7C0&).
- . 'IndexCat - Zytodiagnose'. Accessed 22 March 2021. <https://indexcat.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=indexcat&query=Zytodiagnose>.
- . 'IndexCat - Cytodiagnostic "Céphalo-Rachidien"'. Accessed 22 March 2021. <https://indexcat.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=indexcat&query=cytodiagnostic+c%3%A9phalo-rachidien>.
- . 'IndexCat - La Prophylaxie Des Maladies Mentales Au Point de Vue Social'. Accessed 4 April 2021. <https://indexcat.nlm.nih.gov/vivisimo/cgi-bin/query-meta?>
- Underwood, Ted. 'A Genealogy of Distant Reading' 11, no. 2 (2017).
- Union of International Associations. *Les congrès internationaux de 1681 à 1899: full list*. Bruxelles: Union des Associations Internationales, 1960.
- . *Les congrès internationaux de 1900 à 1919: full list*. Bruxelles: Union des associations internationales, 1964.
- Université Paris 1 Panthéon-Sorbonne. 'Amphithéâtre Richelieu – Location d'espaces'. Accessed 17 April 2021. <https://locations.univ-paris1.fr/amphi-richelieu/>.
- University of Virginia - Corcoran department of history. 'Intellectual History & History of Ideas'. Accessed 17 December 2020. <https://history.virginia.edu/intellectual-history-history-ideas>.
- Unknown. 'General Roeliff Brinkerhoff (1828-1911)'. Social Welfare History Project Accessed 3 March 2021. <https://socialwelfare.library.vcu.edu/eras/civil-war-reconstruction/brinkerhoff-roeliff/>.
- Vandendriessche, Joris, Evert Peeters, and Kaat Wils. *Scientists' Expertise as Performance: Between State and Society, 1860–1960*. Routledge, 2015.



- Vandendriessche, Joris. 'Arbiters of Science. Medical Societies and Scientific Culture in Nineteenth-Century Belgium'. Doctoral thesis, KU Leuven, 2014.
- . 'De Redacteur En Het Buitenland. "Hergebruik" van Buitenlandse Historische Teksten in Nederlandse Periodieken, 1780-1860'. *De Moderne Tijd* 3, no. 1 (2019): 2–27.
- . 'Setting Scientific Standards: Publishing in Medical Societies in Nineteenth-Century Belgium'. *Bulletin of the History of Medicine* 88, no. 4 (2014): 626–53.
- Velde, Patricia Van de. 'De drukkersfamilie Vander Haeghen en de "Gazette van Gent".' *Oostvlaamse zanten: driemaandelijks algemeen tijdschrift voor volkskunde* 77, no. 2 (2002).
- Velle, Karel. 'Bronnen Voor de Medische Geschiedenis: De Belgische Medische Pers (Begin XIXde Eeuw-1940)'. *Annalen van de Belgische Vereniging Voor Geschiedenis van de Hospitelen En de Volksgezondheid* 23–24 (1986 1985): 67–119.
- . 'Het Verenigingsleven van de Belgische Geneesheer. Een Bijdrage Tot de Geschiedenis van Het Artsenberoep'. *Annalen van de Belgische Vereniging Voor Geschiedenis van de Hospitelen En de Volksgezondheid* 26–27 (1988): 47–118.
- . 'Statistiek En Sociale Politiek: De Medische Statistiek En Het Gezondheidsbeleid in België in de 19de Eeuw'. *Belgisch Tijdschrift Voor Nieuwste Geschiedenis* 1, no. 2 (1985).
- . *De Nieuwe Biechtvaders: De Sociale Geschiedenis van de Arts in België*. Leuven: Kritak, 1991.
- Verbruggen, Christophe, Daniel Laqua, and Gita Deneckere. 'Belgium on the Move: Transnational History and the Belle Époque'. *Revue Belge de Philologie et d'histoire* 90, no. 4 (2012): 1213–26.
- Vijselaar, Joost. 'Zeden, zelfbeheersing en genezing. De zedenkundige behandelingswijze en het "non-restraint" in Meerenberg, 1849-1884'. In *Gesticht in de duinen: de geschiedenis van de provinciale psychiatrische ziekenhuizen van Noord-Holland van 1849 tot 1994*, 41–73. Hilversum: Verloren, 1997.
- Visaggio, Nicole, Kathryn E. Phillips, Kristen Kichiefski, Jeanne McElhinney, Thomaskutty B. Idiculla, Ellen W. Blair, Richard Johnson, Jamie Santaniello, Luciana R. A. Pennant, and Scott C. Young. 'Is It Safe? The Restraint Chair Compared to Traditional Methods of Restraint: A Three Hospital Study'. *Archives of Psychiatric Nursing* 32, no. 5 (2018): 723–28.
- Vos, Jozef. *Pleitbezorger van de psychiatrie': de Nederlandse Vereniging voor Psychiatrie 1871-2011*. Utrecht: De Tijdstroom, 2011.
- Walk, Alexander. 'Lincoln and Non-Restraint'. *Journal of Mental Science* 117, no. 540 (1970): 481–95.
- Walker, Mark. 'The "National" in International and Transnational Science'. *The British Journal for the History of Science* 45, no. 3 (2012): 359–76.
- Wallace, Anne D. *Walking, Literature, and English Culture: The Origins and Uses of Peripatetic in the Nineteenth Century*. Oxford: Oxford University Press, 1994.
- Wallis, Jennifer. *Investigating the Body in the Victorian Asylum: Doctors, Patients, and Practices*. Palgrave Macmillan, 2017. <https://www.ncbi.nlm.nih.gov/books/NBK481832/>.
- Walton, D. N. 'Argumentation Schemes and Historical Origins of the Circumstantial Ad Hominem Argument'. *Argumentation* 18 (2004): 359–68.

- Walton, John K. *Histories of Tourism: Representation, Identity and Conflict*. Channel View Publications, 2005.
- Walusinski, O. 'Louis Delasiauve (1804-1893), an Alienist at the Dawn of Epileptology and Pediatric Psychiatry'. *Revue Neurologique* 174, no. 3 (2018): 106–14.
- Warren, Christopher N., Daniel Shore, Jessica Otis, Lawrence Wang, Mike Finegold, and Cosma Shalizi. 'Six Degrees of Francis Bacon: A Statistical Method for Reconstructing Large Historical Social Networks' 10, no. 3 (2016).  
<http://digitalhumanities.org/dhq/vol/10/3/000244/000244.html>.
- Waugh, M. A. 'Alfred Fournier, 1832-1914. His Influence on Venereology'. *Sexually Transmitted Infections* 50, no. 3 (1974): 232–36.
- Weingart, Scott. 'Demystifying Networks'. *Journal of Digital Humanities* 1, no. 1 (2011): 9–21.
- Weisz, George. 'Mapping Medical Specialization in Paris in the Nineteenth and Twentieth Centuries'. *Soc Hist Med* 7, no. 2 (August 1994): 177–211.
- . 'The Emergence of Medical Specialization in the Nineteenth Century'. *Bulletin of the History of Medicine* 77, no. 3 (2003): 536–74.
- . 'The Politics of Medical Professionalization in France 1845-1848'. *Journal of Social History* 12, no. 1 (1978): 3–30.
- . *Divide and Conquer: A Comparative History of Medical Specialization*. Oxford: Oxford University Press, 2005.
- Weitin, Thomas. 'Scalable Reading'. *Zeitschrift für Literaturwissenschaft und Linguistik* 47, no. 1 (2017): 1–6.
- Wellman, Barry, and Charles Wetherell. 'Social Network Analysis of Historical Communities: Some Questions from the Present for the Past'. *The History of the Family* 1, no. 1 (1 January 1996): 97–121.
- Wenger-Trayner, Etienne, and Beverly Wenger-Trayner. 'Introduction to Communities of Practice. A Brief Overview of the Concept and Its Use'. Accessed 30 July 2020.  
<https://wenger-trayner.com/introduction-to-communities-of-practice/>.
- Wenger, Etienne. *Communities of Practice: Learning, Meaning, and Identity*. *Learning in Doing: Social, Cognitive and Computational Perspectives*. Cambridge: Cambridge University Press, 1998.
- Wieneke, Lars, Marten Düring, Ghislain Silaume, Carine Lallemand, Vincenzo Croce, Marilena Lazzarro, Francesco Nucci, et al. 'Building the Social Graph of the History of European Integration'. In *Social Informatics*, edited by Akiyo Nadamoto, Adam Jatowt, Adam Wierzbicki, and Jochen L. Leidner, 86–99. Berlin, Heidelberg: Springer, 2014.
- Wiles, Will. "'Straitjacket": A Confined History'. In *Insanity and the Lunatic Asylum in the Nineteenth Century*, edited by Thomas Knowles and Serena Trowbridge. London: Pickering & Chatto, 2015.
- Wilhelm, Frans. 'Foreign Language Teaching and Learning in the Netherlands 1500–2000: An Overview'. *The Language Learning Journal* 46, no. 1 (2018): 17–27.
- Williams, Paul. 'The Competent Boundary Spanner'. *Public Administration* 80, no. 1 (1 January 2002): 103–24.
- Wils, Kaat, and Anne Rasmussen. 'Sociology in a Transnational Perspective: Brussels, 1890-1925'. *Revue belge de philologie et d'histoire* 90, no. 4 (2012): 1273–96.

- Wolffram, Dirk Jan. 'Deftige hervormers. Internationale congressen van statistici en hygienisten in de negentiende eeuw'. In *Identiteitspolitiek: media en de constructie van gemeenschapsgevoel*, edited by Marcel Boersma, 111–23. Hilversum: Uitgeverij Verloren, 2010.
- Wood, Andrew G. 'Dix, Dorothea Lynde (1802-1887)'. *American National Biography*. Accessed 11 April 2021. <https://www.anb.org/view/10.1093/anb/9780198606697.001.0001/anb-9780198606697-e-1500181;jsessionid=F98B769F2786D3DA73C671E1AB3A8EC3?a=1&d=10&n=Dorothea+Dix&q=1&rr=1&ss=0>.
- Woolston, Chris. 'Recognition: Build a Reputation'. *Nature* 521, no. 7550 (May 2015): 113–15.
- Wright, David, Laurie Jacklin, and Tom Themeles. 'Dying to Get out of the Asylum: Mortality and Madness in Four Mental Hospitals in Victorian Canada, c. 1841-1891'. *Bulletin of the History of Medicine* 87, no. 4 (2013): 591–621.
- Wulf, Stefan. 'Wahnsinn zwischen kolonialer Peripherie und europäischer Metropole Patienten aus den deutschen „Schutzgebieten“ Afrikas in der Hamburger Irrenanstalt Friedrichsberg, 1900-1915'. In *Zentrum und Peripherie in der Geschichte der Psychiatrie Regionale, nationale und internationale Perspektiven*, edited by Thomas Müller. Stuttgart: Franz Steiner Verlag, 2017.
- Wyklicky, Helmut. 'Mundy, Jaromir Freiherr von'. *Neue Deutsche Biographie* 18 (1997), S. 590 f. Bayerische Staatsbibliothek, 1997. <https://www.deutsche-biographie.de/sfz67315.html#ndbcontent>.
- Young, Jacy L, and Christopher D. Green. 'An Exploratory Digital Analysis of the Early Years of G. Stanley Hall's American Journal of Psychology and Pedagogical Seminary'. *History of Psychology* 16, no. 4 (2013): 249–68.
- Zaagsma, Gerben. 'On Digital History'. *BMGN - Low Countries Historical Review* 128, no. 4 (2013).
- Zelizer, Barbie, ed. *Explorations in Communication and History*. London; New York: Routledge, 2008.
- Zentrum Geschichte Des Wissens. Accessed 16 December 2020. <https://www.zgw.ethz.ch/en/home.html>.
- Županič, Jan. 'Jaromír Freiherr von Mundy'. In *Sozial-Reformatorisches Denken in Den Böhmischen Ländern 1848-1914*, 255–71. Munich: Martin Meidenbauer, 2010.

# Acknowledgment

Arthur Tevelyan wrote in 1850 “Sanity can never, on any occasion, deviate from reason; and as no one is at all times rational (so called), therefore are all mankind insane, often extra-insane. Sanity is the attribute of perfection alone; and all the human race being at present imperfect [...] insanity must be the result [...]”.<sup>1738</sup> Not only is this a fitting reference to the core topic of this PhD thesis, it also reminded me that, although an enjoyable time and a wonderful experience, there are moments during the PhD that one sometimes wonders about how not to go insane. The answer lies in the support of family, friends and colleagues.

Many people helped to bring this PhD project to a good end but the beginning of this adventure started much earlier and would not have been possible without some chance encounters and encouragement of certain people. The opportunity to pursue a doctoral degree, would not have become a reality in the way it did, if it were not for my internship at the *BMGN – Low Countries Historical Review* starting in 2016. Here Leonie de Goei and Anne-Marie Merijen encouraged me to publish and to undertake steps to pursue my interest in doing a PhD, for which I am grateful. It was also here that I encountered Nico Wouters, at the time composing a special issue on the history of psychiatry for the *Journal of Belgian History* (BTNG), who told me “to send something in”. This particular issue was guest edited by Anne Roekens, Veerle Massin and Benoît Majerus. After reading my article submission for the BTNG, it was Benoît who proposed me to do a PhD at the University of Luxembourg and to continue my research on transnational psychiatry. Many thanks Benoît for giving me this opportunity and for the subsequent guidance and encouragement during the past years, especially when I kept continuously doubting if I would ever bring this project to a good end. I also want to thank my CET members Kaat Wils from the KULeuven and Christoph Schommer from the University of Luxembourg for their valuable feedback and guidance over the past couple of years.

In addition, this project would have stranded quickly if it were not for the many people that helped me to find valuable sources as well as providing me with tools to analyse them. A

---

<sup>1738</sup> Arthur Tevelyan, *The insanity of mankind*, (Edinburgh: H. Robinson, 1850), 3, <https://wellcomelibrary.org/item/b24921233>.

special thanks to William G. Thomas III and Elisabeth Lorang from Nebraska University for their assistance and for receiving me so welcomingly at the university. Another thanks goes to Nico Randerad of Maastricht who allowed me access to the TIC/2TBI Nodegoat project, as well as to Hans Blomme and Thomas D'Haeninck from the University of Ghent for the technical support. A very special thanks to my C<sup>2</sup>DH colleagues Maria Biryukov, Roman Kalyakin and Lars Wieneke for the nice and fruitful collaboration in developing and readjusting histogram for my PhD project. Without it I would not have been able to analyse my sources and come to interesting conclusions the way I did. In addition, I also want to thank Valerie Schaffer from C<sup>2</sup>DH for the financial contribution to support the proofreading of this thesis.

I'm also thankful for all the mental support I received from family, friends and close colleagues. Without them I would not stand where I stand now. A thank you to my mom, Paul, my dad, Florence, my aunts, my grandparents and my brother, for always encouraging me, showing interest in what I was doing and helping me however they could. An additional thanks to my mom for enduring my moods and to put food in front of me during the crunch period of my thesis writing. A thank you is also due to my friends Anaïs, Bieke, Elieze, Heleen, Isabelle, Jolien, Kim, Lien, Lotte, Margot and Nathalie for reading parts of my thesis, for sending me encouragements, for the nice talks and letting me escape all things thesis related once in a while. Thanks Kieke, for the funny conversations and all the cheerleading. Also a thank you to many of my friends from the Open Space: Anita, Ben, Dominique, Fabio, Juliane, Katya, Richard, but especially Chris, Elisabeth, Jess, Shohreh, Sytze and Marleen for all the laughs, the brainstorm and the peptalks. You all made it a wonderful and fun time at the University of Luxembourg and the C<sup>2</sup>DH. I hope we'll stay in touch.

26/04/2021