

Mental Health: 200 Years of Changing Perspectives



Oliver Battrick

Peninsula Medical School

“Love is changed into hatred; friends are viewed as enemies; prosperity as ruin; there are suspicions of a thousand kinds; despondency, or absolute despair...”

(A description of “mania” - Hall, 1841)

“Melancholy”

“Melancholy is that state of alienation or weakness of mind which renders people incapable of enjoying the pleasures, or performing the duties of life. It is a degree of insanity, and often terminates in absolute madness.”

(Buchan, 1807)

What Buchan knew as “melancholy” we would today call *depression*, and although we now have more specific ideas about what a depressive episode means, he was right to highlight low mood, lack of enjoyment and the seriousness of the disorder.

“In a severe episode of depression, the central features are low mood, lack of enjoyment, negative thinking, and reduced energy, all of which lead to decreased social and occupational functioning.”

(Cowen et al., 2012)

“Hysterical disorders of warfare”

“In the evening he was taken to the electrical room, the blinds drawn, the lights turned out, and the doors leading into the room were locked and the keys removed... Placing the pad electrode on the lumbar spines and attaching the long pharyngeal electrode, I said to him, ‘You will not leave this room until you are talking as well as you ever did; no, not before.’ The mouth was kept open by means of a tongue depressor; a strong faradic current was applied to the posterior wall of the pharynx, and with this stimulus he jumped backwards, detaching the wires from the battery. ‘Remember, you must behave as becomes the hero I expect you to be,’ I said. A man who has gone through so many battles should have better control of himself.’ Then I placed him in a position from which he could not release himself, and repeated, ‘You must talk before you leave me.’”

(Yealland, 1918)

Yealland is describing his seemingly quite barbaric and insensitive approach to treating a soldier with *aphonia* (inability to speak) following a traumatic event, or what we would today call *conversion disorder*. He believed that such “shell shock” victims were emotionally weak, and treated most cases with suggestion and persuasion, reserving electricity for those he felt were particularly severe.

“Conversion disorder is the term used ... to replace the older term hysteria... The term refers to a condition in which there are isolated neurological symptoms that cannot be explained ... and in which there has been a significant psychological stressor.”

(Cowen et al., 2012)

“Nervous anorexia”

“The patients eat nothing, they do not wish to, they cannot eat, although they have no mechanical obstacle... and although there is no reason against the food remaining in the stomach when they have taken it... weeks and months pass by, and it is always hoped that the desire for food will reappear. Prayers, entreaties, violence, are unable to overcome their resistance. Then emaciation soon comes on; it reaches truly extravagant proportions; and the patients, without exaggeration, become nothing but living skeletons. And what a life!”

(Charcot & Savill, 1889)

Some features of *anorexia nervosa* are outlined, and later the role of the family is highlighted (family therapy is now a key part of management of the condition). The preoccupation with body weight in anorexia was not recognised until much later in the 20th century.

“The main features are very low body weight, an extreme concern about weight and shape characterised by an intense fear of gaining weight and becoming fat, a strong desire to be thin and, in women, amenorrhoea.”

(Cowen et al., 2012)

Food as treatment

“The diet should consist chiefly of vegetables of a cooling and opening quality. Animal food, especially salted or smoke-dried fish or flesh, ought to be avoided. All kinds of shellfish are bad. Aliments prepared with onions, garlic, or any thing that generates thick blood, are likewise improper. All kinds of fruits that are wholesome may be eaten with advantage.”

(Buchan, 1807)

Buchan is talking about his treatment approach to “melancholy”. While a healthy diet is beneficial for many reasons, management of depression is rather different today!

The more things change, the more they stay the same...

“Evidence from the morbid anatomy is quite deficient ... unless we are unable to distinguish cause and effect; and I fear this point has not been sufficiently considered by those who have addicted themselves to this department of medical science. It is sad to observe how a little effusion, a slight layer of lymph, is the cause of every thing, in the minds of some of these gentlemen of one idea. But there other views of the subject. May not the pathology of mania be entirely the result of shock to the nervous system, arising from mental effort, in one case, and mental emotion in the other?”

(Hall, 1841)

In some ways, this seems like a very modern understanding of mental health issues - surprisingly enlightened for the 1840s! Debates about the underlying causes of mental disorders continue to rage...

References

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