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# The rise of psychological physicians: The certification of insanity and the teaching of medical psychology

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ABSTRACT

This paper investigates the nexus between the legal provisions for the certification of insanity and the introduction of psychological medicine into British medical education. Considering legal and published sources, it shows that the 1853 Lunatic Asylums Act proved fundamental for the promotion of medical psychology as part of medical training. By giving doctors the authority to report "facts of insanity", this law created the need for "psychological physicians" capable of certifying lunacy. I explore this connection in three sections. First, I introduce the emergence of medical certificates in the context of asylum committal. Second, I focus on the certification procedure introduced in 1853 which required "facts of insanity personally observed". Third, I consider how British asylum doctors advocated for the diffusion of psychological medicine as an essential university subject for certifying practitioners. This paper emphasizes the relevance of confinement legislation in the development of psychiatry as a medical specialty.

## 1. Introduction

On 23 July 1891 asylum doctors from the British Isles gathered together in Birmingham to celebrate the Medico-Psychological Association's (MPA) fiftieth anniversary. In his presidential address, Edmund Whitcombe welcomed the audience with a brief account of the MPA's founders and discussed what appeared to him as one of the most important advances in recent years. "Nothing to my mind marks so distinctly the progress made", stated Whitcombe, "as the fact that the [British] General Medical Council has, at last, included psychological medicine in the list of compulsory subjects for education and examination" (Whitcombe, 1891, p. 504). A few years earlier, in November 1886, the MPA had persuaded the Medical Council to introduce a "Certificate of Efficiency in Psychological Medicine" following decades of advocacy efforts. This certificate required that medical graduates acquired 3 months of asylum residency and attend a course of lectures (Anonymous, 1887a). While the number of students enrolled in the program was low, Whitcombe praised this achievement. He proudly argued that asylum doctors were, at last, "placed on an equality with other branches of the profession" and that "the action of the General Medical Council will […] mark an era in the progress of psychology" (Whitcombe, 1891, p. 510).

Throughout the nineteenth century there had been many attempts to offer advanced courses in mental science across Europe and North America. In Great Britain there was little formal instruction within the curricula of medical faculties until the late 1880s. Sir Alexander Morison delivered private lectures in Edinburgh and in London starting in 1823 (Sibbald, 1871, p. 528). In 1828, at the opening of the medical school of the new London University, John Conolly gave an inaugural lecture on insanity (Donnelly, 1983, p. 104). Henry Sutherland offered a course on the pathology and treatment of mental diseases from 1843 to 1855 at St. Luke's Hospital. Similarly, George Johnson in 1853 delivered lectures on the subject before the Royal College of Physicians in Edinburgh (Gray, 1868, p. 163). Despite their local significance, these efforts were limited in scope, for they depended on the professor's initiative and did not constitute an integral part of formal education. Not only there was no obligation for medical pupils to attend classes, but as soon as the instructor died or retired, the course ceased to exist (Renvoize, 1991). Given the difficulties in establishing an enduring training in mental science, the 1886 Certificate did, indeed, mark a major turning point for the profession, as Whitcombe pointed out. With the General Medical Council's approval, a medicine of the mind had officially entered British medical schools.

The emergence of medical psychology as a teaching discipline has attracted the attention of scholars (Nutton & Porter, 1995). Besides examining medical specialization, a major line of inquiry has focused on

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the professionalization of psychiatry (Weisz, 2003, 2006). Although there is still no book dedicated to the institutionalization of psychiatric training, several works have investigated local experiences. Jan Goldstein, for instance, studied the role of the French *aliénistes* in establishing their professional authority (Goldstein, 1987). Similarly, Ian Dowbiggin investigated the vicissitudes of the *Société Médico-Psychologique* by examining the relationship between power and administration (Dowbiggin, 1991). Focusing on Germany, Eric Engstrom examined the rise of psychiatry as a profession and the creation of the first chairs in nervous diseases (Engstrom, 2003). Heinz-Peter Schmiedebach, moreover, analyzed the international exchanges between Germany and Great Britain during the second half of the nineteenth century (Schmiedebach, 2010), while Albrecht Hirschmüller focused on the influence of neurology in Europe (Hirschmüller, 1999). In the United States, some scholars analyzed the history of the American Psychiatric Profession whereas others, including the prolific Gerald Grob, explored the debates among neurologists, psychiatrists, and psychologists in the creation of university curricula (Grob, 1983; Hirshbein, 2004).

The British context has also been investigated (Porter, 1991). In opposition to in-house chronicles of great men (e.g. Howells & Osborn, 1975; Leigh, 1961), scholars have examined the medicalization of insanity. Andrew Scull notably argued that by the end of the nineteenth century, madness had become a domain of medicine under the auspices of a specialized body of trained professionals (Scull, 1976; Scull, 1993). Sharing this view, Michael Donnelly looked at the intellectual conditions for the rise of psychological medicine (Donnelly, 1983). On the administrative side, Richard Russell examined the features of the lunacy profession in England, and Edward Renvoize traced the history of the Medico-Psychological Association (Renvoize, 1991; Russell, 1988).

These works provided valuable insights. Specifically, they highlighted two driving forces for the institutionalization of medical psychology, or "psychiatry" as it came to be called in the twentieth century. First, several works pointed out the influence of neurology in establishing the first chairs and clinics, especially in German-speaking Europe. Second, the diffusion of psychiatric education has been linked to the interests of asylum doctors in consolidating their authority in mental disorders. Although these elements certainly played an important role, there is, however, another important arena that has not been investigated. Specifically, scholars have paid little attention to the relevance of legal issues in the development of psychiatry as a university discipline.

Aiming to fill this gap, this paper examines the connection between the legal provisions for the certification of insanity and the promotion of medical psychology as a teaching subject. It focuses on the British context between 1853 and 1890, because legal requirements during this period remained relatively unvaried, and because developments during these years set the stage for the introduction of the 1886 Certificate of Psychological Medicine. My central thesis is that the certification procedures enacted in 1853 provided British asylum doctors with a strong argument for the introduction of medical psychology as a relevant training for all physicians. I explore how this happened in three parts. First, I outline the institutional context in England and the certification provisions introduced in 1853. Second, I consider how the 1853 Lunatic Asylums Act's emphasis on personal examination created serious concerns regarding practitioners' legal liability and reputation. Third, I describe how British asylum physicians leveraged these concerns by advocating for the diffusion of psychological medicine as a necessary part of medical training. "Psychological medicine" or "medical psychology" represented that specialty of the healing art that promised to address physicians' troubles by guiding them towards a correct and unappealable certification. In other words, it would turn general physicians into "psychological physicians", as Forbes Winslow put it (Winslow, 1854, p. 124).

In exploring such developments, this paper makes two contributions. First, it advances the debate regarding the institutionalization of scientific disciplines. Formal education represented an important part for the development of medical sciences as it strengthened public recognition and political legitimacy of any particular discipline (Weisz, 2006). Taking medical psychology as a case-study, this paper shows that the introduction of university training not only depended on scientific advancements or efficacy, but also on legal responsibilities. By giving practitioners the authority to report the "facts of insanity", British legislation created a need for trained psychological physicians capable of writing convincing certificates. The institutionalization of psychiatry in Britain was thus also a response to legal concerns.

Second, this paper highlights the predominant role of the certification of insanity in shaping social practices concerning abnormality (Sposini, 2020a, 2020b; Unsworth, 1987; Wright, 1998, 2005). Given its legal power, geographical extension, and longevity, the certification of insanity represents a crucial procedure for understanding how decisions about normality and abnormality formed in everyday practice. In the British case, the 1853 certification system put practitioners in a risky situation by exposing their lack of expertise in lunacy. This problem sparked a lively discussion among doctors about examination methods, how to report facts of derangement and, most importantly, how to avoid legal repercussions.

## 2. Facts of insanity: the emergence of lunacy certificates

Psychological medicine developed alongside the unprecedented diffusion of mental institutions in the nineteenth century. Inspired by the examples of Philippe Pinel and Samuel Tuke, an increasing number of physicians, politicians, and intellectuals in Europe and North America accepted the idea that insanity was a disease, that it required a specific treatment, in a specific place, by a specific body of experts (Knowles & Trowbridge, 2015; Melling & Forsythe, 1999; Porter & Wright, 2003; Smith, 1999). Private madhouses and, most importantly state asylums, emerged as the elective places for the care and custody of mentally impaired individuals (Melling & Forsythe, 2006). These establishments fell under the jurisdiction of statutes and were managed by superintendents, also called "asylum officers" (Bartlett, 2000, 2001). In the British Isles, the phenomenon of confinement reached an impressive scale (Wright, 1997). In 1859 the number of "lunatics, idiots, and persons of unsound mind" admitted to English asylums was 36,762. In 1896 the number had almost trebled, reaching a total of 96,446 thus provoking great anxiety about public expenditure, curability, and national degeneration (Special Report on the Alleged Increase of Insanity, 1897, p. 1).

Conceived as a solution for regulating admissions, medical certificates appeared in England at the end of the eighteenth century. In response to scandals of abusive detention (e.g. Anonymous, 1763; Belcher, 1796; Bruckshaw, 1774), the British parliament passed the first legislation on the custodial treatment of lunacy in 1774. The Madhouses Act mandated that no keeper shall admit any person "as a lunatick without having an order, in writing, under the hand and seal of some physician, surgeon, or apothecary" (14 Geo. III, c. 49, s. 22). This provision applied only to madhouses located in the London metropolitan area and targeted patients of wealth and high-rank. It took it almost four decades for the Legislature to establish the medical expertise in the committal of all individuals regardless of status. The 1808 Lunatic Paupers or Criminal Act, for instance, allowed the erection of public institutions in every county, but provided that "pauper lunatics" were to be admitted with an order from the justice of the peace without medical documents (48 Geo. III, c. 96). It was only in 1811 that all people confined in both private and state asylums in England and Wales had to be certified before their committal by one medical practitioner. The 1819 the Pauper Lunatics Act laid down a standardized form which remained unvaried for more than two decades (51 Geo. III, c. 79; 59 Geo. III, c. 127, s. 1). In 1828, following the creation of the Metropolitan Commissioners in Lunacy, more stringent provisions regulated the admission of private patients, including the requirement of two medical certificates and the need of a personal examination (9 Geo. IV, c. 41, s.

30). As a result, by the first half of the nineteenth century the law already recognized the medical expertise in decisions about confinement (Jones, 1993). By 1832, the expression "medical certificate of insanity" had entered the medico-legal vocabulary of the time (2 & 3 Will. IV, c. 107, s. 31).

In 1845 the history of certification took a new direction. Two acts passed by the parliament during the summer opened another era for the institutional care in Britain and its colonies (Ernst, 1991; Leckie, 2008; Louw & Swartz, 2001; Smith, 2014). In line with what happened in France some years before, the 1845 Lunatics Acts expanded the asylum network by obliging all counties and boroughs to erect institutions for their pauper insane within 3 years (8 & 9 Vict., c. 126, s. 2). In such a legislative framework, medical certification became not only an essential step for confinement, but it now included a more precise and detailed examination procedure. In particular, physicians now had to write down "facts of insanity".

Section 46 of the Lunatics Act instructed that in the case of paying patients, two physicians had to separately perform an examination and, in signing the document, they had to specify "any fact or facts (whether arising from his own observation or from the information of any other person)" upon which they have formed their opinion. "Schedule C," included at the end of the Act, provided a standardized template for the purpose (8 & 9 Vict., c. 100 s. 46; also Lumley, 1845, p. 107). While it may seem a minor technicality at first, the obligation to include facts of derangement set the stage for practitioners' liability and raised questions about their lack of expertise.

The origins of this requirement were somewhat peculiar. Thomas Clouston, the eminent superintendent of the Royal Edinburgh Asylum, commented that the English form of affidavit employed in cases of *de lunatico inquirendo* served as a model (Clouston, 1885a, p. 891). This century-old procedure authorized an inquiry about the lunacy of a wealthy person so that his/her property could be looked after by an appointed guardian (Moran, 2019; Suzuki, 2006). Such affidavits contained "facts proving the unsoundness of mind" and were submitted to the Court of Chancery as evidence of the insanity of the party. Although this connection may have played a role, Clouston did not acknowledge the influence of advocacy groups.

Particularly significant was the effort of the Alleged Lunatics' Friends Society (ALFS), a public organization led by ex-asylum patients who advocated for improving mental health legislation in England and Wales (Hervey, 1986). "These gentlemen who expostulate against the present law of lunacy", as Forbes Winslow defined them, played an important role in the history of certification (Winslow, 1850, p. 425). The society was founded in 1845 by a group of politically connected figures like Admiral Joseph Digby, John Thomas Perceval, and the member of the parliament, Thomas Duncombe. Having experienced first-hand a period of detention in a lunatic asylum, their goal was to protect "the British subject from unjust confinement on the grounds of mental derangement" (Alleged Lunatics' Friends Society, 1851, p. 3). Supported by voluntary contributions, their London office located at Craven Street 44 received claims every day from ten to four. Besides providing legal advice to persons complaining of clandestine incarcerations, the society lobbied for a reform in the procedures of asylum admission via public meetings and petitions (e.g. Duncombe, 1846; Peithman & Perceval, 1845). In the summer of 1845, Thomas Duncombe participated in the debate of the House of Commons. Taking advantage of his experience at the ALFS, Duncombe pressed the parliament to introduce further safeguards for asylum confinement. One of these safeguards was the mandatory requirement for physicians to state "facts indicating insanity" in medical certificates (Digby, Perceval, & Bailey, 1848).

This provision had many important consequences. Whereas previous templates only presented a standard formula quickly signed by physicians, new certificates required them to provide proof of their actual examination. Facts of insanity constituted written records that could be used by a patient's acquaintances for contesting cases of abusive committal in a court of law (e.g. Shuttleworth, 1846). In this way, medical practitioners with no experience in lunacy faced the problem of examining, describing, and defining a case of insanity. The new method, however, did not gain momentum overnight. Given the imprecise definition of what a "fact of insanity" meant, practitioners could state in the certificate every motif of derangement communicated by relatives or acquaintances. Thus, while certainly important, the law did not reform medical practice in the context of asylum admission.

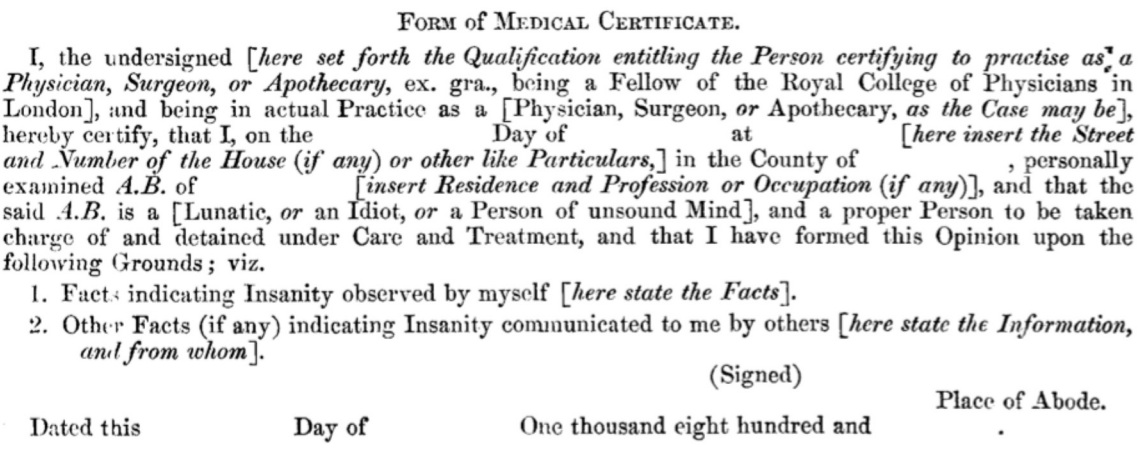
Things changed a few years later. In 1853 the "British certification system" reached a definitive shape that would last for the next decades and spread around the world.[1] The Lunatic Asylums Act enacted on 20 August 1853 extended the requirement of facts of insanity for both pauper and paying patients (Fig. 1). More importantly, the new "Schedule F no. 3" presented an important distinction between "facts personally observed" by the doctor and "facts communicated to him by others" (16 & 17 Vict., c. 97, s. 75). This specification marked an improvement from the previous certificate, for it limited the justification of confinement based only on the opinion of a patient's acquaintances –a widespread solution apparently (e.g. Anonymous, 1853b). As the Secretary to the Commissioners in Lunacy put it: "No certificate will be valid unless it contains some fact indicating insanity observed by the medical practitioner" (Lutwidge, 1854a, p. 30). Doctors now had no chance to bypass their duty as "certifiers". Institutions in England and Wales would grant admission only to patients certified by medical practitioners who wrote down motifs of derangement (see also Anonymous, 1854b).

The 1853 Act thus established the medical prerogative on the description of lunacy for cases of civil confinement. The part of the certificate about "facts of insanity personally observed" gave doctors the opportunity to prove their expertise on the subject. Their expertise, as we will see, was repeatedly questioned.

## 3. Honours and duties: the risk of certifying

Right after the enactment of the 1853 Lunatic Asylums Act, several papers and books provided instructions in accordance with the new legislation (e.g. Anonymous, 1853a, 1853b; Archbold, 1854; Lutwidge, 1854b). Comments, doubts, and criticisms followed suit. Many practitioners challenged the new requirements. One of the first accounts came from John Warwick who objected the new method no longer permitting the confinement of lunatics based on third-party information. He expressed serious apprehension that the "change in question will prove productive of mischievous, perhaps fatal results" (Warwick, 1853, p. 1151). Another observer, William Ley, praised legislators who

[1] In the second half of the nineteenth century, two statutes modified certain aspects of the certification process. First, the 1886 Idiots Act simplified the procedure for children admitted to training hospitals (49 & 50 Vict., c. 25). Parents or guardians could place an "idiot or imbecile from birth or from an early age" into an institution after obtaining a medical certificate signed by one practitioner including no "facts of insanity" (49 & 50 Vict., c. 25, s. 4). Second, the 1890 Lunacy Act included the magistrate's opinion as an additional safeguard for both pauper and private patients (53 Vict. c. 5, Sched. 2, Form 8). The inclusion of a judicial authority for the detention of persons into mental institutions had been discussed since the 1850s (e.g. Select Committee on Lunacy Law, 1877, Select Committee on Lunatics, 1859). Lord Shaftesbury strongly opposed this provision arguing that it prevented the early treatment of acute cases. He even resigned as the Chairman of the Commissioners in Lunacy in opposition to the Bill discussed in 1885 (Shaftesbury, 1885). After his death, a few months later, nobody really protested the participation of a magistrate in confinement procedures (see Pitt-Lewis et al., 1895). Apart from these two modifications in 1886 and 1890, the structure of certification did not change. The 1853 certification system inspired several legislations around the globe, including those of Scotland, India, Nova Scotia, Ontario, Victoria, New Zealand, South Africa, the Strait Settlements, Nigeria, the Golden Coast, and the British Caribbean (Burdett, 1891; Chaloner, 1906). Even in the US, the New York Chairman of Public Charities Stephen Smith considered the English system as the "most advanced" in the world and it gained success in several US states (Harrison, 1884; Smith, 1883).



FORM of MEDICAL CERTIFICATE.

I, the undersigned [*here set forth the Qualification entitling the Person certifying to practise as a Physician, Surgeon, or Apothecary*, ex. gra., being a Fellow of the Royal College of Physicians in London], and being in actual Practice as a [Physician, Surgeon, *or* Apothecary, *as the Case may be*], hereby certify, that I, on the Day of at [*here insert the Street and Number of the House (if any) or other like Particulars,*] in the County of , personally examined *A.B.* of [*insert Residence and Profession or Occupation (if any)*], and that the said *A.B.* is a [Lunatic, *or* an Idiot, *or* a Person of unsound Mind], and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this Opinion upon the following Grounds; viz.

1. Facts indicating Insanity observed by myself [*here state the Facts*].
2. Other Facts (if any) indicating Insanity communicated to me by others [*here state the Information, and from whom*].

(Signed)

Place of Abode.

Dated this Day of One thousand eight hundred and .

**Fig. 1.** Schedule F no. 3 – Form of Medical Certificate (16 & 17 Vict., c. 97).

recognized "the corporeal nature of the disease" by giving physicians the authority to sign certificates, but he too denounced the "difficulty of obtaining the medical testimony required" (Ley, 1854, p. 28). In addition, a superintendent pointed out physicians' troubles in writing facts of insanity. So common were the errors that he had "never yet seen one which did not require amendment" (Superintendent, 1855, p. 190). An opinion already confirmed by the Commissioners in Lunacy who regretted that "the errors observed in the certificates have been numerous and have far exceeded our expectations" (Commissioners in Lunacy, 1847, p. 18).

In order to address such criticisms, the *Asylum Journal* published an entire section on medical certificates in 1854. In the opening paper, an anonymous author defended the new system and attacked his colleagues:

We are surprised that any medical man could think it justifiable to certify the insanity of a patient on facts alone communicated by others. Such a proceeding would indeed be tantamount to an assumption of judicial functions and a renunciation of the duties and peculiar responsibilities of the physician (Anonymous, 1854a, p. 66).

Similarly, another observer maintained that the 1853 Act was directly advantageous to the medical profession "both from the fees it brings and the power it bestows". After all, he ventured, what would be said if the law attempted to withdraw the authority to certify the insane from physicians by giving it to the clergy or the lawyers? "Let us [doctors] have this great responsibility placed upon us […] and exercise it in all faithfulness", he concluded (Anonymous, 1861, p. 140). Despite these welcoming accounts, however, practitioners' attitude towards certification markedly deteriorated in the following years.

The main cause was the increasing number of physicians accused of signing false documents. "The medical men who sign these certificates", observed the barrister Danby Fry, "necessarily do so under grave responsibilities" (Fry, 1864, p. 72). Contraventions could result in a penalty of £ 20 and if a physician filled out an incorrect certificate, he was guilty of a misdemeanour with the risk of being excluded from the Medical Register and the medical practice altogether (16 & 17 Vict., c. 96, s. 13). This meant that certifying doctors were potentially exposed to lawsuits by any person confined under their documents (see Pope, 1877). In the second half of the nineteenth century, several cases reached the popular press and provoked great anxiety (see Degerman, 2019; McCandless, 1978; Smith, 2020; Wise, 2012).

One of the first examples involved Mr. Greenwood, a gentleman from Todmorden who was confined in the winter of 1855 (Greenwood *v.* Sutcliffe, 1854). Through the intervention of his friends, Mr. Greenwood was brought to London and discharged. After a careful investigation, Mr. Justice Coleridge declared the invalidity of his certificate because the physician forgot to indicate the name of the street and the number of the house where the examination took place. A minor yet fundamental detail. As an anonymous doctor observed, "this decision profoundly affected the serenity of the persons most interested in the strict observance of the statutes on lunacy" (Anonymous, 1855, p. 178). Further concerns arose from the case of Scott *v.* Wakem in 1862. Here, a medical practitioner was sued for damages that resulted from placing under restraint a man "labouring under delirium". Although the physician was not found guilty, practitioners were warned that they could not "hope to escape harassing and vexatious actions" when called upon to certify (Taylor, 1866, p. 650).

One of the cases that touched the medical profession most was Hall *v.* Semple, decided in December, 1862. The charge was that Dr. Armand Semple signed a certificate of insanity about Mr. Hall without paying much attention to the facts personally observed. As a result of his certificate, Mr. Hall was confined into a private institution named "Munster House", near Fulham. The plaintiff obtained a verdict with £ 150 damages against Dr. Semple – a very expensive fee – for having negligently and culpably failed to inquire into the patient's condition. This case became very popular with members of the parliament and Lunacy Commissioners debating about potential legal amendments (House of Commons, 1863; Commissioners in Lunacy, 1862, p. 30).

The decision infuriated the medical establishment. George Bodington wrote a vitriolic piece calling on the British Medical Association to assist Dr. Semple in his vindication. He added that "as the law stands at present, I would advise medical men when called in to certify as to insanity to take with them their solicitor, or the minister of the parish, or chief constable and take notes" (Bodington, 1862, p. 675). Other physicians denounced the "dangerous laxity in the filling up of medical certificates of lunacy" (Anonymous, 1862, p. 707). Similarly, Forbes Winslow commented that Hall *v.* Semple represented "a lesson for the medical profession […] a kind of medico-psychological Goodwin Sands, upon which their vessel may be grounded and fatally wrecked" (Winslow, 1863, p. 155). So deep was the mark left by this case that commentators still referred to it as late as 1895 (Pitt-Lewis, Percy Smith, & Hawke, 1895, p. 107).

These episodes, with many others, confirmed the negative perception of certification within the medical profession (e.g. Anonymous, 1885, 1887b). But trials were not the only preoccupation. The 1853 Act empowered Commissioners in Lunacy to supervise the entire documentation related to asylum treatment in England and Wales, including certificates. Shortly after the admission of a patient, superintendents were to send an exact copy of the certificates to the office of the Commissioners located at 19 Whitehall Place, London (16 & 17 Vict., c. 96, s. 11). In case of errors or inconsistencies, the Secretary of the Commissioners notified the certifying practitioners of their negligence via mail. At this point, physicians had 2 weeks for amending the certificate or rewriting it anew. In most cases, doctors complied with the Commissioners' recommendations and submitted a correct form with convincing

facts of insanity.

Yet there were numerous exceptions. In their twentieth report, for instance, Lunacy Commissioners lamented again the widespread laxity of medical professionals in filling out certificates of insanity. In 1866 only, their office processed a total of 10,158 admission documents. Of this number, 1,858 medical certificates – one in every five or six – had to be returned for amendments due to various irregularities (Commissioners in Lunacy, 1866, p. 48). Long correspondences could thus result from the certification of one patient and careless doctors were promptly reminded of their errors. The more Commissioners stressed the importance of such documents for preserving personal rights, the more practitioners grew tired of what they saw as mere bureaucratic formalisms.

For recalcitrant physicians who failed to comply with legal provisions, Lunacy Commissioners came up with a peculiar solution. Instead of suing practitioners and inciting the outrage of the medical profession, whenever they discovered a physician inobservant of the certification rules, Commissioners "invited" him to write a public apology in national journals such as *The Times*, *The Lancet*, or *The Standard* (Commissioners in Lunacy, 1879, p. 126). Between the threat of a prosecution and the publication of an informal apology, most physicians accepted the latter option and simply pleaded ignorant of the law. While free of legal repercussions, this naming-and-shaming strategy was "very much dreaded" by medical practitioners who competed in the market of care (Commissioners in Lunacy, 1871, p. 74). Besides the risk of lawsuits and tedious formalisms, therefore, signing a certificate of lunacy could result in a severe reputation damage for physicians.

Consequently, some practitioners categorically refused to sign certificates so as to avoid troubles. Such a "thankless, unpleasant, […] risky, and ill-remunerated duty", as John Campbell defined it, was abhorred by many physicians in Victorian England (Campbell, 1882, p. 1069). In the last quarter of the century, more than once physicians declared a "certification strike" following scandals of abusive confinement such as those of Georgina Weldon and Louisa Lowe (Fennell, 1996, p. 55). In 1877, a House of Commons Select Committee was established specifically for the purpose of inquiring into "the operation of the lunacy law so far as regards the security afforded by it against violations of personal liberty" (Select Committee, 1877). The extensive report included more than 11,000 questions and concluded that contrary to the popular imagination, cases of unjust incarceration into public and private asylums were a rare occurrence. Yet this investigation did not placate anxieties around illegal detentions which circulated into several segments of Victorian society, including within the medical profession (Wise, 2012).

The superintendent of the large asylum at Colney Hatch, Edgar Sheppard, noted that there were many physicians "who upon the principle of incurring no risks have always refused to sign medical certificates of lunacy". He added confidently that "many doctors would gladly be spared the necessity of signing lunacy certificates; that many do sign them hurriedly and superficially upon statements which they have no time or thought to verify". Certification, after all, was "a trying, mysterious, and uncertain business" (Sheppard, 1884). Perhaps overstating his point, Thomas Clouston claimed that the feeling against certification was so clear in London that he met a man who had contacted forty doctors all refusing to sign his papers (Clouston, 1885a, p. 903). As late as 1896, Henry Rayner observed that "a large section of the profession will not sign lunacy certificates under any circumstances" (Rayner, Campbell, Turnbull, Wood, & Yellowlees, 1896, p. 797). He contended that certification, far from being a privilege, represented "an obnoxious and even dangerous duty which was never sought by the profession". Hence, while the 1853 Act emphasized the status of insanity as a disease pertaining to medical competence, it gave doctors a hot potato very difficult to handle.

Physicians worried they were walking on thin ice when called to certify. On the one hand, they believed the law did not protect them. Lyttleton Forbes Winslow expressed this point in an article published on *The Times* in January 1885. He argued that medical practitioners were "frightened to certify in cases of insanity […] and no one can blame them from the risk incurred and the unsatisfactory protection provided by the law". Unless something was done, he anticipated a gloomy scenario where "streets will contain uncertificated lunatics wandering at large" (Winslow, 1885). In order to deal with this concern, some suggested increasing the number of certificates, others proposed erecting a "tribunal composed of skilled persons", and yet others recommended involving a local authority to validate the *bona fides* of practitioners (Conolly, 1861a, 1861b; Huggard, 1885; Savage, 1885; Skae, 1861; Winslow, 1858). This latter option was eventually adopted in the 1890 Lunacy Act which, inspired by the Scottish system, prescribed the participation of a justice of the peace in validating medical certificates. In this way, the magistrate's approval offered an additional safeguard for doctors acting "in good faith" (53 Vict., c. 5, s. 330). In spite of this provision, however, physicians continued to regard certification as a risky business even in the twentieth century (e.g. Neil, 1908). Hugh Macmillan, for instance, the Chairman of the 1926 Royal Commission on Lunacy and Mental Disorders, observed that even with the magistrate, no safeguard was absolute. The task imposed upon the doctor was "either to certify or not to certify, in either case at his peril" (Royal Commission, 1926, p. 19).

Meanwhile, some linked practitioners' troubles to their inadequate expertise. Many observed that general physicians lacked the necessary training for certifying insanity. As an early commentator, Forbes Winslow observed that the legislature was "not justified in thus placing the freedom of the citizen at the mercy of two professional gentlemen who may be incompetent from ignorance to decide upon the question of insanity" (Winslow, 1853, p. 126). Some contended that most practitioners failed to conduct a proper examination and to report convincing facts of derangement because they had no clinical experience or theoretical education in the subject of lunacy. As the influential James Crichton-Browne noted, a "slight acquaintance with psychology is of great importance even to the ordinary practitioner, for all medical men are liable to be called upon to certify insanity" (Crichton-Browne, 1861, p. 30). John Sibbald added that doctors with no training in lunacy were alarmed by their first case of insanity and unable to provide an effective description of the case (Sibbald, 1871, p. 535). By recognizing their authority, therefore, the 1853 system exposed potential deficiencies in the medical curriculum.

Thus, the new system of certification and especially the requirement of "facts of insanity personally observed", provoked serious concerns among the British medical profession, including the worry of legal actions and reputation damages. Some proposed additional legal safeguards for protecting physicians, while others pointed their finger at the doctors' insufficient training in lunacy. This point, as discussed below, became the asylum doctors' central argument for the promotion of psychological medicine as a teaching discipline.

## 4. Instructing certifiers: the promotion of medico-psychological training

As Thomas Clouston observed, the 1853 Act rendered doctors "the virtual judges of every question in regard to insanity" (Clouston, 1885a, p. 894). Besides strengthening their legal liability, such a statutory recognition sparked a debate concerning physicians' expertise.

In the second half of the nineteenth century, medical education in Britain did not include any mandatory preparation in mental disorders. In the 1850s, the "competency of a physician" in England and Wales, was sanctioned either by the Royal College of Physicians or by one of the two English universities, namely Oxford and Cambridge. To obtain a professional licence, medical pupils had to pass a written and an oral test. The examination included elements of physiology, anatomy, the "practice of physic", translations from ancient medical texts, and general therapeutics (Report on Medical Registration, 1847, p. 4). In 1858, the Medical Act substantially reformed the qualification of doctors. By altering the traditional status-based distinction of apothecaries,

surgeons, and physicians (see Loudon, 1986), this law created a new figure, i.e. the "legally qualified medical practitioner" (21 & 22 Vict., c. 60, s. 37). Every person offering medical care in Britain was thenceforth required to pass an official examination organized by the appointed "General Medical Council for education and registration in the UK". If successful, the practitioner's name along with his/her degrees were recorded in a "Medical Register" to be published and updated each year. From January, 1859, no "certificate shall be valid unless the person signing the same be registered under this act" (21 & 22 Vict., c. 60, s. 37).

Within this framework, generations of medical pupils became familiar with new subjects, including epidemiology, hygiene, and pediatrics (Digby, 1994). Yet, psychological medicine was not considered an essential part of the curriculum for many decades. Unless students were lucky enough to attend an elective course at their college, legally qualified medical practitioners signed certificates of insanity without having any formal preparation in lunacy. This omission was repeatedly denounced. In his *Elements of Psychological Medicine*, for instance, Daniel Noble lamented that students commencing their practice had little acquaintance with medical psychology. Many of them remained almost entirely ignorant about the subject throughout their career (Noble, 1854, p. VI). Echoing this view, Robert Boyd condemned the neglect of insanity as a branch of medical education, reminding his readers that treatises were the only source for physicians desiring to familiarize themselves with the field (Boyd, 1853, p. 589). In his presidential address to the MPA, John Conolly set the clinical instruction in insanity as one of the goals of his mandate (Conolly, 1858, p. 77). In spite of his efforts, however, psychological medicine did not become part of the medical curriculum for many decades to come. Such a deficiency appeared to conflict with legal responsibilities. Following the 1853 Act, as we have seen, all medical practitioners could be called up to certify a person as insane regardless of their experience in lunacy. But how could doctors decide upon the liberty of an individual when they lacked a basic preparation on the subject?

This was one of the questions addressed to Lord Shaftesbury – the *deus ex machina* of lunacy law in Victorian England – following repeated accusations of abusive confinement in 1858. Answering to the House of Commons Select Committee on Lunatics, Shaftesbury explained the problem. He observed that "the knowledge of lunacy among medical men was extremely limited" and that people seeking a certificate typically turned to the physician in the neighbourhood, who generally had no expertise on insanity (Select Committee, 1859, p. 23). "Many assume", he continued:

That because a man is a medical man, he must have a knowledge of lunacy and they therefore apply to him for his opinion; but the fact is that a medical man has no more knowledge of lunacy than any other human being unless he has made it his special study (Select Committee, 1859, p. 24).

The irony was that those truly experienced in mental disorders, i.e. asylum superintendents, were forbidden to fill out admission documents for their institutions so as to avoid cases of clandestine committals (16 & 17 Vict., c. 96, s. 12). What, then, was the value of a medical certificate? Shaftesbury replied that many physicians did not judge according to their medical knowledge but rather from their general experience. "They see a person and they see that he is mad but some of them may give very bad reasons". Rather than adding new safeguards, the solution advanced by Shaftesbury was to encourage the teaching of psychological medicine in the country. "I will express a hope", he continued, "that we shall have a real school of students in lunacy; I hope that we shall see rise up a body of men who will have devoted their attention to the study of lunacy, and I think that medical men will then have been so much better instructed as to be able to give a proper opinion" (Select Committee, 1859, p. 24). British asylum doctors promptly jumped on the bandwagon. The argument, which undoubtedly appealed to the entire profession, was that medical psychology provided the indispensable know-how for safely certifying the insane, reducing the risk of legal actions and reputation damages.

At this time, psychological medicine was an ill-defined field characterized by a variety of approaches (Jacyna, 1981, 1982). Forbes Winslow broadly defined it as the discipline "devoted to the human mind in its abnormal conditions" (Winslow, 1848, p. 3). Members of the Medico-Psychological Association had different, at times conflicting, ideas about the mind-body relationship, the role of phrenology, race, and metaphysics for interpreting mental symptoms. Despite such divergencies, asylum officers commonly recognized their position in society by calling themselves "psychologists", "practical psychologists", or "psychopathic physicians" (Anonymous, 1866; Crichton-Browne, 1861; Skae, 1861). Even when realizing the theoretical pluralism and nosological confusion, notable figures like Henry Maudsley saw themselves "on the threshold of the history of medical psychology as a science" (Maudsley, 1872, p. 185). As William Lowe observed, "psychology is only now in its infancy; happily, the infant is a vigorous one" (Lowe, 1875, p. 177).

What could psychological medicine do for practitioners engaged in the worrisome task of certification? In the second half of the nineteenth century, many authors outlined rules for writing a correct and unappealable certificate of insanity. In his 1860 paper published on the *Journal of Mental Science*, John Bucknill devised an influential framework for reporting facts of insanity based on the patient's appearance, conduct, and conversation. In his words, a convincing description of lunacy depended on "how [the person] looks, what he does, and what he says" (Bucknill, 1860, p. 82).[2] Another popular guide was James Millar's *Hints on Insanity* which offered a ready-to-use list of facts that appeared persuasive to Lunacy Commissioners and magistrates, together with an explanation of common mistakes made by inexperienced physicians (Millar, 1877). Similarly, George Blandford provided practitioners with an examination guide, which reminded them to address the alleged insane when entering the room as it was "more than awkward to commence a conversation with the wrong person" (Blandford, 1877, p. 322). In 1880, *The Lancet* published five articles on certification (Brushfield, 1880a, 1880b, 1880c, 1880d, 1880e). Besides restating the emphasis on appearance, conduct, and conversation, Thomas Brushfield urged physicians to get a full history of each case so as to be ready in case of appeal. The point, then, was to present psychological medicine as a crucial and yet neglected part of medical education.

In order to provide satisfactory proofs of derangement, commented Robert Boyd, "some preliminary knowledge of insanity" was a necessity. The fact that no special instruction was required represented a "glaring defect in medical education" that the board had to take into consideration immediately (Boyd, 1859, p. 574). Along the same line, Dr. Nunn observed that "it is almost humiliating to think how this branch of the healing art has been neglected", especially considering the "serious responsibility of certification" (Anonymous, 1864, p. 140). Because every doctor could be called upon to examine a lunatic for the purpose of asylum admission, it was, added Henry Maudsley, "most desirable that he should be fully informed not only of the phenomena of the disease, […] but of the legal bearings of the certificate" (Anonymous, 1865, p. 241). Establishing facts of insanity was a difficult procedure, for their determination depended on the physician's ability to distinguish the normal from the abnormal. With no training in lunacy, commented John Browne, "his wisdom will not serve to assist him" (Browne, 1871, p. 320). Physicians dealing with certification, noted James Sabben, were expected to have some "technical legal knowledge, some information concerning hygienic arrangements, some tact in examination" (Sabben & Browne, 1872, p. 38). Yet, these skills were rarely found in the profession due to lack of formal instruction. John Millar observed that the

[2] The third edition of the famous Bucknill and Tuke's *Manual of Psychological Medicine* presented a chapter on the "special instructions regarding medical certificate" which replicated Bucknill's framework (Bucknill & Hack Tuke, 1874).

absence of special education in lunacy "continued to be a matter of considerable surprise and regret" considering that doctors alone could "give the certificate which can deprive a man of his liberty" (Millar, 1877, p. VII). As legislators "gave the profession a power possessed by no other body", he continued, they should also insist upon educating physicians for their duties.

Many agreed that a certificate of insanity was one of the most delicate documents a practitioner could sign. John Eames, for instance, contended that the only remedy for preparing doctors for their duty was to "make insanity an essential part of every medical student's curriculum and in doing everything to encourage clinical instruction" (Eames, 1879, p. 252). In filling out a certificate, physicians were to state the prominent symptoms, bodily and mental. But, Eames asked, "how can it be expected that a medical practitioner can do so without a knowledge of the disease which forms the basis of his inquiries? Is such knowledge to be gained by inspiration?" Echoing these arguments, Henry Sutherland denounced the absurdity of ignoring medical psychology as a legitimate branch of medicine. He proposed that in order to gain an adequate understanding of the subject, students should be examined on their abilities "to certifying at least six persons" (Sutherland, 1879, p. 351). This could be easily done either at an asylum or by having harmless patients brought to the hospital on certain days. It would also be important for students "to examine persons of sound mind" so as to appreciate notable differences.

One of the most authoritative accounts came from Thomas Clouston. In the first lecture of his 1883 *Clinical Lectures on Mental Diseases,* which went through six editions in Britain and several others in the U.S., the Scottish superintendent established the nexus between the urgency of medico-psychological training and certification (Clouston, 1883; see also Clouston, 1879). On the one hand, he recognized that certificates of insanity conveyed an "exceptional power" to every member of the profession, because it gave them the authority to deprive any individual of his/her liberty. On the other hand, he emphasized that such a responsibility implied an obligation to know something about the subject of mental diseases (Clouston, 1883, p. 3). Yet, this was not the case in Britain.

Clouston observed that the resulting ignorance was fraught with an unusual danger, for the law and Lunacy Commissioners punished physicians providing inaccurate facts of insanity. Looking at the statistics of 1878, he noted that the number of medical certificates in the United Kingdom amounted to 100,117 which meant that every practitioner filled out an average of at least five certificates. The magnitude of the phenomenon provided no excuse for keeping medical psychology out of the university training. "When we consider that one in every 300 of the population is a registered certified lunatic", concluded Clouston, "the marvel is how our profession has hitherto got along so well with so little or systematic teaching or clinical experience in mental disease" (Clouston, 1883, p. 4). Discussing the 1885 Lunacy Bill in *The Times*, the Scottish physician reminded that no medical examining board asked a question on insanity before granting a licence to practice medicine. Absurdly enough for Clouston, every medical student before taking the same examination was required "to be properly instructed by a competent teacher on how to vaccinate a baby!" (Clouston, 1885b). This intolerable anomaly was at the base of every discussion on lunacy law.

The link between certification and psychological training was further reinforced by other influential asylum doctors. Thomas Brushfield, for instance, praised the 1853 requirement of independent examination by two physicians. At the same time, however, he could not make sense of how doctors fulfilled their duty without any experience in medical psychology. He noted that many certifying practitioners never encountered a lunatic, never read a page of any work on insanity, and never heard a lecture on the subject. Brushfield denounced that "not one in twenty of the average practitioners one meets is either qualified to form an opinion on a case of insanity or justified in filling up a certificate". For this reason, it seemed "altogether inexplicable" to him why the subject of insanity had been ignored by the various medical examining boards (Brushfield, 1880c, p. 831). Considering only the practical aspects, John Campbell observed that each year in England more than £ 13,000 was spent in lunacy certificates. This amount alone seemed to justify the study of insanity. He suggested that psychological medicine should be required for a licence and that the capability of writing a lunacy certificate made a test in examinations (Campbell, 1888, p. 516). Following such warnings, several initiatives attempted to include psychological medicine into the medical curriculum.

In 1875 all lecturers in medical psychology in the United Kingdom presented a petition to the General Medical Council. Their goal was to give students the option to spend their 3 months' residency in a lunatic asylum rather than a general hospital. Their argument was that students entered their practice without having seen a single case of insanity and that this lack of training could be prejudicial to their careers (Anonymous, 1875, p. 53). Two aspects appeared fundamental. First, an adequate preparation should require a period of clinical instruction in a public asylum. As John Conolly advocated in 1861, "every large public asylum ought to be a clinical school" (Conolly, 1861b, p. 192). The examples of Hanwell, Bethlem, and St. Luke's testified to the feasibility of this project. Second, medical psychology should be a compulsory subject (Wood, 1865, p. 388). As William Sankey admonished, "until a knowledge of mental diseases is absolutely required and attendance is made compulsory […] no advance will be made" (Sankey, 1868, p. 304). Because the medical curriculum was already busy with numerous courses and because county asylums were usually distant from urban centres, asylum doctors thought the best method was that of obligation. "Anything short of compulsory study will fail", warned Thomas Laycock (Laycock, 1869, p. 337).

A few years later, another petition from the MPA recommended that licensing bodies make medical psychology a subject of examination for all degrees and licences to practice medicine. The General Council declined this proposal. It observed that since "the field of psychology was so barren, broad, and uncultivated", it would have been fruitless to add this subject to the already overburdened medical curriculum (Crichton-Browne, 1880, p. 262). The problem of general physicians' expertise in certification thus remained. In the meantime, Thomas Dowse suggested, "let the practitioner be cautioned to avoid signing a certificate of lunacy unless he is able to do so upon the clearest and most satisfactory evidence" (Dowse, 1879, p. 390).

The date that "marked the progress made", to return to Edmund Whitcombe's initial words, was 29 November 1886, when the first examination in psychological medicine finally took place (Whitcombe, 1891, p. 509). In the same year, the General Medical Council officially recognized the discipline as a medical specialty by approving the Certificate of Efficiency in Psychological Medicine. Rather than a move towards laboratory research and neurology, this diploma mainly addressed the very practical problem of certification. In fact, as an article in the *Journal of Mental Science* pointed out, "at the time it was instituted, it was intended to ensure […] persons holding the diploma as specially qualified to sign certificates in lunacy and to determine on the delicate question of the best mode of carrying out the care and treatment of patients" (Anonymous, 1886, p. 399). The 1886 Certificate thus represented a way to address physicians' lack of expertise in certifying insanity. Besides giving a special advantage to "any young man seeking a lunacy appointment", this qualification would also "be of use to the public as affording some guarantee of the fitness of a practitioner to deal with mental cases and to sign medical certificates" (Anonymous, 1887b, p. 630).

The connection between formal education and legal responsibilities appears even clearer from the examination questions. The Certificate of Efficiency targeted medical graduates who spent 3 months of residency in a public asylum and attended a course of lectures on the subject. The first test of 1886 did not gain much attention, perhaps, it was said, because it was not properly advertised (Anonymous, 1886, p. 399). The second examination took place on different days in England and in Scotland. English students gathered at Bethlem on 4 December 1887.

The corpus of the questions prepared by the Medico-Psychological Association required a practical and a theoretical knowledge. It consisted of "a written and oral examination including the certifying of an insane patient" (Anonymous, 1887b, p. 630). English pupils were thus explicitly tested on their skills as certifiers. In Scotland, the exam took place at the Royal Edinburgh Asylum on December 10 and 11, 1887, with Thomas Clouston as one of the examiners. The six written questions covered the symptomatology of general paralysis, the definition of "mental exaltation", criminal propensities, forcible feeding, and, most importantly, a critical discussion of a certificate of insanity. Students had to indicate "the chief points to be observed in granting the statutory certificate for admission into an asylum". Specifically, they had to "criticise and correct the accompanying faulty certificate", which was provided during the examination (Anonymous, 1887b, p. 631). Scottish students were also tested on their ability as certifiers.

## 5. Conclusions

The sequence of events examined in this essay shows that certification was one of the leading reasons for introducing formal psychiatric training in Britain. The 1853 Act gave practitioners with no special preparation or interest in lunacy the power to confine individuals based on "facts of insanity personally observed". This put doctors into a risky position as they could be subject to law actions and reputation damages. Such a provision also exposed their insufficient knowledge on mental diseases. Several asylum doctors quickly realized this point and linked the necessity of formal education in medical psychology to the certification of insanity. Their argument was that since every practitioner could be called upon to certify an alleged lunatic, every doctor should be introduced to the principles of medical psychology. The questions included in the test for the Certificate of Efficiency clearly demonstrate the nexus between certification and medico-psychological training.

This paper has shown that the introduction of formal education in medical psychology depended not so much on theoretical advancements or alleged efficacy as on legal responsibilities. Specifically, by giving practitioners the authority to report "facts of insanity", British legislation created the need for trained psychological physicians capable of writing convincing certificates. The institutionalization of medical psychology in British medical schools thus responded more to legal consequences rather than laboratory results.

Historically, the power, authority, and expertise needed to define the abnormal constituted a domain of fierce debate with far-reaching consequences for individuals, society, medicine, and the law. As Thomas Clouston stated: "I am not at all sure whether we [physicians] have fully realised our position in regard to this matter [certification]. I doubt whether we have looked the thing fairly in the face, […] weighing our responsibilities and calculating the risks we run. […] We are in the position of a man who has, without asking for it, gradually got into his hands the management of a whole department of State" (Clouston, 1885a, p. 896). Creating psychological physicians through formal training was just one of the solutions for sharpening diagnostic abilities and easing physicians' legal worries.

## Statutes

1774 Madhouses Act, 14 Geo. III, c. 49
1808 Lunatic Paupers or Criminal Act, 48 Geo. III, c. 96
1811 Lunatic Paupers etc. (England) Act, 51 Geo. III, c. 79
1819 Pauper Lunatics (England) Act, 59 Geo. III, c. 127
1828 County Lunatic Asylums (England) Act, 9 Geo. IV, c. 40
1828 Lunatics (England) Act, 9 Geo. IV, c. 41
1832 Insane Persons (England) Act, 2 & 3 Will. IV, c. 107
1845 Lunatics Act, 8 & 9 Vict., c. 100
1845 Lunatics Act, 8 & 9 Vict., c. 126
1853 Care and Treatment of Lunatics Act, 16 & 17 Vict., c. 96
1853 Lunatic Asylums Act, 16 & 17 Vict., c. 97
1858 Medical Act, 21 & 22 Vict., c. 60
1886 Idiots Act, 49 & 50 Vict., c. 25
1889 Lunacy Acts Amendment Act, 52 & 53 Vict., c. 41
1890 Lunacy Act, 53 Vict., c. 5

## Cases

Shuttleworth, 115 E.R. 1423 (1846, Court of the Queen's Bench).

Greenwood and others *v.* Sutcliffe and others, 139 E.R. 93 (1854, Court of Common Pleas).

Scott *v.* Wakem, 176 E.R. 147 (1862, Court of Assizes).

Hall *v.* Semple, 176 E.R. 151 (1862, Court of Assizes).

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Nothing to declare.

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