MENTAL HEALTH IN HISTORICAL PERSPECTIVE

Psychological Classification and Diagnosis in Asylum Statistics, 1800–1948

The British Table of the Forms of Insanity

Kevin Matthew Jones

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Mental Health in Historical Perspective

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Kevin Matthew Jones
Department of History
University of Nottingham
Nottingham, UK

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[1] Joe Cain, 'Publications produced by the Francis Galton Laboratory for National Eugenics' in *The Library*, vol.22, no.4, pp.523-548.

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Praise for *Psychological Classification and Diagnosis in Asylum Statistics, 1800–1948*

"Kevin Jones's book provides the first detailed reconstruction of the nineteenth and twentieth-century debates about psychiatric classification. These classifications are now foundational to the ways we see ourselves and our relationships with others, so much so that it is difficult to imagine life without them. Problems in the workplace, classroom or family home are often framed through reference to putative psychiatric diagnoses or psychological conditions. This transformation has been widely commented upon, but an overarching historical analysis of these categories has been absent. Moving from the Victorian statistical Tables of Insanity through to the World Health Organisation's International Classification of Diseases, Jones presents a thoughtful and intelligent analysis of the medical debates that ground the identities we live with in Britain today."

—Rhodri Hayward, *Reader, Queen Mary University London*

"The media give supposed psychiatric classifications, like the American Diagnostic and Statistics Manual (DSM), extensive coverage in debates about mental illness. DSM looks like a classification system that makes mental illness a part of medicine but it's not. It's a dictionary of symptoms or collections of symptoms. For nearly two centuries there has been a confusing divide between dictionaries and classifications, beginning with

the Table of Forms put in place to track outcomes and value for money in British asylums. Kevin Jones' fascinating account of a century of debate on how to do this sheds light on problems that endure today."

—David Healy, *Professor of Psychiatry, Bangor University*

Terminology

Although I have made attempts to clarify terminology throughout the book, I thought it wise to include the following notes of clarification and explanation of key terms.

The Table of the Forms of Insanity/Mental Disorder: The document was known for much of its life as the Table of the Forms of Insanity until the final round of revisions were undertaken by the MPA in 1934. This is when it became known as the 'Table of the Forms of Mental Disorder'. For brevity's sake, I refer to it generally as the 'Table of the Forms', but when I am specifically referring to the document that was used from 1845 until the beginning of the twentieth century, I refer to it as the 'Table of the Forms of Insanity'. In the fourth chapter onwards, which covers the period between 1932 and 1948, I refer to the document as 'the Table of the Forms of Mental Disorder'. There are parts of the work when the Table of the Forms reads awkwardly and saying 'classification' would make it read more elegantly, but I have decided to continue using 'Table of the Forms' because it expresses the ambiguous function of the document, with some believing that it described different manifestations of one disease, and others regarding it as classifying different species or natural kinds.

The Medico-Psychological Association of Great Britain and Ireland (MPA): The Medico-Psychological Association has existed under four different guises since its establishment: the Association of Medical Officers of Asylums and Hospitals for the Insane between 1841 and 1865,

the Medico-Psychological Association from then until it received its Royal Charter in 1926 from whence it became the Royal Medico-Psychological Association until 1971 when it became the Royal College of Psychiatrists. I attempt to use the historically correct moniker where appropriate, but the Medico-Psychological Association, or simply 'the Association' has been used as the defaults when discussing a period that straddles change in name.

The Commissioners in Lunacy for England and Wales: I have referred to this as the Lunacy Commission for a great deal of this study for simplicity's sake, and have specified when I am talking about similar bodies in Scotland and Ireland.

1882 Revision: This refers to the Table of the Forms that was published after the first series of revisions taking place between 1869 and 1881. For simplicity's sake, I have, as with the other revisions to the document, referred to them by the date they were published.

1907 Revision: As above, this refers to the second set of revisions that took place between 1902 and 1906, and which was formally published in 1907.

1934 Revision: This refers to the final set of revisions to the Table, which took place between 1929 and 1932 and was published in 1934.

1845 Lunacy Act: For much of the text, I use the term 1845 Lunacy Act to refer to both the Lunacy Act and the County Asylums Act of 1845. The two acts were passed simultaneously and were designed to work in conjunction. Until the next piece of landmark legislation was passed with the 1890 Lunacy Act, both acts were repealed and replaced by amendment acts during the intervening years. It would be technically correct to refer to them by name, but I fear this would be unnecessarily confusing and detract from the purposes of this study, so I have followed a convention in the history of medicine to refer to the acts as the 1845 Lunacy Act.

International Statistical Classification of Diseases, Injuries and Causes of Death (ICD): This study ends with the adoption of the World Health Organisation's first formal classification of diseases, the International Statistical Classification of Diseases, Injuries and Causes of Death. This has come to be known as the ICD-6, or sixth edition, since it was based on the International List of Causes of Death that had been developed by a number of organisations, but most prominently, the Statistical Services of Paris under the chairmanship of Jacques Bertillon, and the International Statistical Institute. The convention is to call it

the sixth edition since five International Conferences for the Revision of the International List of Causes of Death had sat. Labelling the World Health Organisation's classification the sixth edition is of questionable accuracy since it was the first to not be limited to causes of death by including diseases and mental health conditions. It therefore stands as the first international classification of diseases. Since this study only considers the 1948 ICD, I have decided to refer to it simply as the ICD and not include the '6'.

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About the Author

Kevin Matthew Jones is a Lecturer in History at the University of Nottingham.

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CHAPTER 1

Introduction

> Why do you keep me here?
> Because you are ill.
> Yes, I am ill. But surely there are scores of madmen, hundreds, walking about unmolested, simply because in your ignorance you're incapable of distinguishing them from healthy people! Why then should I and these unhappy wretches be kept here, like so many scapegoats for the others? You, your assistant, the superintendent, and the rest for the scoundrels employed in the hospital - you're morally infinitely lower than any of us! Why then must we be kept here and not you? Where's the logic?
> I'm afraid morality and logic have nothing to do with it. It's all a matter of chance. Those who are put here stay here, and those who are not here are free to live as they like. That's all. There's neither morality nor logic in the fact that I am a doctor and you are a mental patient. It's just mere *chance*.
> 'I don't understand this nonsense,' Gromov said in a dull voice, sitting down on his bed.
> Anton Pavlovich Chekhov, *Ward no.6*, 1892.

This book explores the development of the terminology used to diagnose psychological conditions and their use in mental health statistics collected by lunacy administration and public health authorities. It does so through the presentation of the story of the Table of the Forms, a list of

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diagnostic categories used in Britain between 1845 and 1948. The Table of the Forms' principal use was in statistical paperwork used to collect patient data returned from asylums. The story presented in this volume begins with large-scale expansion of the asylum system that commenced with the passing of the 1845 Lunacy Act and ends with changes to health services included under the terms of the 1946 National Health Service Act. As we will see, the history of psychological diagnosis cannot be told without charting concurrent developments in asylum administration that shaped mental health statistics. Although statistics were initially considered a matter for bureaucracy and asylum administration, interest in the scientific potentials for statistical enquiry increased throughout the second half of the nineteenth century and peaked at the beginning of the twentieth century. The discussions over classification used in asylum statistics that are assessed in this volume involved not only medical staff, but also statisticians, lunacy administration and public health officials. The efforts to standardise psychological diagnosis caused disagreement and controversy, leading to drawn out debates that hampered measures to develop national statistics on psychological diagnosis. As interest grew in the scientific potential of asylum medical statistics on classification, the debates surrounding the Table of the Forms intensified. This is within the context of an increased interest in vital statistics during the Victorian period that ran alongside the expansion of the asylum system during the second half of the nineteenth century.[1]

The diagnostic terms included in The Table of the Forms are the closest to being a set of standard terms used in British asylums during the heyday of the Victorian Asylum, and for much of the first half of the twentieth century. The requirement to collect and submit patient information marked the beginning of an age of mass mental health data collection that continues today. The document's use as a table in statistical paperwork made it tantamount to being the standard classification of psychological diagnosis between 1845 and the implementation of the NHS in 1948. It stood at the centre of debates over the standardisation of terms used in diagnosis to enable the compilation of statistics on psychological diagnosis. It came into existence as a result of legal changes introduced under the terms of the 1845 Lunacy and the County

[1] Eileen Magnello, 'The Introduction of Mathematical Statistics into Medical Research: The Roles of Karl Pearson, Major Greenwood and Austin Bradford Hill' in *The Road to Medical Statistics*, edited by Eileen Magnello and Ann Hardy, Rodopi, 2002, pp. 95–123.

Asylums Acts. This legislation led to the massive expansion of the asylum system and made doctors running these institutions legally responsible for recording information about any person admitted. From this point on, asylums were legally obliged to collect and record information on all who passed through the doors of the institution, and this included the psychological diagnosis they had received. The submission of patient data to authorities through annual statistical returns to the Lunacy Commission, the body established to oversee and regulate asylums, was also made a legal responsibility. These developments created large-scale mental health statistics in the form of asylum medical data, which would be published in annual reports of the Lunacy Commission. Although these developments did not lead immediately to national statistics on psychological diagnosis, they allowed the possibility for data on diagnosis from a large number of institutions to be compiled and analysed. Once the conditions for the collection of this data had been established, attention turned towards standardising the terms used in psychological diagnosis to make the data useful. This led to the Table of the Forms becoming the focus of an increasingly intense series of debates over the most appropriate means of standardising terms of psychological diagnosis.

The discussions would frequently emerge from revisions to bureaucratic procedures associated with the aforementioned legal obligations on patient record-keeping. Although the completion of statistical returns was usually the initial focus of attempts to revise the table, these attempts at standardisation frequently developed into broader philosophical disputes: these included what exactly was the nature of insanity, how should madness be understood by medical science and how should its different forms be classified. Revisions to administrative tables used for record-keeping purposes would at times escalate into all-out warfare between camps promoting fundamentally differing approaches to psychological diagnosis. The Table of the Forms would subsequently become subject to three sets of revisions undertaken by the principal representative body of alienists, the Medico-Psychological Association (MPA). The debates surrounding each of the revisions to the Table of the Forms constitute the focus of this study. The first of these revisions was published in 1882 after nearly two decades of debate over asylum medical statistics. These commenced in 1863 in reaction to a lecture that proposed a classification of insanity that would replace the forms of insanity then in use asylum medical statistics. The second revision was published in 1907 after an intense five-year long set of debates over psychological classification that

were triggered by calls to change asylum admissions procedures. The final set of revisions were published in 1934 and were the last set of changes to the Table of the Forms as the document was replaced by the *International Classification of Diseases (ICD)* issued by the World Health Organisation in 1948. This was due to reforms to data collection processes and record-keeping protocols that were developed in anticipation of a new health service and were implemented under the terms of the 1946 National Health Service Act.

In its assessment of these developments, this volume argues that the interconnected history of the terms used in psychological diagnosis and their application in asylum statistics makes considerations of bureaucratic procedures an inexplicable part of understanding the history and philosophy of psychiatric classification.[2] In other words, the research presented in this volume shows that any account of what constitutes a mental disorder must incorporate the social and administrative factors that have shaped clinical diagnosis.

The Table of the Forms was a central feature of asylum medical statistics on psychological diagnosis, and it bears some resemblances to the classifications currently used in psychiatric epidemiology. Saying this, the Table defies many of the expectations we may have come to expect from a medical classification in the age of global epidemiology that developed since the Second World War. Psychiatric epidemiology is currently structured around the categories included in the WHO's *ICD* and the APA's *Diagnostic and Statistical Manual of Mental Disorders* (DSM).[3] Given the controversy surrounding it, the Table may appear to be a 'Victorian DSM' of sorts to those already acquainted with the recent history of psychiatric classification, and the division caused by the APA's diagnostic labels. This characterisation is in some ways helpful to make sense of the chequered history of the table, with the most apparent similarities being the role

[2] Charles Rosenberg, 'The Tyranny of Diagnosis: Specific Entities and Individual Experience' in *the Milbank Quarterly*, vol. 80, no. 2, June 2002, pp. 237–260.

[3] In his discussion of the origins of psychiatric epidemiology, Steeves Damazeux places many of the major developments in modern psychiatric epidemiology within the post-World War II era: Steeves Demazeux, 'Psychiatric Epidemiology, or the Story of a Divided Discipline' in *International Journal of Epidemiology*, vol. 43, 2014, pp. 53–66. See also: Harry Yi Jui-Wu, *Mad by the Millions, Mental Disorders and the Early Years of the World Health Organization*, MIT Press, 2021; Ana Antic, 'Transcultural Psychiatry: Cultural Difference, Universalism and Social Psychiatry in the Age of Decolonisation' in *Culture, Medicine, and Psychiatry*, vol. 45, 2021, pp. 359–384.

both have played in standardising diagnosis within mental health statistics. Similar controversies have surrounded both the Table of the Forms and the *DSM*, with quibbles over terminology often being based on broader philosophical considerations on what constitutes a mental health disorder, and what a psychiatric classification ought to achieve. Similarly, the historical actors engaged in debates over the Table of the Forms believed terms of psychological diagnosis should do nothing less than scientifically map natural kinds, whereas others did not think scientific classification equates to clinical or therapeutic effectiveness, which should be the priority over anything else.[4] Debates between these broad schools in the case of the Table were based on a conception of mental health that resembles what we now call the medical model, with the debates surrounding the Table of the Forms resting on similar assumptions that insanity was a biological, psychological or behavioural dysfunction.[5] Like the *DSM*, the Table of the Forms is also the product of a psychiatric association, and was a rival to the mental health classification drawn up by the Royal College of Physicians (RCP). As we will see, the mental health section of the *ICD*, which replaced the Table of the Forms for use in mental health statistics in the United Kingdom, was partly based upon the classification of the RCP and not the Table of the Forms.

There are however important differences that complicate a simple comparison between the Table of the Forms and the *DSM*. The scope and function of each of these psychiatric classifications are shaped by their differing historical contexts. The Table of the Forms came into existence at an embryonic point in the development of formal psychiatric diagnosis, medical bureaucracy and mental health statistics. Accordingly, its status as a classification is somewhat unstable, since it was originally conceived as a

[4] It is important to note that the arguments between these schools are not drawn along professional interests or boundaries, with many clinicians offering classifications they wanted to be regarded as scientific, and others thinking a science of diagnosis was not possible. Steve Sturdy cautions against overestimating tensions in scientific and clinical practice, claiming that an over-eagerness on the part of historians to write about conflict between the two has translated itself into a historiography that has provided a distorted view of an antagonistic relationship between science and the clinic; Steve Sturdy, 'Looking for Trouble: Medical Science and Clinical Practice in the Historiography of Modern Medicine' in *Social History of Medicine*, vol. 24, no. 3, pp. 739–757.

[5] Dan J. Stein, Katharine A. Phillips, Derek Bolton, K.W.M Fulford, John Z. Sadler, and Kenneth S. Kendler, 'What Is a Mental/Psychiatric Disorder? From DSM-IV to DSM-V' in *Psychological Medicine*, vol. 40, no. 11, November 2010, pp. 1759–1765.

set of recommended terms for use in record-keeping and the completion of asylum statistical returns. The document only came to be referred to as a 'classification' quite late on, around the time revisions were made to the document at the beginning of the twentieth century. In contrast, by the time of the *DSM*'s first edition in 1951, psychiatry was a well-established medical discipline, with the foundations of mental health epidemiology being established through a sprawling American asylum system that was accompanied by a well-developed national framework for the collection of asylum medical statistics. One of the key differences that reflects these differing historical contexts is that from the outset, the *DSM* included descriptions of the conditions it listed, whereas the Table of the Forms only included definitions very late on and not until the final 1934 Revision to the document. In addition, those revising the Table of the Forms did not make any attempt to provide a definition of terms like insanity, lunacy or mental disorder, whereas from the *DSM-III*, broad definitions of 'mental disorder' were added to serve as a foundation to the classification. These definitions of mental disorder have become as much a target of debate surrounding the *DSM* as the specific conditions included in the document.[6] Criticisms have come from a variety of perspectives, including those who do not think definitions of mental disorder have properly captured their status as natural kinds, and those who think that they do not capture their social or cultural character.

As we will see, although there are echoes of these debates present in the history of the Table of the Forms, it did not receive the same sort of criticisms since little attempt was made to provide the kinds of definitions that are present in more recent classifications of mental health conditions. Instead, operational terms like 'lunacy' and 'idiocy' relied on legal definitions included in the 1845 and 1890 Lunacy Acts, as well as the 1886 Idiot's Act. Responding to changes in legal definitions, from the 1907 Revision onwards, the Table came to be split into two sections to reflect legal distinctions between 'idiots', 'deficients', 'imbeciles' and 'lunatics'. Victorian legislation on lunacy provided definitions for 'lunatics' that differentiated this class of patients from other medico-legal categories. In following legal definitions of insanity, the committees revising the Table of the Forms relied on operational definitions that informed bureaucratic mechanisms set out by law and which enabled the collection of mental

[6] Allan V. Horwitz, *DSM: A History of Psychiatry's Bible*, John Hopkin University Press, 2021.

health statistics in the form of asylum medical data. When it came to the definitions for each of the disorders included in the Table, revisions committees rarely offered definitions of their own and instead relied upon the accumulated knowledge of medical publications. In doing so, the aim was to make a classification suitable for the overworked asylum doctor, whose practice lay between specialisms and before the advent of psychiatry as an established branch of medicine. In contrast, the American Psychiatric Association, as devisors of the *DSM*, proposed definitions of mental disorder and thereby could assert clinical definitions independently from law.

This study does not frame the development of the concepts of psychopathology included in the Table of the Forms in relation to those employed today. Whilst many of the problems over definition and classification encountered during these discussions are still being played out, I have emphasised the role they played in the communication and formulation of statistical knowledge on mental health between 1800 and 1948. This is an important historiographical point that the historian of medicine Adrian Wilsons explores in his analysis of past disease concepts; Wilson outlines a dialogue of sorts that has taken place between historians who have emphasised scientific discoveries and clinical breakthroughs in medical research, and those who argue that the formulation of clinical knowledge is a social process.[7] He warns of the danger of writing the history of disease concepts from the perspective of their role in the constitution of current knowledge, and that this can open 'a conceptual space in which the historicity of all disease-concepts, whether past or present, has been obliterated'.[8] Wilson views this as a problem specific to the history of science and medicine, with triumphant celebration of the discoveries of clinical science serving to bury the ideas of those who were ultimately proven to have held ideas not in line with the progression of knowledge.[9] Partly in response to Wilson, Andrew Cunningham suggests that to recover the historicity and contingent development of disease concepts, we must look at diagnostic procedures and labels.[10] When practitioners

[7] Adrian Wilson, 'On the History of Disease Concepts: The Case of Pleurisy' in *History of Science*, vol. 38, no. 3, 2000, pp. 271–319.

[8] Ibid., p. 273.

[9] Ibid.

[10] Andrew Cunningham, 'Identifying Disease in the Past: Cutting the Gordian Knot' in *Asclepio*, vol. 54, 2002, pp. 13–34.