50 Years Ago—Psychiatry in Lahore

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At the recent sixth international conference of the Pakistan Psychiatric Society (11–14 December 1986) in Lahore, it seemed appropriate to give an account of the state of psychiatry in that city half a century ago. Such an evaluation, granted the circumstances of history, might be expected to start with a comparison with English psychiatry at the time. That association had not worked altogether to the advantage of the speciality in a city such as Lahore. Progressive ideas about the care of the mentally ill in the thirties percolated very slowly into a central administration, far removed from the local community and occupied with other urgent issues of public health.

In 1937 the then Government of Ceylon were looking for advice about the development of their psychiatric services. For this purpose an investigation was made into the state of the psychiatric services throughout British India. The resulting report, which was never published, had remained in the archives of the Institute of Psychiatry until it was unearthed in 1986 by Miss Patricia Allderidge.[1] The author was Edward Mapother, who in 1936 had just been appointed first professor at the Maudsley Hospital. It makes considerable reference to Lahore and to the superintendent of its mental hospital as the main source of his information and of the recommendations which he made.

Mapother himself had started psychiatric training in 1908 at Long Grove, a period at which that hospital (under Hubert Bond) was particularly enlightened and academically outstanding. After army service from 1915 to 1918 Mapother returned to psychiatry and was appointed in 1919 as the first director of the Maudsley. He would at that time have been witness to the fact that no less than 11 years had passed since Henry Maudsley had offered a large sum to establish a centre for early treatment, training and research. He would have known of the various discouraging reasons which had delayed the execution of Maudsley's intentions. This he would have compared with the situation in Munich where in 1917, during the war itself, Emil Kraepelin had brought into being the Klinik and Forschungsantalt, (a similar enterprise but on a larger scale) in only 18 months. Munich and Kraepelin were examples that Mapother continued to follow over the next 20 years, during which he laid the foundations for the Institute of Psychiatry and Maudsley Hospital as they now exist. His achievements have been fully reviewed by his successor, Aubrey Lewis.[2]

Mapother's peculiar gifts lay in planning and administration illuminated by unusual farsightedness. These were the abilities which he brought to India in 1937 and to the report which followed.

In 1926 Hubert Bond had commented that the psychiatric problems of Lahore had been the problems of London two generations earlier. In fact Lahore was worse off in 1936 than London in the 1880s. The mental hospital, with two psychiatrists and 1000 beds, was the only psychiatric facility for a population of over 25 million, among whom there were at least 10,000 severely mentally ill.

Administration

Mapother had painful experience of an administrative body that was slow to learn the objective needs of a new, academic hospital: in Lahore he found similar difficulties. A central and remote administration displayed no evidence, he said, of having yet reached a modern standpoint with regard to the importance of mental disease and treatment in relation to the rest of medicine. Although in London the cost of beds for the mentally ill was 25% that of the cost for the physically ill, in India the relative figure was as low as 9%.

While in London one psychiatric bed was available for every 200 of the population, in Lahore the figure was at best 1 for 25,000. Hospitals, not surprisingly, were overcrowded, although in Lahore there was a deliberate refusal to fill the hospital beyond its capacity: a policy of which Mapother strongly approved. An associated defect was the common use of the hospital for every sort of problem—the criminal, the violent, and the mentally handicapped—a category that had in London been separated from about 1890. In Lahore the consequence was that mild and early cases never entered a hospital that contained so many of the most objectionable social nuisances.

Buildings

The buildings provided by any government express in permanent form their attitudes towards the mentally ill. Up to that period the mentally ill in Lahore were not well regarded. Psychiatric care started about 1847[3] in the grounds of the palace of the ruler of the Punjab. Patients were moved in 1857 to a military prison and in 1863 to a barracks. When in 1900 a new hospital was built, the design was more suitable for a prison. Although rebuilding was advised in 1928 it was only ten years later that three additional blocks were added. Up to that time Lahore, in Mapother's words, had "borne the brunt of an administration unwilling to learn from the rest of the world". During 1934–39 Mapother had been trying to add a new neurological block to the Maudsley, believing in the future importance of the association of the two disciplines. His failure at home may have strengthened his recommendations that in building, enough beds should be provided "fully equal not only to present demand but to real needs". Lahore he considered an example to others in opposing the overcrowding that obscured the real needs, and in giving

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priority to curable patients. Suitable accommodation was required, he said for particular categories of patients—the criminally insane, the mentally retarded and those who were seeking admission voluntarily. Out-patient services were particularly necessary.

Academic activities

Academic functions centred around the mental hospital where lectures had been given to medical students since 1923. These were put together in a textbook[4] whose title illustrated its basis in a Kraepelinian model of illness: Mapother considered it "excellent for its purpose".

Financial support did not materialise for any academic purpose until 1923 when Rs. 2000 were granted towards a lecture theatre. Mapother recommended extensive academic investment. The education of medical students should become general, he said, and not localised to a few centres such as Lahore. However, teaching in the neuroses would remain impossible until out-patient departments materialised. In England this process had begun as recently as 1930.

As the logical conclusion of his educational proposals, he advocated the establishing of a diploma in psychological medicine and outlined the requirements for a postgraduate training programme.

In the last section of his report Mapother outlined seven topics that deserved investigation.

1. The relative incidence of various syndromes of disease and mental disorder due to special causes: (a) in two or more fairly pure races living under similar conditions; (b) in one fairly pure race living under different conditions.

He did not discuss methods or their difficulties but his suggestion antedated much transcultural psychiatry and social anthropology.

2. The apparent reversal of the proportion in which manic and depressive states occur in Europe. Mapother was well aware of the need to put clinical impression and hearsay to a test.

3. The true prevalence of suicide. The supposition prevailed that suicide was less frequent than in the West.

4. Malnutrition as a possible cause of mental illness. Mapother had been able to recognise only one case of pellagra during his visits to many hospitals; he anticipated that more would come to light.

5. Malaria and hookworm as causes of mental illness.

6. The effects of cannabis. As many as 40% of acute admissions were attributed to cannabis intoxication. He suggested investigation into the presence of true addiction, the susceptibility of different individuals to psychosis and the "relation of the individual features of the syndrome to the patient's experience and personality".

7. Neurosyphilis. General paralysis was diagnosed only very rarely in this population where syphilis was common. Mapother explained the apparent rarity by the "badness of diagnosis of the hospitals concerned". The explanation preferred in Lahore was that the same population was also endemically affected with malaria.

The incidence might have been settled ten years before by Kraepelin himself who had proposed to make a survey with Lange in Lahore. He wrote in April 1926 to the then superintendent of the hospital "my task is first, to get an impression of the clinical composition of your material, concerning the different forms of insanity. Therefore I would like to examine at least 100 patients (50 male, 50 female) without any choice, as they have come into your asylum . . . I am interested in the question, whether the numerical relation of the different forms of insanity is the same as in Europe or what differences exist, especially whether there are diseases, which we do not know at all. Besides this I would like to know, whether there are symptomatic differences in the clinical picture of these diseases which we are able to recognise . . . "

"Our second task is to find out the frequency of syphilis, general paresis and syphilis of the brain, therefore we want to have the Wasserman test of those 100 patients, which we could examine: Dr Lange can take the blood and also the spinal fluid of those cases which show a positive reaction."

Among the hospitals in India, Lahore was one of a few which Kraepelin found suitable for his project. Unfortunately his visit did not take place: before his arrival planned for December 1926, he died of heart disease on 7 October.

References

[1]Mapother, E. (1938) *A Survey of the State of Psychiatry in India.* (Unpublished).

[2]Lewis, A. J. (1969) Edward Mapother and the making of the Maudsley. *British Journal of Psychiatry*, **115**, 1366.

[3]Honigberger, J. M. (1852) *Thirty-five years in the East.* London: H. Baillière.

[4]Lodge-Patch, C. J. (1934) *A Manual of Mental Diseases.* London: Baillière, Tindall & Cox.

Attachment Conference

The Tavistock Clinic will be holding an international conference to celebrate John Bowlby's 80th birthday entitled 'Fruits of Attachment Theory: Findings and Applications across the Life Cycle' on 26 and 27 June 1987 at Regent's College, Regent's Park, London NW1. Further details: Dr John Byng-Hall, Conference Organiser, The Tavistock Clinic, Tavistock Centre, 120 Belsize Lane, London NW3 5BA.