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Medical Journals – Chris Millard

Intro

There is a type of historian's fantasy where, in dusty archives, they uncover a secret stash of uncatalogued, never-before-consulted documents that decisively settle a controversial historical question. Using medical journals as primary sources takes you about as far away from that fantasy as it is possible to be. These are among the most public, the most official of sources. They have been digitised and made available online more than any other primary source in the history of psychiatry (although thanks to prohibitive paywalls, this does not necessarily make them any more accessible to members of the general public). They are often good places to start when looking for orientation in a new topic, such as the emergence of a new diagnosis, or the discovery of a new treatment. Many research articles come headed with abstracts (short summaries of the research) and indexes that mean finding, appraising and sorting articles is a much faster process than having to trawl through them to find out whether they are worth closer reading. Thanks to text recognition software, many are keyword searchable too. Perhaps most usefully for historians, journals are almost always precisely dated (unlike much archival material) so establishing chronologies is relatively simple. In addition to the dates, a significant chunk of the content (research articles, letters) is also *attributable*, that is, it comes attached to a name or a set of names who have authored it.

For all their benefits, do not be lulled into a false sense of security. Medical journals are extremely complicated and rich sources, and they contain much more material than simply the research articles that make up their most obvious content. Remember that although *most* journals are *mostly* online, some are not; significant chunks of some journals are not digitised. Do not mistake the absence of online evidence for an absence of evidence. There are also gaps in what gets digitised – most obviously the advertisements that take up huge amounts of space in printed journals. This and other absences will be covered in more depth below. The formulaic nature of many of the articles (abstract, introduction, method, results, discussion) can obscure as much as it reveals. But these difficulties are also opportunities to reflect on what kinds of sources journals are, and how one might expect them to function as part of historical research into the history of psychiatry.

This chapter is focused upon the journal landscape in Britain, principally because that is the expertise of the author, but also because it would be wildly impractical to attempt a much wider survey. The structure of journals of course varies from country to country, but English language journals in the nineteenth and twentieth centuries are relatively similar in the kinds of content they publish; the general points covered here hopefully have some use in other contexts. Medical journals now exist all over the world. They have had an important part to play in the creation and transmission of medical knowledge – which is not neutral or impartial, but heavily implicated in systems of colonialism, hygiene, racism, sexism and classism. The chapter proceeds by looking at some of the major types of material found between the covers of medical journals: editorials, research articles, case reports, and letters. There is then an opportunity to cover some of the miscellaneous and less common kinds of text that crop up intermittently. Finally, absences are considered – things you might *not* find in medical journals

(either online, or in physical copy) that are nevertheless relevant to the kinds of knowledge produced.

Kinds of Journals

The term 'medical journal' is difficult to define, but in this chapter it means that a significant portion of the publication must contain peer-reviewed research articles relating to medicine.[1] In this sense the 'medical journals' considered here are 'scholarly' and 'academic'. That is, they contain many technical terms, and are written primarily for professionals in the field. Medical magazines also exist (*Medical World* and *Pulse* are two of the more famous ones in Britain), and these are still very useful for historians of psychiatry. However, these are more generally concerned with news and comment pieces. The medical journals most obviously useful for historians of psychiatry are those aimed at professional psychiatrists and psychologists, and two of the most influential are the *British Journal of Psychiatry* (often abbreviated as *BJPsych*) and *British Journal of Medical Psychology* (*BJMedPsychol*). However, in Britain in the nineteenth and twentieth centuries, psychiatry is considered as a (contested, ambiguous) part of general medicine. This means that general medical journals are also a rich seam to mine for historians of psychiatry. In Britain the two most famous general medical journals are the *British Medical Journal* and *The Lancet*. These journals often carry research articles or announcements about psychiatry or psychiatric treatments. To go into any detail about the vexed relationship between mental medicine and general medicine would very quickly swallow all the space allowed for this chapter. However: the relationship between psychiatry and other branches of medicine is a valuable topic of research in its own right. It also means that any material that crops up in general medical journals about psychiatry will contain details (explicitly or not) about the way the relationship between mental and general medicine is conceived.

The field of the journal tells you much about the intended audience of the content, and the expectations of those professionals. For example, surgery journals can turn up interesting articles on self-cutting or suicide attempts (both of which are normally analysed from a psychological standpoint). There are articles that focus upon the surgical repair of self-inflicted wounds, but still manage to convey interesting assumptions about the psychology behind the actions.[2] Similarly journals of emergency medicine will have interesting insights into the treatment of cases of mental crisis, and the politics of the differences between psychiatry and other specialisms can be explored.[3] These 'outsider' perspectives on psychiatry are extremely useful for contextualising psychiatry and its relative professional prestige.

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[1] 'Peer review' loosely means assessment by other competent professionals, which has existed for scientific publications for centuries; mandatory and systematic peer review for scientific journals only emerged in the 1970s. See Baldwin, Melinda. "Scientific autonomy, public accountability, and the rise of "peer review" in the Cold War United States." *Isis* 109.3 (2018): 538-558.

[2] Goldwyn, R. M., Cahill, J. L. and Grunebaum, H. (1967) 'Self-Inflicted Injury to the Wrist', *Plastic and Reconstructive Surgery* 39: 583–9.

[3] For example: Bilén K, Ottosson C, Castrén M, *et al.* 'Deliberate self-harm patients in the emergency department: factors associated with repeated self-harm among 1524 patients' *Emergency Medicine Journal* 28 (2011): 1019-1025.

It is quite possible to write an academic article (or dissertation) entirely through the lens of one journal's output on a particular topic. For example, Chris Philo used the *Asylum Journal* to analyse nineteenth-century discussions around the best places to locate asylums.[4] The *Asylum Journal* is now the *British Journal of Psychiatry* – name changes can be confusing, especially for those unfamiliar with the field. This publication begins as *Asylum Journal* (1853-1855), then becomes *Asylum Journal of Mental Science* (1855-1858), before a longer stint as simply *Journal of Mental Science* (1858-1963) and then *British Journal of Psychiatry* (1963-present). Attention to these changes is vital if you are not to miss valuable sources, and it is usually helpfully located in part of the bibliographic record for a journal in electronic library catalogues.

Most scholarship in the history of psychiatry that is based upon medical journal articles uses multiple journals. Liam Clarke is explicit in his paper 'The opening of doors in British mental hospitals in the 1950s' that he 'relies on accounts largely taken from the *Lancet*, *Nursing Times* and *Nursing Mirror*'.[5] Frank van der Horst and René Van Der Veer have written about changing attitudes towards treating children in hospital (1940-70). They write that:

> In order to be able to make our point, we went through all issues of the *British Medical Journal* and *The Lancet* from approximately 1940 to 1970, reasoning that if one wishes to convince medical doctors of the need for hospital reforms this is best accomplished by addressing them in the professional journals they read.[6]

They do use other sources, but the article is structured around the content of the two most influential general medical journals in Britain. It is also notable that even though they are looking at a primarily psychiatric issue (the influence of theories of child development on hospital practice), the journals are general medical ones. There are of course many other publications available should you want to explore some of the lesser-known medical literature. For example, the Victorian publications *Medical Times and Gazette*, *Medical Mirror,* and *Medical Press and Circular* have recently been used to great effect by Alison Moulds, who combines analysis of these with the more influential titles.[7]

Important Unattributed Pieces: Editorials, Leaders, Annotations

Many journals have 'Leading Articles' or 'Editorials' that are not attributed to a particular person, but instead give the 'editorial line': supposed to be the view of the publication itself, rather than that of any single author. This is common practice with newspapers, most famously *The Times*. It is perhaps the most 'official' view one is likely to find about an issue; the fact that a particular issue has a 'leading article' written about it, is in itself evidence of its perceived importance. Of course individual editors can have a strong and partisan stance

[4] Philo *Journal of Historical Geography*, 13, 4 (1987) 398-415
[5] Clarke *History of Psychiatry* 1993
[6] Van der Horst & van der Veer: 120
[7] Alison Moulds (2019) The 'Medical-Women Question' and the Multivocality of the Victorian Medical Press, 1869–1900, *Media History*, 25:1, 6-22, DOI: 10.1080/13688804.2018.1482202

obscured by the impersonal trappings of an editorial – another trap for the unsuspecting scholar.[8]

The various Acts of Parliament regulating psychiatric practice in the twentieth century are good examples of the kind of important topic that gets editorialised in the medical journals. Searching for "Mental Health Act" and "Mental Health Bill" in the 1950s in the various online journal archives returns huge numbers of results relevant to the Mental Health Act 1959 (in the UK, pieces of legislation are 'Bills' until they become law, and then they are 'Acts'). In the *BMJ* this includes commentary for General Practitioners (worried about the complexity of the Act's provisions),[9] and a number of instances of the important column 'Medical Notes in Parliament', charting the passage of the bill through the two Houses of Parliament in the United Kingdom.[10] In the *Lancet* there are other kinds of unattributed article, sometimes called Annotations or Special Articles. To pick one example at random for this topic, there is an interesting discussion in March 1960 of Nesta Roberts' pamphlet *Everybody's Business*, published by the National Association for Mental Health (later MIND) on how the new mental health law works in practice, because it 'relies largely on the expansion of community care for the mental patient'.[11] These articles can provide an initial orientation in a topic, or a pointer towards an important milestone, or influential publication. Staying in that same year, *Public Health* (The Journal of the Society of Medical Officers of Health) runs an editorial 'Toward Mental Health' in August 1960 where the necessity of teamwork between public health doctors, psychiatrists and general practitioners is discussed.[12] The competition and cooperation between different health professions in attending to the health needs of emotionally or psychiatrically vulnerable people is a vital strand of historical analysis, especially after the Second World War. As the asylum system is dismantled, the practice of mental healthcare becomes ever more diffuse, and psychological and psychiatric expertise is seen as valuable for people working in education, public health, paediatrics, general practice, the prison system and more.[13] The different journals associated with all these professions (on top of the general medical ones) give vital insight to anyone attempting to piece these separate approaches together. The *British Journal of Psychiatric Social Work* (1947-70) is a useful journal for this – full of evidence of psychiatry's influence on and position within social work. This journal also has indicative changes of title: it is the *Charity Organization Review* (1885-1921), *Charity Organization Quarterly* (1922-39), and *British Journal of Psychiatric Social Work* (1947-70). It then merges with the journal *Social Work* (published separately from 1939-70), and becomes *The British Journal of Social Work* (1971-present).

In any case, there is considerable ambiguity over what constitutes an editorial, or the 'line' of the publication, but there are many anonymous or unattributed pieces in these journals – reports, discussions, or special articles. This is especially so going back to the early twentieth century and before. Tracey Loughran's article 'Shell-Shock and Psychological Medicine' makes

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[8] See for example Michael Brown's work on *The Lancet* and its editor Thomas Wakley: Michael Brown (2014) '"Bats, Rats and Barristers": *The Lancet*, libel and the radical stylistics of early nineteenth-century English medicine' *Social History*, 39:2, 182-209, DOI: 10.1080/03071022.2014.905277

[9] BMJ Mental Health Act December 1959

[10] BMJ 'Notes in Parliament'

[11] Annotation *Lancet* 26.03.1960 p.689.

[12] *Public Health* August (1960) 401-2

[13] Eghigihan 'Deinstitutionalizing the History of Contemporary Psychiatry'

a sophisticated argument about how far the First World War problem of 'shell-shock' transformed British psychiatry. A significant chunk of this article's bibliography is authored by 'Anon' contributors from *The Lancet* and *BMJ*: for example, a 1915 piece on 'War and Nervous Breakdown' or 'The Treatment of War Psych-Neuroses' from 1918.[14] These articles show some of the diagnostic confusion that characterises the whole shell-shock debate: Is it hysteria? Malingering? Is it physical shock or mental trauma? e. These go alongside the attributed articles, such as Charles Myers' first use of the term 'shell shock' in print (1915) or Grafton Elliott Smith's 'Shock and the Solider' (1916), both in the *Lancet*.[15] The journals carry these articles and they circulate amongst professionals, becoming part of a conversation in print. This conversation – disagreements, revisions, support of previous research – is a vitally important part of the history of psychiatry.

Research articles

The core of academic medical journals is the research articles. These are normally highly structured, in the way that physical science articles often are, with headings such as 'Methods', 'Results', 'Conclusion' and 'Discussion' each covering a different part of the analysis. Some of the most useful material for historians of psychiatry is contained in the introductory bits, and then the 'Methods' section, where you can see the researchers laying out what they actually *do*, in order to get the results they have. The discussion section puts the results in a context that is also vital to digest and understand for historians.

Revealing Methods

Methods sections written by psychiatrists in the twentieth century are especially interesting if written by those who work outside of the asylum system. This is principally because a lot of the methodology is a given when conducting a study of people already admitted to a psychiatric hospital. The small but growing number of psychiatrists who were attached to general hospitals in the 1950s and 1960s have much to reveal about how psychiatry fitted in with general medicine (or failed to). During the late 1940s, psychiatrist Max Hamilton joined University College Hospital (UCH), where: 'At first, they didn't know what to do with me. After a while, I managed to establish a job in liaison psychiatry ... word got around that somebody was available'.[16] This anecdote reveals much about the uncertain place of psychiatry within hospitals that are focused upon general medicine. It is a key part of the rather sprawling topic in the relationship between mental and general medicine (often referred to in association with the aspiration to achieve 'parity of esteem'). Medical journals can provide practical, specific insight here, because they contain not only the information they are trying to present to their readership (the results of a study, usually), but a whole host of material that is peripheral to their 'results' section.

For example, a number of articles are published in the mid 1960s about 'attempted suicide'. This contested and flexible term refers at this time to people who have harmed themselves

[14] Anon. 1915, 'The War and Nervous Breakdown', Lancet, 1, 189–90; Anon. 1918, 'The Treatment of War Psycho-neuroses', British Medical Journal, 2, 634; cited in Loughran 'Shell-Shock and Psychological Medicine' (2009)

[15] Myers C. S. 1915, 'A Contribution to the Study of Shell-Shock', Lancet, 1, 316–20; Grafton Elliott Smith [**ref**]

[16] Mayou General Hospital Psychiatry 774

in ways that look like they are attempting to end their lives, but have survived the attempt and ended up in hospital. A cluster of research articles emerges from King's College Hospital (KCH), which is significant because it is a large general hospital, but it is across the road from a psychiatric hospital, and the epicentre of British psychiatry in the twentieth century: the Maudsley Hospital. The proximity of the two hospitals is important because most psychiatric hospitals (formerly called mental asylums) were built far away from centres of population, and geographically isolated – but this one is not.[17] KCH has a number of technical relationships with the psychiatric institution across the road, but one of the more ephemeral is an 'Accident Service' in the mid to late 1960s, which prompts six research articles that touch upon attempted suicide, published between 1966 and 1969. Almost all mention the accident service, either in the opening section of the article, or in the methods section. For example, one of the early studies in 1966 states explicitly:

> [i]n this study we have taken advantage of an accident service provided by King's College Hospital. Within a defined area of South-east London all patients using the emergency ambulance service are brought to the casualty department. Any patient who has made a suicidal attempt, however slight the medical danger, is admitted and referred for psychiatric opinion.[18]

This administrative arrangement, the proposed origins of which will be buried in obscure and inaccessible meeting minutes if preserved at all, is here preserved and digitised because it forms part of a research article published in a journal. It shows how any patients who use an ambulance will be referred for a psychiatric opinion if they seem to have harmed themselves – even if there is no physical danger. As psychiatrists in this period are increasingly interested in non-life-threatening self-harm, this arrangement is *extremely* useful both for the psychiatrists to be able to speak to increasing numbers of patients, and for historians of psychiatry who are looking for practical arrangements that allow psychiatrists to function effectively at general hospitals.

In the methods sections it is also possible to see some work that might otherwise be hidden. A number of papers on 'self-cutting' are produced in the 1960s and 1970s, from psychiatric hospitals in North America. These articles are extremely invested in portraying self-cutting as a phenomenon of women rather than men. In one of the groups from an article published in 1967, it is mentioned that their sample was '21 females and one male'. Revealingly, '[t]he male, a 56-year-old dentist, was excluded from the study because we felt he was atypical'.[19] In another study, from Mount Sinai Hospital in New York City, it is remarked when discussing the methods that 11 male patients (out of a sample of only 35) were recorded with a history of cutting, 'but the findings were so different from those of the women that they will be presented in a separate paper'.[20] I cannot find any evidence that this separate paper was ever published, but the traces of the work done to make the syndrome of self-cutting appear as a female affliction are still there in the journal articles for those who look.

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[17] For more on the Maudsley and its place within British psychiatry, see Jones Rahman & Woolven; Hayward, etc.

[18] Greer Gunn & Koller 1352.

[19] Graff and Mallin 1967: 36

[20] Rosenthal, Rinzler, Wallsch et al., 1972: 1363

These articles are useful in other ways. They provide evidence for the assumptions that psychiatrists are trying to investigate and establish. The authors from KCH investigate the significance of 'childhood parental loss' in the history of those who attempt suicide. They provide a definition ('loss or continuous absence of one or both natural parents for at least 12 months before the fifteenth birthday'[21]) which is revealing in its own way (the reference to 'natural parents' for example). But the key information is that this is considered a plausible contributing factor for those who end up in hospital having attempted to harm themselves. There are many other articles attempting to make similar connections from the 1950s to the 1970s, all in medical journals. This might help feed into a project on the post-1945 family, or how psychiatry reinforces normative familial relations by supposing (and establishing a link) between an attempt at self-harm and a disruption to a particular, conventional family arrangement.

New Diseases, Syndromes and Treatments

Medical journals are extremely useful for charting the emergence of new insights, techniques, and therapies, as well as new diseases or syndromes. We have already seen this for 'shell-shock', but this is also true for the emergence of many other issues in the history of psychiatry. For example, the extremely controversial category of 'Borderline Personality Disorder' (BPD) can be traced through its emergence in print. BPD has been vehemently criticised for a number of decades by feminists for pathologizing women as emotionally manipulative, sexually promiscuous, and generally unstable.[22] Any historical criticism of this category *must* look at the emergence of the term 'borderline' in psychiatry in medical journals. Whether you pick Adolph Stern in the *Psychoanalytic Quarterly* (1938),[23] Robert Knight in the influential *Bulletin of the Menninger Clinic* (1953),[24] or Otto Kernberg in the *Journal of the American Psychoanalytic Association* (1967)[25] as the origin-point for this category, all three have a claim on the formation of this particular psychiatric diagnosis. All these articles undertake definitional work, making it clear to the reader that this is a contested and new category. These three authors also use 'borderline' in different ways – opening up the possibility for a rich and nuanced analysis around the roots of the category, and when it might be reasonable to claim that the contemporary form of 'borderline personality disorder' finally emerges.[26] All of this work can be undertaken through a close reading of medical journals – from a term that begins as 'borderline neurosis', and is attached to schizophrenia, to a term that signals the emergence of perhaps the most important of the 'personality disorders' (alongside 'psychopathy').[27]

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[21] Greer Gunn & Koller 1353

[22] Showalter, Appignanesi, Forrester.

[23] Adolph Stern 1938. "Psychoanalytic Investigation of and Therapy in the Border Line Group of Neuroses." *Psychoanalytic Quarterly* 7: 467–489

[24] Knight, Robert P. 1953. "Borderline States in Psychoanalytic Psychiatry and Psychology." Bulletin of the Menninger Clinic 17:1–12.

[25] Kernberg, O.F., "Borderline Personality Organization", *Journal of The American Psychoanalytical Association*, 15 (1967): 641-685.

[26] Some of this lineage is taken from Elizabeth Lunbeck's 'Borderline Histories: Psychoanalysis inside and out' which relies heavily on medical journal articles, but the most significant part of this chronology is taken from a grant application on this topic by Åsa Jansson (**included with the author's permission – have messaged to ask…**).

[27] See David Jones; Susanna Shapland PhD;

A keyword search for the various commercial and generic names for one of the new psychiatric drugs of the 1950s (chlorpromazine, Thorazine (USA), Largactil (UK)) turns up a huge number of articles assessing the effects of these drugs.[28] There are also discussions of these and any number of other drugs used in psychiatry after 1945 – lithium, Selective Serotonin Reuptake Inhibitors (including Prozac), barbiturates, and more.[29] Many journals are concerned with pharmacological treatment, rather than psychiatry specifically, but as with the general medical journals, the emergence of psychiatric concerns in fields that are not only concerned with psychiatry is an important point for discussion in itself.

The study of treatments in psychiatry through medical journals could include the emergence and development of Electro-Convulsive Therapy (ECT)[30] or psychosurgery (lobotomy/leucotomy)[31], as they appear in journals. But this brings an important issue into focus. These treatments are today extremely controversial, and in the case of psychosurgery (now called Neurosurgery for Mental Disorder [NMD]) almost never practiced any more.[32] However, if you look solely at the journal articles that first publicised them, and later articles that report on their efficacy, you will have an extremely partial picture of their effectiveness. This is due partly to different clinical standards for ethics and consent in the past (and the articles are themselves evidence of this). But it is also due to something called publication bias which is an enormous issue to consider for anyone looking at medical journals.

Simply put, publication bias acknowledges that journals are much less likely to publish accounts of failed treatments. This does not mean that they never do so, or even that they rarely do so. In fact, publishing accounts of treatments that have had no effect, or that have proved to have damaging side effects, is a core part of scientific credibility. However, new treatments that impact positively upon diseases are far more likely to be written up by clinicians and far more likely to be published if they are a resounding success. Doctors rarely win prizes or acclaim for treatments that do not work, even if the demonstration of the lack of effect can be useful if a particular treatment has become popular rapidly. On the other hand Egas Moniz, the pioneer of lobotomy, won a Nobel Prize (largely thanks to the lobbying of American psychiatrist and fervent psychosurgery advocate Walter Freeman).[34] This is perhaps the most important bit of contextual information to keep in mind when searching for evidence of a particular diagnosis, treatment, or institution. Journals are not neutral or transparent; journals are slanted towards successful outcomes, even if those successes are shaky or uncertain, or later thought to be hugely unethical and damaging.

Journal research articles are also formulaic, as mentioned above when discussing the various sections of an article. This formula leads discoveries to be presented in research articles as the only obvious logical outcome of the testing. However, decades of work in the history of

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[28] E.g. Kris, Else B., and Donald M. Carmichael. "Follow-up study on patients treated with thorazine." *The American journal of psychiatry* 112 (1956): 1022

[29] E.g. Charney, Dennis S., et al. "Serotonin-specific drugs for anxiety and depressive disorders." *Annual review of medicine* 41 (1990): 437-46

[30] REF – ECT get it from Anne Harrington's book…

[31] REF, perhaps the Moniz

[32] https://www.mind.org.uk/information-support/drugs-and-treatments/neurosurgery-for-mental-disorder-nmd/about-nmd/

[34] Harrington *Mind Fixers* ch 2

science and medicine has shown how scientific work (which includes clinical drug trials, or assessments of other treatments, or the naming of a particular syndrome or illness) is highly contingent, uncertain and ad hoc. Often experiments are considerably less robust than they seem in the published literature. One of the most famous examples of this is Stanley Milgram's experiments on obedience to authority (in the field of psychology rather than psychiatry), where one researcher used Milgram's extensive preserved papers to cast doubt on the robustness of all Milgram's findings.[36] Journal articles must be used with caution.

These articles are the outcome of a lot of labour, both in the performing and calibrating of experiments, the writing-up process, the peer review process, and any revisions required. The vast majority of this work is obscured by a simple, four- or five-page account with very few of the bumps in the road mentioned at all. One journal - *Wellcome Open Research* - publishes and attributes all peer review reports, but it is an outlier, certainly in historical terms.[37] Journal articles might usefully be called teleological because they have a set end point established (the successful trial, or the decision on a set of diagnostic criteria honed over months), and the rest of the article is written backwards from that point. Thus everything fits. Some of this work in the history of psychiatry might include writing, revising and piloting a questionnaire, with critical changes made at every stage. These revisions make it 'more precise' (which also might cynically be interpreted as 'the questions get the kinds of answers you are looking for'). This work of revision is extremely useful when thinking about developments in the history of psychiatry, but is often nowhere to be seen in the journal article that uses the questionnaire. As much as medical journals are polished, coherent, specific nuggets of information – one of the reasons they are so useful – this is also why they are so infuriatingly opaque. From this end of the publication process they make it difficult to ask or answer any other questions than the ones they ended up answering.

References

Almost all scholarly journal articles (whether in medical journals or not) have references. This acknowledges the other literature that is being built upon, or contested. For historians these references can be incredibly useful for mapping out a particular field or sub-field concerned with a certain issue. In my work on self-harm, I located almost all the early works talking about a new form of 'delicate self-cutting' through the references of other articles.[39] Having found articles in this way, I was then able to scour their references in turn and further relevant sources were located. References in medical journals are intended as part of a conversation with other researchers, and historians can use them as evidence of the self-conscious connections that people are making between different medics and researchers. As always, these references do not give the whole picture. Especially during the nineteenth century, when psychiatry was considered something of a 'backwater', asylum superintendents might report their findings with no knowledge of or access to others working on similar problems. In these cases a very partial picture will be portrayed in the references. If you know that other

[36] S. Milgram 'Explanations for Obedience' (1963); G. Perry *Behind the Shock Machine: The Untold Story of the Notorious Milgram Psychology Experiments*. See also the Stanford Prison Experiment: Thibault Le Texier 'Debunking the Stanford Prison Experiment' *American Psychologist* (2019).

[37] See https://wellcomeopenresearch.org/

[39] Millard, Chris. "Making the cut: the production of 'self-harm' in post-1945 Anglo-Saxon psychiatry." *History of the Human Sciences* 26.2 (2013): 126-150.

workers were publishing similar things at a similar time, this absence becomes a kind of evidence of its own.

Letters pages

Letters pages are extremely useful. One of the most difficult issues for any published historical source is working out its *reception* – that is, what the people reading it thought of it. It is relatively straightforward to work out who articles are *aimed* at, but much more difficult to see how articles were received by those who read them. Letters are very helpful here, as they contain commentary, correction and reaction to previous issues of the journal. There is even a literature on the practice and significance of writing such letters.[40]

In 1951 Richard Asher is published in *The Lancet* naming a new syndrome after Baron Munchausen – a famous (fictionalised) teller of highly embellished tales.[41] Some patients, Asher claims, travel from hospital to hospital pretending to be acutely ill, having painful exploratory operations performed upon them, and leaving abruptly when they are unmasked as frauds. They then turn up a few days later in another hospital, often many miles away. In the issues that follow doctors write in with their own experiences of patients that 'hoodwink' them – or following up on Asher's example patients with more sightings, or providing alternate false names given.[42] There are also letters that speculate on the psychological reasons why people might do this – and it gets rather heated when some physicians argue that these patients need more care and sympathy than mocking.[43] People also write in with their own alternative names for these patients, or this condition: hospital hoboes, hospital addicts, thick chart syndrome, and more.[44] A new category of patient is created and debated across the letters pages of medical journals – not only in *The Lancet* in 1951 but in the *British Medical Journal* in 1955.[45] These patients are seen as psychologically ill, but present themselves at general hospitals (not asylums), and so once again they are a key contact point in the fraught relationship between psychiatric and general medicine. In another reading, these patients are routinely diagnosed across these letters as 'psychopaths', another important and troubling diagnosis in psychiatry that has antecedents in 'moral insanity' and which transforms into 'personality disorder'.[46]

There are numerous fantastic examples of the historical richness of letters to medical journals, but there is only space for one more example here. Tom Harrisson, anthropologist and founder of the social research group Mass Observation writes to the *British Medical Journal* in April 1941 to discuss 'The Obscure Nervous Effects of Air Raids'. (All letters

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[40] Peter P. Morgan 'How to write a letter that the editor will want to publish' Canadian Medical Association Journal 132 (June 15th 1985): 1344; N. Papanas et al. 'Letters to the editor: definitely not children of a lesser god' International Angiology 28(5) (2009): 418-20; N.W. Goodman 'How to write a critical letter and respond to one' Hospital Medicine 62(7) (2001): 426-7; E. Tierney, C. O'Rourke & J.E. Fenton 'What is the role of "the letter to the editor"?' European Archives of Oto-Rhino-Laryngology 272(9) (2015): 2089-93.

[41] Asher, Lancet 1951

[42] REF

[43] REF

[44] REFS

[45] Refs

[46] Jones, David W. *Disordered personalities and crime: An analysis of the history of moral insanity*. Routledge, 2015.

responding to him are printed in subsequent issues under the same heading, making it simple to track them down.) There are seven letters in all including responses and rejoinders, until the middle of June 1941.

Harrisson begins by setting out the contention that there has been 'a surprisingly low degree of nervous and shock response among the civilian population when subjected to heavy bombardment.'[47] This supposed resilience is one part of what historian Angus Calder writes about in *The Myth of the Blitz* (year). Harrisson is skeptical about this resilience, noting that as part of his work observing morale:

> we have come across several cases of persons who, after a heavy bombardment, have left next morning, found a billet with friends or relatives or strangers, and then caved in. In some cases they have simply taken to bed and stayed in bed for weeks at a time. They have not shown marked trembling or hysteria, but an extreme desire to retreat into sleep and into being looked after, as if chronically ill.[48]

He further notes in his letter that these cases do not seem like normal presentations of nervous troubles, and that they are unlikely to be reported to doctors, and even less likely to reach psychiatrists. He thinks that there is potentially a psychological problem and it is not being picked up. A number of the responses to his letter push back against this assessment, and argue that this might not be a psychological problem, but a physical one. Hugh Crichton Miller argues that a rhinologist (nose specialist) would find that these cases had developed sinusitis as a result of the bomb blasts, or impact from the bombs.[49] Another clinician ventures that 'the pathology of both immediate and remote effects is essentially vascular'[50] and another that it is the force of the blast wave (rather than any other impact caused by being thrown around) in the nose or ear passages.[51] Harrisson responds that 'no one who has spent any time objectively studying behaviour in the "blitztowns"… could shut their eyes – however hard they try – to the very considerable effect that continuous raiding has on people's nervous system, irrespective altogether of the physical impacts.'[52] This back and forth, between emphasis on physical and mental damage, is characteristic of the debates around shell-shock in the First World War. Despite the widespread censorship of any information that might adversely affect morale, or show that there were problems with morale, the information in these letters gets through. This is partly because it is valuable information for the maintenance of morale, partly because it is expressed in highly technical (rather than alarmist) language, and also because care is taken to emphasise the general good state of morale ('The great majority of people behave with their normal calm and common sense, of course'[53]). Letters to the editor remain a huge trove of insight, response and conversation that plugs into many important issues in the history of psychiatry.

Absences: *Advertisements, Patient Voices, and Structural Biases*

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[47] Harrisson 1941: 573
[48] Harrisson 1941: 573
[49] Crichton Miller 1941: 647
[50] Pickworth 1941: 790
[51] Whitteridge 1941: 791
[52] Harrisson 1941: 832
[53] Harrisson 1941: 832

Having substantially sung the praises of medical journals in this chapter, it is important to think very carefully about what is *not* there. Perhaps the most obvious absence for the history of psychiatry is the advertising that tends to be removed when binding the volumes for storage in libraries, and the lack of attention to scanning adverts when digitising. Much of the post-1945 history of psychiatry is bound up with pharmaceutical drugs, and in the UK, advertising of medication to consumers remains prohibited.[54] Thus the advertisements are exclusively aimed at clinicians, and it is therefore logical to place them in medical journals. Some studies have been attempted, but when browsing online issues of medical journals, it is vital to remember that one of their chief revenue streams is obscured, and a key part of what clinicians might have read at the time of publication is not there.[55] It is still possible to study the history of advertising and medication, of course, even if it is difficult to access bound journals with the advertisements included. Some are kept at the British Library Reading Room at Boston Spa, but getting in touch with archivists first and asking questions is to be recommended here. Another option is to access the digitised and publicly available full run of *Chemist and Druggist*, the leading trade journal for pharmacists in the UK. This covers more than simply psychiatric treatments, and is a very useful resource.[56]

Another aspect of medical journals that is absolutely central to the history of psychiatry is the absence of patient/service user/survivor voices [see Steffan Blayney's chapter on Activist Sources]. It has been argued that 'one of the most important and striking changes in the history of post-war British mental health care has been the rise of the service user perspective.'[57] There have also been multiple attempts to analyse and historicise service user experience in the history of psychiatry.[58] Given medical journals are written by (and for) clinicians, one would rightly expect little from service users to surface. However, there are some examples (including medical journal articles) in published *bibliographies* of service user experiences including one by x Sommer and x Osmond as far back as 1960 in the *Journal of Mental Science*.[59] For example 'Mrs. F. H.' wrote 'Recovery from a Long Neurosis' which was published in *Psychiatry* in 1952, and Jonathan Lang wrote 'The other side of hallucinations' which made it into the *American Journal of Psychiatry* in 1938.[60] These first-person accounts of mental illness are often presented with explicit justifications as to why they have been included in medical journals. For example Lang's article is prefaced with the assertion that 'The report of the psychotic patient provides the basic data concerning hallucinatory phenomena' and that because the writer 'still retained certain amount of intelligence, and who has some knowledge of general psychiatric literature, the writer feels that an account of the phenomena which he has experienced might be of some value.'[61] The accounts themselves are hugely rich and useful – and the justifications are yet another layer of

[54] Harrington (2019) for a drug heavy hist psych – also Shorter, Healey.
[55] Cristina Haganau Bresch; Mat Savelli.
[56] See https://wellcomelibrary.org/item/b19974760#?c=0&m=0&s=0&cv=0&z=-1.3203%2C-0.0921%2C3.6406%2C1.8421
[57] Turner et al. 612
[58] Noorani, Rose, Beresford.
[59] Sommer and Osmond 1960, 1961
[60] Anon. (Mrs FH) 'Recovery from a Long Neurosis' *Psychiatry* (1952): Jonathan Lang 'The Other Side of Hallucinations' *American Journal of Psychiatry* 94 (1938): 1089-1097
[61] Aaron Rosanoff [?] 'Introduction' to Jonathan Lang 'The Other Side of Hallucinations' *American Journal of Psychiatry* 94 (1938)

important information about the perceived value of patient testimony across time. Patient testimony in mental health might be usefully traced as far back as John Thomas Perceval's account published in 1830, and even before.[62]

Angela Woods has written about how, in 1979, the journal *Schizophrenia Bulletin* 'started to include among its experts people with a subjective experience of schizophrenia, publishing short pieces'.[63] The inclusion of these kinds of accounts should not be taken at face value – as some kind of raw 'patient experience' to be harvested by scholars and clinicians alike. As Lucy Costa et al. have argued in general about 'service user experience': 'We seek to question the use and propagation of personal narratives, and elucidate how our stories are increasingly being used as a way to harness support, funding, or press coverage for the systems that we recognize as being part of the problem.'[64] The telling of stories is not a neutral act, and certainly the publication of particular accounts in medical journals is a political act with an intended outcome. There is always a politics to the disclosure of 'experience'. [65] The same is true of those accounts published as stand-alone books, but the parameters around format, justification and publication are all different.[66]

Finally, when thinking about absences more generally, there are omissions on more general lines of race, class and gender here. The medical profession cannot exist outside of the societies in which it is embedded, and these societies are strafed by inequalities and prejudices. Medical journals represent a particular set of interests, and are the outcome of a set of raced and classed barriers to the medical profession. In Britain, especially in the nineteenth and twentieth centuries, the medical profession (and thus its scholarly journals) have been overwhelmingly white, male and upper-middle class.[67] When using medical journals in order to interrogate the history of psychiatry, these inequalities must be borne in mind. There is much work on race and psychiatry, much of it issuing from the United States of America, which can contextualise and expose this absence in journals.[68]

Miscellaneous

There are many other kinds of article or series in medical journals; some are ephemeral, others longstanding. There is a column in *The Lancet* called 'In England Now' which formed a set of rather whimsical observations and commentaries connected to medicine in England.[69] In the *BMJ* there has been a longstanding set of reminiscences by clinicians called 'In my Time' which reflects upon past practice.[70] There are 'reports of societies' where some of the cutting-edge controversies in medicine and psychiatry are debated – for example a report on Child Guidance from Liverpool, published in the *BMJ* in the early 1930s shows how 'advances in psychology' are aiding the understanding of mental stress, misbehaviour, and how this might

[62] Perceval
[63] Woods 'Rethinking Testimony' 2
[64] Costa Et al 98
[65] Cf Scott's classic account of this.
[66] Operators and Things; Beers, etc etc.
[67] Get some stats on this?
[68] Metzel, Littlewood, Bhugra, plus Harrington's Bibliography.
[69] In England now
[70] In my time

intersect with the physical health of children.[71] There are also obituaries, which along with Munk's Roll and the output of various other professional societies, provide vital biographical details for psychiatrists and other clinical workers.[72] There are short case reports that might detail a puzzling or interesting case, with either a plea for more work in a particular area, or a direct appeal for diagnostic help.[73] There is plenty more between the covers of medical journals, and sometimes browsing the bound copies is the only way to really get one's head around all the valuable material.

Conclusion

Medical journals are public, official and aimed at professionals. They are one of the first ports of call for any historian of psychiatry. They have mostly been digitised and are keyword searchable. There is no excuse not to use them extensively for background and context, even when the main thrust of the project is different (e.g. oral history interviews or activist pamphlets). There is no escaping the medical journal in the history of psychiatry – but this is all the more reason to subject it to sustained critique. It should always be held in mind that there is so much hidden from view: from the teleological structure of most research articles, to the vast hidden conflicts and revisions of the peer review process. There are many absences – some practical (advertisements) and some structural (race, class and gender disparities). They are a complicated and rich source base, either as a central or contextual part of any project in the history of psychiatry, especially in the twentieth century and beyond.

[71] 'Reports of Societies – Child Guidance' British Medical Journal ii (09.12.1933): 1074 This feeds into histories of child guidance e.g. John Stewart and studies of child bonding, attachement and psychology, e.g. Marga VIcedo.

[72] Eg Royal College of Physicians, RC Physicians of London, Edinburgh etc. do Munk's Roll too

[73] E.g. Lorber on case from Sheffield – turns out to be a Munchasuen case.