

31 October - Morning:

chairpersons: Kragh, Vanja

- 9.00- 9.30 **Jesper Vaczy Kragh (Kopenhagen): Shock Therapy in Danish Psychiatry**
9.30- 10.00 **Christina Vanja (Kassel): Psychiatric Museum in Hesse**
10.00- 10.30 **Bert Boeckx (Geel): Seven centuries of the Geel's psychiatric family care**
10.30- 11.00 **Kalvach Pavel, Kalvach Zdenek (Prague): History of understanding dementia**

Shock Therapy in Danish Psychiatry

Jesper Vaczy Kragh

In recent years, historians of medicine re-evaluated the history of somatic treatments in psychiatry. After decades of criticism, somatic treatments of the 1930s like Cardiazol shock therapy and electroshock are no longer primarily characterised as harmful or coercive methods. Similarly, the verdict on insulin coma therapy, invented in 1933 by Manfred Sakel of Austria, has been revised. In newer historical studies, the somatic treatments of the 1930s are often described as “efficacious therapies” or, in the most favourable accounts, as “the penicillin of psychiatry”. However, hardly any of the new accounts have used patient records in the study of these treatments, and most studies are based on secondary sources such as medical literature of the twentieth century and interviews with psychiatrists who experimented with the therapies. This paper will argue that a more complex image appears when the history of somatic treatments is analysed using case notes and other primary historical sources. Focusing on the introduction and utilization of Cardiazol shock therapy in Denmark, this paper explores the history of the treatment and the various factors that contributed to the wide spread use of shock therapy.

Psychiatric museums and memorials of the Landeswohlfahrtsverband Hessen

Christina Vanja

The “Landeswohlfahrtsverband Hessen” is a welfare institution responsible for social politics in the German Federal State of Hesse. The organisation was founded in 1953, but its psychiatric hospitals are much older. Already in the beginning of the 16th century the protestant Landgrave of Hesse, Philipp the Magnanimous, established four territorial hospitals, two for men and two for women, in former monasteries and a parish. These mixed charitable institutions cared for old and bodily handicapped, but also for melancholic, maniac and feeble minded poor people. In the 19th century three of these hospitals changed to specialised psychiatric sanatoriums, while the fourth hospital has already been destroyed in the thirty-years-war. Today the old institutions operate as modern clinics for psychiatry and psychotherapy, for forensic psychiatry and also as pedagogical homes for handicapped people.

During the 19th and early 20th centuries these early modern hospitals were supported by new asylums, named Heil- and Pflegeanstalten (that means therapeutically and nursing institutions for psychiatric patients). At the time of World War I the whole area of nowadays Hesse was covered by psychiatric hospitals. These institutions were later on involved in the Nazi “euthanasia”-programme beginning in 1939. In Hesse the Landesheilanstalt Hadamar near Frankfurt was one of six murder-mills, where patients from different German areas were

killed by gas. After the stop of this first phase of “euthanasia” further patients in Hadamar and in other Hessian asylums became victims of hunger and overdoses of medicine. Between 1940 and 1945 about 20.000 patients were killed by these methods in Hessian asylums. Since the end of the war all the psychiatric institutions in Hesse were rebuilt as open clinics with professional staff and modern ways of therapy.

Since about 20 years the Landeswohlfahrtsverband Hessen can dispose over a special historical department responsible of archives, memorials and museums. Meanwhile in 11 psychiatric and pedagogical institutions you can visit memorials, museums and permanent exhibitions. Further on a travelling exhibition on the Nazi-“euthanasia” in Hesse can be seen also outside our country.

Museums are placed in the old hospitals from the 16th century. They give by presenting historical instruments of therapy an overview on psychiatry during almost 500 years. The central memorial for the victims of “euthanasia” in Hesse is in Hadamar. About 17.000 mostly young visitors yearly were guided to this place to the gas chamber and were informed on the murdering of ill people at Nazi times by a special exhibition.

The lecture will give impressions of all these places of psychiatric history attended by our department.

For further information:

www.lwv-hessen.de www.gedenkstaette-hadamar.de www.vitos-haina.de

Seven centuries of the Geel’s psychiatric family care: Among people. The remarkable history of psychiatric foster care in Geel

Bert Boeckx

Geel, a town of about 35.000 inhabitants in the north of Belgium, is best known for its 700 year old psychiatric foster care programme. Today about 420 patients reside with 330 families in Geel. Though many places in Europe can claim innovative facilities for the care and treatment of psychiatric patients, Geel is unique in the world, because it has got a long tradition.

Geel’s psychiatric foster care can be traced back to the legend of Saint Dimpna, an Irish royal princess supposed to have fled her father around 600 AD, fearing the latter’s incestuous intentions. Dimpna ended up near Geel, where she was overtaken and captured by her father who then had her beheaded. Before long, so the story goes, Dimpna was invoked in people’s prayers to cure various illnesses, especially insanity, as her father was deemed to have acted in a bout of insanity.

In 1349, the first stone of Saint Dimpna church was laid and about a century later a “sick room” was built next to the church. Those seen as possessed or mad resided in the church during religious penitence rituals which took nine days to complete. Pretty soon however, the sick room was too small to accommodate all pilgrims. Awaiting a vacancy patients were placed in the care of local Geel families. In addition, not everyone returned home after the rituals, so the number of foster families and patients increased as time went by. Foster parents received financial compensation in return for their services. Clerics used to organize

the pilgrimages, took care of the rituals, allocated foster homes, supervised the care in the families and had spiritual jurisdiction over all the pilgrims.

In the course of the 18th century, new ideas on the care for the insane emerged and signalled the end of the age-old hagio-theapeutic treatment. In spite of these developments, the foster care system in Geel survived, be it without the ritual component. In 1850, the Belgian Parliament decided to tackle the situation of the mentally ill and passed the *Law on the Mentally Ill*. Geel became a “colony” and was put under the supervision of the Minister of Justice. In 1851 further regulations were issued, outlining the administrative structure and medical guidelines. In 1861 a hospital was build as temporary accommodation for the mentally ill who first arrived in Geel, and for those who needed medical assistance for shorter periods of time.

In the 19th century, the Geel psychiatric foster care was introduced to the international scientific scene by a number of medical doctors-specialists who visited this ‘strange little town’. The ‘Geel Question’ was born, an international controversy on the question wether the Geel system was more effient and humane than the modern asylums of their day.

The fame and reputation of Geel grew. By 1900, about 2000 patients resided in the village. Between 1915 and 1935 the number of foreign patients peaked. Geel even hosted a few US, Japanese and Brazilian boarders. In 1923, 421 Dutch resided in Geel. In the 1930s there were almost 4000 people in foster care families in Geel, wich was 30% of the population. After Second World War, when facilities elsewhere began to improve, the numbers dropped. Now Geel families house 420 patients, who are nearly all Flemish and the system is livelier than ever. More and more, the foster family care system becomes a shining example to other countries, some of whom copy it, while others implement its core values in other creative ways. Nowadays OPZ Geel (Public Psychiatric Care Centre Geel) offers a wide array of psychiatric services ranging from a psychiatric foster care programme to in-patient treatment programmes. Even though new services have been developed, the foster family care programme is still at its core, its main source of inspiration and to some extent its conscience as well.

There’s no doubt, Geel psychiatric foster care can be considered as important Flemish, and even international, cultural heritage. Therefore OPZ Geel aims to preserve, safeguard and promote this tangible and intangible heritage. In September 2009 a permanent exhibition on the history of psychiatric foster care was established in the former hospital building. This building also houses the large psychiatric archives and the historical library.

The history of psychiatry and psychiatric foster care cannot only be written with paper documents. Therefore, in 2007 the OPZ Geel started a broad oral history project, funded by the Flemisch government: “**Among people. The remarkable history of psychiatric foster care in Geel**”. Hundreds of people – former docters and nurses, foster families, patients, policy makers and citizens – were interviewed. We were able to document unique testimonies on the life in a psychiatric hospital and in psychiatric foster care from the 1930s until today. The ultimate goal is to create a large collection of oral sources (audio and video testimonials) on the history of psychiatric family care. In 2010 this project will result in a book, an exhibition and a documentary film.

History of understanding dementia

Pavel Kalvach and Zdeněk Kalvach

While the phenomenon of general stupidity was well known from times immemorial, attempts to distinguish inborn mental incapacity from the acquired one date back about 200 years ago. These first descriptions come from Phillipe Pinel and Jean E.D. Esquirol and base on clinical observations. In the first half of the 19th century the relatively short lives of the main population did not offer enough opportunities to apprehend dementia and in particular not that of degenerative etiology. Fig.1 depicts e.g. diagnoses of the Prague's Psychiatric asylum, reported by Joseph Riedl, the first „docent“ and first professor of psychiatry in the Austrian-Hungarian monarchy. Missing dementia was a phenomenon common in the asylums of the whole Europe.

	Männliche		Weibliche	
	Fälle	Prozent	Fälle	Prozent
Heredität	65	20	146	36
Trauma	25	2	10	2
Dep. Effekte	15	3	3	
Spirituosa	20		3	
Typhus	6		3	
Insolatio	3		1	
Cephalica	3	9	1	
Hydrocephalus	1		1	
Caries os. petrosi	1		1	
Apoplexia	1	1	172	103
Meningitis	4		340	142
Epilepsia	1			
Erysipel	1	1		
Transport	146	36		

The second half of the 19th century brought about gradual discern of acquired mental deterioration. The main substrate for these observations was progressive paralyse, blended also with other vascular etiologies and in some cases with unrecognized tumorous and infectious instances. A great step forward was made possible by the spectacular development of histological methods, started in 1873 by Carlo Golgi's discovery of neuron („reazione nera“). The microscopic studies of the brain, represented by Franz Nissl, Theodor Maynert, Willibald Scholz, Deiters, Schultze or Max Bielschowsky enabled to differentiate normal neural structures from the injured and the degenerated ones. Thus the scientific field was well prepared for the pioneer descriptions of degenerative dementia in the last decade of the 19th century (Arnold Pick, 1892, Fig. 2) and in the first decade of the 20th century (Alois Alzheimer 1906/7, Fig. 3).

The first one combined clinical observations with macroscopic findings at autopsy, the latter clinical observations already with microscopic findings. The end of the 19th century saw also another milestone in this research, namely the introduction of testing intelligence by Alfred Binet and Theodore Simon.

Psychiatric diagnoses of 1828, Prague

All the above mentioned successes did not yet mean a straight forward victory over the complicated riddle of dementia. The principle of progressive paralysis was not discovered as long as till 1905 (Spirochetta pallida by Fritz Schaudin), 1906 (seroreactions by August von Wassermann) and syphillis finally acknowledged as its etiology between 1910 – 1915. A proper definition of degenerative dementias was moreover complicated by being mixed with various postmelancholic states, or mixed with schizophrenia, usually under a term introduced by Morel in 1851 – „dementia praecox“. The repeated editions of Emil Kraepelin's textbook of Psychiatry bear witness of this struggle. Interesting are also the comments to Kraepelin's texts in the „Psychiatry for study and practical medicine“ written by Karl Kuffner in Prague. Kuffner, at the break of the 20th century, coined a division of „dementia simplex“ into „consecutiva“ and „primitiva“.

The first description of strange foci in senile brains („amas ronds“) comes from Pierre Marie and Marinesco around 1895. Emil Redlich has named the same histological appearance the first time as „plaques“, in his article on „Miliäre Sklerose“, published in 1898. Simultaneously with Alois Alzheimer’s paper on his patient Augusta D. in 1907 a Prague neuropathologist of German Jewish origin Oskar Fischer (Fig. 4) published his 16 cases of senile dementia („presbyophrenia“) brains, 12 of them harbouring senile plaques (Monatsschrift für Psychiatrie und Neurologie). He has called these changes „drusige Wucherung“ (geode-like vicariation) and provided a marvellous structural analysis of these amyloid aggregates. His naming of these lesions as „Sphaerotrichia multiplex cerebri“ was used also in his later articles of 1910 and 1912, when he published already 58 positive cases among 275 investigated brains.



Arnold Pick, 1851 – 1924



Alois Alzheimer, 1864 - 1915



Oskar Fischer, 1876 - 1942

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