James Parkinson's Historical Contribution to Forensic Psychiatry and Involuntary Treatment

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History of the development of the medical profession is one of the most important subjects. It presents its own challenges but the insights it offers are most instructive and superlatively satisfying. I personally was a relatively late entrant to this field. I had completed my psychiatric residency at the Royal Edinburgh Hospital in Scotland. It was one of the oldest mental hospitals in the United Kingdom and Craig House, which was a part of it, was of immense historical value having been completed way back in the Tudor era (corresponding to the reign of the House of Bruce in Scotland) which was replete with underground tunnels and dungeons. In the 19th century, it was purchased by Sir Thomas Clouston and converted into a mental asylum for fee-paying patients. The treatment records were still preserved at the time and I spent many hours perusing the treatment modalities that were on offer in that era.

James Parkinson (*Source: Wikimedia Commons*)

It was only then that I realised that a proper understanding of not just the treatments but the nosological concepts make it imperative for a modern clinician to have a historical understanding of the medical profession in general and the newer disciplines like psychiatry in particular. That is probably what prompted me to work towards a doctorate in the history of psychiatry while still engaged as a clinician.

Psychiatry is a relatively new specialty. At the beginning of the twentieth century, there were only a handful of recognised psychiatrists in the United Kingdom. Most of the psychiatric patients were treated by general physicians who were made conversant with the special needs of the discipline. Many of those who were entrusted with the care of psychiatric patients were trained as neurologists. Some of them recorded their detailed observations which, apart from being fascinating, are very instructive for later-day researchers like myself. It is the recorded observations of a very eminent neurologist that would form the subject of this column. This very astute clinician had dealt with some very difficult psychiatric problems in his career and offered some truly remarkable insights.

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James Parkinson's Remarkable Contributions to Clinical Neurology and Child Psychology

The name of James Parkinson, one of the most versatile of medical men, is known universally in honour of his monograph An essay on the shaking palsy published in 1817.[1] It was the French neuropsychiatrist Jean Charcot who eponymously named paralysis agitans 'maladie de Parkinson.'[2] As a busy practitioner, he is also sure to have seen many sick children and this led him to record his observations on "the improper indulgence of children", a remarkable adumbration that speaks volumes about his phenomenal psychological insights. He noticed that spoilt children "in the hour of sickness" sometimes exhibited such "distressing unmanageableness" under the influence of their "unconquerable tempers" as to frustrate "every well-contrived measure" for their amendment; quite apart from the danger that when they grow up, "they must soon fall, censured, but little lamented victims of their own ungovernable passions!" This, therefore, was no moral or educational tract but a practical guide to duties of a parent to their children especially in the infantile stage based on the experience of a wise family doctor.[3] Much of what Parkinson wrote may be read today in books of child psychology in terms of "over-pro-

tection" and "ambivalence" while his conclusion that "the temper of a child is formed in the early days of infancy" is also in keeping with the modern teaching.

Parkinson's Elaboration on the Need for Involuntary Treatment More than Two Centuries Ago

Even more noteworthy but lesser known is his paper on the involuntary detention of the mentally ill. For many years Parkinson was visiting physician to a private madhouse which grew from humble beginnings in 1792 to a flourishing concern with three separate houses in 1807 and 118 patients in 1819. This was Holly House in Hoxton founded by one John Burrows. It was in November 1807 when Parkinson was called to certify a patient.[3,4] My teacher in Edinburgh, late Professor R.E.Kendell has described Parkinson's dilemma very well in a chapter he penned.[5]

Mrs Daintree who had been brought at the request of her nephew - improperly it must be stated without an order from a physician, surgeon or apothecary as the Act of 1774 directed-that the train of events commenced which led to a small publication.

Mrs Daintree gained her release after three months' confinement, and in October 1810 brought a successful action against her nephew for conspiring illegally to deprive her of her liberty. Parkinson was asked to give evidence and remarked "how finding her answers to be rational, although her manner was strange and eccentric". He made enquiries from her family and neighbours and on the strength of this information, and after some further conversation' with the patient, was fully convinced of her being a lunatic; and signed the certificate.

He was severely censured in the newspapers for what appeared as certification not on direct evidence of insanity but on hearsay information that may have been actuated by personal motives. Encouraged by his friends and hearing that the Lunacy Commissioners had expressed their surprise that "I had not contradicted the calumnies that had been raised against me", Parkinson decided to vindicate himself, correct misstatements of his evidence, and at the same time "offer some observations which might show the defects of the Act for regulating madhouses" and some suggestions on how it could be improved. He described graphically the difficulties encountered by the physician called to certify a patient and was the first to suggest that the evidence of insanity obtained from examining the patient should be recorded separately from the information given by the relatives, and even more important than the "order for the confinement of the party" should be given by the justice of the peace (magistrate) since this is a case in which safety of society is concerned. It must be remembered that the very first Act of 1714 dealing with the detention of pauper lunatics empowered two magistrates to commit them without any medical certificate, and the Act of 1774 required only one medical certificate for committing private patients. Doubtless, Parkinson's voice along with others agitating for reforms in the early years of the 19th century led to the improvements noticed in the Act of 1828 which required a medical certificate as well as the magistrate's order in the case of paupers and two medical certificates in the case of private patients. Parkinson's suggestion that there might usefully be constituted an 'authorized arbitrator' was realised in the Mental Health Act of 1959 and all the subsequent Acts that were adopted.

Here is what he had to say on the problems of involuntary certification.

Problems of Certification of a Mentally Ill (in Parkinson's words) [6]

"The leading principle of the Mental Health Act of England (1774) is to place a medical man, as a competent judge between society and the unfortunate patient; to prevent him on one hand, from the commission of any act injurious to himself, his family or to any member of the society; and on the other to prevent him from undergoing unnecessary imprisonment. It is not every insane person for whom confinement in a madhouse is necessary; it can only be requisite in those cases in which it is expected to be one of the means of cure, or where there is reason to suppose that the patient by being at large may, from the disordered state of his intellects, be led to do injury to himself or others.

The spirit of the Act has been almost generally mistaken. It is by many imagined, that it is intended to obtain and to enforce the confinement of all insane persons, whereas the Act appears in this respect to have been most considerately worded.

The keepers admitting lunatics are not to admit 'any person as a lunatic without having an order in writing under the hand and seal of some physician, surgeon or apothecary, stating not merely that the person is a lunatic but that such person is proper to be received into such house or place as a lunatic.

To many, it may appear somewhat like a distinction without a difference. But to those who have seen those cases which frequently occur, in which the shattered mind, free from any dangerous purpose is only to be repaired by a careful adaptation of the tenderest means; as well as other cases where the most mischievous propensities are almost concealed under very slight appearances of derangement, and where confinement and coersion are absolutely necessary.; to those, I say, it will not be difficult to comprehend, that the legislature here expected, that the persons signing such certificates should exercise their judgement, in ascertaining whether, even if in-

sanity really existed, confinement in such a house or place was proper or not, in the case of that particular patient. To render evident the necessity of making such a distinction, it may be sufficient to point out an illustrative case or two.

The learned Whiston, in the latter part of his life frequently laboured under the most alarming fits of abstraction of mind, and suffered also from dejection of spirits to such a degree, as, at times, would have authorized his being considered as a lunatic. His friends judged rightly; to have committed him to a madhouse, would in all probability have fixed him with irremediable madness. A lady at present is in a private madhouse, and leading the symptom of her malady is merely the fancying that her breath is offensive. But the necessity for confinement, in this case, arises from her distress, respecting this imaginary evil, being such as to occasion a considerable reluctance to take her food lest by its grossness it should increase her supposed malady. Her dejection also is such, at considering herself as a nuisance to those around her .as to give reasonable fears, she should if left unguarded destroy herself!

Besides those already noticed, considerable difficulties will arise from the necessity of distinguishing cases of madness, from those of deranged states of mind from other causes. Instances of fatuity and of those deviations of the mind accompanying epileptic fits, frequently occur, in which the dangerous propensities of the patients are such, that nothing but that vigilant attention, which is habitually employed in these houses, but that vigilant attention, which is habitually employed in these houses, could give a hope of preventing some fatal mischief. The difficulty of obtaining direct evidence of insanity from the patient himself is frequently extremely difficult. A lunatic having committed in his own house several acts of violence, the family obtained a police officer from a neighbouring office to restrain him until the keeper from the mad house arrived. When the keeper came, he inquired particularly how he should know the patient, on his first entering the room, that he might immediately secure him with the waistcoat, to prevent any dangerous struggle. He was told that he had on a brown coat and that he would know him by his raving. He, therefore, glided into the room, where the police officer, who also had a brown coat on, sat with his back towards the door, remonstrating with the patient, who on seeing the keeper enter, with the waistcoat in his hand, became immediately calm, and with a wink and nod, so completely mislead the keeper, that in half a minute the police officer in spite of his resistance, was completely invested with the straitjacket, the patient manifesting his enjoyment of the trick by a violent burst of laughter. Unfortunately, it generally happens, that in patients in which so much cunning is found, a great propensity to mischief is united with it. The relations of the patient declare his malady to be such, that they know is meditating mischief of a most serious nature, and they adduce satisfactory instances of his insanity. But on examination of the patient himself, nothing is discoverable but a somewhat strange and peculiar manner, but not one decided mark of madness. In such a situation, the certifier requires some protecting clause in this Act. Perhaps the evidence of the relatives, where the medical examiner cannot himself obtain proof, ought to be required upon oath; and as it is a case in which safety of society is concerned, the justice of peace administering the oath, might, if he thinks that evidence sufficiently strong, either give his order for the confinement of the party or add his signature to the certificate. the question of the continuance or dismission of a patient is frequently as difficult. A clause, therefore, appears to be required in the Act, which should furnish an authorized arbitrator in these cases, on the requisition of any of the parties."

It is important to understand that here was a physician expounding his reasons and analysis for involuntary detention of mentally ill patients in such a cogent manner way back in the 18th century when custodial treatment was all that was available for those who had contracted the mental illness. James Parkinson had no formal training in either psychiatry or law. Additionally, the human rights of the mentally ill was definitely not a recognized concept. It was only in 2016 that the United Nations Human Rights Council, after years of campaign by human rights activists like myself, resolved that the mentally ill were just as much entitled to their fundamental rights as any of us. And here was a clinician who had laid down very clear guidelines for involuntary detention of those afflicted with mental illness. We have not deviated substantially in more than 200 years since Parkinson provided us with these insights.

James Parkinson has deservedly been credited as a medical pioneer for his work on paralysis agitans. His pioneering work in forensic psychiatry is just as much noteworthy although not as well known.

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