Introduction

During the early nineteenth century, general paralysis of the insane (GPI) emerged as a new and devastating form of insanity. Characterised by severe mental and physical symptoms, it inflicted the suffering of degenerative dementia upon its victims in tandem with developing bodily paralysis. There was no cure for this condition, the diagnosis therefore conferring an almost certain death sentence upon its victims. Nor was this ‘most terrible of all brain diseases’ a rare condition,¹ for by the late-nineteenth century as many as twenty per cent of British male asylum admissions received this diagnosis.² The chronic and fatally progressive nature of GPI, and the intensive nursing care which it therefore required, caused it to take up a disproportionate amount of asylum resources. Furthermore, since most of those diagnosed were middle-aged males in the prime of their working lives, the socio–economic implications of the disease were a further source of considerable worry. While various efforts were made to gain better understanding of this complex and feared condition, and to find an effective treatment, it was not until penicillin’s arrival in the 1940s that a sharp decline was reported in its incidence. With this successful treatment now finally available, GPI soon appeared to have become a mercifully rare disease.

This is a study primarily of the history of GPI, a disease for which physicians and historians have made boldly ‘Whiggish’ claims but for which a detailed published study has not previously been undertaken. The study also constitutes a wider history of the developing epistemological relationship between syphilis and insanity. While the cause of GPI was probably its least understood element during the nineteenth century, it became clear by the early twentieth century that syphilis was a central factor in its aetiology. Such a discovery allowed psychiatrists – or alienists, as this study will refer to them for the sake of historical accuracy – to begin to diagnose the disease more accurately with the help of newly developed laboratory tests for syphilis.

In the light of developing medical understandings of syphilis and its sequelae, early twentieth-century physicians reconceptualised syphilis as a chronic relapsing disease that could go into hiding after the initial sores had disappeared, only to reassert itself as it began a damaging spread through the internal organs, and able to induce gastrointestinal pain, blindness, deafness,
paralysis and insanity. GPI was simultaneously reclassified as a disease of late, or tertiary, syphilis which followed on from the primary and then secondary stages of syphilitic infection. Indeed, by the 1920s, GPI formed the core of a new wider disease category, neurosyphilis, an umbrella term which grouped together those diseases held to be late manifestations of syphilis that had infiltrated the nervous system, including tabes dorsalis, syphilitic insanity and cerebral syphilis.

This study focuses particularly upon the years between 1880 and 1930, the critical period not only in the medical understanding of both syphilis and GPI, but also in the shaping of neurosyphilis as a disease group. During this period, Treponema pallidum, the spirochaete responsible for syphilis, was discovered. Serological tests, including the Wassermann reaction, soon became available to detect syphilis in the blood and cerebrospinal fluid (CSF). Meanwhile, physicians also developed a number of innovative therapies to treat GPI and its related disorders, including one of the first somatic therapies to be used within psychiatry, malarial therapy. In terms of causation, diagnosis and treatment, this half century was therefore crucial in the historical development of GPI and the relationship between syphilis, insanity and psychiatry.

In order to provide a detailed and archivally rich investigation of GPI and neurosyphilis, a geographically localised approach has been taken. Four asylums from central Scotland have been selected which are deemed to be broadly representative of the region as a whole, two from the West and two from the east of the country. Two of these institutions, the Royal Edinburgh Asylum (east) and Glasgow Royal Asylum (west), were among the earliest and most prestigious of the Scottish asylums. The remaining institutions, Midlothian and Peebles District Asylum (east) and Barony Parochial Asylum (west), epitomise the other level of asylum care then operating in Scotland, intended to serve pauper patients within their designated district. These four institutions were felt to reflect the range of institutional provision for the insane in Scotland during the late nineteenth and early twentieth centuries. Furthermore, and indeed crucially, a complete run of admission registers and case notes exist for each of these institutions during this period, furnishing an exceptionally rich set of insights into the social background and medical experience of these patients.

A number of historians have extolled the value of local and regional studies as a means of exploring a particular medical theme. Virginia Berridge, and Gayle Davis and Roger Davidson have, for example, stressed the importance of the local state and medical culture in the formation and implementation of central government policy with respect to AIDS and abortion. John Pickstone has argued that detailed local research can both augment and amend claims made within the existing secondary literature,