

- 62 Rund BR. Distractibility and recall capability in schizophrenics, a 4 year longitudinal study of stability in cognitive performance. *Schizophr Res* 1989; **2**: 265–75.
- 63 Scottish Schizophrenia Research Group. The Scottish First Episode Schizophrenia Study v. One-year follow-up. *Br J Psychiatry* 1988; **152**: 470–6.
- 64 Seidman LJ, Pepple JR, Faraone SV, Kremen WS, Cassens G, McCarley RW, Tsuang MT. Wisconsin Card Sorting Test performance over time in schizophrenia, preliminary evidence from clinical follow-up and neuroleptic reduction studies. *Schizophr Res* 1991; **5**: 233–42.
- 65 Seidman LJ, Pepple JR, Faraone SV, Kremen WS, Green AI, Brown WA, Tsuang MT. Neuropsychological performance in chronic schizophrenia in response to neuroleptic dose reduction. *Biol Psychiatry* 1993; **33**: 575–84.
- 66 Sharma T, Hughes C, Soni W, Kumari V. Cognitive effects of olanzapine and clozapine treatment in chronic schizophrenia. *Psychopharmacology* 2003; **169**: 398–403.
- 67 Smith TE, Hull JW, Huppert JD, Silverstein SM. Recovery from psychosis in schizophrenia and schizoaffective disorder: symptoms and neurocognitive rate-limiters for the development of social behavior skills. *Schizophr Res* 2002; **55**: 229–37.
- 68 Stirling J, White C, Lewis S, Hopkins R, Tantam D, Huddy A, Montague L. Neurocognitive function and outcome in first-episode schizophrenia: a 10-year follow-up of an epidemiological cohort. *Schizophr Res* 2003; **65**: 75–86.
- 69 Sweeney JA, Hass GL, Kelip JG, Long M. Evaluation of the stability of neuropsychological functioning after acute episodes of schizophrenia: one-year follow-up study. *Psychiatry Res* 1991; **38**: 63–76.
- 70 Townsend L, Norman RMG, Malla AK, Rychlo AD, Ahmed RR. Changes in cognitive functioning following comprehensive treatment for first episode patients with schizophrenia spectrum disorder. *Psychiatry Res* 2002; **113**: 69–81.
- 71 Van der Gaag M, Kern RS, van den Bosch RJ, Liberman RP. A controlled trial of cognitive remediation in schizophrenia. *Schizophr Bull* 2002; **28**: 167–76.
- 72 Velligan DI, Newcomer J, Pultz J, Csernansky J, Hoff AL, Mahurin R, Miller AL. Does cognitive function improve with quetiapine in comparison to haloperidol. *Schizophr Res* 2002; **53**: 239–48.
- 73 Verdoux H, Magnin E, Bourgeois M. Neuroleptic effects on neuropsychological test performance in schizophrenia. *Schizophr Res* 1995; **14**: 133–9.
- 74 Wölwer W, Gaebel W. Impaired Trail-Making Test–B performance in patients with acute schizophrenia is related to inefficient sequencing of planning and acting. *J Psychiatr Res* 2002; **36**: 407–16.



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years ago

William Battie's *Treatise on Madness* (1758) and John Monro's *Remarks on Dr Battie's Treatise* (1758)

William Battie, resident physician and driving force behind the foundation of St Luke's asylum, published what was probably the first English medical monograph devoted to madness in 1758. A proponent of Enlightenment pedagogy, Battie advocated an optimistic view of the treatability of insanity, by management – rather than the ineffective and brutal purges, vomits and blood-letting then regularly practiced at Bethlem.

'Madness is frequently taken for one species of disorder, nevertheless, when thoroughly examined, it discovers as much variety with respect to its causes and circumstances as any distemper whatever: Madness, therefore, like most other morbid cases, rejects all general methods, e.g. bleeding, blisters, caustics, rough cathartics, the gummies and faetid anti-hysterics, opium, mineral waters, cold bathing and vomits.'

John Monro, physician of Bethlem like his father before him, read Battie's *Treatise* as a barely veiled attack on the elder Monro's running of the ancient hospital. With filial piety he rushed to publish his *Remarks* in defence of his father's regime.

'Notwithstanding we are told in this treatise, that madness rejects all general methods, I will venture to say, that the most adequate and constant cure of it is by evacuation; which can alone be determined by the constitution of the patient and the judgment of the physician. The evacuation by vomiting is infinitely preferable to any other, if repeated experience is to be depended on . . .'

Dynastic stagnation fulminated against Enlightenment progress and humanity.

Battie's *Treatise* was a turning point in the medical approach to mental illness. His division of madness into 'original' and 'consequential' illnesses are forerunners to the 'organic' and 'functional' terms used to this day, and his promotion of therapeutic optimism through engagement with the patient, rather than restraint and other physical affronts, prefigured the 'moral therapy' of the Tukes at the York Retreat later in the 18th century.

Then again, William Battie was an ambitious career physician. His attack on Monro's practice was as much an attempt to break that family's near monopoly on mad-doctoring in London – both John and his father James Monro operated the Bethlem as a private fiefdom, with no medical students allowed in to learn their trade (although sightseers could gawp at the inmates for a penny a time). Despite Bethlem's cruel reputation, it had a waiting list – there was clearly a substantial demand for madhouse places. In parallel with his position at St Luke's (only a stone's throw from Bethlem and operating in direct competition), Battie ran his own private madhouses. Whatever else Battie's 'management' might have entailed, confinement (at a fee) was prerequisite – and he died a very, very rich man.

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