Correspondence

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Letter to the Editor

Dear Editor,

Walsh, in his recent article on the *Great Irish Famine and Schizophrenia*, suggests with respect to mania in the 19th century that other categories may be subsumed into it, most notably the 21st century concept of schizophrenia (Walsh, 2012).

Walsh's attempt to repopulate the 19th century with ICD-10 schizophrenia falls under a category of error that Historians of Psychiatry commonly call presentism: the tendency to interpret past events in terms of modern values and concepts. A psychiatric concept, however, cannot presuppose the conditions of its own possibility.

The concept of schizophrenia is historically complex. It has changed enormously over the last century – through definition, rates of diagnosis, nosology, symptom emphasis and so forth. And even today, for many, its validity remains contentious. Much the same may be said of mania in the 19th century. To attempt to subsume one into the other – even if detailed case studies did exist and the differential diagnosis of other organic conditions could be adequately considered – is therefore misguided.

The 19th century still has much to teach us about the origins of schizophrenia, about why it has been historically so unstable, and about why we describe and articulate the phenomenology of madness in the way we do. Understanding and using the methodology of historians is a vital tool in this learning process.

Reference

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Kieran Mc Nally
Independent Scholar, History of Psychiatry and Psychology
(Email: kieranmcnally@gmail.com)

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Letter to the Editor

Dear Editor,

McNally believes that my attempt to transcribe 19th-century descriptions of mental illness into modern diagnostic categories is 'misguided'. The basis of his objection rests on what he calls 'presentism'. This, to a non-historian, represents the retrospective analysis of past political or other events by present-day scholars according to their own biases, prejudices or preconceptions. But what is at issue here is my attempt to re-categorise the classification of signs and symptoms of psychotic mental illness devised by 19th-century psychiatrists. They arrived at their classifications through the identification of the same signs and symptoms of psychotic illness that patients exhibit today. Thus, thought disorder, delusions, hallucinations and other stigmata of psychotic illness have been clearly and unambiguously described for at least two centuries in the precise form we encounter today. This is apparent in the writings of, to take one example, the French school of psychiatry. Thus, Pinel, Esquirol and Georget as early as the 1820s described psychotic symptoms and arranged them in classifications that, to a large extent, determined those used in the Reports of the Inspectors of Lunacy of the famine years.

It is to these symptom groups that I applied the modern diagnostic concept of schizophrenia with the limitations that such an exercise involves and which I acknowledged. Nineteenth-century psychiatrists were preoccupied with nosology in a search for causes and treatments just as we today employ newer technology, such as genomics, to the same end. And in the light of these initiatives, our classifications of today may evolve further. An example of this is the increasing scepticism of a dichotomy between schizophrenia and other 'functional' psychotic illnesses. But as of today, in the sense in which I used it, schizophrenia endures.

Psychiatry as an interest of historians in any comprehensive fashion is of recent provenance (Goldstein, 1987) but does not invalidate the attempts of psychiatrists and others to adapt the evolving technology of contemporary classification, with all its shortcomings, to 19th-century concepts of psychotic mental disorder. 'Presentism' might equally critically be applied to art historians in their application of newer investigative technologies, such as infra-red reflexography and dendrochronology, as complementaries to archival reappraisal in the re-attribution of authorship of pictures of the Renaissance.

That historians and psychiatrists can cross professional boundaries to mutual benefit is nicely illustrated in Pauline Price's recent volume of the

history of the evolution of mental health care in Ireland (Prior, 2012).

References

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Dermot Walsh
Health Research Board, Dublin, Ireland
(Email: dwalsh@hrb.ie)

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