

Megalomania in Modern Medicine?

Margaret Williams 7th May 2005

The ME community may like to know of a review by psychiatrist Anthony Daniels (who also writes under the pseudonym of Theodore Dalrymple) of a book about treatment for mental illness published on 1st May 2005 in The Sunday Telegraph.

The article is called “The madness of a cure for insanity—Henry Cotton pioneered an unusual treatment for mental illness. But his methods killed a third of his patients” and the title of the book is “Madhouse: A Tragic Tale of Megalomania and Modern Medicine” by Professor Andrew Scull published by Yale.

A few quotations from Daniels’ review seem to strike a chord:

“The history of medicine is replete with theories and practices that seem absurd and bizarre to subsequent generations. How could any sensible person have entertained ideas or done things that were so obviously wrong-headed and even cruel?”

“How do we know that the present generation of doctors is not in the grip of some collective delusion, as previous generations of doctors so obviously were?”

“Andrew Scull, a social historian of psychiatry, has uncovered one such delusion from the first quarter of the 20th century, which had terrible consequences for untold numbers of patients.”

“Dr Henry Cotton was the medical director of the Trenton State Hospital, a lunatic asylum in New Jersey, who convinced himself that madness was caused by focal sepsis. The answer, he believed, was to remove the teeth and tonsils, wash out the sinuses and most dramatic of all, cut out the colon. The latter operation, performed by himself – although he had no formal training in surgery – had a death rate of up to 33 percent, but this did not stop him from continuing his ‘pioneering work’. He claimed a very high success rate for his operations.”

“A skilful self-promoter and publicist, he was widely believed, especially in Britain.”

“His claims were disputed, particularly by the investigations of Dr Phyllis Greenacre, who proved that the chief clinical effect of his operations was the death of his patients.”

“But Cotton was protected by his former teacher and mentor at Johns Hopkins medical school, Professor Adolf Meyer. Meyer was a Swiss psychiatrist, an intimidating pedant rather than a real scientist, who was the undisputed doyen of American psychiatry for many decades. He wanted above all to avert a scandal that would damage the power and standing of the profession, and was prepared to countenance the continued mutilation of patients by Cotton to do so. He suppressed Dr Greenacre’s work.”

“How did so flimsy, and in our eyes, foolish a theory come to be accepted in the first place?”

“Dr Cotton was an avid self-promoter, whose zeal to discover something medically important was probably greater than his ability to do so.”

“His theory more or less died with him in 1933 (but) Meyer wrote a laudatory obituary of Dr Cotton, though he must have known by then that Dr Cotton was responsible for hundreds of deaths and untold misery besides.”

“Professor Scull believes that the case of Dr Cotton is emblematic of the inevitable abuse of professional power once it is handed over to so-called experts.”

“(Scull) cites other examples of horrific treatments developed by 20th century psychiatrists.”

Daniels finishes his review with the following: “(Scull’s) excellent book stands as a warning to doctors to remember that not everything done in the name of therapeutics is justified.

However, I wouldn’t like to swear that another Dr Cotton is completely impossible”.

Given Daniels’ own track record of published ridicule of ME patients, his last sentence in his review is risible. For example, on 14th February 1992 in an article called “Myalgic encephalomyelitis --- my eye” he alleged in Medical Monitor that ME is “an escape route for the middle classes” and that “My experience of ME sufferers is that they suffer triumphantly, and their claim that the disease has ruined their lives is not to be believed” and he described the self-help groups as “pestilential”, whilst in his article called “Some people live to be ill” (Monitor Weekly, 2nd June 1994) he wrote about Gulf War Syndrome and food intolerance: “What is the link between food intolerance and this syndrome? I suspect it is modern man’s craving for illness: not a real illness, but something impossible to disprove (and) able to defeat the best efforts of doctors”.

And then there is his piece in The Daily Telegraph in April 1996 called “Chronic Litigation Syndrome” on the successful High Court action of Ron Page, who was awarded damages for exacerbation of ME following a road traffic accident: “By equating psychological and physical damage, courts help create a nation of writ-happy inadequates. It takes even well-paid people quite a long time to accumulate £162,000, but that was the sum awarded recently to a man involved in a minor traffic accident in which he received no serious injury, but he was suffering from chronic fatigue syndrome at the time and claimed that the accident had caused his condition to deteriorate to such an extent that he could no longer work. It is not always easy to distinguish conscious dissimulation from more genuine cases of self-deception. If one were actually trying to create a population of litigious, querulous, self-absorbed people without the slightest resilience or self-reliance, one could not do better than to make it widely known.”

There are more examples that could be quoted, of course, yet curiously, Dr Daniels appears unaware of how the social history of present-day psychiatry might judge him in time to come.