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Communication

The *historiography* of lithium usage in psychiatry

L'historiographie de l'usage du lithium en psychiatrie



German E. Berrios

Robinson college, university of Cambridge, United Kingdom

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ABSTRACT

This historiographical (not historical) paper explores the difference in quality that separates, on the one hand, research on the clinical usage of lithium in psychiatry and on the other, writings on its history. Whilst in general the former is of high standard the latter, with few exceptions, is repetitious and biased. This disparity is due to a corrosive asymmetry affecting our discipline, namely, that whilst professional historians and philosophers of psychiatry would not dream of writing a 'weekend' paper on psychopharmacology or the basic and clinical neurosciences, experts in the latter disciplines have no compunction in writing on the history and philosophy of psychiatry. The superficial and bad quality history thereby generated is then perpetuated by the fact that: a) it appears in clinical journals and textbooks and hence becomes a daily pabulum for clinicians, and b) trainees rarely if ever will consult professional historical sources. An educational and ideological shift is needed to teach psychiatric trainees that (like in the neurosciences) special training is required to research in the history and philosophy of psychiatry. This might prevent future academic trespassing and expose clinicians to good quality historical writings.

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R É S U M É

Cet article qui se veut essentiellement historiographique explore la notable disparité qui existe entre les recherches sur l'utilisation du lithium, souvent d'un haut niveau scientifique, et les écrits historiques sur le même sujet qui se contentent le plus souvent de répéter les mêmes affirmations avec beaucoup moins de rigueur. La psychiatrie fit son entrée dans le Panthéon des spécialités médicales à la faveur de grands auteurs comme Richard Burton (au début du ^{xviii}^e siècle), Philippe Pinel (au début du ^{xix}^e siècle) ou encore Emil Kraepelin (à la fin du ^{xix}^e siècle) ; mais aussi grâce à la découverte de l'efficacité anti-maniaque des sels de lithium par John Cade en 1949. Cependant la première utilisation médicale des sels de lithium est attribuée au médecin anglais Garrod qui en 1859 publie un article sur son intérêt dans le traitement de la maladie goutteuse, indication qui retient l'attention de Charcot qui les recommande également à Paris en 1866. L'utilisation des sels de lithium dans le champ de la psychiatrie est située à la fin du ^{xix}^e siècle avec les frères Lange, Carl et Frédéric, qui recommandent leur usage dans le traitement prophylactique de la dépression périodique. On perçoit d'emblée qu'il existe un inévitable recouvrement d'enjeux nationaux, personnels et médicaux. Définir qui est le véritable « découvreur » est souvent chose impossible. La décision finale relève le plus souvent d'intérêts particuliers. Les mythologies nationales restent très prégnantes, notamment dans l'univers médical (où elles prennent souvent des allures hagiographiques), et forgent souvent à partir de personnages plus ou moins illustres des figures de découvreurs ou de créateurs.

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E-mail address: geb11@cam.ac.uk

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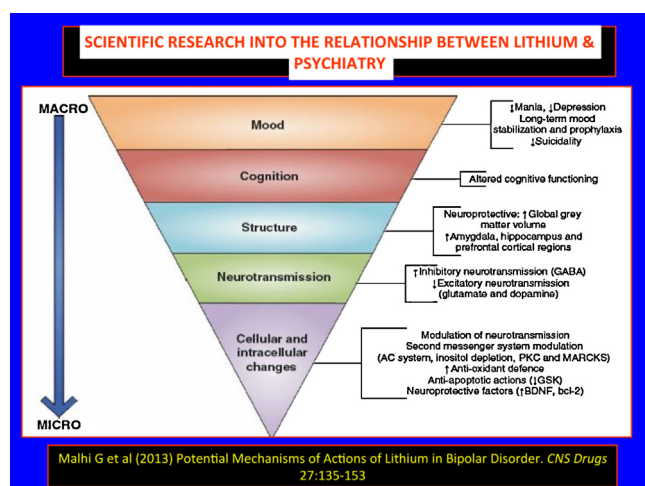


Fig. 1. Scientific research into the relationship between lithium and psychiatry.

1. Introduction

A first-order language, “history” is defined as an interpreted narrative of past events; a second-order language (or meta-language) ‘historiography’ refers to the methods and assumptions used in the writing of history. The historiographical¹ (not historical) paper that follows plans to explore the noticeable disparity that exists between research in the clinical usage of lithium, which is of high standard,² and historical writings on the same theme which, with few exceptions,³ are repetitious and substandard.⁴ Also observed in other areas of the history of psychiatry, this disparity is likely to result from the fact that such work is mostly undertaken by clinicians without professional training in the historical disciplines (Fig. 1). This lack of expertise makes it hard for them to control the positivistic assumptions about the nature of medicine and of science that they learnt at their medical school.

2. Matters historiographical

The quality and usefulness of writings on the history of psychiatry will vary according to the choice of:

- historiographical approach;
- definition of psychiatry and its objects.

Surprisingly, little has been written on the history of the history of psychiatry.⁵ Although ‘historical’ sections can already be found in 18th century textbooks on insanity⁶ it is only during the following century that full-length books began to appear on the

history of madness.⁷ In accordance with the historiographical canons of their time, these works are all linear and progressist (‘darkness to light’) in tone and consist in concatenations of biographies and discoveries. This antiquated approach started to be challenged during the 20th century in the wake of the historiographical debate⁸ that attended the birth of the history of science. Since that period, historians of psychiatry have had the choice to:

- continue supporting the traditional methods of the history of medicine;
- become a branch of the history of science;
- consider the construction of psychiatry as a problem for social history;
- develop their own proprietary historiography.

“Historiography” names the techniques, contexts, rules and assumptions used in the writing of history.⁹ Historiographical-awareness increases the probability of writing good history. Those who write the history of psychiatry in the model of the antiquarian history of medicine conceive it as a decontextualized linear chronicle of “discoveries” expressing the irrepressible progress¹⁰ of medicine. Called the Whig approach,¹¹ this method of writing history is popular amongst clinicians and scientists wishing to celebrate¹² the achievements of their subject.¹³ It is debatable whether the Whig approach is appropriate for the history of psychiatry for most would agree that what is needed is a nuanced analysis of the non-cognitive, social and economic factors governing the construction of psychiatry. According to this latter approach, the history of psychiatry would become a series of semantically self-contained historical periods (or epistemes) each entertaining its own definitions of life, society, person, mind, deviancy, disorder, ethics, and social control.¹⁴ These concepts cannot be studied in isolation for they constitute a coherent whole and provide meaning to one another.

Those supporting this type of historiographical approach would also:

- reject the view that linguistic descriptions are passive and theoretically-neutral;
- accord language an active and constructional role in the representation of reality¹⁵;
- refuse to privilege any of the extant narratives about reality (e.g. poetry, theology, science, ethics, politics, mythology, etc.) as “truer” or more important.

⁷ Tuke, 1882.

⁸ Two rather polar historiographical purviews can be identified in this regard. The most popular even today, particularly in regards to the history of medicine and psychiatry conceives of history as a linear, internalist, presentistic, progressist, ‘Whig’ type of narrative in which ‘latest is bestest’. Keen on the biographical, historians following this trend explain change in terms of concepts such as ‘genius’, ‘discovery’, etc. The popularity of this approach owes much to the fact that it fits in well with the neocapitalism image of man as an ‘entrepreneur’. The second purview called non-linear, externalist, epistemic, episodic, circular, socially-orientated, constructionist, etc., etc., conceives of history as a construct reflecting the social and political needs of each historical period. Not to be confused with idealism or relativism, this approach accepts the existence of natural and social reality but sees them as opaque and hence as requiring constant interpretation. Knowledge is the result of a communitarian epistemology (Kusch, 2002) and truth tantamount to a temporal coherence of narratives (Davidson, 1986; Angere, 2008).

⁹ On historiography in general see: Iggers, 1997; Porter & Wear 1987; Carbonell, 1991; Lefevre, 1971; Kragh 1987.

¹⁰ On the concept of progress in sciences see: Laudan, 1977; Losee, 2004.

¹¹ Butterfield, –1931.

¹² For example, Shorter, 1997.

¹³ Young, 1966.

¹⁴ Berrios, 1994.

¹⁵ On this important issue see: Potter 1996; Golinski 1998.

¹ This paper on the historiography of Lithium’s usage in psychiatry (delivered at the AMP meeting held at the Academy of Medicine, Paris on 17th October 2013) is dedicated to the egregious figure of Baillarger and to his contribution to the conceptual and clinical aspects of Alienism. As expressed in an earlier publication (Berrios, 2013) it is not easy to evaluate Baillarger’s extended contribution to psychiatry or indeed explain why he does not seem to be a full member of the European Psychiatric Valhalla together with Kraepelin, Bleuler, Jaspers, etc. Whether this difference has to do with the anachronistic manner in which the Valhalla rules have been written, or with differences in which differences between German, French, Italian and British psychiatry became established as a result of bellic vicissitudes is difficult to say.

² See Parker & Parker, 2004; Bauer et al 2006; and Malhi et al 2013 (Fig. 1).

³ Important exceptions are the superb book by Professor Schioldann (2009) and chapter 4 in Healy (2008).

⁴ See for example, Schou & Grof, 2006; Johnson, 2006.

⁵ Berrios, 1994.

⁶ Good examples are Chiarugi, 1793; Arnold, 1782.

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