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Sketches from the history of psychiatry

The case of the disappearing doctor

(Women, suicide and insanity at the turn of the century)

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From 'Punch', London, 11 December 1880, prompted by the thought of women doctors. (Ann Ronan Picture Library.)

The development of psychiatry during the 19th century led to many contemporary issues being debated within the context of mental health. The 'women question', and the legal and moral aspects then attaching to the act of suicide were both of particular concern to the medical establishment as the century drew to an end. The case of Dr Sophia Hickman serves to illustrate this.

The disappearance

On 22 August 1903, a report appeared in *The Lancet* concerning the disappearance of Miss Sophia Frances Hickman, MD Bruxelles, LRCP, LRCS Edinburgh. She had recently taken up a *locum tenens* at the Royal Free Hospital in Gray's Inn Road in place of one of the resident staff who was away on holiday. *The Lancet* records that she was "seen in the hospital and about the wards up to noon on Saturday 15th (August), but since then nothing has been seen of her nor had anything been heard of her up to Thursday morning. We trust that before the paper is in our readers' hands Miss Hickman's whereabouts and safety will be made known to her father, with whose anxiety in the situation we sympathise deeply". By 29 August nothing had been heard, though Miss Hickman's sudden and apparently motiveless disappearance had by then attracted a great deal of public interest. She had been a brilliant student, attending the London School of Medicine for Women, where she had consistently gained Honours and Prizes. Her first job was as Junior House Surgeon at Clapham Maternity Hospital. Her independent life-style (there was still controversy surrounding the practice of medicine by women) and the lack of motive for her disappearance led to a range of theories and explanations being brought to bear upon the mystery. *The Lancet* (29 August) suggested that Miss Hickman's disappearance "may be due to that curious condition of mentality which leads to 'automatic wandering' – a condition that is perfectly familiar to psychologists" and recommended to the reader a paper by Dr W. S. Colman, lecturer in forensic medicine. Entitled 'A Case of Automatic Wandering lasting Five Days', it described in detail two episodes of prolonged automatism. On each occasion, the patient had 'woken up' after a period of days, many miles from home.

Given contemporary prejudice, it is not surprising that Miss Hickman's father, Mr E. F. Hickman, was reluctant to concede that his daughter might have been mentally unwell at the time of her disappearance. It would appear, from the carefully-worded expression of sympathy in *The Lancet*, that Mr Hickman was a widower. It was later to emerge that "one of his remaining daughters was at present under restraint in the care of a medical practitioner, but

she was not certified, and that a cousin of his had committed suicide" (*British Medical Journal,* 17 October 1903). In a letter to *The Lancet* published on 29 August, Mr Hickman vigorously expressed his conviction that his daughter was being held somewhere against her will, most probably in a convent. Understandably, he was unable to entertain either the idea of 'madness', or of his daughter having suffered physical or sexual abuse in connection with her disappearance. A convent was the 'safest' place for her to be, albeit against her will. His anxiety turned into aggression towards the Royal Free which he felt was not investigating his daughter's disappearance with enough thoroughness. There should be "a proper inquiry into the sudden disappearance of my dear daughter. I had hoped that if the Royal Free authorities would have an inquiry, open to everyone who could give evidence and assistance and with power to cross-examine witnesses, some of the leading physicians of the day might attend, and, after hearing the witnesses, give their opinion as to the state of mind of my daughter when she so mysteriously disappeared from the hospital...".

The Royal Free had told Mr Hickman that his daughter appeared to be in a 'normal state' when she left the hospital. On 3 October *The Lancet* reported having received another letter from the 'distressed father', in which he said: "It is incomprehensible that a young woman doctor in the very best health, both mental and physical, of evenness of temper and strength of character, united to all her family and friends by close ties of kindred and affection, devoted to her work as a physician, fond of helping the poor, and completely happy and useful in every respect, should suddenly disappear at noon from the hospital in the centre of London". *The Lancet*, however, was at pains to point out that "there is no proof that an attack of mental oblivion need necessarily be preluded by any lengthy or noticeable psychical disturbance ... for our part we consider that the explanation of Miss Hickman's disappearance may still depend upon some phase of mental aberration in which she has wandered abroad". The possibility that she was being held somewhere against her will was not discounted, but this was felt to be less likely. Miss Hickman was a strong and well-built woman. It would have been difficult to keep her imprisoned against her will. Nor was any explanation offered in favour of an abduction, though the obvious insinuation is that of white slave trading. By 17 October there was still no news. Mr Hickman wrote again, this time to the *British Medical Journal.* Gone are the conviction and optimism of the earlier letters. He suggested that his daughter "if she have lost her memory, may have found admission to some infirmary, workhouse, hospital, or other institution, and he expresses the hope that officers of such institutions will bear the matter in mind and communicate with him should any person resembling Miss Hickman come under their notice".

Discovery of the body

On Sunday, 18 October the body of Miss Hickman was found by some small boys in an enclosed plantation in Richmond Park, in a condition which left no doubt that it had lain there during the whole period which had elapsed since her disappearance from the Royal Free on 15 August. The body lay in repose. There were no signs of a struggle, although marauding rodents had destroyed the exposed parts of the body to the extent that the skull had become separated from the trunk. Near the body lay a hypodermic syringe and case, a measuring glass, two medicine bottles, a needle, some hypodermic tabloids and a scalpel. *Post mortem* examination showed that the "uterus ... was virgin". There was no evidence that death was due to external violence or to starvation.

The inquest into the death of Miss Hickman took place at Richmond on Thursday, 5 November. Various members of hospital staff gave evidence that they had seen Miss Hickman performing her duties at the Royal Free "and that she was cheerful in her manner and appearance and showed no signs of any distress of mind". Analysis of portions of the stomach, intestines and kidney revealed the presence of morphine. The syringe had traces of morphine sulphate in the barrel. There were 20 tablets, each representing about $\frac{1}{4}$ g morphine sulphate. It was clear from the amount of morphine discovered in the body that a large dose had been taken, probably both orally and intravenously. Evidence supplied at the inquest revealed that two or three days before she left the hospital, Miss Hickman had purchased 15 grains of sulphate of morphine.

A Miss Woodhall, of Putney, who was a close friend of Miss Hickman's, had dined with her on Thursday, 13 August. Miss Hickman had talked about her work at the Royal Free and her anxiety about having taken on this particular post. She felt she was better at medicine than at surgery. She expressed fear at the responsibility the work involved, and wished that she was a man, for at least then she could go out and get drunk. Those with her at dinner took this as a joke, for Miss Hickman was "otherwise quite cheerful but she undoubtedly did fear the work. She was very nervous when she first went to a previous appointment at the Clapham Maternity Home, as she dreaded it; but later, when accustomed to it, she enjoyed it". (*British Medical Journal,* 14 November 1903). The inquest was adjourned until 12 November, when the coroner's jury returned the verdict that: "We find that on October 18th, 1903, Sophia Frances Hickman was

found dead in the Sidmouth Plantation, and that she died from morphine sulphate, self-administered at a time when she was temporarily insane".

The 'woman question'

The sad case of Miss Hickman drew attention to two important issues. The first was, inevitably, the contention that women were ill-suited to the practice of medicine. In 1874, the *Fortnightly Review* had published an article by Henry Maudsley which proposed that woman's physical and mental organisation was inferior to that of man's. She could not cope with the demands of higher education, and should be prevented from taking up a professional career, particularly one as stressful and brutalising as medicine. Maudsley also argued that if women were allowed to enter the professions, they would be so constitutionally undermined by doing so, that the very future of the race would be threatened. These ideas reverberated once again around the Hickman case, especially in the lay press. An article in the *Saturday Review* ('The Case of Miss Hickman', 24 October 1903) suggested that if the responsibility which Miss Hickman had had to assume as a medical practitioner proved to have led to mental breakdown, then the whole question of the employment of women "as professional competitors against men" should be examined. Rightly or wrongly, prejudice against women doctors could well be strengthened by the knowledge that an apparently intelligent, competent and healthy young female member of the profession lost her nerve. The belief in the physiological, mental and moral differences that were thought to handicap women was bound to be given more credence if it became in any way proven that Miss Hickman's chosen career had in some way led to her death.

The medical establishment refused, however, to be drawn. *The Lancet* (21 November 1903) carefully sidestepped the issue of gender, pointing out that "the fears which may and do affect the younger untried members of our profession are very real. Every medical practitioner has experienced such fears and the time of their occurrence seems very dark". The *British Medical Journal* (21 November 1903) offered a more forceful refutation: "It has been assumed ... that there is a moral to be drawn from this sad case, and that this moral is that women should not be exposed to the strain to which Miss Hickman succumbed. We fail to see that this contention is justified, as unfortunately we have too many recorded cases in the history of legal medicine in which male practitioners have taken their own lives owing to be unable to endure the responsibilities which have been thrown upon them in the course of their professional work. Women have for a long period now been members of the medical profession with great credit to themselves, and to suggest that all women are unfit to practise medicine because one of their weaker sisters has fallen by the way and failed in her self-appointed task is to draw a false conclusion from the particular to the general".

Suicide and insanity

The Spectator ('Missing', 24 October 1903) used the case of Miss Hickman to raise some of the moral and legal questions relating to suicide. The author suggested that Miss Hickman's movements would probably never be known "though, of course, plenty of theories, none of them easy of acceptance, have been and will be put forward to explain the mystery". These theories tended to fall into two groups. They proposed either "an external agency which actually encompassed the death, or at least made death preferable to life"; or a belief in "some irresistibly strong internal impulse which drove the mind with immense momentum to a step which ended all things". There was a certain inevitability to the verdict brought on Miss Hickman, which qualified the act of suicide by adding the disclaimer "during temporary insanity". The laws governing suicide had scarcely changed for centuries. Death by suicide was stigmatised; a suicide's property was forfeit. Relatives could only hope to avoid the infamy by proving that death was not *felo de se*. One of the ways used to get round this problem was to get a verdict of lunacy brought in. Thus, the relationship between suicide and insanity began as a legal device to circumvent the confiscation of property. It was, however, given a new significance during the 19th century, with the development of psychiatric medicine and ideas of abnormal personality, psychosis and neurosis. Legal opportunism received medical validation, to the extent that it became generally assumed that the suicide, actual or potential, was in some sense sick or mentally ill and, therefore, in need of 'help'.

It was this general assumption that 'Missing' attempted to challenge: "Since many men and women have been temporarily insane – have had their mental equilibrium upset – at some time or other during their lives, the words have no particular significance; except that they reflect the strong, wholesome belief, deeply rooted in the mind of Western civilisation, that a man may not rightly take his own life, and that if he does so without an insistent reason, such as horrible fear or shame, he cannot be in full possession of his senses. This is a belief which is one of the fundamental props of most men's morality; but of course, it is not historically true that all sane men have thought it necessarily an act of insanity to commit suicide". Although society was moving towards a non-punitive approach to suicide, the stigma of criminality had been replaced by the taint of insanity. The argument presented in the

Spectator maintained that the act of suicide, or attempted suicide, was not criminal; but nor was it necessarily an act of insanity. Suicide needed to be detached from both categories. To define suicide in terms of legislation, medicine or morality prevented an assessment of the act within the contemporary, social context.

From the mid 1880s onwards there was a dramatic increase in the suicide and attempted suicide rates. In 1854 it had become a crime to attempt to commit suicide. Persons thus convicted were sent to prison, with the result that many prison medical officers became involved in the care of the suicidal and, therefore, with mental health issues. Persons deemed to have suicidal propensities, but who had as yet done nothing, were certified as in need of confinement and sent to an asylum, or a 'Home'. Suicidal propensity was associated above all with melancholia, which was considered the most curable of all the varieties of insanity. Melancholics were easy to manage and had a good chance of recovery. They were watched day and night and given no possible opportunity to indulge their self-destructive urge.

The end of the century saw, however, the development of theories connected with 'degeneracy' and the suggestion that there was a common link between deviant behaviour, insanity, inebriety, feeble-mindedness and degeneration; namely, attempted suicide. There also occurred at about this time a change in the 'experience of dying by suicide' which would appear to match the narrative of Miss Hickman's case: "In the early twentieth century people worried more about their own health and adequacy, and saw suicide as an escape from depression, disappointment and self-reproach, in a way which a present day psychiatrist might not find unfamiliar; while their approach to suicidal action was more brooding and long drawn out" (Anderson, 1987).

Finally, the *Journal of Mental Science* published, in January 1904, its comments upon Miss Hickman, under 'Occasional Notes'. The writer, Charles Mercier, dismissed the suggestion that women are unfit to hold positions of responsibility, as well as the notion that responsibility weighed upon Miss Hickman so heavily as to 'unhinge her mind'. He made a plea for the value of 'confession', for if this unfortunate woman "had had access in the hour of her tribulation to some true and confidential friend, into whose sympathetic ear she could have poured her woes, whatever they were, she would probably be alive now, a healthy, happy, useful member of society". Miss Hickman's motive for suicide will remain buried forever with her inner life, but she was not mad.

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