

Psychiatric Tourists in Pre-War Europe: The Visits of Reg Ellery and Aubrey Lewis

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Abstract: *After 1936, psychiatry in Europe was going through a turbulent phase. The new physical treatments heralded a long-awaited breakthrough. However, political developments seriously affected the practice of psychiatry in Germany, Austria and the Soviet Union; in other countries, the situation was little better. It was widely recognised that a new war was looming.*

At this time, their trips almost overlapping, two psychiatrists did an extensive tour of European facilities. One was the prominent Maudsley psychiatrist Aubrey Lewis; the other was Reg Ellery, largely unknown outside his native Melbourne. The reports of both men were, for various reasons, ignored until recently.

This paper looks at the trip taken by the two psychiatrists and their different perspectives on what they found. Lewis was largely unimpressed with what he saw. Ellery sought out facilities to learn the new treatments. Both were acutely aware of the impending war, but Ellery, a communist enthusiast, was completely taken in by what he saw the Soviet Union. The trip only confirmed Lewis's prejudices but Ellery was soon to institute the new treatments that he saw, thereby maintaining his role as an innovator in Australian psychiatry.

In October 1936, the Melbourne psychiatrist Reginald (Reg) Ellery joined his wife, the musician Mancell Kirby, for a five month tour of Europe. During this time, Ellery went to numerous psychiatric facilities, meeting leading figures and investigating the new biological treatments (Kaplan, 2013). His trip culminated in a visit to Soviet Russia, affirming Ellery's support for communism. Ellery was later to describe the visit in his autobiography *The Cow Jumped over the Moon: Private Papers of a Psychiatrist* (hereafter *Cow*), published after his death in 1956 (Ellery, 1956).

However, Ellery was not the only psychiatric tourist in Europe at the time. His fellow Adelaidean, Aubrey Lewis, then clinical director at the Maudsley Hospital, was running in virtual parallel on his own trip. Lewis's visit was funded by the Rockefeller Foundation to study research facilities and treatment centres in Europe with a view to implementing them at the Maudsley. His findings were produced in a report that was forgotten for decades until published in 1997 (Jones, 2003). The report is a valuable document, not only of the state of European psychiatry at this time as seen through the eyes of a highly astute outsider, but reflecting the acerbic views that many who worked with Lewis at the Maudsley Hospital were to encounter.

This paper looks at the trip taken by the two psychiatrists and explores their different perspectives. Lewis's trip is listed in his report and published with accompanying commentary in a book (Angel *et al*, 2003). Ellery's account of his trip, in contrast, was described in *Cow*, which has long been out of print.

The psychiatric scene in Europe in 1937 was critical. While buzzing with excitement at the new biological treatments, it was in turmoil from political developments. Cardiazol convulsions had been tried, Sakel's account of insulin coma had just been published and ECT was to come in two years' time (Cook, 1938). Europe was sliding into another war and a number of countries, notably Germany and Italy, were dictatorships or heavily repressive. Nazi psychiatry, like the rest of the medical profession, had been purged of its Jewish doctors. Furthermore, the infamous "euthanasia" program was well under way. Having commenced with sterilisation of the chronically mentally ill, it progressed to gassing patients with a wide range of conditions. Thus commenced the chain of actions which culminated in the mass murders that constituted the Holocaust. Although Austrian psychiatry

did not come under Nazi control until the Anschluss in 1938, it was already under the influence of “advanced” eugenic principles and affected by the political instability that preceded the Nazi take-over.

While German doctors, closely accompanied by their colleagues in Austria, tumbled off the moral precipice, the psychiatric situation in the USSR was hardly an improvement. The Stalinist purges with their mendacious show trials were at their height. Doctors were as suspect as any other group and many leading specialists were purged. Soviet psychiatry was especially vulnerable to rapidly shifting ideological tides, and doctors had to constantly watch their research agendas to ensure that this did not attract unwanted attention from their political overlords.

It was into this fissile terrain with several large fault lines that the two psychiatrists launched themselves on the psychiatric equivalent of a Grand Tour. Ellery was then in private practice in Collins Street Melbourne. He stayed behind when his wife left for Europe to further her musical career, but was able to close his rooms when the lease ended and sail for Europe as the doctor on the Dutch ship *Aagtekerk*, meeting Mancell in Dunkirk or Antwerp on 19 or 20 October 1936.

Ellery went to meet leading European psychiatric figures to learn about electroconvulsive therapy, insulin coma therapy (ICT) and sleep treatment. He was to visit psychiatric hospitals as far afield as Moscow, Munich, London, Edinburgh, Berne, Warsaw and Vienna, buying every psychiatric textbook he could lay his hand on. Criss-crossing the continent, visiting 40 hospitals and centres, involved a very large effort for someone who had left Australia professing to be desperately tired and in need of a break from work.

Ellery was able to go wherever he wanted. Lewis went to Holland, Belgium, France, Switzerland, Italy, Hungary, Austria, Russia, Eastern Europe and Scandinavia, returning to England in December. Well aware of the Nazi persecution of the Jews, Lewis refused to go to Germany, where he had studied some years earlier. He excluded Spain (and Portugal) because of the civil war; the Balkan countries were presumably left out because of the low standard of the facilities. He fractured his radius and contracted pleurisy in Uppsala in September 1937, requiring hospitalisation and prolonging his trip to almost six months.

Considering that Lewis was on an official tour subsidised by a leading foundation, carrying the full imprimatur of his academic status, the extent to which Ellery covered much the same territory, arranging his own introductions as a unknown Antipodean, is a testimony to his determination, if not sheer chutzpah. But such drive was typical of his compulsive style. To add to this, there was his intensely competitive nature. The new biological treatments were coming to the fore and he was determined to be the first in Australia to initiate these treatments (Cade, 1973).

Ellery’s European trip started in Munich. He wrote how the Nazi militia tramped the streets until the early hours, Julius Streicher spewed out anti-Semitic poison and the position of Jews was dire (Ellery, 1956). He recognised that German psychiatry was by then debauched and had nothing to offer him; he described its practitioners as embarrassed and ill at ease. However, the sojourn in Munich provided one benefit. At a railway station, Ellery came across a book (which his wife translated) by a little known Hungarian psychiatrist Ladislaus von Meduna: *Konvulsiontherapie der Schizophrenie*. This prompted him to go on to Budapest to learn about Cardiazol convulsions.

In Vienna, the next closest place to the prestige held by the German psychiatric centres, Lewis soon learned that the situation, in anticipation of the Anschluss, was already deteriorating. Hoff and Wagner-Jauregg indicated that many appointments were decided by the political authorities with dismissals on political and racial grounds; whether Wagner-Jauregg disapproved of this was another matter; he was to join the Nazi Party in 1940. After the Nazis took over the following year, Vienna University Medical School lost 80% of its Jewish faculty. Lewis noted the reports on the deterioration of scientific work. He was deeply sceptical about insulin coma therapy. There was no shortage of criticism of Sakel – something which was to follow him for the rest of his career – on the grounds that he was opportunistic, publicity seeking, venal and his treatment nothing more than a racket (Shorter, 2009).

Lewis, from an early stage dismissive of psychoanalysis, had some admiration for Freud on a personal basis, but saw the body of his work as scientifically untenable. Although he ‘got in touch with the psychoanalytical group around Freud’, the two men never met, a matter of some regret, their discussion would have been intriguing. The likely explanation is that given to Ellery by Anna Freud:

her father was too unwell to receive visitors (Ellery, 1956). Irwin Stengel (later to come to the UK as a refugee) was the only psychoanalyst still working at the university clinic. Nevertheless, Lewis spoke to analysts at different centres, notably Anna Freud, describing her work in child psychiatry in respectful terms ('active and sensible') and reporting (possibly with some *schadenfreude*) their disdain, if not horror, at the fantasies of Melanie Klein, now safely under the aegis of Ernest Jones in London. Lewis decided that the Viennese analysts he met, such as Kris, Walder, Deming, Sterbak and Hartmann mostly treated character disturbances, rather than neuroses and were not interested in out-patient therapy.

Ellery was to find Vienna, then in the afternoon summer of its long history, had an air of tension and, like Germany, "every Jew was in jeopardy". Nevertheless, it was highly productive from a psychiatric point of view. Ellery went to the Vienna Clinic where Wagner-Juarreg had first done malariotherapy. Manfred Sakel was in the United States (and, recognising the fate of Jews in Austria, never to return), but his assistant Karl Theo Dussik, "one of the kindest men one could meet" was extremely helpful, instructing him in the technical issues of ICT and allowing him to participate in treatment at the clinic. This convinced Ellery that he had been giving too low doses of insulin in the early tries the year before. Ellery waxed lyrical, describing how he and Dussik would walk to the coffee shops, revelling in the memories of the past, the ghosts of figures such as Semmelweiss, Anton Mesmer, Kraft-Ebing, Arthur Schnitzler, Brahms and Billroth, ever present.

For Ellery, the enthusiast for psychoanalysis, a trip to 19 Bergasse was intended to be a highlight, but he was only able to have a conversation with Freud's daughter Anna as her father was too unwell to receive visitors. He wrote of the thrill he got from seeing the Master's walking stick and hat in the hall and then catching a glimpse of him through the window when downstairs. He also attended a meeting chaired by Wilhelm Stekel whom he rated as a far lesser figure to the Master but nevertheless impressive in the way he handled the questions in four or five languages, like a chess master playing several games simultaneously.

A competing highlight was the visit to Wagner-Juarreg, whom he described as a dour-faced man whose iron grey hair stood up from his head as if he had seen a ghost. By then in retirement, Wagner-Juarreg was initially reticent on finding two Australians outside his door. He did not speak English but Mancell translated and he brightened notably when he heard that Ellery had started malariotherapy in the Antipodes. When they left, he inscribed a photograph of himself with his best wishes (Unfortunately, the picture does not seem to have survived).

From Vienna, Ellery went to Budapest, where there was a similar atmosphere of levity combined with a sense of looming disaster. Von Meduna, who always wore an Astrakhan cap, was most welcoming, boosting the virtues of his new treatment (Cardiazol convulsions) and giving him a demonstration. After seeing this, Ellery believed he had found a new treatment that would find universal acceptance. He maintained that he passed on the details of this to Noel Harris who ran Woodside, a private hospital in Highgate, and inaugurated the treatment in England.

Lewis also met von Meduna in Budapest, describing him as ambitious, hardworking and conscientious but, having never left the country; his knowledge of "practical arrangements and day-to-day clinical work" was disproportionate to his abilities. Cardiazol convulsions were reported in Switzerland to be "disagreeable to watch and unpleasant to experience". This was not evident at von Meduna's clinic and must reflect the attitude of the doctors there. In this regard, it should be noted that von Meduna never had any illusions about Cardiazol and later felt that the use of electricity to induce convulsions was far more suitable. Ellery, in contrast, did not have such reservations and initiated Cardiazol therapy at his clinic soon after he returned to Melbourne.

Ellery's visit to Helsingfors and Stockholm was equally productive. He was impressed by the use of occupational therapy for patients, pointing out that all mental hospitals should provide this. From there he went to Warsaw, where Dr Jacob Frostig got the best results he had seen with ICT. It is a telling indication of the looming disaster facing Jews that both von Meduna and Frostig begged Ellery to assist them to escape to Australia. They sent him multiple letters, he approached the relevant ministers, but was told that their medical qualifications would not be recognised (Ellery, 1956). Fortunately, America was quicker to recognise the talents that were being offered and both doctors were able to immigrate there.

Although Lewis was to visit several centres in Cracow and Warsaw, he does not mention Frostig. However, he did visit Professor Masurkiewics's ICT unit in Warsaw. At Helsingfors, he commented on the research projects, staff shortages and pressure exerted by the Finnish-Swedish diplomatic dispute. At Stockholm, he was interested in the administrative setup of the hospitals and some of the research done, but made no mention of occupational or social services.

In general, Lewis found European psychiatry to be stagnant, the research unproductive. The clinical case material in academic centres was limited, with exceptions such as Gjessing's work at a mental hospital outside Oslo. Jakob Klaesi, who instituted deep-sleep therapy, was "self-centred and talkative" and decided that ugly nurses were less beneficial for the patients, especially the depressed ones, and selected them accordingly. This romantic perspective was not one that was likely to appeal to Lewis. Italian research, he pointed out, was aimed at improving the image to attain university-lecturer status (lucrative in private practice). In Uppsala, Sweden, he noted how many patients were boarded-out into private domestic care.

Ellery got to England where he was entranced. Enjoying the ambience of the Old Country did not deter his relentless psychiatric mission and he visited the Maudsley Hospital (where he met Willy Mayer-Gross, exiled from Nazi Germany), the Tavistock and Queens Square Hospital. At Morecroft House in Hillingdon, Rudolf Freudenberg was doing ICT and he also went to Horton Asylum in Surrey, the chief malariotherapy centre in England. As if this weren't enough, he took an overnight dash on the train to Edinburgh to visit Morningside Hospital and Craig House. Noting his visit to the Maudsley, it is surprising that he did not look up Lewis, in view of his Adelaide connections, but there is no documentation of this in his records.

Ellery now headed east to the Soviet Union (Ellery, 1956). The distance to be travelled was considerable, the Russian winter was daunting and the conditions they encountered were harrowing, if not primitive. None of this deterred the man who had written to his wife the previous year: "O, to be in Moscow when Stalin is there" (Ellery, 1936).

My visit to the Soviet Union was an unforgettable experience. I went there in a spirit of scepticism; and left not only converted to the Soviet outlook, but actually inspired by the changes the Soviet people had wrought in their social structure and in the firm belief that their dreams would bear fruit (Ellery, 1944).

That Ellery was a communist is no surprise. He had a Universalist disposition from his schooldays, facilitated by the liberal climate of Melbourne University and fanned by the 1917 Revolution (Ellery, 1919). Ellery mixed regularly with Melbourne communists, many of whom frequented the same literary and artistic circles. Mancell claimed that Ellery's interest in the Soviet Union and communism was kindled by his colleague psychiatrist Guy Reynolds, a member of the communist party who was "keen on the USSR" (Gurciullo, 1992).

Ellery was one of the early Australian "useful idiots" - upmarket establishment figures who were useful with their money, social connections or to provide a front for other members (Macintyre, 1999). At least five other Australian doctors went during the period 1920-1940, but he was the only psychiatrist (or specialist) and one of the oldest (Fitzpatrick *et al*, 2008).

In doing so, he was joining a stream of fellow travellers who made the trip from countries in the West (McNair, 2000). They bore the same characteristics as other on the political pilgrimage (Hollander 1981). Well known visitors who followed this path included Lion Feuchtwanger, Bertholt Brecht, Sydney and Beatrice Webb, Antoine de Saint-Exupéry, Romain Rolland, Leopold Stokowski, Paul Robeson, Frank Lloyd Wright, Edmund Wilson and George Bernard Shaw (Sutherland, 1984). The fellow traveller phenomenon has received considerable attention (Hollander *et al*, 1973). The visit assumed all the trappings of a political pilgrimage and most, but not all, responded in kind, gushing about the progressive society they encountered, the social advances and rehabilitation of offenders. The poverty, repression, censorship and degrading conditions of living were overlooked, ignored or rationalised as inevitable but not lasting aspects of a dynamic society that was rebuilding to be a paradise for all (Macintyre, 1999; Bennett, 2003). The true believers would be determined to return home with a positive impression of the USSR.

The trips had to be organised through VOKS, the All-Union Society for Cultural Contact Abroad, founded by Olga Kameneva, Trotsky's sister, the official agency designated to look after 'progressive' Western intellectuals (Fitzpatrick *et al*, 2008). This was essential as few of the visitors

spoke Russian and would have found it impossible to make most arrangements in the country. In the mid-30s, VOKS was dealing with about 1500 visitors a year.

VOKS was there to supervise the visitors by ensuring that they did not talk to any dissidents or form an adverse opinion on the local situation. They were always accompanied by an official guide, constantly given the official party propaganda line and only allowed access to approved individuals who gave an idealistic account of the socialist utopia. VOKS of course was required to do regular reports on the tourists and note their political reliability.

No matter how starry eyed a visitor was, many impressions were downright jarring. One such example was the Prophylactorium for Reformed Prostitutes where many of the girls, barely out of childhood, were paraded. Their presence there was not voluntary and, as one observer noted, it might just as much have been a home for wayward girls back home. Community dining rooms had special diet kitchens. Sex museums and marriage clinics were instituted to overcome sexual ignorance. Railways stations had crèches for mothers to leave their children. At Sotchi and the Black Sea there were enormous sanatoria for the sick to recover; there were model prisons at Bolshevo.

In short, Ellery was taken on the political tourist itinerary and subjected to the “technique of hospitality” for visiting Western fellow travellers. Mancell recalls that Ellery “thought we were in a new society” and fully believed that “... [the Russians] were very advanced in the psychiatric field” (Gurciullo, 1992). From this point, he constantly agitated for psychiatric care in Australia to catch up with what he had witnessed in the USSR.

Ellery was especially enthusiastic about Soviet management of alcoholism in the face of evidence that it was retrogressive, punitive and ineffective (Ellery, 1938). Severe alcoholics are sent to an institution where they seldom stayed longer than two months. If they committed anti-social acts on discharge, they are punished according to the act and alcoholism was not accepted in a plea of lessened responsibility. Alcoholics made up nearly a quarter of the total male admission to mental hospitals. There were almost as many alcoholics as male schizophrenics; the total alcoholic admissions included a considerable number of re-admissions. This was hardly a picture of enlightened and progressive administration in dealing with a severe problem that affected every level of society as Ellery portrayed it.

Lewis’s Soviet visit was limited to Moscow and Leningrad. It can be assumed that this would have been under the auspices of VOKS and a file would have been opened on him. However, no information is available on this. He commenced his trip on a cautious note: “I had supposed I might find in Soviet psychiatry great license of speculation and experiment, original points of view, and enormous development of the social side of the subject” (Jones, 2003). This was not to be. People he wanted to see were ‘unavailable’, or constant excuses were made for their absence. Consequently, he missed Richard Luria, the most prominent psychiatric figure in Russia, who was regarded as politically unacceptable, a situation not improved by his being Jewish.

Unlike Ellery, Lewis was unimpressed with the doctors that he spoke to: “Some of (them) seemed so bent on impressing the visitor and answering questions without consideration, or else defensively, as if criticism were implied that it was hard to form a clear picture of their work”. The advances they presented, regarded as belated and fumbling by European standards, were seen as daring triumphs of Soviet medicine. Centralised state employment meant that the number of doctors was out of proportion at present to the amount of work done, and plenty had to take a second job. He noted several times that psychology had been under a cloud since 1936 and psychoanalysis was effectively forbidden. He found the work was “mostly along familiar lines” and often sub-standard. As for social psychiatry, he heard of no new developments or enthusiastic progress. While Ellery had waxed enthusiastically about the use of occupational therapy in the psychiatric hospitals, Lewis wrote that the services were not so much to benefit the patients' health, as to benefit others by the work of chronic patients.

Ellery and Mancell boarded the *Aagtekerk* again for the trip home to spread the word of his discoveries (Personal. The Argus, 19 June 1937, page 14). Ever enthusiastic about self-promotion, the day after he returned to Melbourne, the paper reported his news from the trip. On a page with the (presumably coincidental) heading “Melbourne residents report brilliant flash of light”, he stated that Germany had shocked him to find that almost everyone who entered a mental hospital was subjected to sterilisation, and if the relatives objected were kept in hospital long after they were cured (The

Mercury, 19 June 1937, page 10). For “Comrade Stalin's earthly paradise”, he had only wonder and admiration, and the medical and social services were rapidly becoming the finest in the world. He was deeply impressed by the health services in the Soviet Union and new insulin coma treatment that was starting in Vienna (The Argus, 19 June 1937, page 14). On the 27th July 1937, before an audience of invited colleagues, he made the first ‘Cardiazol’ injection in Melbourne with a successful result (Ellery, 1938). ICT followed.

During the war, Ellery, frustrated at not being able to contribute to the medical services, engaged in a publishing splurge and promotion of the communist party. He published a number of articles on the Soviet Union and its health services (Ellery 1938, 1943, 1946), in addition to books on schizophrenia and battle stress (Ellery, 1945). However, the detailed discussion of his European trip was to wait until 1953 when he completed the manuscript of *Cow*, published the year after his death in 1955.

Lewis was to return to his work at the Maudsley. Once the war started, he was caught up with the exigencies of maintaining a service under difficult conditions with little opportunity for research. His report lay forgotten until 1997 (Angel *et al*, 2003).

DISCUSSION

European psychiatry in 1936-7 was on the edge of the precipice. Germany had surrendered its dominance of world psychiatry, Austria was soon to follow and the Soviet Union was cowering under the impact of the purges. The appalling psychiatric “euthanasia” extermination program, under the direction of Rudin and Gaupp in Munich, was well under way in Germany and starting to attract critical and negative responses from other psychiatrists. Eugenic plans for sterilisation of mental patients, if not killing them, were already part of the psychiatric discourse in countries like Austria and Hungary (Loimer, 1988). In other countries, the situation was little better, affected by poor funding, inadequate training, turf wars between psychiatry and neurology and idiosyncratic approaches to research.

There were other psychiatric visitors to Europe before this critical time. Americans such as Roy Grinker came to be analysed by Freud in Vienna in 1933 (Grinker, 1981); Joseph Wortis did the same for four months in 1934 and also observed Sakel doing ICT (Halmi, 1995). Elliot Slater, who went to study psychiatric genetics in Germany and made a visit to Sakel in 1934, left the following year sickened by what the Nazification of the Munich Clinic (Gottesman, 2005). Slater visited other psychiatric facilities in Germany, also making briefer trips to Zurich, Prague and Stockholm. His interest was in genetics but he noted the fate of various Jewish psychiatrists under the Nazis. Brisbane psychiatrist Basil Stafford also toured European psychiatric facilities around the same time as Ellery and started ICT on his return. However, there is no other information about where he went and Stafford never described his experiences in print (Urquhart, 1968). Only Ellery and Lewis did such a comprehensive tour of European psychiatric facilities so close to the outbreak of war, the nature of their trips described above, leaving us their accounts of what they found.

Ellery and Lewis shared some features, as well as some distinct differences. Both were products of the British (and colonial) medical system, strongly Anglophile and committed to social psychiatry. Their contrasting backgrounds are indicated by the schools they attended; Ellery went to St Peter’s College, an Anglican institution regarded by many as the best school in Australia; Lewis attended the Christian Brothers College in Wakefield Street. After that they diverged sharply. Lewis was Jewish and, once he left Adelaide, never returned to Australia (Shepherd, 1986). His experiences of Adelaide’s parochialism was a major factor in this (Shepherd, 1977). Lewis’s research and academic interests were formidable and were to make him the foremost English-speaking psychiatrist of his time. He had already done his landmark study of depression by the time he went on the European trip (Lewis, 1936).

From the start of his career, Ellery agitated to improve the conditions of patients in hospitals. This made him a figure of some controversy and the subject of a Royal Commission into his work (Kaplan, in press). In Australia academic psychiatry was virtually non-existent, research was very limited (Hobbins, 2010) and Ellery’s work on malariotherapy had put him in the forefront of such efforts. Consequently, his visit was driven by his desire to learn about the latest treatments.

Ellery was entrenched in the Melbourne establishment and never lived overseas; he was only to travel overseas again in 1951, this time for health and personal reasons. For Lewis England offered greater opportunities, acceptance and a wider terrain on which to operate. Both men had strong interests in

the social aspects of psychiatry, but there it stopped. While Lewis was highly erudite and widely read, he did not have an involvement with literature and the arts. Ellery, in contrast, not only wrote for newspapers and magazines but had a high profile in the Melbourne intellectual and cultural scene where he is credited with influencing such figures as Sidney Nolan, Albert Tucker and Max Harris.

Both men were acutely aware of the highly charged European political situation and its effect on psychiatric practice. Ellery was able to see that there was simply nothing of value there for him in Germany and he was appalled by the “euthanasia” program. As far back as 1931, he had expressed his dismay at proposals to sterilise the mentally handicapped in Australia (Ellery, 1936). Lewis, in this regard, was reversing away from his early support for eugenics as news of the sterilisation program emerged (Lewis, 1933). It would be reasonable to assume that his perceptions of the situation in Germany were to be affected by his wife Hilda Stoessiger, a Jewish refugee psychiatrist, whom he married in 1934. What was unavoidable to both of them was the perilous situation of the Jewish doctors, if not all Jews they encountered. Ellery was acutely sensitive to this issue and went to some effort to help von Meduna and Dussik. Lewis did not comment on this issue, possibly because he thought it was not appropriate in the report he was commissioned to write.

The situation was little better with Soviet psychiatry. The Communist Party claimed to have special knowledge about how to create a better society, and did not want its authority challenged by psychiatrists' claims to scientific expertise. As far back to 1931, the authorities criticized psychiatric studies that suggested that long hours and hard working conditions could lead to neurosis. From 1927-1935, psychiatric policy in the USSR was overseen by The Institute of Neuropsychiatric Prophylaxis, headed by Lev Rozenshtein. The philosophy was that psychiatrists would cease to be “psychiatrists” *per se* and become experts in “mental hygiene” (Rozenshtein, 1932). A number of these institutes were set up in various districts.

After 1936, the pressure on Soviet psychiatrists escalated. Rozenshtein's approach was repudiated and declared unscientific and positively harmful (Zajicek, 2009). Psychiatrists were told that their role was to treat severely ill patients in a medical setting, not to search out Soviet citizens who were having trouble adjusting to the demands of citizenship in the socialist utopia. They were to treat conditions like schizophrenia as distinct diseases, not as extreme examples of “inadequate reaction to stimuli.” They needed to reconsider their *bona fides* as good dialectical-materialist scientists. Their task was to reorient Soviet psychiatry and create a “truly Soviet” psychiatry. A stay in a psychiatric hospital, then, was not just a harrowing experience, but an event with serious legal consequences that could follow a person for years or even decades.

The implications were obvious. Once Stalin's Great Terror started, psychiatrists were regarded as much of a threat to the state danger as any other group. Rozenshtein was purged in 1934, his wife and daughter were arrested by the NKVD in 1937 and others were to follow. The harsh criticisms of Soviet psychiatry in 1936 and 1937 left the profession in a confusing and dangerous position.

Ellery's impressions of psychiatry in the USSR are in stark contrast to those of Lewis. Ellery, if previously of a pink tint, emerged from his visit in full-blooded red, whereas Lewis was indifferent, if not averse, to the appeal of communism. Neither man made any allusion to the tyranny in the USSR, although William Sargant, in an ambiguous comment, was to imply that it was well known that the Stalinist purges were under way when he was there.. Lewis, to his credit, largely saw through the façade; but then, he had no inclination to be a fellow traveller. Ellery was unswerving in his belief in the Soviet health system and never stopped writing about it in glowing terms despite all the evidence to the contrary. In this regard, he only had himself to blame. The purges of the thirties and the deliberate famine in the Ukraine had received wide publicity (Daniels, 2009). During 1937, the USSR was experiencing the worst of the Stalinist purges, particularly vicious for the purge of the military, to say nothing of show trials of numerous high party officials accused of being pro-capitalist supporters of Leon Trotsky (Brendon, 2002). VOKS was also culled, its director Arosev joining the ranks of the millions of executed citizens.

Yet Ellery remained unmoved, saying in *Cow* that this had to be weighed against the inevitable propaganda line taken by the capitalist press; the Soviet Union, by contrast, provided a more credible explanation of the need to protect the vulnerable workers state against their enemies. The extent to which he was misled can be seen in a report from Michael Polanyi, who visited the USSR 4 times before 1935 and published a report on the Second Five-Year Plan (Shapin *et al*, 2011). Industrial production of consumer goods had not changed since the Revolution; agricultural production and per

capita food consumption were down; workers' housing was worse than in Engels' Manchester; and, the death rate was higher than anywhere else in Europe.

In short, Lewis and Ellery had been exposed to the same situations in the USSR but reached diametrically opposed conclusions. Lewis, while prepared to be open-minded, had retained his objectivity and had little difficulty in seeing that the work was quite inferior and the doctors, intensely fearful of being purged, were providing a thin justification of their work in an attempt to avoid attracting adverse attention from the authorities. Ellery, in contrast, accepted everything he was told without question. He enthusiastically promoted the Neuropsychiatric Institutes, even though they were being closed by the state and their doctors purged, describing in glowing terms in his 1938 article *Psychiatry in the Soviet Union* (Ellery, 1938).

The two men also differed in their reactions to the biological treatments that were coming into vogue. Ellery went to some effort to see how the treatments were carried out, becoming something of an evangelist and promoting them on his return to Australia. Lewis, on the other hand, was far more sceptical, seeing them as still largely unproven and over-promoted. He thought Cardiazol convulsive therapy and insulin coma therapy were being given disproportionate value. In this regard, he was more wrong than right. By the following year, ECT was to be introduced in Italy, a country whose psychiatric research he had dismissed. ICT was used for several decades, although controversy still reigns over its effectiveness (Doroshov, 2007).

In his report, Lewis had no hesitation in being critical of psychiatrists or institutions, bestowing praise where appropriate. Compared to the more formal style of his articles, the reports are written in a highly personal and critical style. The ninety-page report was never published, possibly because of his "brutally frank comments" on some of the people and places he visited and, possibly because of the outbreak of the war (Freeman, 2003).

European psychiatry, in the time before war broke out, was in a confusing and problematic state. Emil Kraepelin's successors at the Munich Institute, Ernst Rüdin and Robert Gaupp, had commenced "euthanizing" those incurables, chiefly mental patients, who were regarded as a burden on the state. German psychiatry tumbled down a steep precipice, at the bottom of which lay the darkest point that medicine would ever reach. The position of psychiatry elsewhere was poor for various reasons; Russian psychiatry was to remain debauched for decades. While these events were all historically documented, we can be thankful to Ellery and Lewis, notwithstanding their different perspectives, for giving us the only overview we have by psychiatrists of the European situation at such a critical time.

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The information on Ellery's trip is derived from research for my book *The Prophet of Psychiatry: In Search of Reginald Ellery* (2015) and his autobiography *The Cow That Jumped Over the Moon – Private Papers of a Psychiatrist* (2015).

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