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# Mary Barkas: a New Zealand pioneer at the Maudsley

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**Objective.** An account of the life of pioneer New Zealand psychiatrist Mary Barkas.

**Conclusion.** At a time when women were rare in psychiatry, New Zealand-born Mary Barkas excelled. A pioneer in the early years of the Maudsley Hospital, Barkas demonstrated her versatility in organic psychiatry, psychoanalysis and child psychiatry. Her career was terminated at an early stage and her life took a puzzling turn after she returned to New Zealand in 1933. Many questions about this intriguing and accomplished psychiatrist need to be explored.

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**Key words:** Encephalitis lethargica, Mary Barkas, Maudsley Hospital, New Zealand, psychoanalysis.

## Early years

Mary Rushton Barkas, the only child of Frederick Barkas and Amy Porter, was born at Christchurch on 7 September 1889. Barkas excelled at her studies and went on to study domestic science at Victoria University College Wellington, one of the few courses available to women at the time (Hughes & Ahern, 1993). In 1903 her mother took her to Europe to improve her French and German. While travelling, she stuck rigidly to her study programme, turning down all social invitations. She had already decided she wanted to be a doctor.

An independent and older woman than her husband, Amy Barkas found colonial life tedious. The couple separated and she moved to England in 1914. However, she remained in contact with her husband and daughter; the former was to later visit her in London.

## London, psychiatry and the Maudsley

After obtaining the BSc in 1908, Barkas was awarded an MSc at the University of New Zealand. In 1913 she went to London to study at King's College but, after the outbreak of the First World War, commenced medicine at St. Marys Hospital and the London School of Medicine for Women, gaining the MRCS and LRCP in 1918 (*The Times*, 1918). Her mother died in 1920, reportedly from the influenza epidemic.

The following year, Barkas passed the Certificate in Psychological Medicine of the Medico-Psychological

Association, the predecessor of the Royal College of Psychiatrists. She became the first female house physician at the Bethlem psychiatric hospital (Andrews *et al.* 1997). This was no mean achievement in view of the severe prejudice against women doctors that existed at the time (Andrews *et al.* 1997). Within 3 years, Barkas passed the MBBS and the DPM, going on to get her MD in 1923 (*The Times*, 1923). Her mastery of psychiatry was impossible to ignore. She was awarded the university medal for the MD and in 1924 the prestigious Gaskell prize and medal of the Royal Medico-Psychological Association.

The circumstances that had made it possible for Barkas to study medicine – the departure of men to fight in the war – now meant that returned soldiers got preference. She got a temporary position at the National Hospital for Nervous Diseases, followed by a position at Helleston psychiatric hospital in Norwich in 1921.

Psychoanalysis was one of the pillars of 20th century modernism. Barkas added this to socialism and membership of the Fabian Society, ideals shared with her mother. She spent 2 months in Germany gathering material for her MD thesis before going to Vienna to study psychoanalysis with Otto Rank. The Rank Archives do not have any records of her involvement there.<sup>1</sup> It can be surmised that, as was the practice at the time, she had a brief training analysis and was influenced by Rank's ideas on birth trauma, separation anxiety, psychosis and culture.

On her return, Barkas became an associate member of the British Psychoanalytical Society and made regular presentations. Her enthusiasm was not always reciprocated. In 1925 James Strachey was scathing

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<sup>1</sup> J Lieberman, Rank archives (personal communication, 2013).

about a presentation she made, adding that Ernest Jones 'went down like a cold shower' on her (Strachey & Strachey, 1986). This represented the fissiparous schisms that rent the British organisation, if not the hostility of many in the psychoanalytic community to mainstream psychiatrists.

In 1907, the eminent psychiatrist Henry Maudsley offered the London County Council £30 000 for the establishment of a new psychiatric hospital to treat acute and voluntary (rather than chronic involuntary) patients with out-patient facilities and teaching/research facilities modelled on the hospitals in Germany. The intention was for the hospital to be based in the city and treat early cases of psychosis to prevent the condition from becoming intractable and patients then having to be sent to remote country asylums (Evans *et al.* 2008). The project was delayed by cost overruns and the onset of World War 1, which required the use of the buildings to treat war veterans.

The Maudsley Hospital reopened in 1923. Barkas, appointed assistant medical officer, became one of the four psychiatrists working under the superintendent Edward Mapother (Slater, 1960). Together with A.W.W. Petrie, W.S. Dawson and W. Moodie, supported by a number of junior doctors, Barkas served 157 patients in six wards. Barkas stood out as a woman and having psycho-analytic training. She was to have a close association with William Dawson, who became something of a mentor.

There is no doubting her versatility. She presented papers on organic disorders, ranging from tabes dorsalis to encephalitis lethargica (Barkas, 1925a, 1925b, 1927a, 1927b) With Dawson, she wrote a paper detailing the use of somnotherapy (Deep Sleep) (*The Lancet*, 1927), later noting that its benefits in dementia praecox (schizophrenia) were limited (*British Medical Journal*, 1934). She participated in the hospital teaching programme, lecturing on organic mental disorders and the genesis of mental symptoms (*The Lancet*, 1926).

With neurotic patients Barkas sought to identify the traumatic experiences and then enable the patient to overcome this impasse. She maintained that psychotic individuals had regressed 'from the reality principle to the pleasure principle, auto-eroticism and pre-genital modes of gratification' (Barkas, 1925b). The goal of the doctor was to retrace the origins of these regressions and then to stop or invert them. However, further investigation was necessary into 'the trends underlying character formation' to enable doctors to create 'satisfactory sublimations' which prevented the patient from falling further into a regressive psychosis.

Dawson established a department for the treatment of children, which played a significant role in the rise of child psychiatry in Britain (Evans *et al.* 2008). He was assisted in this by Barkas (Jones & Rahman, 2008) who

was influenced by psychoanalytic theories about the unconscious phantasies of children. She considered that adult psychosis represented a regression to an infantile state in which primitive bodily desires dominated the mind (Barkas, 1925b). At the Maudsley, patients could regress to an 'antenatal state of freedom from stimulus and effort' from which doctors could begin the socialisation process. Psychoanalytic treatment was reserved for teenage children who were encouraged to recollect traumatic events and recount dreams and were asked for associated thoughts and feelings.

In 1918 the encephalitis lethargica epidemic reached the United Kingdom, leading to a surge in referrals of 'demoralised' children to the Maudsley. These children were notoriously difficult to treat, not only because of lack of knowledge about the illness and lack of effective medication, but also because of their behaviour. Barkas saw a number of affected children and described the problems encountered in such cases (Barkas, 1926).

Barkas was joined at the Maudsley by Dr Isabel Emslie Hutton, a Scottish doctor who had written her thesis on the Wasserman test for syphilis in the insane. Hutton, who was married, had problems getting a permanent position. Barkas and Hutton shared an interest in the relationship between psychological theories of the instincts and glandular functions, prescribing glandular extracts (Evans & Jones, 2012).

Barkas left the Maudsley in 1927. Why did she leave the most prestigious psychiatric centre in Britain and end her academic career? The Medical Superintendent's report states that her appointment would be terminated on 12 February 1927 on the grounds that tenure of medical appointments at the hospital would be limited.<sup>2</sup> This is a puzzling decision for which no explanation can be found. While the Maudsley sub-committee was within their rights in not renewing her contract, this stricture was not applied to anyone else. Information from the hospital archivist is that the other medical officers continued their service and this sanction was not applied again before 1938 when the administrative arrangements changed.

There are several possible explanations. First, despite having appointed Barkas (and later Hutton), the prejudice against women persisted. Hutton, for example, was employed as an honorary psychiatrist for 7 years with no salary or official position because the LCC forbade the employment of married women. Barkas, however, was not married.

Second, Barkas was the only psychiatrist who openly espoused psychoanalysis. Mapother, the Director, was ambivalent about it, to say the least; Dawson, by contrast, was more amenable. If the attitude of Aubrey Lewis, appointed the following year, is any guide, the

<sup>2</sup> Colin Gale, Archivist the Maudsley Hospital (personal communication).

Maudsley was not a place for those with psychoanalytic views. Dawson left the Maudsley in March 1927 when he was appointed professor of psychiatry at Sydney University. Did the departure of a close ally leave her without support?

### Interlude: the Lawn Hospital, Lincoln

The next year Barkas was appointed Medical Superintendent of The Lawn Hospital in Lincoln, a small private asylum (*The Journal of Mental Science*, 1928). She seems to have intended to continue her research. These plans were never realised. Was it a misjudgement or a reflection of her mental state?<sup>3</sup> The Lawn Hospital, like many such private institutions, had chronic financial problems. These worsened in the depression with bankruptcy looming in 1931. Furthermore, the facilities were poor and could not match the Maudsley. It was a constant struggle to increase patient numbers and maintain hospital income.

Barkas continued her professional activities, attending meetings of the Medical Woman's Federation, often reporting on mental health matters. At a conference in 1928, she said the association of physical disorders with mental disease might be explained by means other than direct cause and psychiatrists would be better off studying the mental processes of patients 'rather than a flight to the laboratory' (*The Lancet*, 1928). This reveals the extent to which her views differed from others at the Maudsley; at the same conference Mapother presented three cases of head injury following motor accidents, noting that their condition was 'certainly not of emotional origin' and there was nothing to indicate pre-existing neurotic or psychopathic traits. This suggests that her psychoanalytic views had antagonised the other Maudsley psychiatrists.

Good intentions notwithstanding, Barkas was dragged down by the struggle to run a failing institution. The suicide of a patient demoralised her. It was a depressing situation and it would be no surprise if she were depressed herself. By this stage, Barkas was as disillusioned with psychoanalysis as with psychiatry, probably as a result of the infighting revealed by Strachey's letter. However, she had a commitment to the institution, or rather the patients and was reluctant to walk away.

### The Tapu decades

The decision was made for her by her father's death in 1932. Barkas returned to New Zealand to clear up the estate, made the decision to stay and informed The Lawn of her resignation (*Auckland Star*, 1934). She moved

to remote Tapu in the North Island. Although registered as a medical practitioner, there is no evidence that she practised again.<sup>4</sup> She was elected a member of the executive of the Tapu Branch committee of the New Zealand Labour Party in March 1937 (*Auckland Star*, 1937). Surprisingly, she joined the Sunlight League, an organisation to promote 'knowledge of the laws of heredity, the importance of civic worth and racial value, and by the study of eugenics to exchange racial deterioration for racial improvement'. In 1938, she made a trip to Europe (*New Zealand Herald*, 1938). Her activities there are unknown but she could not have avoided signs that another war was looming. In 1941, she was still listed as a member of the International Psycho-analytical Association (Glover, 1941).

After this, Barkas desisted from social and professional life. The only information on her activities is that she devoted herself to studying Chinese philosophy, having discovered serious discrepancies in the German and English translations (Barkas collection, ■). She is not known to have published her work. Barkas lived in a green weatherboard cottage a mile south of Tapu. Locals remember her as an eccentric but amiable character who drove around with her dogs in an old station wagon and would swim dressed in a very old woollen swimsuit and old tennis shoes.

Mary Barkas died of 'a long illness' on 17 April 1959 (Dawson, 1959).

### Epilogue

Mary Barkas's life was shaped her parents' separation, her father's wide interests, restrictions in colonial New Zealand, ambition to do medicine, antagonism towards women and resistance to psychoanalysis in psychiatry. Despite more than holding her own against the luminaries there, she was not reappointed to the Maudsley. To her work, she brought a high intelligence and consciousness of feminism, socialism and related causes. At a time when the organic paradigm still predominated, she insisted on a humanistic approach that considered developmental and psychological factors.

Barkas left the Maudsley, spending the last 24 years of her life in isolation, never practising again. What went wrong remains a matter of speculation. There are suggestions that she was disillusioned with both psychiatry and psychoanalysis, never finding any alternatives in her personal life. These questions remain to be answered. Until then, we can remember Mary Barkas as a forgotten psychiatric pioneer whose life and work deserves to be more widely known and recognised.

This is a preliminary article in anticipation of a biography of Mary Barkas.

<sup>3</sup> Kay Sanderson.

<sup>4</sup> K Sanderson (personal communication).

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## Conflicts of Interest

None.

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