

‘MILDRED SAID SHE’D DO IT’:
A QUAKER CHILD PSYCHIATRIST AND AUTISM PIONEER*

Christine Trevett
Cardiff University, Wales

ABSTRACT

The life of Dr Mildred Creak spanned almost the whole of the twentieth century (1898–1993) and enormous changes in the understanding of mental disorders and of how children’s well-being might be ensured. She made her mark as a psychiatrist despite prevailing prejudices against her sex and she was significant both in establishing the discipline of child psychiatry and for the early history of autism diagnosis. Her life and work intersected with great contemporaries in the field of psychiatry, including notable Quaker psychiatrists who, like her, enlisted during the Second World War. The contribution of Quakers to army psychiatry is relatively undocumented, especially by Quakers themselves. Mildred Creak’s professional life and Quaker commitments intersected too. She was among the group of Quakers that visited Russia in 1951, to much publicity. The author regards her as an unsung twentieth-century Quaker of significance.

KEYWORDS

Mildred Creak, child psychiatry, history of autism, Quakers and psychiatry, Quakers and the military, Quakers and the Cold War.

What follows recalls a woman who made a mark when women generally were discouraged from so-doing and one who is described in Adam Feinstein’s recent *A History of Autism: Conversations with the Pioneers* as ‘an extraordinary figure in the history of child-psychiatry—and not just in her native Britain’ (Feinstein 2010: 77). She appears several times in that work but Feinstein knew of Dr Mildred Creak (b. 1898) only by reputation. She had died in 1993. Mildred Creak was a Quaker,¹ Feinstein noted.

My intention is to draw attention to Eleanor Mildred Creak² for those with an interest in: the history and development of mental health care for children; the infancy and childhood of an understanding of autism; the emergence of women of the professional medical classes in the wake of the First World War; and the contribution of those twentieth-century Quakers in medical and educational fields

who had a particular impact on the mental well-being of children and adolescents. Creak's Quakerism intersected with her professional life in a variety of ways, as I shall show.

Two centres for work with children had been named after her during her lifetime so evidently Mildred Creak had been a person of significance in her field. Yet oddly, it seemed to me, sources by and about Quakers (generally avid chroniclers of their own history) were almost silent about her. She appeared in just one recent book on Friends in medicine and there only as 'child psychiatrist' in an Appendix (Pearce 2009: 108-10). In the Library of the Society of Friends in London there were just a few obituaries. In *The Friend* for 17 September 1993 the notice had read:

CREAK 27 August. Peacefully, Mildred Creak, Member of Stevenage Meeting. Aged 95. Memorial meeting to be held on 23 October, 3 pm at Welwyn Garden City F[riends]M[eeting]H[ouse].

Research beyond Quaker sources confirmed that here was someone who was indeed a pioneer in paediatric psychiatry and in autism studies, establishing the Department of Psychological Medicine at Great Ormond Street Hospital for Sick Children (hereafter GOSH) and giving her name to the 'Creak Committee' (or 'Nine Points Committee') which sought to set diagnostic criteria for autism. She had published regularly. It was easy to find praise and acknowledgement: 'a brilliant diagnostician'; 'Mildred Creak...a household word for every one familiar with the studies of infantile psychosis'; 'the pioneer in child psychiatry'; 'the eminent child psychiatrist renowned for her work...' (Brown 1971; Davidson 1996; Kahr 1996, Preface). Furneaux and Roberts (1977) had dedicated a book on autism to her with the words 'A pioneer in this difficult field—whose advice and encouragement we wish to acknowledge'. Others well known in the field of autism studies regularly expressed gratitude for what they had learned from her³ and there had been obituaries in *The Independent*, *The Guardian* and *The Daily Telegraph* as well as in medical publications. She had worked among the giants in the field in the twentieth century. They (almost all of them male) are lauded in awards, titles and books written about them. This piece records a little about Mildred Creak's contribution and about her Quakerism, which interacted with her clinical work in a variety of ways.

TOWARDS A CAREER

Eleanor Mildred Creak's family was middle class, Unitarian in belief and Liberal in political tendency. Her Yorkshire-born father, a mechanical engineer, was a Manchester University graduate. He had married her mother Ellen (formerly McCrossan) in 1896 and she died in Sanderstead in Surrey when Mildred was eighteen. Aged just 55 she did not see the reality of women's suffrage, which she had supported. Mildred had been born in Cheadle Hulme and the 1901 census recorded that their house contained the two year old, her parents and two Cheshire-born young women listed as servants. During the 1911 census her

younger sister Nancy Isabella (Anna) was living in Withington with their parents, a young Leipzig-born woman described as 'governess' and a number of others listed as 'household members'. Mildred was not among them. It is an oddly-written surname in the census record for Ladybarn House school in Withington which tells us where she was at this time. A twelve year old called Eleanor Mildred, born in Cheadle Hulme, was there classed as 'boarder' with the school's headmistress Mary Shipman Beard and an assortment of single women: teachers, servants, cooks and housemaids. Mildred was the only young person so listed.⁴

An accident of birth within a network of middle class and influential people with an interest in social progress and in encouraging women in the public sphere had placed Mildred Creak, even before she reached her teens, on the edge of significant shifts in practice where the oversight of the 'mentally deficient' and pre-school education were concerned. In Mary Shipman Beard (1861–1926), the headmistress, Mildred was in contact with someone who had a passionate commitment to the young and an interest in children who were out of the mainstream school system. Mary Beard's sister was Sophia Eveleigh who with Margaret MacMillan would come to found the Nursery School Association in 1923.⁵ Mary, so the Association recorded later, had 'worked unceasingly in infant welfare centres, day nurseries and nursery schools'⁶ and in 1923, after some years away from the north of England, Mary Beard would return to Manchester to work with the newly formed Association there. Her family was Unitarian too, but Mary Beard was 'quite at home with Friends' though she did not call herself a pacifist (McLachlan 1935: 100). Indeed, she resigned her school post in 1916 and joined Quakers doing war victims relief work in France. A. Ruth Fry's (1926) account of the relief work contains her name.

In 1911, however, Mary Beard was headteacher of Ladybarn House school, with an enthusiasm for Francis of Assisi that was evident on the walls of the wash-rooms. These walls carried a notice in praise of water: 'Humble and Precious and Chaste'. She also encouraged pupils such as Mildred Creak towards an interest in the Sandlebridge Colony for 'feeble-minded' children. This had been founded in 1902 by the Lancashire and Cheshire Society for the Permanent Care of the Feeble-Minded and her cousin Mary Dendy was variously that Society's secretary and president. Mary had been campaigning over many years for the separate categorisation of mental illness and mental deficiency and for separate facilities for each.⁷ Sandlebridge Colony (Colony, not Asylum) was Britain's first permanent residential care home for 'feeble-minded' children, facilitating their permanent segregation from society and with a farm, garden, laundry and so on, to provide occupation for older residents. Its regime included sensory training and instruction in manual tasks. What it provided may be gauged from Mary Dendy's Appendix in LePage (1920: 207–74) and in newspaper reports and letters of the time which refer to Mary Dendy (www.britishnewspaperarchive.co.uk). Sandlebridge was well known to those of a philanthropic turn of mind in the Manchester area. Dendy had received an honorary MA from Manchester University in 1910. She was invited to speak at Ladybarn House School where her cousin was headteacher.

The language of the early 1900s about 'the feeble-minded' is unsettling for the modern reader. 'Feeble-minded' was the category assigned to the highest functioning among the impaired at this time, and would have included children of average intelligence but with problems of social communication and interaction (Jackson 1996). Some of them might now be diagnosed with an Autism Spectrum condition. However, so-called feeble-minded individuals were deemed unfit to live independently in society and might be regarded as all the more dangerous to it, since some might pass for normal yet nevertheless transmit feeble-mindedness. This was a much politicised issue in the years leading up to the Mental Deficiency Act of 1913, bound up as it was with anxieties about criminality and class, sexuality, fears about the fertility of 'the feeble-minded' and the consequent decay of the race (Jackson 1999: 11-12, Chapter 6 on Dendy). Under the Mental Deficiency Act of 1913 Dendy was appointed a paid Commissioner, the name 'Miss Dendy' standing out starkly in the list of men so appointed. The chairman of the new Board of Control for Lunacy and Mental Deficiency was Sir William Byrne, who was a Withington man by birth.

The taxonomy of mental states, issues of segregation and of treatment in residential settings were of concern to Mildred Creak later. Sandlebridge must have provided an early encounter with the institutionalised and with the rationale of those most concerned with them. She recalled that since childhood she had wanted to be a doctor and to work with children. Her first hobby was 'child psychiatry, especially autistic children' one of her obituarists remembered her saying (Elmhirst 1994: 318).

In her teens Mildred and her family moved south from the Manchester area and Mildred's medical studies began in London during the First World War. It was in 1918, when a student, that she became a Quaker. Her training at University College Hospital allowed her to observe the outpatient clinics of Bernard Hart and Alfred Tredgold, who were leading figures in the developing discipline of psychiatry. Nevertheless on completing her studies in 1923 she found that few posts for hospital training were available to women. Mildred made ninety, or perhaps a hundred and ten, unsuccessful applications for posts: Philip Graham (who was at GOSH for more than a quarter of a century as consultant child and adolescent psychiatrist) mentioned both figures. Even by the standards of 1924, he added, 'it's still a pretty horrific story' (Graham, Minnis and Nicholson 2009: 46). Additionally the London Medical Schools which had accepted female medical students during the First World War then barred them after the coming of peace (Stevens 2006). By 1930 University College Hospital was the only co-educational London Medical School and it accepted 12 female students a year (Stevens 2006: 868). 'Women were all but effectively blocked from being consultant physicians for the first 50 years of the twentieth century unless they were on the staff of the Royal Free', Stevens concluded (Creak was one of the 25 women mentioned in the study), and well into the 1930s many posts advertised in the *British Medical Journal* were open only to men. In the aftermaths of both World Wars matters regressed for women professionals.

Most of her career would be spent in London at the Maudsley and Great Ormond Street hospitals. As GOSH's website explains: 'The male medical staff at the Hospital for Sick Children succeeded in keeping women doctors out of the wards until the outbreak of the First World War... With the end of the War, the situation of an all-male clinical staff was resumed.'

In the late 1930s, it went on, a few women gained junior specialist posts and then 'Dr Mildred Creak, the distinguished child psychologist, became the first female consultant in 1945'.⁸ In 1923, however, and newly trained, Mildred had consistently been failing to get a post. The fact that she was now a Quaker would have been in her favour when the next year she finally found one. It was in York, as assistant physician at *The Retreat*, a private Quaker foundation for the mentally ill. It had had female doctors on its staff since 1897. Creak worked there until 1928 and published her first clinical descriptive papers.

The Retreat had opened in the 1790s as a ground-breaking institution for the mentally infirm. In March 1792 the Quaker tea merchant William Tuke had proposed to his co-religionists 'a retired habitation' where new principles of humane care might be tried thoroughly (Lawrence 2011). *The Retreat* pioneered 'moral treatment', by which was meant treatment intended to be *morale* -building and socialising, in an environment conducive to a better frame of mind, and where good clinical observation could follow. Over time other institutions followed suit and *The Retreat* itself, while wedded to a Quaker understanding of the person, became mainstream in its adoption of developing practices in psychiatric care.⁹ In 1929 and in her first London post Creak wrote a short account of *The Retreat* with a view to encouraging nurses into such mental health work (Creak 1929). It was the year of the so-called 'Flapper election' and she was able to vote for the first time. She was already over thirty years old.

It has been suggested (Stevens 2006) that when women of this period made their mark in the male-dominated world of medicine they did so by defining a speciality and creating a niche which others did not want. Mildred Creak's own passion lay in psychiatry with and for children and Philip Graham, her obituarist, saw her as the child psychiatrist who had connected most strongly with paediatric medicine and its practitioners. It was she who had established 'paediatric psychiatry' (i.e. child psychiatry in a paediatric setting) as a specialism both vigorous and influential, he suggested (Graham 1993a; Graham, Minnis and Nicholson 2009). That was to happen in the next stages of her career.

1929–39: THE MAUDSLEY HOSPITAL

By 1929 Creak had had a great deal of contact with both psychiatry and mental deficiency. Her new post was at the Maudsley Psychiatric Hospital, which had been opened formally as recently as 1923 'to raise the status of academic psychiatry in the UK' (Jones 2003; Jones and Rahman 2009: 273). After a short time she was able to transfer duties so as to work with children and in her early years at the hospital she also did voluntary placements in other institutions, including at

GOSH. The numbers of Child Guidance clinics were growing at this time and the Child Guidance Council had recognised the Maudsley's clinic (Mapother and Golla 1932). Initially funded by the Commonwealth Fund these clinics had an eye to the prevention of anti-social and delinquent behaviour and they were seen as contributing to the international movement for 'mental hygiene'.¹⁰ The head of the Maudsley's children's division was Thomas Tennent; when he became the hospital's deputy superintendent so Creak, his assistant, took charge and then become head of a new children's department.

A recent study of child psychiatry in the inter-war years suggests that while adult psychiatry was struggling to develop effective treatments, child psychiatry, faced with increasing numbers of child referrals, was handling a shift towards theoretical study along with a growth in practical treatments as well (Evans, Rahman and Jones 2008). At the same time there was a good deal of internal wrangling where psychiatry, psychology and psychoanalysis were concerned so that 1930s psychiatry has been described as 'unsettled, exciting, perplexing...with representatives from its various specialities tussling to define its nature' (Angel 2003: 44).

The sub-speciality of child psychiatry was in its infancy and developing rapidly and was, according to some, 'undefined' (Evans, Rahman and Jones 2008: 454). The world's first department of paediatric psychiatry had been created only in 1930 at Johns Hopkins Hospital, Baltimore. It was headed by Leo Kanner who had been brought to Baltimore by Adolf Meyer two years previously. Kanner would later be famed for his work on autism. The journal *Zeitschrift für Kinderpsychiatrie* (subsequently *Acta Paedopsychiatria*) was first published in 1934 and the term 'child psychiatry' came into the English language with the publication of Kanner's work of that name, in 1935. Here was a new area in a wider field which itself was not defined with precision. The general field of 'psychiatry' embraced doctors based in asylums, neurologists practising privately, general practitioners with an interest and growing numbers of psychoanalysts. The term 'psychiatrist', though widely used, was 'slippery' (Angel 2003: 41; and see Lewis 2003a, 2003b).

The Maudsley was providing postgraduate teaching and research in 1929 when Mildred Creak joined it, but not on a large scale. The whole of the medical and technical staff plus the senior technicians might have been seated round one table (Professor Sir) Aubrey Lewis recalled later: 'The place was small, full of ambition and energy, but everybody was overworked' (Shepherd 1993: 742-43; also Jones 2003: 21). Both Lewis and Creak lectured on the DPM (Diploma in Psychological Medicine) course, among their other duties. 'Working up these lectures and discussing things with the outsiders who came and went kept us on our toes', he wrote (Shepherd 1993: 743-44). In 1929 the first course for psychiatric social workers had been initiated at the London School of Economics and at the Maudsley Creak was involved in their training also. Aubrey Lewis recalled the under-funding, the workload and the consequent impossibility of competing with American and continental European centres doing research.

Research had to be a part-time activity and this was a period when clinicians more than researchers offered hypotheses in psychiatry (Jones and Rahman 2009).

Clinicians often lacked the time, and some the inclination, for the kind of work that was needed. Nevertheless the Maudsley's superintendent Edward Mapother ('the sun of our little universe', Lewis recalled) had a vision for the hospital to be a centre of clinical excellence, active in empirical research and in the development of psychiatry in conjunction with neurology. Aubrey Lewis himself would carry that vision forward in due course, promoting the research-based development of academic and social psychiatry (see Shepherd 1977, 1993; Angel 2003).

There were other hurdles to be cleared too. In these inter-war years psychiatry did not enjoy good standing and its poor reputation in medicine needed to be addressed. Consequently the Maudsley's staff—already well trained—needed to be credible, unimpeachable in the eyes of others. Mapother required them to gain Membership of the Royal College of Physicians. Mildred Creak complied and she gained MRCP status in 1930, while observing later that 'Where I had come from they thought it quite good to get the DPM and I had no more thought of taking membership than of a degree in Greek history. He issued the idea as a firm ultimatum, and what a sound policy that proved, for we never lost sight (nor did he) of psychiatry as a branch of general medicine' (Creak 1961a: 62–63). Gaining credibility for *child* psychiatry in the general medical field was her particular concern in the years pre-1960, though. Very many paediatricians were wary of, or even hostile to, its entry into the field of child care.

USA AND A NEW DEPARTMENT

Thomas Tennent, Aubrey Lewis and other senior staff members at the Maudsley had already gained experience of the American psychiatric scene. Rockefeller monies had opened up movement between Europe and the USA. Rockefeller Fellowships allowed observation and training in medical school clinics in New York, Rhode Island and elsewhere, where there was research into children's neuropsychiatric disorders, the effects of amphetamine on their behaviour and more (Mapother and Golla 1932: 22; Wardle 1991: 56–57). At the Maudsley new behaviourist ideas filtered into clinical practice and with them hope that unhelpful familial and environmental influences might be addressed, while the growth in social treatments led to fewer children being medicated with particular sedatives and hypnotics (Evans, Rahman and Jones 2008). Mildred Creak went to America with a Rockefeller travelling Fellowship in the academic year 1932–33, an award which allowed her to spend time at the Philadelphia Child Guidance Clinic, at the Judge Baker Foundation Child Guidance Clinic in Boston, at a neuropsychiatric clinic in Rhode Island, and elsewhere. Like Dr Lauretta Bender, who was based at the Bellevue Hospital in New York, Creak became committed to the idea of residential treatment¹¹ and what she termed 'the organic investigation of psychiatric disorder'. In the Philadelphia clinic she had also seen the close co-operation being forged between psychiatrists and paediatric specialists. She put such thinking to work after 1933, when she was heading a new department for child psychiatry at the Maudsley.¹² Indeed in retrospect '1933: The Maudsley Hospital in London opened a children's department under Mildred Creak' came to be listed under 'Major Events in Psychiatry' (Freeman 1999: 78).

'Modern comprehensive multidisciplinary mental-health services for children and adolescents have four origins', C.J. Wardle wrote in 1991: psychology and psychoanalysis (from 1890 and 1906) were two of them, the Child Guidance movement (from 1920 onwards) and 'the children's departments of psychiatric teaching hospitals' (from 1930) were the others. At the Maudsley Creak expanded an existing pattern of engagement with other professionals and agencies. Those wary of a multi-agency approach in care feared the sacrifice of the psychiatrist's professional control, not least in case conference situations, but when Evans, Rahman and Jones studied the notes they commented retrospectively on Creak's 'dominant role in case conferences'. She brought to the weekly case conferences with Maudsley staff and to children's therapy not just social workers but a speech therapist, a teacher for a 'rhythm class' to help the ill-co-ordinated children (Mapother and Golla 1932: 23) and play assistants to staff the playroom that had been set up. There was also a teacher for those with reading difficulties. That work led her to an interest in reading disability and the possibility of recognising it earlier so that 'individual treatment and re-education might then do much to alleviate the discouragement of both child and teacher' (reported in Creak 1934a). Half a century later a researcher on the subject commented that 'so much of what Dr Creak says rings true today' (Gordon 1986 on Creak 1936b).¹³ Another effect of these developments was to free medical staff for concentration on diagnosis and recommendations.

When Mildred had joined the Maudsley Hospital in 1929 it had seen 176 children as outpatients and 34 as in-patients (Jones and Rahman 2009: Table I, acknowledging some possible overlap in numbers). Referrals increased dramatically, however, and the children's department expanded in consequence (Evans, Rahman and Jones 2008). The Maudsley's reputation ensured that it became the place to which the most difficult child cases were referred. Foundations were being set in place for the clinical and scientific study of psychiatric disorders in children. In the inter-war years Mildred and her colleagues were publishing on psychoses and compulsive speech, tics and the 'organic' roots of behaviour problems, utilising the case records of the newly emerging Child Guidance clinics (e.g. Addis 1935 [a study directed by Creak *et al.*]; Creak and Guttman 1935, 1940; Lewis and Creak 1940).

In the mid-1930s Mildred Creak was involved enthusiastically in planning Britain's first psychiatric in-patient unit for children, at the Maudsley. Residential observation and treatment was the way forward. Observation in foster homes was unsatisfactory, as was observing them on adult wards: 'In the wards for adults the setting is too unlike a child's ordinary life to permit him to show his responses to familiar situations reproduced in a controlled environment' (Creak and Lewis 1940: 396).

As for autism, however, which would become one of her major concerns, it had been invisible and uncategorised when she had started her training as a doctor before the 1920s, and it continued for decades to be subsumed within diagnoses which addressed behavioural problems, learning difficulties and anxieties. Children with such 'childhood psychoses' or 'childhood schizophrenia' tended to be

institutionalised. Creak's understanding of 'asylums' and of those branded in some way 'defective' added weight to her concern for such children. Failure to carry out a full assessment led to dire consequences for the children, condemning many to being labelled mentally defective and to institutionalisation.

PSYCHIATRY AND THE SPIRIT OF THE AGE

In the 1930s child psychiatric training was mainly psychoanalytic. Creak underwent analysis with Anna Freud, daughter of Sigmund,¹⁴ and subsequently with a Kleinian analyst. Her professional associations apart, she also belonged in Quaker circles where there was considerable interest in Karl Gustav Jung. The Quaker P.W. Martyn maintained regular contact with Jung, who expressed an interest in the Quaker understanding of 'Concern' (which for Quakers signifies more than 'being concerned about') and in the phrase 'centering down'.¹⁵ Mr John Basil Hume (1893–1974), consultant in surgery at St Bartholomew's Hospital, London, was also a Quaker and with his wife was part of the same Martyn circle. Mildred was their friend and in an e-mail to me in 2012 their daughter Pamela Hawkins recalled Mildred's interest in Jung and the group. Her own work with children had involved psychoanalysis, initially along the same kinds of selective lines which William Moodie had employed as the hospital's deputy medical superintendent and director of the Maudsley's child guidance clinic, set up in 1928.

Mildred Creak was a contemporary and friend of significant thinkers in respect of child analysis, such as Anna Freud, Melanie Klein and Donald Winnicott. Her own thinking as a psychiatrist underwent a shift, however, as increasingly she thought less in terms of unconscious mental processes and more in terms of 'emotional disturbance', such as anxieties or problems at home or at school might have sparked. The challenge of diagnosis and distinguishing psychological and physical effects remained acute (Creak 1937). In the 1940s the British Psychoanalytical Society would be divided in the so-called 'Controversial Discussions' (King and Steiner 1991) and, post-war, psychoanalytical training split three ways. Freudians (with Anna Freud as a key advocate) and Kleinians were joined by a British 'Middle Group', or Independents as they came to be known. Earlier this had tried to be a moderating, nuance-inducing influence. Creak's sympathies lay with the Middle Group associated with Donald Winnicott (d. 1971), an important figure in psychoanalysis in Britain in the generation post-Freud (Goldman 1993; Rodman 2004; Yorke 2004).

Winnicott was a paediatrician turned analyst. The concept of 'the good enough mother' was his and 'by recognizing the goodness he allowed that goodness to develop', as one of his colleagues wrote (Kahn 1972). Creak admired Winnicott and had once said he was a genius (so her obituarist Susanna Isaacs Elmhirst reported). Indeed she was one of 'a handful of distinguished guests' who spoke at the memorial gathering after Winnicott's death (Kahr 1996: 133). Elmhirst had worked under both and thought them 'two of the greatest children's psychiatric diagnosticians in the short history of this speciality'. They were of similar age and similar in other ways, Elmhirst thought (1994: 318). Certainly Creak and

Winnicott shared an understanding of the role of environment in realising the child's potential. Like him Creak did not fear the interaction of paediatric science, psychiatry and psychoanalysis and like her he was a person of religious sensibilities, though sometimes accused of being anti-religious. He was one who declared himself at odds with any religion which suppressed 'individual development in favor of compliance with a handed-down program of worship' (Rodman 1987: xxii-xiv). This too was a sentiment which as a British Quaker Mildred Creak shared.¹⁶

Creak admired Leo Kanner as well as Winnicott and some of her own emphases and concerns emerge in her (positive but not uncritical) review of Kanner's *Child Psychiatry* (Creak 1936a). It indicates her knowledge of the American scene, and her support for psychiatry 'expounded on psycho-biological principles' and for the 'linkage' between psychiatry and paediatric medicine, such as Kanner's work represented. She did not doubt the wrong-headedness of 'separating unduly' the care of the child physically 'disturbed' from that of the child with problems of adaptation of a social or emotional kind (relegating these to the psychiatric clinic or educational services, rather than to the hospital). The close interdependence of physical and psychical factors in children was so easily demonstrable, she maintained. So she warmed to Kanner's treatment of the child 'as a whole, inseparable from the various factors, of heredity, of environment, of his physique and its possible disturbances...' She also liked his 'lucid, common-sense delineation of the problems' both in maladjusted children and unhappy parents. Lucidity, common sense and concern for parents were characteristics also attributed to Creak herself, as we shall see.

Just as psychoanalysis was part of the intellectual backdrop against which child psychiatry was developing in the inter-war years, so too were the Mental Hygiene movement previously mentioned (influential until the 1960s when community health initiatives absorbed its concerns) and the Child Guidance movement. The first Local Authority child guidance clinic had opened in Birmingham in 1932 (Black 1993);¹⁷ by 1939 there were 22 of them and 94 by 1944. The Education Act of that year made such clinics mandatory, given their record of success in the war years. Child psychiatry was evolving in parallel with the spread of child guidance clinics, and not without some tensions.

Also part of the spirit of the age in the 1920s and '30s in Britain was the intense public debate, and something of a panic, around a feared increase in delinquency and about levels of mental and moral 'degeneracy'. The latter concern had existed for decades, bolstered by worries that the 'better' classes were making greater use of birth control. 'Eugenics' was a word which would take on its very darkest connotations in wartime Europe but debate on the matter was well established, as was the fear that the 'taint' of 'feeble-mindedness' was readily transmitted. Dr Carlos Blacker had joined the Maudsley's staff in 1927 and he was general secretary of The Eugenics Society from 1931 to 1961. Edward Mapother was a member, as were John Maynard Keynes, Julian Huxley and Neville Chamberlain among many others. In the 1930s Blacker was working to remould it into a professional body inclusive of a number of academic disciplines. It was to that end

that he had encouraged doctors, scientists and social scientists into it, so that eugenics might elide into genetics proper and include study of demography and of environment (Soloway 1990: 186-87, 215-18).

Mildred Creak was a member of The Eugenics Society, as were a number of senior medical figures who were also Quakers. These included Russell (Lord) Brain, neurologist; and Lionel Penrose FRS, who was professor of eugenics (i.e. human genetics) at UCL and famed for (among other things) his work on genetics and mental deficiency. Eliot Slater was a member too, a psychiatrist, statistician and genetics pioneer who was the product of a Quaker mother and a Quaker school. Creak does not seem to have played any great part, however, and contributed very little in *Eugenics Review*, the society's journal. There is just one book review, of *Social Development in Young Children* by the pioneer in child-centred education Susan Isaacs (Creak 1934b) and then in 1956 a piece on the personality characteristics found in parents of 'promising' children. This allowed her to muse around themes of children's anxiety as an inhibiting factor, to write of 'secure nurturing', conflict, parental expectation and the concern for 'scholastic prowess' versus education as the drawing out of highest potential: 'Perhaps the human and creative miracle is that so many of us grow up and function moderately well with no more than ordinary endowment and little help from our parents' she concluded. As for intelligence, it was a mistake to think of 'native endowment' as a quantum. 'If you can't make a silk purse out of a sow's ear', she went on, 'you might be able to make a very nice pigskin one, and find it a more enduring kind to have' (Creak 1956a: 81).

PSYCHIATRY AND A QUAKER INITIATIVE

In the inter-war years Mildred was ecumenical in her professional interests and open to examining varieties of approaches. Her concern for the distressed, the dysfunctional and the delinquent was not confined to her consulting rooms and given her interest in the whole child and in the quality of its environment and experiences it is unsurprising that she should be found over the decades in Quaker circles of concern about education, about the child and the penal system, as well as about psychiatric care.¹⁸ This included membership of *Friends Education Council* and the *Penal Reform Committee* (or *Group*). The latter was supportive of those Quakers in psychiatry who were pioneering what came to be known as Planned Environmental Therapy, through the Q-Camps initiative. The Q stood for Quest and not Quaker, though Quakers were very significant in its creation.

The psychiatrist and psychoanalyst Marjorie Franklin worshipped at Westminster Friends' Meeting before the war, though she was not in membership of the Religious Society of Friends when, as secretary of Q-Camps committee, she had first approached the Quaker David Wills to help make the project reality.¹⁹ Wills was experienced with 'maladjusted' young people and he had worked in Quaker 'Settlement' communities in impoverished South Wales. From 1936 until the outbreak of war Wills, later author of *Throwaway thy Rod* (1960) and *Spare the Child* (1971), was leader at the project's Hawkspur Camp near Great Bardfield in

the Essex countryside (Wills 1967 [1941]). Subsequently he was warden (1940–45) of Barns House Hostel School for unbilletable boys, which was under the auspices of Edinburgh Friends, and then head of a school for maladjusted children. Together in the 1930s he and Franklin were committed to exploring the relationship between mental illness, delinquency and environment.

The Friends' Penal Reform Committee was well networked. Anna Freud and Donald Winnicott, among others, make brief appearances in its Minutes. It had heard of Q-Camps formally in 1935 from Cuthbert K. Rutter, a Q-Camps trustee and a Quaker,²⁰ who addressed it on the matter.²¹ He spoke of youths brought before courts who would benefit from 'psychological help, and an experience of communal life in an open air camp'. The plan having become reality, Penal Reform Committee received the first Annual Report from Q-Camps in September 1937.

Pre-war Mildred Creak was a member of this Penal Reform Committee.²² She knew the personalities and the ideologies concerned with Q-Camps, though in fact the subject did not figure in the Minutes on Penal Reform in the year leading up to the outbreak of war. Like many other groups and influential individuals in Britain the Penal Reform Committee had lent its support to this initiative for therapeutic community living (Franklin 1966 [1943]; Wills 1967 [1941]; Bridge-land 1971; Bloom and Norton 2004) and in due course aspects of the Q-Camps ideology re-emerged in other therapeutic settings during the war and later.

It was the psychiatrist Denis Carroll who aided the transfer of some of the Q-Camps ideas to wartime psychiatry. Carroll had formerly been on the staff of the Maudsley and though not a Quaker he shared his expertise freely with those who were. Both Carroll and Marjorie Franklin had also been on the staff of the Institute for the Study and Treatment of Delinquency, indeed Carroll became its director (called The Institute for the Scientific Treatment of Delinquency in Franklin's letters). Carroll had been co-opted into the Q-Camps organisation in 1936, as a February letter from Marjorie Franklin observes: 'NB.: Denis Carroll accepting co-option. Has recently been ill due to overwork.'²³ Later Carroll would be lead psychiatrist in the next Hawkspur Camp but that would be after the war. Before that happened Lieutenant Colonel Carroll was in command at Northfield, the military psychiatric hospital where Mildred Creak would be working too.

The communities of psychiatrists and of Quaker activists intersected with regularity in this period. Creak's heavy work schedule had impeded her regular involvement in the Friends' Penal Reform Committee, which met approximately monthly and at times when some of its working members found attendance difficult. Minutes through the 1940s record that other Friends had difficulties in attending too. Thus in May 1939, for example, the Committee had been hoping that Creak would give an address on foster parents and related matters but this does not seem to have happened, though a year previously (Minutes of 6.5.1948) she had spoken on 'Family life' to The Guild of Friend Social Workers. Creak's professional life kept her very busy and she was committed to spreading the message to other professionals, which was also time consuming. It is *The Dover*

Express, for example (28 January 1938) which tells us that she was in Dover giving the first of her series of lectures on 'The Psychology of Adolescence' to sixty 'doctors, teachers, youth leaders and others'. In June of 1941 she was released from the Penal Reform Committee at her own request, expressing the hope that she would rejoin after the war.

A QUAKER IN WARTIME

The Maudsley's planned psychiatric inpatient unit for children, a flagship operation for Creak, had individual rooms; dormitories; a kitchen; playroom; schoolroom; an unroofed, walled play area and an airy covered rooftop playground. Unfortunately very soon indeed after its completion in 1939 the outbreak of war brought evacuation for the Maudsley staff to two locations. One was at Mill Hill School turned Emergency Medical Service (EMS) hospital for the treatment of mental ill-health, in North London. Mildred Creak, Aubrey Lewis, Eric Guttman and others moved there with Lewis as clinical director. At the Maudsley an inpatient unit for children was eventually opened in 1947.

The Mill Hill hospital was one of several 'located within the sound of air-raids to prevent evacuation syndromes' (Jones 2003: 28). The expected numbers of civilians psychologically damaged by aerial bombing did not emerge, so military personnel were assessed and treated instead. In 1936 Creak had written that 'the mechanisms of cure by psychotherapy remain even more obscure to the critical observer than the mechanisms of causation' (Creak 1936a: 667). The war would prove to be a significant catalyst for psychotherapeutic treatments, however, and they would become more broadly accepted later, in both medicine and society. In retrospect Edgar Jones has wondered whether questions of morale may have led to some exaggeration of clinical effectiveness (Jones 2004: 493-94) but at Mill Hill at this time new psychotherapeutic approaches and modes of assessment were being forged (Ahrenfeldt 1958: 147-62; Jones 2004), with recreational and occupational therapy as part of the process of rehabilitation: 'Organized games and physical training has occupied as important a place as psychotherapy in the total plan of treatment' so Aubrey Lewis and Mildred Creak reported in *The American Journal of Psychiatry* (1940: 397).

Now her publications and public speaking reflected the wartime situation: 'Discussion: The Problems of the Evacuee Child' read the notice of the *Royal Society of Medicine* (Section of Disease in Children) in *Supplement to the British Medical Journal* (17 February 1940): 'Openers: Dr. H.C. Cameron, Dr Mildred Creak, and a Medical Officer of Health'.

Evacuation tore apart conventional family life and war-damaged children would figure in work at GOSH subsequently (Carey-Trefzer 1949).²⁴ Hostels for evacuated children proved useful for those diagnosing, managing and treating children and the numbers of traumatised children were leading to redeployment of psychologists and psychiatrists from their usual posts. Creak was working part-time to fill child psychiatry gaps in Portsmouth. There she also set up a small

in-patient unit at St James Mental Hospital (Capes 1990: 1). Child Guidance Centres had to be visited and at Mill Hill she and Aubrey Lewis were still lecturing to psychiatric social workers in training, their course now disrupted by the need to change campuses and cities each time they changed topic. Donald Winnicott's future wife was one such student and she recalled Creak lecturing on Freud, Jung, Adler and Klein (Kantor 2004: 12).

'The psychiatrists of the very prestigious Maudsley Hospital did not enlist, but treated military casualties as they arrived in Britain within the emergency medical services framework' wrote Nafsika Thalassis (2004: 83). In fact, in the latter part of 1942, Mildred's 80 year old father died in the Mill Hill area, she enlisted and the Supplement to *The London Gazette*, for 29 January 1943 recorded as follows (p. 538): 'EMPLD. WITH ROYAL ARMY MEDICAL CORPS. The under-mentioned Medical Officers are granted commns. In the rank of Lieut.: —5th Dec. 1942 : —Miss Eleanor Mildred CREAK, M.D., M R.C.P.'

Before turning to her army years, however, I note an interesting postscript on her war years at Mill Hill. It comes in a study by Edgar Jones concerning a 1943 Ministry of Information documentary film which had been shot at the hospital. It was published on the Royal College of Psychiatrists' website in 2012 and under the sub-heading 'Gender Bias' it lists female staff at Mill Hill, beginning as follows:

Mildred Creak (a child psychiatrist who joined the army at the end of 1942 and served in India), Enid Davies, Florence Griffiths (a psychiatrist from Canada), Doris Howard (an experienced child physician), Phyllis Epps...Marjorie Franklin (a psychiatrist and psychoanalyst)...and Elizabeth Rosenberg, who married [Eric] Guttmann [*sic*]. No female doctor sat on the hospital management committee... Epps, Howard and Creak, before she left for India, were more experienced and might reasonably have expected a senior appointment (Jones 1943: 24).

Post-enlistment Mildred Creak was sent to India where large numbers of applications for commissions had strained the existing system for officer selection in Rawalpindi, Jabalpur, Calcutta and Bangalore. Subsequently she worked in Britain as an army psychiatrist. By 1943 selection using 'scientific' techniques was well established. Psychiatrists and psychologists in the army were also reforming practice in therapeutic regimes, as well as in selection and promotion procedures (Gillman 1947; Trist and Murray 1990). Creak latterly worked at Northfield, the military hospital for mental health care to which acute military cases were returned as the war went on and which was associated with the so-called 'Northfield Experiments'.

A QUAKER IN THE ARMY

At first sight enlisting seems a remarkable move for a Quaker to have made. Since 1661 Quakers as a group have declared themselves 'peaceable' and unwilling to take arms in any cause secular or religious 'with outward weapons'. Yet the history of Quaker individuals and war and the Friends' response to those who enlist, even in non-combatant roles such as the Royal Army Medical Corps provided, is more

complex than simple assertions about pacifism might suggest. While there is still no definitive history of military psychiatry it is also the case that the presence and contribution of Quakers in British military psychiatry (and the post-war fruits which followed, Kraemer 2011) have not been documented, either by writers about Quakers or by Friends themselves, and this despite the fact that some of the field's most significant figures were Friends. Perhaps Quaker distaste for/embarrassment about the psychiatrists' enlistment has been a factor in this.

Some Friends simply enlisted during twentieth-century wars. Others found it acceptable to work with the NCC (Non Combatants Corps.) or the RAMC. Consequently Mildred would have known a number of Quakers in the medical field who in the previous war or contemporaneously with her joined the RAMC ranks. One of them was the surgeon John Basil Hume who in World War I had served in German East Africa in the RAMC. Another was Theodore Fox (later knighted), for decades deputy editor then editor of *The Lancet*. He had served in the Friends' Ambulance Unit in the First World War but was in the RAMC for three years in the Second. The head of army psychiatry, Brigadier Alfred Torrie of the RAMC, was a Quaker, and subsequently medical superintendent of *The Retreat*.

There is no requirement among Quakers that any of their number should be pacifist or distanced from the armed forces. Such a requirement would smack of a 'creedalism' which itself runs counter to Quakerism. Creak knew quite a number of immigrants to Britain and the USA who had left behind, or managed to escape, Nazi rise to power and subsequent control. Apart from this, in army psychiatry there was a rich pool of material for the study and treatment of returnees from the theatres of war. Psychiatry was evolving in interesting ways. There was even a Quakerly dimension in some of the work by psychiatrists in the military, as we shall see. In 1942 Mildred Creak joined the RAMC.

John Rickman (King 2003) was a Quaker and a psychoanalyst whose work in psychiatry touched that of Mildred Creak. Rickman was commissioned in 1942 though he had been a conscientious objector in the First World War and in 1916 had joined the Friends War Victims Relief Service. It was when organising a hospital in Mogolova in South Russia that he had turned his eye anthropologically to looking at group relations and group pressures in a village setting (Clark and Elkington 1978: 55–58). This experience, plus his subsequent work as a psychiatrist and his Quaker background, had fed into the thinking about groups which made him most famous.²⁵ Masud Khan recalled him as a 'really great teacher', his talks like sermons 'digging deep into one's sensibility' (Hopkins 2008: 31). Tom Main traced Rickman's interest in group unconscious functioning to his observations of 'the leaderless meetings of the Society of Friends' (Main 1977; see too Kraemer 2011).

Rickman was editor of the *British Journal of Medical Psychology* at this time (from 1935 to 1949) and he would be a key figure in the development of the British Psychoanalytical Society (its president from 1947 to 1950) but he is also particularly associated with the wartime work at Northfield Hospital in the Midlands, in

conjunction with Wilfrid Bion who had been his mentee at Wharncliffe EMS hospital in Sheffield. Sigmund Heinrich (Michael) Foulkes arrived at Northfield later and was also a significant figure there (see Thalassis 2004: 198–218). It was Wilfrid Bion who had written the so-called Wharncliffe Memorandum (not extant), which had offered a prospectus for a kind of Therapeutic Community, but this original Rickman–Bion vision had fallen foul of the expectations and practices of the other Wharncliffe staff. Nevertheless they had heard about it at Mill Hill Hospital where Creak was based until she enlisted, and a colleague had been sent to meet with Rickman at that time.

Next at Northfield Hospital in the Midlands Rickman and Bion introduced the so-called First Northfield Experiment, in the closing months of 1942. Creak was newly-enlisted and had no role in Northfield Hospital at this point in the war. At Northfield, however, the Rickman–Bion approach to the rehabilitation process again rapidly alienated the military staff of the hospital, given the shift of power involved in a less hierarchical and more agreed relationship with the soldier patients. The indiscipline incurred by this was anathema to the staff and so this first experiment was curtailed after six weeks. They left in December and the two were posted to War Office Selection Board work (Main 1977) where they were able to develop some of their ideas and later re-apply them in other contexts.

Rickman remained in contact with Northfield staff during what became the second phase, however, when Michael Foulkes was a prime mover in the Second Northfield Experiment (de Maré 2000 [1983]) along with Tom Main, Harold Bridger (an educationist with command and officer selection experience) and others. This was more evolutionary and confronted the expectations of the institution less overtly than the first had done. Mildred Creak became part of its implementation. Tom Harrison saw the Quaker Rickman's contributions to these Northfield Experiments as 'seminal' and Bion's ideas owed a lot to Rickman, he said. Rickman had been under-acknowledged (Harrison 2000: 17, 20).

In fact the Northfield developments bring us back to other Quakers too—to David Wills and Marjorie Franklin, to Denis Carroll (not a Friend) and to the 1930s Q-Camps. The study of 'The Large Group' made by Schneider and Weinberg referred to the work of Wills, Franklin and Carroll, and the authors pondered whether Bion could have known about such methods of therapeutic community in progressive education (Schneider and Weinberg 2003: 47). The answer is of course Yes, as did John Rickman. It could not have been otherwise. Both Wilfrid Bion and Denis Carroll had been on the staff of The Psychopathic Clinic (later called The Portman Clinic) and Carroll had been its head at the same time as he was involved with the Q-Camps work. Knowledge of the Q-Camps methodology was no secret but in any case other sources make the link quite clear.

When David Wills spoke in 1975 at the Friends' Memorial Meeting for Marjorie Franklin he recalled that it was she and the late Denis Carroll who had developed those ideas about 'the therapeutic community' which subsequently Carroll took to the Second Northfield Experiment. Nevertheless, Wills said, none of the many writings about Northfield made mention of Carroll, 'much less of Marjorie Franklin' (Fees 1997: n.p.). Indeed Marjorie Franklin in her own account

of Q-Camps told of Denis Carroll's amusement when, after arrival at Northfield, a senior officer told him that that hospital should apply methods the officer had been reading about, in a monograph called *Q-Camp: An Experiment in Group Living with Maladjusted and Anti-Social Young Men* (Franklin 1966). Carroll had not contributed to the actual publication but he had promoted it, and he was very familiar indeed with the philosophy! So too, of course, was Major Mildred Creak, Quaker, member of Friends Penal Reform Committee, colleague of Marjorie Franklin at Mill Hill and, as the war neared its end, a psychiatrist at Northfield.

In the Second Northfield Experiment Michael Foulkes' determined psychoanalytic approach seemed more in tune with Northfield's ethos. Tom Main (1977) most recalled Foulkes' impressive teaching of already experienced psychiatrists: 'Martin James, Susannah Davidson, Mildred Creak...and many others now distinguished sat at his feet...' Starting in 1944 he had established group therapy as a therapeutic tool, training the psychiatrists in the running of groups on their wards. Such groups were additional to individual psychotherapy and those activities intended to build morale and cooperative functioning. The staff at Northfield were using positively the relationships and activities of the hospital community, examining intra-group tensions, employing occupational therapy and psychodrama. Creak had regular meetings of patients and staff on her ward, under the presidency of a patient. All kinds of things appeared on the agenda, including discussion of the role of psychiatrists in the meetings. One intake of patients had told of feeling 'out of place' in the hospital, for example, and of wanting to do something useful to fit in. The group meeting determined on a project, which involved building a toy village and a doll's house for use in a Child Guidance Clinic (Harrison 2000: 212, 244). Then, given their interest, she gave a talk on psychiatric services for children. Within a few days, the record suggested, the patients were making progress.

With the coming of peace such initially controversial approaches became more acceptable within medicine and society (Jones 2004: 493). By 1947 even the new methods which Creak and others had implemented for officer selection were finding a place in civilian settings. As Gillman wrote: '“Selection” to a psychiatrist is almost “preventive psychiatry”, eliminating the men who would break down under undue stress. This method has now been accepted by industry, and by the Government in picking higher civil servants...' (Gillman 1947: 108).

And what of child psychiatry? The pace and nature of change in the 1920s and early 1930s had not been matched by intellectual coherence. A considerable weight of case material had been gathered, to be a basis for research, but there was little by way of a central hypothesis (Evans, Rahman and Jones 2008). Mildred Creak was conscious of this difficulty. In uniform and 'formerly of the Maudsley' she published a paper with B.J. Shorting, a former Maudsley research fellow, to summarise recent developments (Creak and Shorting 1944). War had reduced the number of papers for review over recent years. Even their own wordage was circumscribed by a paper shortage but the review covered a range of topics and approaches—from the growth of interest in electroencephalography, through the

effects of war and evacuation, to psychosis in children. It pointed to that lack of theoretical coherence in the field of psychiatry which has already been mentioned. The blossoming of research in child psychiatry was yet to come.

As Major Mildred Creak returned to civilian status the following notice appeared in the *Supplement to the British Medical Journal* (Saturday 10 November 1945):

Return to Practice

The Central Medical War Committee announces that the following have resumed civilian practice: Dr. E. Mildred Creak, at 17, Harley Street, W.1.

GREAT ORMOND STREET HOSPITAL, 1946–63

The staff had returned to the Maudsley Hospital site in 1945 and Mildred Creak had the offer of a post there but conscious of what she saw as its academic, ‘abstract’ and ‘statistical’ emphases (Elmhirst 1994: 318), and wanting to be in a hospital for children, she took up a post at GOSH. Philip Graham acknowledged her tireless efforts there through the 1950s and ’60s to make child psychiatry credible in the eyes of paediatricians. ‘Many of her paediatric colleagues questioned the importance of emotional factors in the lives and illnesses of their patients’ Graham (2004) noted. Creak worked to build bridges. Consequently the words of Professor Alan Moncrieff when he introduced her to visitors to GOSH were an impediment: ‘This is Dr Creak, our psychiatrist, but she is really very sensible’. They spoke of the fact that many still did not see her kind of work as something to be integrated as a matter of course into analysing children’s difficulties and needs

The road to acceptance was long (see Creak 1981 [1960]). Philip Pinkerton wrote in the early 1970s of interdisciplinary collaboration having been championed by Winnicott in 1953 and by Creak in her 1959 Charles West Lecture (Pinkerton 1973: 970). In fact their concern preceded those dates. In the *Proceedings of the Fifteenth Annual General Meeting of the British Paediatric Association* (1943: 155) a wartime notice refers to an existing report on ‘The relationship of clinical paediatrics and child psychology’, for consideration at the next AGM of the British Paediatric Association and ‘prepared by Dr D.W. Winnicott, in collaboration with Major Mildred Creak’. Her Charles West lecture before the Royal College of Physicians in November 1958 (reflected in Creak 1959) certainly did show her continued concern about the recruitment and training of child psychiatrists and about the need to educate paediatricians in the psychiatry of children, but five years later Hale Shirley’s monumental *Pediatric Psychiatry* (Creak 1964a) was still reductionist with regard to the issue of psychiatry’s role in the paediatric set-up, she thought. Her 1958 Charles West lecture still had relevance two decades later (Eckhardt and Rabin 1978).

Nevertheless when Creak had made her choice to work at GOSH she had also known that some at least of its paediatricians supported the creation of a paediatric psychiatry department. It was there she remained until her retirement in 1963. In

her department, Graham recalled, 'analytically trained child psychotherapists could work in harmony with psychiatrists and psychologists with a more biological approach' (Graham 1993b). Her 'truly eclectic, multidisciplinary approach' made it infinitely interesting to work under her, said Susanna Isaacs Elmhirst. The approach was rooted in sensitivity to the feelings of both children and adults as parents, teachers or carers. Like Donald Winnicott she wanted to engage with others to spread the message. Just as he addressed regularly those in social work, in education and in the church (Phillips 2007 [1988]: 24) so she also provided a constant stream of lecturing, lobbying, recognition and encouragement for any who made links between disciplines and who wanted improvement in the care of children. Her jargon-free, 'sensible' style made her a popular communicator to non-psychiatric medical staff and non-medical professionals too.

Over the decades of her writing the researcher discerns her wish-list: Creak wished that hospital-based paediatricians were better equipped to understand the work of teachers and psychologists; she wished that medical students were better trained in psychiatry and psychology—this latter being a subject rated 'rather dull', 'not useful' and placed 16th out of 18 in value in one example of students' assessment of their medical curriculum (*The Todd Report* 1968, Appendix 19); even in 1972 and now in her seventies she was still singing a well-worn refrain about training and was wondering how it was that psychiatry and paediatrics were not more fully integrated. How could childhood normalcy and deviancy be assessed by those who had never spent time observing, she mused: 'He [the doctor] knows enough anatomy to judge whether a bone is fractured but does he know enough to judge whether the child in front of him falls into the range of normal development?' (Creak 1972a: 107). She wished there was more money for research. In the 1950s Mildred Creak was a member of the Council of The Mental Health Research Fund (now the Mental Health Foundation), created in 1949 by a small group of doctors, scientists and lay people because relative to their importance mental health and mental illness were being neglected in terms of research (Anon. 1954: 10). She also wished that provision for nursery education were better. The movement for this was growing in Britain through the 1950s (Creak 1956b) and in the *Journal of the Royal Society of Promotion of Health* in 1955 she had made a plea for trained nursery teachers. In fact she seemed somewhat 'spiky' in respect of the lack of interest in the issue: 'Compared with the spread of television or ice cream the ability to take seriously the educational needs of the under-fives has been limited to a relatively small group of planners' (Creak 1955: 584).

Local authority Child Guidance Clinics should be in contact with experienced child psychiatrists in hospitals, she thought, given differences between their practices. Separating problems into 'educational' and 'psychiatric' was unsound and with an eye to the changes in the air she had ventured that it wouldn't be desirable that the new National Health Service 'should attempt to cover the whole field of child psychiatry with a uniform type of clinic' (Creak 1947: 281).

In 1958 the newspaper account of her address on 'The Causes of Mental Ill-Health' at Tone Vale Hospital near Taunton (at the AGM of the Somerset Association for Mental Welfare) showed her appealing to each individual in her audience, whether 'believing' or 'not believing' in psychology, to discover personally whether or not the principles she outlined 'might be truly and helpfully applied' to the young they encountered (*Taunton Courier and Western Advertiser*, 28 June, 4 July, 12 July 1958). Unbelievers abounded, her address suggested, and she wished it were not so. While the public warmly supported when cancer, TB or polio were mentioned, mental ill-health was regarded differently. A great bar to treatment was the shortage of nurses and 'appalling' but solid Victorian buildings which were not suited to contemporary needs.

By 1959 there were 236 child guidance clinics but still only 26 teaching hospitals had departments of psychological medicine for children (Creak 1981 [1960]: 34–35). Such figures fell far short of what Creak and others had been hoping for. Carlos Blacker's 1946 report and proposals for the organisation of mental health services in England and Wales had recommended the creation of 150 hospital-based child psychiatric teams and 400 psychologist-led Child Guidance Centres. In 1947, as the *Proceedings of the Royal Society of Medicine* [Section of Paediatrics] show (vol. 41, 28 November) Mildred Creak had been arguing for a department of child psychiatry in every children's hospital. That was indeed wishful thinking. Towards the end of her time at GOSH she looked back on these years as ones of clearing the Sahara with a bucket and spade.

1950S PSYCHIATRY AND QUAKERISM

Creak's professional life and her Quakerism continued to intersect in the 1940–'60s, in work with other Friends who were influential in medicine and education and who were hoping to transform the lot of children and the mentally ill. Only a few such intersections can be mentioned, the first concerning the Quaker James Robertson who by the start of the 1950s had recruited her and Alan Moncrieff to be advisors and allies in an ongoing debate. It was being promoted by himself and John Bowlby, his senior at the Tavistock Clinic. It related to parents' access to their children in hospital, together with the effects of separation and deprivation and the need for children's experiences to be taken seriously (Brandon *et al.* 2009).

Robertson, a conscientious objector, had worked in Anna Freud's wartime nursery and there learned the systematic observation and description of children. In due course he was also a social worker and psychoanalyst. From 1948, however, he had made a particular study of children's responses to separation from their mothers, notably when they were hospitalised. Robertson made two powerful films, *A Two-Year-Old Goes to Hospital* and *Going to Hospital with Mother*. These 'forever changed people's ideas about what was important when admitting children to hospital' said Michael Rutter (Carrey 2010: 214). At the time, nevertheless, when *A Two Year Old* was premiered before nurses and paediatricians in 1952 the reaction was said to have been 'uniformly hostile' (Brandon *et al.* 2009: 174). The fruits of this work were in The Platt Report of 1959, the Ministry of Health *Report on the Welfare of Children in Hospital*. Mildred Creak's concern for

families as well as for child patients had made her a useful ally in the cause and Alan Moncrieff's tribute to her on her retirement from GOSH says much of the changes which had happened in the preceding decades:

So today, we have reasonably unrestricted visiting, a flourishing school, a better appreciation of how to avoid harming the child's emotional life, and how to help parents in their distress, anxiety and sometimes guilt. This progress owes very much to Dr Creak's personality, skill and ever-ready help to her colleagues and to the nursing staff (Moncrieff 1964: 12).

All such work had in fact involved 'innumerable' committees, she recalled (Moncrieff 1964: 13), including the seventeen-person Committee on Maladjusted Children which after five years produced *The Underwood Report* in 1955. And there were those other committees and commitments which came of her Quakerism. Some more than others related directly to psychiatry or otherwise impacted on her work. The two examples which follow concern Russia and the Middle East.

For Quakers, pacifism has never been about being passive and they have often engaged in practical peace-making and conciliation, bridge-building and facilitation of contact and discussion. Creak's years at GOSH coincided with the Cold War, that ongoing state of tension, political and occasionally military, between Britain, the United States and NATO states on the one hand and the Soviet Union and its satellites on the other. Each side was armed with nuclear weapons. The situation exercised Quakers greatly.

Though 'many aspects of Marxism-Leninism philosophy and of Communist and Soviet practice' repelled, as one Friend put it, still lines of contact were kept open between Quakers in Britain and the USA on the one hand and the Soviet Union on the other. Hopes were pinned 'to quiet processes and small circles' for opening up East-West dialogue (Jarman 2010: 3-4). The year 1951 saw The Festival of Britain, the defection to Moscow in May of the spies Guy Burgess and Donald Maclean, the ongoing war in Korea and Mildred Creak in Russia. The tale is told in *Quakers Visit Russia* (Lonsdale 1952a), and in the published diary of Paul Cadbury (Cadbury 1951), senior figure in chocolate manufacturing. He, along with Kathleen Lonsdale, Creak and others, had made a journey which was remarkable in its time and was well-publicised.

Quakers' interest in Russia was not new, indeed their contacts with the Russians date back to the seventeenth century (Richmond 2003: 111). The Soviet Peace Committee, a concession in the Cold War, had given an invitation to the Religious Society of Friends in Britain and so in Summer of 1951 seven Quakers went to meet with a variety of individuals and groups: from staff in the Foreign Ministry through workers, academics and the British ambassador, to Christians of a number of kinds and their leaders. They did so in Moscow, Leningrad and Kiev. Press interest was high in having a first-hand report of living conditions in the USSR. The Quakers' own priorities were different. They took an expression of goodwill from the Religious Society of Friends to the Soviet people, planned to learn something of the position of religion in the USSR and

to engage those with influence on methods conducive to building peace and understanding. They hoped to open the doors a little for contacts and visits between peoples. They had no expectation that their words would lead to reversals of policies. They'd known it would be hard to maintain dialogue with integrity but they wanted 'to stress the better aspects of the mind and spirit of "the West" and of its governments, largely hidden, hitherto, from the Russian people'. There was need to take newspaper editors to task for the 'more flagrant distortions' of the West in Soviet publications.

Kathleen Lonsdale, crystallographer, was professor at UCL, a Fellow of the Royal Society but not yet Dame; Margaret Backhouse had accepted the Nobel Peace prize on behalf of the Friends Service Council in 1947; as well as Paul Cadbury there was Frank Edmead, a *Manchester Guardian* journalist; Leslie Metcalfe the chief engineer of the National Coal Board, and Gerald Bailey, a writer and peace activist. Bailey with Creak and Lonsdale went to Moscow and Leningrad, the others to Moscow and Kiev. Their diaries provided content for the description published later. In particular their three hour interview with the deputy foreign minister got extended coverage in some British newspapers. They made no claim to know 'the real Russia' but told of contacts with 'superintendents, curators, managers, doctors, engineers and workers' who were proud of their country's achievements. There had been visits to a coal mine, a chocolate factory, a collective farm, a factory-prison, Gorki Park, the Academy of Sciences, housing developments, monasteries and more. Creak's Appendix C in Lonsdale (1952a) speaks of a 'long and tiring' conference on work and social provision at Trade Union Headquarters in Moscow.

Moscow in a heatwave had been almost devoid of children, who were mostly at summer camps in their holiday period. The children's hospital which Mildred Creak had seen was not as well equipped as in Britain but 'what was impressive was the humanity of outlook towards the child patients' (Lonsdale 1952a: 52). Similarly in Russian crèches and nursery schools Creak had found the care for young children to be 'particularly tender and personal'. Only she had found enough energy to visit a Pioneer Palace and her diary recorded the following entry about the children: 'They "felt" to me younger than they looked...perhaps more docile and certainly less self-conscious than a corresponding group of English children' (Lonsdale 1952a: 42-43). Then there was the Metro. They were impressed and bewildered by its lavishness, especially by contrast with the cramped conditions for those above ground: 'It seemed to me to have been conceived as an act of worship', Creak wrote; 'after the hell of destruction and despair there must have come a time when all the skill and craftsmanship available went to create something lovely...' (Lonsdale 1952a: 22).

The group had ventured out unaccompanied in the evening and gained no sense that they were being followed. Mildred Creak, out alone without a word of Russian, had boarded a trolley bus and then found she could not explain where she wanted to get off. Other passengers rallied round and cheerfully put her right (Edmead 1951a: 714). She had challenged the editor of a new English language journal called *News* about its article on 'the many homeless people on the streets

of Liverpool'. The journal would be happy to have the figures on housing from Liverpool's Medical Officer of Health, she was told. In the prison (which did not house political prisoners) they asked questions about the intelligence levels of prisoners and about psychiatric treatment (Edmead 1951b).

The development and modernisation which Russia had achieved had left an impression but their submissions had not been reported in press and radio to the Russian people, as they would have wished. There was 'embittered propaganda' but there was also a Russian case which had been put to them with directness and candour and it had to be met, they thought, if mutual confidence was to grow. 'The *Partisans of Peace* movement is a political one' they reported baldly (Lonsdale 1952a: 111).

'On our return to England we were amazed to find what tremendous public interest there was' (Lonsdale 1951: 44). Smiling uncertainly, Mildred Creak stands at the front of the group in the arrival photograph printed in *The Daily Worker*. After the initial crowd of photographers and reporters, radio and television were interested and there came urgent invitations to address meetings, to write for mass circulation periodicals and 'tape recordings [were] asked for by over 300 radio stations in the U.S.A.' (Lonsdale 1952a: 74, 94). America was in the throes of a second 'Red Scare' and such a visit made during the Cold War was bound to have repercussions.

'Atom woman back from Russia: I know no secrets' ran the headline in the *Daily Herald* (30 July 1951). Kathleen Lonsdale had been keen to build understanding and contacts with the scientific community in Russia but now had to deny that she had access to British atomic secrets or had ever participated in an atomic weapons project. 'My kind of science is generally reckoned to be pretty harmless' she observed, and as a Quaker pacifist she would not have participated in any case, even if she had been invited (Lonsdale 1952b). She and Mildred Creak encountered different problems in the years which followed, however.

The USA refused visas to those who had had contact with 'communist dominated' countries. It subjected them to 'endless red tape and protracted investigation' over extended periods, creating 'a humiliating and distressing ordeal' reported America's *Daily Review* (9 December 1955: 12). It also recorded that a 'bombshell' would in due course reach the newly created Security Commission being launched by Vice-President Nixon. A voluminous and critical report citing case studies would offer a hundred names of 'noted foreign scientists' and others so affected, three Nobel Laureates among them: 'Other noted scientists refused admittance by the State department are Dr C. de Jager renowned Dutch astronomer...and Dr Mildred Creak department of psychological medicine...' said the newspaper. The difficulties faced by scientists and academics generally meant that increasingly conferences were being held in Europe rather than the USA.

There had indeed been a catalogue of difficulties. Kathleen Lonsdale had written to *The Washington Post and Times Herald* in October 1954, having balked at the request 'to supply a list with dates of all organisations of any kind to which I had belonged since December 31, 1918'. She had finally been granted a visa too

late for her purposes (Visa Committee Federation 1954: 370). Mildred Creak had written a letter in *Science News* that year (4 November 1954) telling a tale of uncertainty, delay and the help of medical and Quaker friends. She was attending the 5th International Congress for Mental Health in Toronto and had planned to go on to the United States to make professional visits. Four months after application for a visa she sailed for Canada, still without result. Five months after application Creak did manage to enter the United States in 1954.

Another Quaker-related cause was one to which she had donated financially since at least 1928. It was the Lebanon Hospital for Mental and Nervous Disorders (so called since 1938)²⁶ which was in Asfuriyeh, six miles from Beirut in the foothills of Mt Lebanon. The hospital treated both the chronically mentally sick and acute patients and it had been founded by a Swiss Quaker with a colourful background in Abyssinia (Ethiopia) and Syria. Dr Theophilus Waldmeier (Waldmeier 1886) had founded it in 1898 as The Lebanon Hospital for the Insane, two years after relinquishing his role as superintendent of the Friends' Syrian Mission which he had founded at Brummana a few miles away. Brummana Friends' High School still continues there. Waldmeier chose to dedicate himself to creating a 'home for the insane in Bible lands'. In 1922 the hospital affiliated with the American University of Beirut. 'There is probably no more interesting mental hospital in the world than the Lebanon Hospital, the only one between Constantinople and Cairo' opined a Mental Hospital Report in *The British Journal of Psychiatry* (Anon. 1928: 343). In the previous year, it said, it had had 308 cases under treatment and was run 'in the face of great difficulties, financial and otherwise, by officers who, from the superintendent downwards, are imbued with just that same philanthropic spirit which, in earlier days, gave it birth... [T]here is no one who visits it but comes away with a clear conception of the greatness of the work that it is doing.'

The 56th Annual Report of the Lebanon Hospital for Mental and Nervous Diseases (for 1954) contains Mildred Creak's formal medical report on the Asfuriyeh Hospital, which she had visited. It was given at the AGM in 1955. Asfuriyeh's School of Psychiatric Nursing, the first in the Middle East, had been opened in 1948 and at the previous year's AGM (held in 1954) Alfred Torrie, formerly head of military psychiatry but now in charge of *The Retreat*, York, was stoical about losing nurses released to help there ('Address by Dr Alfred Torrie', 55th Annual Report, 1953: 29). Once trained, new nurses might go to work in Egypt, Sudan and elsewhere, though in earlier years it had been hard to interest other countries in having properly trained mental health nursing staff.

While in the region Creak had gone to a short-staffed hospital in Bethlehem where some nurses from a Jordanian refugee camp were now working. Asfuriyeh had trained them, 'snatched' for the work, she wrote, from the 'empty and barren' life of a refugee camp. They had returned 'to work in a place where the standards were very backward' and they were performing well. Both she and the hospital's President, the Earl of Feversham, had also addressed The Middle East Medical Assembly, held under the auspices of the World Health Organisation.

According to the Annual Report that conference had increased some countries' interest in having specially trained nursing staff to work with mentally ill patients.

Asfuriyeh, said Creak, had the 'warm-hearted, cheerful atmosphere which is so essential in my view to a mental hospital'. It also had a beautiful setting with its birds, sea and mountains. She thought it shared the ideals she had known at *The Retreat* where she had trained. Coincidentally the region forms another link between her and (Professor Sir) Michael Rutter,²⁷ the man in Britain most associated with the development of child psychiatry and research into autism from the 1960s onwards. He was born there in 1933 when his father, a physician and Quaker, had been in charge of The Friends' Hospital at Brummana.

The next year saw Creak and the Earl of Feversham on a lecture tour under the auspices of the British Council. It included Beirut, Amman, Jerusalem, Tripoli and Baghdad. There were other contacts with the Middle East and in 1961 she was a member of the Royal Medico-Psychological Association Study Tour of Israel, meeting psychiatrists, psychologists, social workers and others. Creak read a paper on London-based work with maladjusted children and on current thinking on the separation of child and parent (Galbraith 1963). It is not surprising, then, that some years on her Quaker friend Constance Weeden found a now-retired Mildred quite unfazed on a visit to Israel. The (non-medical) group around her fretted as they sat, seemingly abandoned on a broken-down and driverless coach, stranded at a set of traffic lights in Tel Aviv. This was before the age of mobile phones and considerable time had passed. Constance recalled that as the fretting grew Mildred Creak calmly took out the remains of her packed lunch and continued to look forward to a 'swim' in the waters of the Dead Sea, almost 'an old hand' where the Middle East was concerned.

AUTISM: 'MILDRED SAID SHE'D DO IT'

Looking back in 1960 Creak acknowledged that the task had been enormous. 'With our bucket and spade—we set to work on clearing the Sahara', she wrote (Creak 1981 [1960]). She had headed her department at GOSH and for part of the 1950s chaired the child psychiatry section of the Royal Medico-Psychological Association. By the 1960s the new field of child psychiatry was finding its place in education, in juvenile courts, in social work and in the institutional care of children, as well as in paediatrics. 'The pioneering days are over', she declared: 'This has become a recognised service demanded by the public and with a job to do in the immense field of human perplexity in the face of children's troubles' (Creak 1981 [1960]: 35).

Indeed the 8th edition of *Donald Paterson's Sick Children: Diagnosis and Treatment* by R.D. Lightwood and F.S.W. Brimblecombe (see Creak 1963b) noted a great advance in the field since its previous (1956) edition. Nevertheless the problems of individuals and of society were too great for understaffed psychiatric clinics to expect to solve. The potential harvest of good effects was great but the labourers remained few, given a shortage of trained staff and such a volume of child referrals

that it hampered the release of experienced practitioners from their clinical work, so that they might teach others. Also there was autism to be addressed.

Children presenting with symptoms of autism were no novelty of the twentieth century. In the nineteenth century case studies had been made at GOSH by Dr William Howship Dickenson (Waltz and Shattock 2004). Leo Kanner's seminal papers on autism were not published until the 1940s, however (Kanner 1943 being his first), and in the USA. Hans Asperger, working in Nazi-controlled Austria and twice subject to the attentions of the Gestapo, had also identified 'autistic psychopathy', as he called it, in 1944, almost contemporaneously, but for decades his work remained largely unknown to English speakers. Nor were these the first to have coined some of what became the terminology of the condition or to have described some of its characteristics (Feinstein 2010: Introduction).

In Britain severe disorders of early childhood appeared in the context of the paediatric department, rather than in the psychiatric. The history would be told, such as of normal development ('for the first year or more') followed by regression. By school age, however, such children would have become unable to participate in mainstream education and educational clinics would no longer see them, where the distinction between their condition and 'mental defect' might be recognised. This was the picture Creak described in 1947 (Creak 1947). So diagnosis and 'the help given by expert psychological testing' was required at the pre-school stage, in order to differentiate one from the other. Without this, she wrote, 'their complete inability to adapt socially' condemned such children to institutions (Creak 1947). Sixteen years later Subnormality Hospitals, some with schools attached but others providing no teaching, housed 'just under half of the known autistic population of school age' (Hanbury 2005: 14). Mildred Creak was part of the movement among some professionals, among parents and (from the 1960s) in what became the National Autistic Society, which brought change for those deemed autistic and consequently ineducable.

For his study of the 'pioneers' in this field Adam Feinstein interviewed Professor Fred Stone, formerly of the Dept. of Child Psychiatry at the Royal Hospital for Sick Children in Glasgow. It was Stone's recollection which prompted the title of the present article. He had told Feinstein that in the late 1950s he had got to know the American psychiatrist Lauretta Bender. With Bender, with his fellow Scot Kenneth Cameron of Maudsley hospital and with Mildred Creak (Cameron's former colleague but now employed at GOSH) he found himself disaffected at a less-than effective conference abroad. They took off, swam, ate together and talked. Clinical knowledge about autism was minimal and it was Lauretta Bender (Stone thought he remembered) who had said 'Someone has got to get down to basics and nobody's doing that'. 'Mildred said she'd do it' he added (Feinstein 2010: 44). Stone became one of the fourteen members of the so-called Nine Points Group which Mildred Creak chaired.²⁸

It was 1961 when this Creak Committee published the Nine Points (Creak 1961b; Creak *et al.* 1961) 'to help recognize children with a particular syndrome' as she put it in her 1964 paper on 'schizophrenic syndrome' (Creak 1964b). That paper did not use the term 'autism'. Rather, in Britain the condition still tended

to be subsumed under 'childhood schizophrenia', a term Laretta Bender had used since 1947 (Feinstein 2010: 166) and the DSM-I since 1952.²⁹ The terms 'autism/autistic' were little-used diagnostically. The history of diagnosis was for decades clouded by the legacy of those who had blamed parents for the autism of their children, notably Kanner and Bettelheim. Bruno Bettelheim's 1967 work *The Empty Fortress: Infantile Autism and the Birth of the Self* was a best-seller (and indeed it remains influential in some parts of the world) and in a *Time* magazine interview (25 July 1960) Leo Kanner had spoken in terms of highly organised, coldly rational, professional parents of those with 'infantile autism', who 'just happen[ed] to defrost enough to produce a child'. Despite his great contribution it was not until the early 1970s that Kanner wrote of the possibility of a specific organic cause of autism. The supposed 'emotional' rather than genetic roots of their child's difficulties could be devastating for families, burdened with the taint of parental failure and coldness.

Kanner was contaminated by the *Zeitgeist*, Michael Rutter suggested, so that in 1949 he had portrayed autism as a particularly early manifestation of schizophrenia, its aetiology including the environmentally mediated effects of 'refrigerator' parenting (Rutter 2001: 55). Laretta Bender wondered about the kinds of referrals Kanner received:

Experience with unselective services of large city and state public facilities shows... that as many autistic children come from a background of defective or mediocre intellectual attainment, with all kinds of social, family and personality constellations, as come from families of cold and over-controlled intellectuals described by Kanner (Bender 1959: 82).

Though Creak regarded Kanner as 'a very sensitive person, honest and devoted to the task' (Elmhirst 1994: 318) she neither supported the 'refrigerator mother' theory nor shunned the word 'autism' completely. Gerald de Groot, a founder member of the NAS, recalled her using the word when observing his son at GOSH in 1962 (Feinstein 2010: 90). Far from seeing it as the result of parental inadequacy, though, and in a period when psychoanalytical approaches were influential, she saw it as primarily due to what would be called genetic ('constitutional') factors.

Philip Graham (1993b) commented that 'Mildred was particularly gifted in managing difficulties in the parent-child relationship in early childhood'. She was 'not given to blaming parents', he wrote, and her work on autism 'helped to establish the organic nature of the condition'. Whereas in the USA it was Bernard Rimland whose 1960s publications had 'led the campaign against the psychogenic theory' in Britain, as Michael Fitzpatrick recognised, it had 'already been challenged by Dr Mildred Creak...and others, in the late 1950s and early 1960s' (Fitzpatrick 2004: 56). In the early 1950s Creak had wondered whether parental 'detachment' might have become a necessary strategy as some parents saw it, given that 'a mother's maternal capacity blossoms in response to a demand'. The children required 'tolerance coupled with detachment'. Such an attitude might 'even become a defence on the part of the parent, against the frustrating exercise

of trying to love the child and at the same time trying to maintain some contact with his mental processes' (Creak 1952: 27).

It was not novel to surmise that a mother (or parent, as Creak often more inclusively put it) might 'withdraw' in response to a child's reserve rather than being a trigger for it, but nor was it in line with prevailing thinking. In any case, she observed, if such a child were indeed wholly the product of its nurture 'it might be more common than it is to find two such children in one family' (Creak 1952: 27).

Terminology in the field (psychosis, schizophrenia, autism) was a problem nevertheless. She had said so, but no single agreed term or even definition for autism existed by 1960 (Creak *et al.* 1961; Creak 1963a, 1964b). 'Infantile autism' appears in some of her papers, 'autistic' in Creak 1963a. In order to provide criteria 'to recognise children with a particular syndrome' but not to consider scales of severity (Creak 1964b: 530) the Nine Points Committee had pooled members' clinical observations, in some cases after extended observation. It had wrestled with questions of definition and diagnostic criteria and the work was based largely on a series of cases of child psychosis which Mildred herself had collected. 'Anecdotal' though some of it seemed to a later generation of researchers this was the first formal attempt since the descriptive work of Leo Kanner himself (1943)³⁰ and despite the terminological challenges of the time, they were describing disorders now referred to as autistic (cf. DeMyer *et al.* 1972). The Nine Points fed into subsequent research and diagnostic definition.

Mildred Creak's significance is recognised by those who recall those pioneering days in the field of autism. Lorna Wing, herself a significant figure in the field, succinctly described the pre-1960 position. Both the public and 'most professionals', including psychiatrists and psychologists, were 'profoundly ignorant concerning autism'. The theory held sway of 'potentially normal' children, she wrote, 'made to withdraw by cold, distant, over-intellectual parents'. Diagnoses were difficult to obtain, special schools for children with autism were almost non-existent. Indeed the pointer towards their own child's autism came to Drs John and Lorna Wing when 'John went to a lecture by Mildred Creak and light dawned' (Brugha *et al.* 2011: 177). The National Autistic Society (albeit not originally called that) was 50 years old in 2012 and in several writings Michael Baron, a founder member of the NAS and for some years its chairman, recalled the general lack of provision 50 years previously. His young son attended a GOSH group under Creak's oversight two mornings a week for a few hours only. There four or five children 'educated her in the wiles of autism', as he put it (Baron 2012: 14-15). Parental action led to further provision and in Michael Baron's home, with a Montessori-trained teacher and in due course with London County Council funding, more systematic teaching began for these children. What was eventually called the National Autistic Society took shape, as parents, isolated, starved of information and support and even blamed for their children's condition, were now 'determined to fight back' (Feinstein 2010: 76; Langan 2011). Activism grew in parallel with the refinement of definition around autism that came in the 1960s and '70s.

In 1963, the year of Mildred Creak's retirement from GOSH and the National Health Service, *Hansard* for 22 March recorded an interesting parliamentary exchange. William Compton Carr, Conservative MP for Baron's Court, West London, had raised a range of issues in relation to the education and training of autistic children (*Hansard*, 22 March 1963: 912-21). Parents had initiated questions and the language of the exchange is indicative of how long a journey there was still to travel as the parents drove matters forward. Provision scarcely existed, the MP was saying. Those most skilled in understanding autism, namely 'Dr. Mildred Creak, Dr. O'Gorman, Dr. Tizard and Dr. Vaughan' did so almost wholly from a medical point of view. He knew that 'juvenile schizophrenics' and 'psychotic children' were no longer adequate labels yet those who were autistic remained 'very much an unknown factor' to most people, including to his fellow MPs.

No one knew how many such children there might be in the land, a fact much relied on in the government's reply. In 1964 the new Society for Autistic Children knew of around just 2,000 cases (it is currently reckoned that perhaps as much as 1% of the population is affected by what are now known as Autism Spectrum Disorders). Nor was it known how many were 'immured in mental hospitals and regarded as completely subnormal'. Carr's appeal, then, was for concentration on education, research into education and the creation of a stimulating environment for the children. There are cases, he said, where these children had assets 'which, if used to the full, may make up almost completely for their disabilities'. He warned the Parliamentary Secretary for Education, however, that he might find the parents 'an aggressive bunch'. It came of being told that their child should simply be institutionalised and of there being a dearth of family and community care as well as inadequate co-operation between education and health authorities.

More of everything was needed, including research and experimentation in all aspects of the problem, more public understanding and more money. Christopher Chataway MP replied nevertheless almost wholly in terms of medical provision and the fact that the London County Council in collaboration with GOSH had established a class for four 'psychotic' children.

As the Nine Points became criteria in assessment and then foundations for further research, not just in Britain but elsewhere in Europe and the USA, so too the subject of autism filtered into the public sphere in the succeeding decades. Looking back from the end of the century Creak's efforts and those of Michael Rutter and of the National Society for Autistic Children (National Autistic Society) were seen as particularly noteworthy in the changes which occurred.

MILDRED CREAK'S 'RETIREMENT'

Creak had been invited to work with the University of Newcastle on Tyne in 1963, where Professor Donald Court (d. 1972), a fellow Quaker, held the chair in Child Health. The educational and social aspects of paediatric care were being examined there, through the creation of long-term family studies (Creak 1965).

The fruits of her decades-long interest in autism were to be harvested well into her retirement by young people and their parents who came into contact with her, as well as by fellow professionals. As she wrote in 1977 (now aged 79), interest in autism had broadened during the preceding twenty years but the cause of it still eluded people. There was no single simple answer. Rather it was 'reality' which pressed, 'every time we meet such a child'. 'In many ways parents at home and teachers in the school will have the longest as well as the hardest job to do', she acknowledged (in her Foreword to Furneaux and Roberts 1977: xi). Given very limited provision for specialist teaching (Furneaux and Roberts 1977: 11-12) Creak had welcomed the rise of 1960s parental activism and it had been she who 'as an experiment' had referred two autistic children to Barbara Furneaux in the 1950s, at a time when 'there was general agreement that autistic children were virtually ineducable' (Logoreci and Furneaux 1995: n.p.). Furneaux had accepted the challenge and became an influential figure in that sphere of education.

Her Foreword to Kahn and Nursten's classic study of school phobia *Unwillingly to School* (1964) reflected her philosophy of openness and co-operation and her undiminished commitment to multidisciplinary and teamwork. The book, she wrote, was not exclusively for psychiatrists nor indeed for doctors generally but for 'any who are working with disturbed children'. She spoke for a work which eschewed 'the condemnatory approach' and which made clear 'that no single discipline can hope to meet the needs of these cases... [T]he approach must be a combined one.' In the second edition (1968) she wrote that 'The team approach has recently come in for some hard words... Clearly, in this field, it is indispensable if all the contributing factors are to be understood.'

In retirement she published less. There were occasional studies (e.g. Creak and Pampiglione 1969) and contributions to textbooks continued (e.g. Jordan 1966; Castle *et al.* 1966; Miller 1968). The latest item I have found is her Foreword to Valerie Yule, *What Happens to Children: The Origins of Violence* (1979), a book preserving stories by disadvantaged children who could not write them down. In a 1972 article I came across a rare reference to Quakerism in her academic publications. In 'Reflections on Communication and Autistic Children' (Creak 1972b) she was writing of the fact that 'the full experience of human communication is something not limited to the use of correct words'. Indeed there is a great gap between how nerve cells behave in the brain and what constitutes the essence of adult human communication. The words of Isaac Penington, a seventeenth-century Quaker, had 'vividly focused' the matter for her, she wrote, so as to put words, language and communication 'in a proper perspective in the maze of human functioning' (Creak 1972b: 2): 'And the end of words is to bring men to the knowledge of things beyond what words can utter' (Isaac Penington, see Barclay 1828: 53, letter xvi).

Most significantly Creak embarked on a round of travels in her retirement, to educate other professionals about autism, and as she traveled and lectured she encouraged parents to create or join support groups. She was well apprised of the importance of home and of education where the young person with autism was concerned.

The Mildred Creak Unit at GOSH was opened in 1972 and refurbished in 2009 under the same name. It is a secure inpatient medical unit for young people whose mental health disorders are complex and severe. The Mildred Creak Centre in Perth, Australia dates from the late 1960s, as the *Abstract* for an Australian article on 'The Treatment of Autistic children' explains:

During 1968, a centre for the treatment of autistic children was established in Perth, Western Australia, under the administration of the Mental Health Services. It was named in honour of Dr. Mildred Creak, whose authoritative contribution to the study of autism and her invaluable assistance in establishing this centre is thereby recognized (Moffatt 1970: 22).

The Centre moved in 1983 from the suburb of Subiaco to the Victoria Park suburb and when that building closed in 1997 a 'Mildred Creak Autism Team' and a 'Mildred Creak Early Intervention Service' continued its work with children. Creak had worked with medical staff, parents and children in the region in the 1960s and '70s, at a time when diagnosis of autism was in its infancy in the Antipodes (Ellis 1969). Pamela Hawkins, who had visited the Centre in 1982, told me: 'Mildred urged me to visit...the Mildred Creak Centre... [W]hen the staff heard that I was a friend of Mildred's they were immensely welcoming,... [S]he was still remembered with great warmth and respect by the staff' (personal communication, 13 May 2012).

Creak's efforts to educate about autism changed lives in Australia, as the following excerpt from a 2001 University of Sydney PhD thesis shows:

In Perth...a physician at the University...confirmed deficits in intellectual capability in three of my four older siblings. However the causes of these conditions remained a mystery. Instead, it was the viewing of a film on autism brought to Australia by the English child psychiatrist and specialist on autism, Doctor Mildred Creak, that gave my parents their first inkling that Stephen might be autistic. For the first time they recognised his behaviour in another, and saw that he could be understood in terms of this recently defined 'syndrome'. They realised that they were not alone, and that there were special schools being set up that could provide for at least one of their children (Klotz 2006: 18-19).

In New Zealand too 'the catalyst was the arrival of a celebrity British visitor' (Feinstein 2010: 102). Creak had arrived in 1966, given 'family links to Whanganui' (North Island) and she was known to be a Quaker (Stace 2011: 97). She went on to visit Wellington, Christchurch, Dunedin and Palmerston North. In New Zealand diagnosis of autism was tentative and in the hands of interdisciplinary child health teams. The *Autism New Zealand* website recalls:

Little information had reached New Zealand. There were few medical specialists in child psychiatry and developmental medicine...dedicated treatment services were nonexistent. Dr Creak [*sic*] was an acknowledged expert and came to New Zealand to examine children and teach...confirming the diagnoses and informing families that societies of parents had been formed in the USA, UK and parts of Australia.

She encouraged the New Zealand parents to do likewise and facilitated contacts. Families and other networks could make all the difference and the later autobiographical writing of a man diagnosed with autism in New Zealand bore witness to the same belief. Thanks to the efforts of his headmaster and to his father who accompanied him, Michael Macgregor had been assessed by 'Doctor Mildred Creak from England, who saw where the psychological scars of my Autism had been from my birth, but who also said that I was subjected to a whole lot of love'. That was why he had come to function as well as he had, he wrote, 'although I am NOT completely healed'. His father had interjected at the time and said it was 'agape, divine love' which had wrought the change—the Lord's love had been mediated through his people. Michael Macgregor recorded that 'The doctor agreed' (Macgregor 2001: 2, 6).

Post-retirement Mildred Creak had moved to Welwyn Garden City where her sister Anna lived also. There she became a member of Welwyn Friends' Meeting. Mildred's friend and fellow Quaker Constance Weeden died in April 2013 but aged ninety six she had written to me at the end of 2011 to tell of Mildred Creak's post-retirement years. 'She was a valued member of our Meeting' she recalled. Mildred's spoken ministry in worship had been 'very impressive', but then so was her general conversation. 'She was very clever'. In retirement she had continued to give time to community and Quaker-related concerns. Among other things she was a governor of *The Retreat*, the hospital where her medical career had begun when no other hospital would take her.

'A GREAT CHARACTER'

Mildred Creak was a tall and bespectacled figure. She described herself as the product of an 'austere' childhood and perhaps of that came her 'toughness' (Moncrieff 1964: 13). More often, though, the adjectives one finds used of her are 'gentle' and 'caring'. 'Creak's outstanding characteristic was her gentleness', Philip Graham wrote in his entry in *DNB*. The 'psychotic' children who became her speciality had 'a special appeal to a Quaker physician endowed with the gift of compassion' said Alan Moncrieff (1964: 13), while Susanna Elmhirst recalled her kindly interest in her team at GOSH, in their families and welfare and how those in her department would try not to annoy her. She suffered great pangs of self-accusation if she ever gave way to annoyance.

She was also enthusiastic and often animated: 'The Sarah Bernhardt of child psychiatry' is one memorable description of her, for as well as being renowned for tremendous energy Mildred was an animated story-teller. Her colleagues recalled the fact both in *Roundabout*, the GOSH magazine (in the section *GOSH Revealed*, July 2011) and in the anonymous obituary in the *Daily Telegraph* of 25 September 1993. Alan Moncrieff remembered her description of preliminary army training, adding 'it is difficult to imagine her doing knees-bend in the open at 7.a.m.' (Moncrieff 1964: 13) but humour and a certain warmth do come out of the pages of some of her writings.

Arnon Bentovim, one of her obituarists, ended his account with the words 'such was her energy and enthusiasm, and capacity for hard work, that when she retired two men were appointed in her place' (Bentovim 1993: n.p.). Just as Mary Shipman Beard, once her headmistress at Ladybarn House School, had been described as someone of 'boundless energy', 'attention to detail', 'unworldliness', 'kindness' and 'remorseless standards' (McLachlan 1935: 95-103), so Mildred turned out to be of similar mould. Her unworldliness as well as her spirited directness are reflected in an anecdote by Philip Graham (2004: n.p.): 'When a psychotherapist in her department bought a comfortable couch for his child patients (and doubtless to rest on himself in exhausted moments), she caught sight of it and exclaimed "you're turning this place into a brothel"'. With her complete lack of make-up, he added, 'her horn-rimmed spectacles, and her skirt length that made no concession at all to prevalent fashion it is difficult to imagine a person less likely to have any idea what a brothel was really like'. He described Mildred Creak herself as 'highly puritanical' but also and paradoxically she was totally non-judgmental, even when it came to parents who behaved deplorably: 'She merely tried to do her best for their children' (Graham 2004: n.p.). Where inter-personal relationships were concerned her background in Quakerism 'was probably as important as her training in psychological medicine' Alan Moncrieff said at her retirement (Moncrieff 1964: 12). Creak acknowledged that the neat administrative solution felt seductive at times, but such imposition was no solution, she believed, 'so long as we believe in the value of those human qualities which do exist in people who behave in a stupid, selfish, even depraved fashion... [I]f these potential values did not exist, what would be the purpose of continuing to work with them?' (Creak 1981 [1960]: 29). It was a very Quakerly sentiment.

In the 1993 obituary Graham (1993b) wrote that 'Creak had a wide circle of friends but few interests outside her work. She never married.' Those words take on a new light when viewed against the background of the times in which she had had to build her career. Of those women listed in Stevens, 'few' had been married and just one paediatrician 'who had a wealthy sympathetic husband' had had children (Stevens 2006: 867). In any case a *married* woman pursuing a career might suffer prejudices and difficulties of other kinds, as the experience of her Quaker contemporary (Dame) Kathleen Lonsdale FRS would illustrate (Baldwin 2009). Outside of her work, though, Mildred Creak did indeed have friends; she traveled; she 'enjoyed a party', so Professor Alan Moncrieff said at her retirement (Moncrieff 1964), though this spoke of sociability rather than wild hedonism; her Quakerism was more than skin deep and its ability to consume the time and energies of its members for the common good was considerable. The ceramic items in the catalogue of the Victoria and Albert Museum which were given by her and her sister Mrs Falchikov speak of artistic sensibility and contacts in the family. She enjoyed music and theatre; indeed, when recommending a performance of Henrik Ibsen's drama *Rosmersholm* during one of her public lectures she had added wryly that it had the advantage of being nothing to do with 'the problems of delinquent children or working mothers or the risks of early

hospitalization' (Creak 1981 [1960]: 35). It is certain, though, that her primary focus was on her work.

Mildred was 'a character'. That was a sentiment I kept coming across in researching her story. People recalled fondly her unconventionality in some respects and her tendency to directness. Donald Winnicott was another such 'character' and one with whom she had shared a lot in outlook. Winnicott's directness and impatience had at least once showed itself in support of Mildred Creak. He understood the worth of what she was doing at GOSH and said so, less peevishly than the following quotation might suggest, taken as it is from the letter's wider context. This was to Sir David K. Henderson in letters of the 10 and 20 May 1954. Henderson had praised American work in the field of integrating paediatric medicine and child psychiatry and Winnicott was annoyed that the same (but less 'flashy'?) work in Britain was left unacknowledged and that he, 'really deeply rooted' in paediatrics (in a way Creak and others were not) was not credited: 'you might have mentioned my name when you mentioned Kanner... I cannot see why it is we must go to America for something that exists in our own country,' he complained; 'half of paediatrics is child psychiatry'. Mildred Creak and at the Maudsley Kenneth Cameron (who had trained with Kanner in 1938) 'contributed as much as Kanner has done', though 'in a less spectacular manner'. Kanner's work benefited from American 'organisation', he thought, and Henderson really should be in touch with work being done in Britain (Rodman 1987: 63-64, 70).

Winnicott 'could be somewhat quirky, often endearingly so', reads Yorke's entry about him in the *DNB*. Less positively he has been described as 'Exhibitionistic...an outrageous eccentric' albeit 'a powerful communicator' (Issrof 2005: 51). Winnicott offended people when, 'unflinchingly frontal' (Rodman 1987: xxiii), he spoke or wrote his mind (Yorke 2004). While quiriness and directness characterised Mildred Creak as well, unlike Winnicott she was not described as confrontational or deliberately hurtful. She wanted accuracy and clarity and her inability to mince words was probably due to more than just Quakerly loyalty to plain-speaking. Sometimes it showed itself in impatience with Quakers themselves and the kindly 'woolliness' which did not specify tasks to the letter. So said Pamela Hawkins who had first known her as part of her own family's wide circle of medical and psychoanalytical contacts in the 1940s, then through their contact in the Religious Society of Friends.

Mildred 'was emphatic of the need to be clear and accurate at all times', Pamela Hawkins recalled in a personal communication in March 2012, adding 'I have always thought the phrase in the Psalms "you made my tongue a sharp sword" was a good description of Mildred, though she never exercised the sword in any cruel way. "I am only asking for information" she would say'. When both of them served on the committee of a Housing Society Mildred often used to appear to be asleep, until the moment when she would 'wake up' to pose some devastating and pertinent question.

In her old age Mildred Creak valued the companionship which worship and gatherings with Quakers afforded. In Stevenage, to which Creak had moved,

Constance Weeden recalled continued 'lively exchanges' between her and her visitors, her sister Anna among them. Mildred was indeed 'a character' she said. Her sister's grandson, Dan Falchikov, a Liberal Democrat blogger among other things, described her as 'a fantastic (if somewhat eccentric) woman—as all great aunts should be' (Falchikov 2011). Adam Feinstein had heard of Creak as 'an extraordinary figure in the history of child psychiatry' while an obituarist recorded that psychiatry had lost 'one of its earliest great champions and a great character' (Elmhirst 1994: 317). She had once told that obituarist that God gives us a canvas, throws us a handful of wool and tells us to 'make what picture can be made'. She put matters differently in 'The Age of the Expert' in 1960: 'Man's gesture is not to escape his fate but to embrace it and to work as best he can with the materials he has been given and that for most of us will mean very hard work indeed' (Creak 1981 [1960]: 35).

NOTES

* I thank Nick Baldwin of the Museum and Archives Service, Great Ormond Street Hospital for Children NHS Foundation Trust, for access to Sir Alan Moncrieff's article (1964) and also thank Tabitha Driver of the Library of the Society of Friends (LSF), Friends House, London for her help.

1. Quakers are members of The Religious Society of Friends. I refer to them variously as Quakers or Friends.

2. Dr Mildred Creak: trained London School of Medicine for Women (later renamed the Royal Free Hospital School of Medicine) then University College Hospital Medical School, London, MRCS LRCP (conjoint) 1922; MB BS (London) 1923; DPM (1925); MRCP 1930; MD 1931. Elected FRCP 1949.

3. Frances Tustin recalled Mildred Creak often and warmly, for example (Hunter 1992; Rhode 1995; Spensley 1995: 7-9).

4. W.H. Herford, Unitarian minister and campaigner for women's university education, had founded Ladybarn House School in 1873. This was a progressive private co-educational (mostly day-) school for pupils up to 13. A senior school for girls had been created in 1890, namely Withington Girls School (Hicks 1936).

5. Her brother was Sir Lewis Beard, barrister, who was consulted during parliamentary debates for the Mental Deficiency Act of 1913. The three siblings are recalled together in Jackson 1999: 62.

6. Third *Annual Report* of the Nursery School Association, published after Mary Beard's death in 1926, quoted in McLachlan 1935: 102, being records of the Beard and Dendy family. MacMillan and Eveleigh were successively presidents of the Association (later The British Association for Early Childhood Education).

7. Mary Dendy and (later Dame) Ellen Pinsent were behind the creation of The National Association for Promoting the Welfare of the Feeble Minded (1895). Pinsent was also a pioneer for the Settlement movement, from the 1890s onwards, in which many Unitarians and Quakers were involved (see Beauman 1996: 189-90; Goodman and Harrop 2000: 61-63, 66-67, 72-73).

8. Charles West, the founder of GOSH, had written a pamphlet (West 1878) in opposition to women's equal access in medical qualifications. Progress was not rapid at GOSH. As Stevens (2006: 868) observes, 'The official policy of not appointing women house physicians was changed at a medical committee meeting in 1937, when a decision was made to allow women to apply for resident posts'. An amendment to open up non-resident posts to women was

defeated (GOSH London, Medical Staff Committee. *Minutes*, 1 December 1937, Great Ormond Street Hospital Archives).

9. Hunt (1932) reflects the period when Creak worked at *The Retreat*. There was change and expansion in the latter half of the 1920s.

10. The Mental Hygiene movement drew from the ideas of Adolf Meyer and Sigmund Freud and promoted early therapeutic intervention in childhood mental disorders. Its activists sought to spread information about child development; to educate parents in child rearing; to inform and change teacher education and to influence social workers, psychologists and others in creating environments more conducive to what would now be called mental health.

11. Laretta Bender (1897–1987) was a controversial figure in some respects but Bender, with Creak in Britain plus the younger Sara Williams of the Arndell Children's Unit in Sydney have been described as the pioneers for investigation and treatment in *residential settings* of psychiatric disorder born of cerebral dysfunction (Nunn 1998: 258). Correspondence between Bender and Creak is preserved in *The Papers of Laretta Bender*, Brooklyn College Library Archives and Special Collection.

12. Creak's 1930's correspondence with Adolf Meyer is listed in *Guide to The Adolf Meyer Collection* (at Johns Hopkins University), <http://www.medicalarchives.jhmi.edu/sgml/amgd.htm>.

13. Neil Gordon: 'I had not read the paper before, which was my loss, as although the understanding of children's learning difficulties has undoubtedly improved among the various disciplines involved so much of what Dr Creak says rings true today' (Gordon 1986).

14. Correspondence (1948–64) between Anna Freud and Mildred Creak is preserved in *The Sigmund Freud Collection, Anna Freud Papers*, of the Library of Congress.

15. A Sotheby's catalogue dated 29 June 1935 includes Lot 229 for a collection of manuscript and typewritten notes. One item is an interview with Jung at his Küsnacht home, conducted by Martyn and the Geneva Quaker group.

16. 'Unprogrammed' Quakerism is the American term for that form of Quaker congregation which has no professional leadership or clergy, creedal requirements, liturgy, hymnody etc. and in which silence is an important element. It would describe all Quaker meetings in Britain but there is variety in Quaker practice worldwide.

17. See too Alice B. Smuts 2006: Chapter 12, 'Child Guidance Becomes Child Psychiatry'. Smuts had interviewed Creak in 1977 (when she was 79) about psychiatry and the British Child Guidance scene; see pp. 220, 345 n. 105 of the work.

18. In the 1930s a number of Quakers were initiating work with children and young people dubbed 'delinquent' and/or who were challenged educationally or emotionally. In Lancashire in 1934, for example, the child psychiatrist Arthur Fitch started a residential special school for children of both sexes who were 'struggling' socially and educationally, despite being of good intelligence. Breckenbrough School still exists under the auspices of the Religious Society of Friends, the majority of its pupils having autism spectrum disorders such as Asperger Syndrome.

19. 'Dear Mr. Wills, Although not a Friend I have always been in contact with them. I was for a short time with the Friends War Victims relief party in France. My brother, Geoffrey Franklin, who died in 1930, was with them throughout the war and had previously been a student at Woodbrooke.' Letter from Marjorie Franklin to David Wills, Letter MEF/WDW 4/IV/35 (i.e. 1935) accessed from the Q-Camps Archives collection, Planned Environment Therapy Trust Archive, <http://archive.pettrust.org.uk/survey-saq2-2QCorr1.txt>, accessed 13 February 2013.

20. The Quaker C.K. Rutter's teaching background lay in Borstals and in boys' schools in the east end of London. He was one of the pioneers in the Order of Woodcraft Chivalry and in 1930 he had taken over the 'progressive' Forest School in the New Forest from his Quaker cousin Aubrey Westlake.

21. Penal Reform Committee, Minute 11, 4th of the 10th month, 1935, LSF London.

22. Her name appears first in the Minutes of 1.7.1938 and she was appointed to the Committee by Meeting for Sufferings on 2.9.1938.

23. Letterhead MEF/WDW 3-4/2/36, Planned Environment Therapy Trust Archive, <http://archive.pettrust.org.uk/survey-saq2-2QCorr1.txt>, accessed 13 February 2013.

24. Winnicott had been appointed psychiatric consultant for the government's evacuation scheme based in Oxfordshire. See Part One of Winnicott and Winnicott (2012 [1984]), 'Children Under Stress: Wartime Experience'. In 1939 Winnicott and others had questioned the evacuation of small children (Bowlby, Miller and Winnicott 1939).

25. Rickman wrote of his Quaker beliefs and influences, see e.g. Chapters 15–17 of King (2003): 'A Study of Quaker Belief' (1935, originally the Lister Memorial Lecture given to the Quaker Medical Society); 'The Need for a Belief in God' (1937) and 'Man without God?' (1950).

26. Its archives are held at the Library of the School of Oriental and African Studies, London: REF. GB 102 LHA collection of annual reports and appeals from the Saab Medical Library of the American University of Beirut is online at <http://ddc.aub.edu.lb/projects/saab/asfouriyeh/annual-reports/index.html>.

27. Michael Rutter, based at the Maudsley Hospital Institute of Psychiatry, would prove particularly significant from the 1960s onward for study of autism and for child psychiatry generally, establishing regional, longitudinal and neurological research. He was Britain's first consultant in child psychiatry and lends his name to *The Michael Rutter Centre for Children and Adolescents* at the Maudsley.

28. The nine points are listed in Feinstein 2010: 168–69. The members of the committee were: Dr Mildred Creak (chair), Dr Kenneth Cameron, Dr Valerie Cowie, Miss Sylvia Ini, Dr Ronald McKeith, Dr Guy Michell, Dr Gerald O'Gorman, Mr Frank Oxford, Dr W.J.B. Rogers, Dr A. Shapiro, Dr F. Stone, Dr George Stroh and Dr Simon Yudkin.

29. In 1952 DSM-I (the American Psychiatric Association *Diagnostic and Statistical Manual of Mental Disorders*) described autism as a primary manifestation of childhood schizophrenia. Feinstein's (2010) chapters on the 1950s ('The Seeds of Understanding') and the 1970s ('Major Steps Forward') illustrate the terminological confusion, the debate and the process of change as a result of research.

30. A Table for comparison of the criteria of Kanner, Creak, Rutter and the National Society for Autistic Children appears in Matson and Minsawi (2006: 8). These had been the most noteworthy contributions in refining definition, the authors thought (p. 3).

REFERENCES

- Addis, R.S., 1935. 'A Statistical Study of Nocturnal Enuresis', *Archives of Disease in Childhood* 10, pp. 169–78.
- Ahrenfeldt, R.H., 1958. *Psychiatry in the British Army in the Second World War*, London: Routledge & Kegan Paul.
- Angel, K. (2003), 'Defining Psychiatry: Aubrey Lewis' 1938 Report and the Rockefeller Foundation', in Angel, Jones and Neve 2003, pp. 39–56.
- Angel, K., Jones, E. and Neve, M. (eds.), 2003. *European Psychiatry on the Eve of War: Aubrey Lewis, the Maudsley Hospital, and the Rockefeller Foundation in the 1930s*, Medical History Supplement 22, London: Wellcome Trust Centre for the History of Medicine at UCL.
- Anon., 1928. Mental Hospital Report [on Asfuriyeh hospital], *British Journal of Psychiatry* 24, p. 343.
- Anon., 1954. 'The Mental Health Research Fund', *The British Journal of Psychiatry* 100, pp. 10–14.

- Autism New Zealand Inc.* N.d. [Http://www.postpolio.org.nz/__data/assets/pdf_file/0019/24418/About_Us.pdf](http://www.postpolio.org.nz/__data/assets/pdf_file/0019/24418/About_Us.pdf).
- Baldwin, M., 2009. “‘Where are your intelligent mothers to come from?’: Marriage and Family in the Scientific Career of Dame Kathleen Lonsdale FRS (1903–71)”, *Notes and Records of the Royal Society* 63, pp. 81–94.
- Barclay, J. (ed.), 1828. *Letters of Isaac Penington an eminent minister of the gospel in the Society of Friends, which he joined about the year 1658*. Via university of Pittsburgh, <http://archive.org/details/lettersofisaacpe00peni>.
- Baron, M., 2012. ‘The Birth of the NAS’, *Communication* (the magazine of the National Autistic Society), Spring, pp. 14–15.
- Beauman, C.B., 1996. *Women and the Settlement Movement*, London: The Radcliffe Press.
- Bender, L., 1959. ‘Autism in Children with Mental Deficiency’, *American Journal of Mental Deficiency* 64, pp. 81–86.
- Bentovim, A., 1993. ‘Mildred Creak’ (obituary), *The Guardian*, 23 September.
- Black, D., 1993. ‘A Brief History of Child and Adolescent Psychiatry’, in D. Black and D. Cotterell (eds.), *Seminars in Child and Adolescent Psychiatry*, London: Royal College of Psychiatrists, pp. 42–48.
- Blacker, C.P., 1946. *Neurosis and the Mental Health Services*, London: Oxford University Press.
- Bloom, S.L. and Norton, K. (eds.), 2004. ‘The Therapeutic Community in the 21st Century’, *Special Section, Psychiatric Quarterly* 75/3, pp. 229–31.
- Bowlby, J., Miller, E. and Winnicott, D., 1939. ‘Evacuation of Small Children’, letter in *the British Medical Journal* 2, pp. 1202–203.
- Brandon, S., Lindsay, S., Lovel-Davis, J. and Kraemer, S., 2009. ‘“What is wrong with emotional upset?”—50 Years on from the Platt Report’, *Archives of Disease in Childhood* 94, pp. 173–77.
- Bridgeland, M., 1971. *Pioneer Work with Maladjusted Children*, London: Staples Press.
- Brown, B.S., 1971. ‘A Task Force for a Goal’, *Journal of Autism and Developmental Disorders* 1/1, pp. 1–13.
- Brugha, T.S., Wing, L., Cooper, J. and Sartorius N., 2011. ‘Contribution and Legacy of John Wing, 1923–2010’, *British Journal of Psychiatry* 198, pp. 176–78.
- Cadbury, P.S., 1951. *A Personal Diary of the Quaker Mission to Russia: 14th to 28th July, 1951*, Birmingham: Buckler & Webb.
- Capes, M., 1990. ‘The Development of the Child Psychiatry and Child Guidance Service in Hampshire’, in D.A.J. Williamson, *Ninety Years of Service: The History of Southampton Children’s Hospital 1884–1974*. [Http://www.uhs.nhs.uk/Media/suhtsch/PatientsAndFamilies/HealthInformation/HealthInformationLeaflets/HistoryofSouthamptonchildrenshospital.pdf](http://www.uhs.nhs.uk/Media/suhtsch/PatientsAndFamilies/HealthInformation/HealthInformationLeaflets/HistoryofSouthamptonchildrenshospital.pdf), accessed 2 October 2012.
- Carey-Trefzer, C.J., 1949. ‘The Results of a Clinical Study of War-Damaged Children Who Attended the Child Guidance Clinic, the Hospital for Sick Children, Great Ormond Street, London’, *British Journal of Psychiatry* 95, pp. 535–59.
- Carrey, N., 2010. ‘Interview with Sir Michael Rutter’, *Journal of the Canadian Academy of Child and Adolescent Psychiatry* 19, pp. 212–17.
- Castle, E.B., Creak, M., Crew, F.A.E., Ellis, R.W.B. et al., 1966. *Child Health and Development*, London: J & A Churchill.

- Clark, R.A. and Elkington, J.E., 1978. *The Quaker Heritage in Medicine*, Pacific Grove, CA: The Boxwood Press.
- Creak, M., 1929. 'The Story of a Great Mental Hospital: The Retreat, York', *The Nursing Times* (March), pp. 272-74.
- 1934a. 'Discussion on Mental Hygiene: Preventive Measures in Childhood', Section of Psychiatry, *Proceedings of the Royal Society of Medicine* 28, December, p. 11.
- 1934b. Review of Susan Isaacs' *Social Development in Young Children*, *Eugenics Review* 25, pp. 280-81.
- 1936a. Review of L. Kanner, 'Child Psychiatry', *British Journal of Psychiatry*, 82, pp. 667-68.
- 1936b. 'Reading Difficulties in Children', *Archives of Disease in Childhood* 11, pp. 143-56.
- 1937. 'Psychoses in Children', *Proceedings of the Royal Society of Medicine* 31, pp. 519-28.
- 1947. 'Discussion on the Place of Child Guidance in the New Health Service', Section of Paediatrics, *Proceedings of the Royal Society of Medicine* 41 (November), pp. 281-82.
- 1952. 'Discussion: Psychoses in Childhood [abridged]', *Proceedings of the Royal Society of Medicine* 45 (11 March), p. 27.
- 1955. 'Mental Health Aspects of School Children: (a) The Nursery School and the Community', *Journal of the Royal Society of Promotion of Health* 76, pp. 584-86.
- 1956a. 'The Personality Characteristics of Parents of Promising Children', *Eugenics Review* 48, pp. 79-81.
- 1956b. 'The Place of the Nursery School in the Community', *The Journal of the Royal Society for the Promotion of Health* 76, pp. 117-23.
- 1959. 'Child Health and Child Psychiatry: Neighbours or Colleagues?' *The Lancet* 273, pp. 481-85.
- 1961a. 'The Birth of Child Psychiatry', *Bethlem Maudsley Hospital Gazette* 4, pp. 62-63.
- 1961b. 'Schizophrenic Syndrome in Childhood: Progress of a Working Party', *Cerebral Palsy Bulletin* 3, pp. 501-504.
- 1963a. 'Childhood Psychosis: A Review of 100 Cases', *British Journal of Psychiatry* 109, pp. 84-89.
- 1963b. 'Emotional Disorders', in R.D. Lightwood and F.S.W. Brimblecombe, *Donald Paterson's Sick Children: Diagnosis and Treatment*, London: Cassell, 8th edn, pp. 424-551.
- 1964a. Review of Hale Shirley, *Pediatric Psychiatry in Journal of Child Psychology and Child Psychiatry* 5, p. 272.
- 1964b. 'Schizophrenic Syndrome in Childhood: Further Progress Report of a Working Party (April 1961)', *Developmental Medicine and Child Neurology* 6, pp. 530-35.
- 1965. 'Problems of Subnormal Children: Studies in the Thousand Family Survey', *The Lancet* (7 August), pp. 282-83.
- 1972a. 'What Constitutes a Disturbed Child?', *Proceedings of the Royal Society of Medicine* 65, pp. 106-107.
- 1972b. 'Reflections on Communication and Autistic Children', *Journal of Autism and Childhood Schizophrenia* 2, pp. 1-8.
- 1981 [1960], 'The Age of the Expert', in J. Bowlby et al., *Rediscovery of the Family and Other Lectures: The Sister Marie Hilda Memorial Lecture Series 1954-1973*, Aberdeen:

- Aberdeen University Press (for Notre Dame Child Guidance Clinic and Adolescent Unit), pp. 22-40.
- Creak, M., and Guttman, E. (1935), 'Chorea, Tics, Compulsive Utterances', *Journal of Mental Science* 81, pp. 834-39.
- 1940, 'A Follow-up Study of Hyper-kinetic Children', *British Journal of Psychiatry* 86, pp. 624-31, http://neurodiversity.com/library_bender_1959.html.
- Creak, M., Cameron, K., Cowie, V., Ini, D., MacKeith, R., Mitchell, G., O'Gorman, G., Orford, F., Rogers, W., Shapiro, A, Stone, F., Stroh, G. and Yudkin, S., 1961. 'Schizophrenic Syndrome in Childhood', *British Medical Journal* 11, pp. 889-90.
- Creak, M., and Pampiglione, G., 1969. 'Clinical and EEG Studies on a Group of 35 Psychotic Children', *Developmental Medicine and Child Neurology* 11, pp. 218-27.
- Creak, E.M., and Shorting, B.J., 1944. 'Recent Progress in Psychiatry: "Child Psychiatry"', *British Journal of Psychiatry* 90, pp. 365-81.
- Davidson, D., 1996. 'The Jungian Child Analytic Training: An Historical Perspective', *Journal of Child Psychotherapy* 22, pp. 38-48.
- de Maré, P., 2000 [1983]. 'Michael Foulkes and the Northfield Experiments', in M. Pines (ed.), *The Evolution of Group Analysis*, London: Jessica Kingsley Publishers, pp. 218-31.
- DeMyer, M.K., Churchill, D.W., Pontius, W. and Gilkey, K.M., 1972. 'A Comparison of Five Diagnostic Systems for Childhood Schizophrenia and Infantile Autism', *Journal of Autism and Childhood Schizophrenia* 1, pp. 175-89.
- Eckhardt, L.O., and Rabin, R.A., 1978. 'A Proposed New Model for Training Pediatric Residents in the Psychosocial Aspects of Pediatrics', *Journal of Clinical Child Psychology* 7, Special Issue: *Clinical Child Psychologists and Primary Health Care Providers: Emerging Roles*, pp. 73-77.
- Edmead, F., 1951a. 'How We Lived While in Russia', *The Friend* 109/32, 10 August, pp. 714-15.
- 1951b. 'The Quakers in Russia: A Factory Prison', *The Manchester Guardian*, 31 August.
- Ellis, J., 1969. 'The Mildred Creek [sic] Centre for the Treatment of Autistic Children', *Australian Occupational Therapy Journal* 16/4, pp. 19-25.
- Elmhirst, S.I., 1994. 'Obituary of E.M. Creak', *The Psychiatrist* 18, pp. 317-18.
- Evans, B., Rahman S. and Jones, E., 2008. 'Managing the "Unmanageable": Interwar Child Psychiatry at the Maudsley Hospital, London', *History of Psychiatry* 19, pp. 454-75.
- Falchikov, D., 2011. [Http://livingonwords.blogspot.com/2011/06/why-one-of-great-ormond-street.html](http://livingonwords.blogspot.com/2011/06/why-one-of-great-ormond-street.html), 12 June.
- Fees, C., 1997, 2001. *Survey of People, Places, and Organizations... Comment: Denis Carroll and the Second Northfield Experiment*, <http://archive.pettrust.org.uk/survey-northfield4.htm>, accessed 10 May 2012.
- Feinstein, A., 2010, *A History of Autism: Conversations with the Pioneers*, Chichester: Wiley-Blackwell.
- Fitzpatrick, M., 2004. *MMR and Autism: What Parents Need to Know*, London: Routledge.
- Franklin, M.E., 1966 [1943]. *Q-Camp: An Experiment in Group Living with Maladjusted and Anti-Social Young Men*, Cheltenham, Planned Environment Therapy Trust.
- Freeman, H., 1999. *A Century of Psychiatry*, London: Mosby.

- Fry, A.R., 1926. *A Quaker Adventure, the Story of Nine Years' Relief and Reconstruction*, London: Nisbet & Co.
- Furneau, B., and Roberts, B. (eds.), 1977. *Autistic Children: Teaching, Community and Research Approaches*, Foreword by Mildred Creak, London: Routledge & Kegan Paul.
- Galbraith, D.J., 1963. 'The R.M.P.A. Study Tour in Israel, November 1961', *British Journal of Psychiatry* 109, pp. 303-17.
- Gillman, S.W., 1947. 'Methods of Officer Selection in the Army', *British Journal of Psychiatry* 93, pp. 101-11
- Goldman, D., 1993. In *One's Bones: The Clinical Genius of Winnicott*, Northvale, NJ: Aronson.
- Goodman, J., and Harrop, S., 2000. *Women, Educational Policy-Making and Administration in England*, London and New York: Routledge.
- Gordon, N., 1986. 'Fifty Years Ago: Reading Difficulties in Children', *Archives of Disease in Childhood* 61 (1986), p. 163.
- Graham, P., 1993a. Obituary of Mildred Creak, *The Independent* (6 November).
- 1993b. Obituary of Mildred Creak, *British Medical Journal* 307 (20 November 20), p. 1351.
- 2004. 'Creak, (Eleanor) Mildred (1898–1993), Child Psychiatrist', in *Oxford Dictionary of National Biography*, Oxford: Oxford University Press, <http://www.oxforddnb.com/view/article/51812>, accessed 13 February 2012.
- Graham, P., Minnis H. and Nicolson, M. (eds.), 2009. 'The Development of Child and Adolescent Psychiatry from 1960 Until 1990', *Witness Seminar*, Centre for the History of Medicine, University of Glasgow.
- Great Ormond Street Hospital website, n.d.: 'Our History', <http://www.gosh.nhs.uk/about-us/our-history/gallery/>, accessed 13 July 2012.
- Hanbury, M., 2005. *Educating Pupils with Autistic Spectrum Disorders: A Practical Guide*, London: Paul Chapman.
- Harrison, T., 2000. *Bion, Rickman, Foulkes and the Northfield Experiments: Advancing on a Different Front*, London: Jessica Kingsley.
- Hicks, W.C.R., 1936. *Lady Barn House and the Work of W.H. Herford*, Manchester: Manchester University Press.
- Hopkins, L., 2008. *The False Self: The Life of Masud Khan*, London: Karnac.
- Hunt, H.C., 1932. *A Retired Habitation: A History of the Retreat*, York, London: H.K. Lewis & Co.
- Hunter, V., 1992. 'An Interview with Frances Tustin', *Psychoanalytic Review* 79, pp. 1-24.
- Issrof, J., 2005. *Donald Winnicott and John Bowlby: Personal and Professional Perspectives*, London: Karnac.
- Jackson, M., 1996. 'Institutional Provision for the Feeble-Minded in Edwardian England: Sandlebridge and the Scientific Morality of Permanent Care', in D. Wright and M. Digby (eds.), *From Idiocy to Mental Deficiency: Historical Perspectives on People with Learning Disabilities*, London: Routledge, pp. 161-83.
- 1999. *The Borderland of Imbecility: Medicine, Society and the Fabrication of the Feeble Mind in Late Victorian and Edwardian England*, Manchester: Manchester University Press.
- Jarman, P., 2010. 'Quakers and the Cold War', *The Friends Quarterly* 38, pp. 3-14,

- Jones, E., 1943. 'Neuro-Psychiatry (1943): A Medical Documentary Film or Wartime Propaganda?' 37pp., <http://www.rcpsych.ac.uk/pdf/48JonesEdgarS59IC2012.pdf> accessed 17 March 2013.
- 2003. 'Aubrey Lewis, Edward Mapother and the Maudsley', in Angel, Jones and Neve 2003, pp. 3-38.
- 2004. 'War and the Practice of Psychotherapy: The UK Experience 1939-1960', *Medical History* 48, pp. 493-510.
- Jones, E., and Rahman S., 2009. 'The Maudsley Hospital and the Rockefeller Foundation: The Impact of Philanthropy on Research and Training', *Journal of the History of Medicine and Allied Sciences* 64, pp. 273-99.
- Jordan, T.E. (ed.), 1966. *Perspectives in Mental Retardation*. Carbondale, IL: Southern Illinois University Press.
- Kahn, J.H., 1972. 'Tribute to Donald Winnicott', *British Journal of Psychiatry* 120, p. 119.
- Kahn, J.H., and Nursten, J.P., 1964. *Unwillingly to School: School Phobia or School Refusal, a Medico-Social Problem*, Foreword by Mildred Creak, Oxford and London: Pergamon.
- Kahr, B., 1996. *D.W. Winnicott: A Biographical Portrait*, London: Karnac.
- Kanner, L., 1943. 'Autistic Disturbances of Affective Contact', *Nervous Child* 2, pp. 217-50.
- Kantor, J. (ed.), 2004. *Face to Face with Clare Winnicott*, London: Karnac.
- King, P. (ed.), 2003. *No Ordinary Psychoanalyst: The Exceptional Contributions of John Rickman*, London: Karnac.
- King, P.H.M., and Steiner, R., 1991. *The Freud/Klein Controversies in the British Psycho-Analytical Society, 1941-5*, London and New York: Tavistock Publications—Routledge.
- Klotz, J.F., 2006. 'Denying Intimacy: The Role of Reason and Institutional Order in the Lives of People with an Intellectual Disability' (2001, online 2006), PhD dissertation, University of Sydney, <http://ses.library.usyd.edu.au/bitstream/2123/513/2/adt-NU20031216.12462704.pdf>, accessed 5 May 2012.
- Kraemer, S., 2011. '“The dangers of this atmosphere”: A Quaker Connection in the Tavistock Clinic's Development', *History of the Human Sciences* 24, pp. 82-102.
- Langan, M., 2011. 'Parental Voices and Controversies in Autism', *Disability and Society* 26, pp. 193-205.
- Lawrence, A., 2011. 'Quakerism and Approaches to Mental Affliction: A Comparative Study of George Fox and William Tuke', *Quaker Studies* 15, pp. 152-226.
- LePage, C.P., 1920. *Feeble-mindedness in Children of School Age*, Manchester: Manchester University Press, Longmans, Green & Co.
- Lewis, A., 2003a. 'Aubrey Lewis' Introduction to his Report', in Angel, Jones and Neve 2003, pp. 57-63.
- 2003b. 'Aubrey Lewis' Report on his Visits to Psychiatric Centres in Europe in 1937', in Angel, Jones and Neve 1993, pp. 64-147.
- Lewis, A., and Creak, M., 1940. 'Child Psychiatry at the Maudsley Clinic' (and Lewis' Addendum, 'Note on the Maudsley in War Time'), *American Journal of Psychiatry* 97, pp. 394-99, 399-400.
- Logoreci, D., and Furneaux, D., 1995. 'Barbara Furneaux' (obituary), *The Independent*, 24 April.
- Lonsdale, K., 1951. 'Eye-Witness Reports', *The Anglo-Soviet Journal*, December, pp. 43-44.

- (ed.), 1952a. *Quakers Visit Russia*, East–West Relations Group of the Friends' Peace Committee, London: Religious Society of Friends.
- 1952b. '(A Symposium Part 2: The State of Russian Science Today): "Impressions from a Recent Moscow Visit"', *Bulletin of the Atomic Scientists* 8/3, March, pp. 66–70, 78.
- Macgregor, M. (2001), *My Own Book on our Life Time Story: The Title: A Walking and a Living Witness through the Power of 'Agape Divine Love'; A Very Special Life with a Big Bright Light*, Braamfontein SA, http://www.autismsouthafrica.org/files/auttalk/Michaels_book.pdf.
- Main, T., 1977. 'The Concept of the Therapeutic Community: Variations and Vicissitudes', *Group Analysis* 10, <http://groupanalyticsociety.co.uk/wp-content/uploads/2011/04/Main.pdf>.
- Mapother, E., and Golla, F.L., 1932. *Medical Superintendent's Report 1927–1931*, The Maudsley Hospital, University of London, unpublished.
- Matson, J.L., and Minsawi, N.F., 2006. *Early Intervention for Autism Spectrum Disorders: A Critical Analysis*, London and New York: Elsevier.
- McLachlan, H., 1935. *Records of a Family 1800–1933: Pioneers in Education, Social Service and Liberal Religion*, Manchester: Manchester University Press.
- Miller, E. (ed.), 1968. *Foundations of Child Psychiatry*. Oxford: Pergamon Press.
- Moffatt, R.A., 1970. 'The Treatment of Autistic Children', *Australian Journal of Social Work* 23/4 (1970), pp. 22–36.
- Moncrieff, A., 1964. 'Dr Mildred Creak MD, FRCP, DPM', *Great Ormond Street Gazette* 1, pp. 12–13.
- Nunn, K., 1998. 'Neuropsychiatry in Childhood: Residential Treatment', in J. Green and B. Jacob (eds.), *In-Patient Psychiatry: Modern Practice, Research and the Future*, London and New York: Routledge, 1998, pp. 258–83.
- Pearce, J.N.S., 2009. *Quakers in Medicine: 'Friends of the Truth'*, York: Wm Sessions.
- Phillips, A., 2007 [1988]. *Winnicott*, London: Penguin.
- Pinkerton, P., 1973. 'Paediatrics and Child Psychiatry: The Case for Collaboration', *Archives of Disease in Childhood* 48, pp. 970–74.
- Q-Camps Archives collection, n.d. Planned Environment Therapy Trust Archive, <http://archive.pettrust.org.uk/survey-saq2-2QCorr1.txt>.
- Rhode, M., 1995. 'A Tribute to Frances Tustin', *Journal of Child Psychotherapy* 21, pp. 153–66.
- Richmond, Y., 2003. *Cultural Exchange and the Cold War: Raising the Iron Curtain*, Philadelphia, PA: Penn State Press.
- Rodman, F.R., 1987. *The Spontaneous Gesture: Selected Letters of D.W. Winnicott*, Cambridge, MA: Harvard University Press.
- 2004. *Winnicott: Life and Work*. Cambridge, MA: Da Capo Press.
- Rutter, M., 2001. 'Autism: Two-way Interplay between Research and Clinical Work', in J. Green and W. Yule (eds.), *Research and Innovation on the Road to Modern Child Psychiatry*, I, London: Gaskell and the Association of Child Psychology and Psychiatry, pp. 54–80.
- Schneider, S., and Weinberg, H., 2003. *The Large Group Re-Visited: The Herd, Primal Horde, Crowds and Masses*. London: Jessica Kingsley Publishers.
- Shepherd, M., 1977. 'Aubrey Lewis: The Making of a Psychiatrist', *British Journal of Psychiatry* 131, pp. 238–42.

- 1993 [from 1966 interview]. 'Interview with Sir Aubrey Lewis by Professor Michael Shepherd', *Psychiatric Bulletin* 17, pp. 738–47.
- Smuts, A.B., 2006. *Science in the Service of Children 1893–1935*, New Haven and London: Yale University Press.
- Soloway, R.A., 1990. *Demography and Degeneration: Eugenics and the Declining Birthrate in 20th Century Britain*, Chapel Hill, NC: University of North Carolina Press.
- Spensley, S., 1995. *Frances Tustin: The Borderlands of Autism and Psychosis*, London: Routledge.
- Stace, H., 2011. 'Moving Beyond Love and Luck: Building Right Relationships and Respecting Lived Experience in New Zealand Autism Policy', PhD dissertation, Victoria University of Wellington, <http://researcharchive.vuw.ac.nz/bitstream/handle/10063/1920/thesis.pdf>, accessed 2 May 2012.
- Stevens, D., 2006. 'Pride, Prejudice and Paediatrics (Women Paediatricians in England before 1950)', *Archives of Disease in Childhood* 91, pp. 866–70.
- Thalassis, N., 2004. 'Treating and Preventing Trauma: British Military Psychiatry during the Second World War', PhD dissertation, University of Salford.
- The Todd Report (Royal Commission on Medical Education)* (1968), chaired by the Rt. Hon. The Lord Todd, HMSO.
- Trist, E., and Murray, H. (eds.) 1990. *The Social Engagement of Social Science: A Tavistock Anthology*. I. *The Socio-Psychological Perspective*, 1990: Trist ('Introduction' to vol. I) and Murray ('The Transformation of Selection Procedures: The War Office Selection Boards', pp. 45–68, <http://www.moderntimesworkplace.com/archives/ericssess/ericssess.html>.
- Visa Committee Federation, 1955. 'Visa Policy: A Report', *Bulletin of the Atomic Scientists* xi/10, pp. 367–75.
- Waldmeier, T., 1886. *The Autobiography of Theophilus Waldmeier, Missionary, Being an Account of Ten Years' Life in Abyssinia and Sixteen Years in Syria*, London: S.W. Partridge & Co.
- Waltz, M., and Shattock, P., 2004. 'Autistic Disorder in Nineteenth-century London: Three Case Reports', *International Journal of Autism Research and Practice* 8, pp. 7–20.
- Wardle, C.J., 1991. 'Twentieth Century Influences on the Development in Britain of Services for Child and Adolescent Psychiatry', *British Journal of Psychiatry* 159, pp. 53–68.
- West, C., 1878. *Medical Women: A Statement and an Argument*, London: J. & A. Churchill.
- Wills, W.D., 1967 [1941], *The Hawkspur Experiment: An Informal Account of the Training of Wayward Adolescents / Wills, W. David, 1903–1980*, London: George Allen & Unwin, 2nd edn.
- Winnicott D.W., and Winnicott, C., 2012 [1984]. *Deprivation and Delinquency*, London: Routledge Classics edn.
- Yorke, C., 2004. 'Winnicott, Donald Woods (1896–1971), Paediatrician and Psychoanalyst', in *Oxford Dictionary of National Biography*, <http://www.oxforddnb.com/view/article/38140>, accessed 13 February 2012.
- Yule, V. (ed.), 1979. *What Happens to Children: The Origins of Violence*, Foreword by Mildred Creak, London and Sydney: Angus & Robertson.

AUTHOR DETAILS

Christine Trevett is a historian of religion and emeritus professor of Cardiff University. Most often she writes about the ancient world but has written on Quakerism also, including *Women and Quakerism in the Seventeenth Century* (York: Wm Sessions, 1991) and *Quaker Women Prophets in England and Wales 1650–1700* (Lampeter: Mellen, 2000).

Mailing address: 1, Clôs Leland, Penygawsi, Llantrisant CF72 8QN, Wales, UK.
Email: Trevettc@cardiff.ac.uk.