

Bernard Pyne Grenfell: Papyrologist, Professor, “Lunatic”

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Abstract: The purpose of this article is threefold. First, it provides biographical information about B. P. Grenfell and his afflictions by narrating multiple episodes of incarceration in lunatic asylums, based on his medical records and available archival material. Most readers of this journal have benefited from Grenfell's scholarship and studied the texts he and A. S. Hunt edited, but few are aware of the severity of his illness. Second, it attempts to clarify the nature of this illness and its effect on Grenfell's career and collegial relationships. One scholar has claimed that Grenfell was diagnosed with paranoid schizophrenia, but a comparison with modern psychiatric diagnostic guides suggests that his episodes of psychosis may have been the result of a mood disorder or a multitude of other ailments. A brief portrait of British insane asylums in the 1900s and the societal perception of their patients helps explain the dissolution of Grenfell and Hunt's harmonious relationship. Last, this article briefly addresses current mental health concerns within the academy and makes a modest appeal for empathy and compassion toward our colleagues who suffer with mental health problems. By discussing the nature and severity of Grenfell's illness in light of his accomplishments, this article seeks to diminish the stigma surrounding mental illness in the academy.

Bernard Pyne Grenfell is most famously remembered for his work as a papyrologist. Between 1896 and 1907, the Egypt Exploration Fund (EEF) provided financial support for Grenfell and Arthur SurrIDGE Hunt to conduct six seasons of excavations at Oxyrhynchus and four seasons at Fayûm.¹ This resulted in the joint publication of thirteen volumes of *The Oxyrhynchus Papyri*, as well as two volumes of *The Amherst Papyri*, two volumes of *The Tebtunis Papyri*, and one volume of *The Hibeh Papyri*. It is well known that Grenfell was a Fellow of Queen's College (Oxford), appointed Extraordinary Professor of Papyrology in 1908, Honorary Professor of Papyrology in 1916, and Joint Professor of Papyrology in 1919. While some modern scholars are vaguely aware of his mental illness, few of his contemporary colleagues were informed about the nature or severity of his ailments, likely due to the sensitivity of the subject.

The terms used in this article to reference individuals with mental health problems (e.g., “lunatic”) are the terms used in the historical records, even though they may now be considered derogatory and offensive. I would like to thank the Social Sciences and Humanities Research Council of Canada and St. Joseph's College–University of Alberta for funding this research, the TC reviewers for their valuable suggestions, as well as the multiple scholars, doctors, and nurses that commented on earlier versions of this article.

¹ The Egypt Exploration Fund (the name of the organization was changed in 1919 to the Egypt Exploration Society) was founded in 1882 by Amelia Edwards to explore, survey, and excavate at ancient sites in Egypt and Sudan, as well as publish the results of these expeditions and ensure the preservation of antiquities that were discovered. For a history of the EEF, see T. G. H. James, ed., *Excavating in Egypt: The Egypt Exploration Society 1882–1982* (London: British Museum Publications, 1982).

1. Episodes of Mental Illness in Grenfell's Career

The obituary in the *Times* on 19 May 1926 offered the first eulogy of Grenfell's publications and success, but it also discretely alluded to multiple "breakdowns" that appeared to be the result of excessive mental exertion. After noting his editorial work on the *Oxyrhynchus* and *Amherst papyri*, the article continued:

In the volumes on Hibe and Tebtunis, Grenfell put forth his fullest powers, boldly attacking the intricate problems of comparative Egyptian calendars and monetary ratios. But he paid dearly for the brain power thus expended by breaking down in the autumn of 1906, while at *Oxyrhynchus*.... The editing of subsequent volumes, however, added to work in connexion with the Congress of Religions at Oxford, brought on a second breakdown in the autumn of 1908.... At various periods since 1908 Grenfell's health had permitted him to return to Oxford and to some extent to take up his work again. But his powers were never again at their fullest, and both he and his friends were always conscious of the danger of his attempting anything like full work.²

The following Saturday, J. M. Wilson (Grenfell's headmaster at Clifton College) added that Grenfell had suffered from a medical condition in childhood: "Bernhard was a delicate child in the lowest form of the Preparatory School. He was very delicate, and I heard from both his father and the school medical officer, Dr. Fox, that the boy could not possibly live to manhood."³ J. G. Milne's obituary did not specify the illness but noted that after the 1906–1907 expedition, "Grenfell's health, which had already shown signs of failure, definitely gave way."⁴

Hunt wrote the obituary notice for the *British Academy*, which effectively tried to dispel the notion that Grenfell's "nervous breakdown" had been the result of mental exhaustion or medical infirmity, but Hunt's account also reveals the complicated relationship between these factors and the acute expression of mental illness:

The view seems to be prevalent that Grenfell ruined his health by over-application. It is, I believe, mistaken. His weakness was in fact hereditary, and Mrs. Grenfell had been known to say that she had been constantly on the watch for the appearance of its symptoms in her son. At most he may have accelerated the disaster by his mode of life. He cared little for outdoor pursuits, and eschewed other hobbies.⁵

After describing the moments of leisure that Grenfell enjoyed, he concluded:

There appears to be no real ground for the assumption that Grenfell taxed his strength too severely or succumbed to protracted overstrain, though no doubt his appearance and demeanour might at times give that impression. But the feverish mental activity which now and then characterized him, and was the usual precursor of a collapse, was a symptom, not the cause, of the malady.⁶

After the obituary notices, the few publications that have mentioned the state of Grenfell's mental health lack specific details or make unsubstantiated claims about the nature of his illness.⁷ Based on archival research, including medical casebooks from the institutions in which

² *Times*, 19 May 1926, 21.

³ *Times*, 22 May 1926, 8.

⁴ J. G. Milne, "Bernard Pyne Grenfell: B. 16 Dec. 1869. D. 18 May 1926," *JEA* 12 (1926): 285–86.

⁵ A. S. Hunt, "B. P. Grenfell," in *Proceedings of the British Academy* (Oxford: Oxford University Press, 1926), 357–64 (361).

⁶ Hunt, "B. P. Grenfell," 362.

⁷ Hunt's report to the *British Academy* provided the most thorough account to date of Grenfell's first "nervous breakdown" at *Oxyrhynchus* in 1906: "He was obviously overwrought before leaving England, but it was hoped that release from books and change of scene would have a beneficial

Grenfell was hospitalized,⁸ this article will first narrate three troubling episodes of hospitalization that reveal the severity of his illness. The second section of the article attempts to clarify the nature of this illness and its effect on his career and collegial relationships. The final section briefly addresses current mental health concerns within the academy and makes a modest appeal for empathy and compassion toward our colleagues who suffer from mental illness.

1.1. Episode One: “Emperor of the Universe” (December 1906–February 1907)

On 11 December 1906, Grenfell was removed from the Oxyrhynchus dig site by a warden of the Hospital for the Insane in Cairo, and the following day Aylward Manley Blackman filed a petition to His Britannic Majesty’s Consular Court at Cairo, desiring “to obtain an order for the reception of Bernard P. Grenfell as a[n] insane person.”⁹ The particulars of the petition follow a question-and-answer format:

Whether first attack: First.

Duration of existing attack: Fortnight.

Supposed Cause: Mental strain.

Whether suicidal: Has exhibited tendencies.

Whether dangerous to others, and in what way: Not at present.

Whether any near relative has been afflicted with insanity: Yes.¹⁰

effect. This hope was not fulfilled, and he went rapidly from bad to worse, so that after some ten days in camp it became clear that medical care was essential. He was removed to Cairo, where he made a surprisingly rapid recovery, and he was able to resume superintendence of the excavations before the season closed and to go back as usual to Oxford, where few were aware of what had taken place. But he was never quite the same man again. He had become subject to recurrent fits of depression, which necessitated more than one visit of recuperation to Switzerland” (Hunt, “B. P. Grenfell,” 360–61). See also Dominic Montserrat, “News Reports: The Excavations and their Journalistic Coverage,” in *Oxyrhynchus: A City and Its Texts*, ed. by Alan K. Bowman et al., EES GRM 93 (London: Egypt Exploration Society, 2007), 28–39 (35–36); Luigi Lehnus, “Bernard Pyne Grenfell (1869–1926) e Arthur SurrIDGE Hunt (1871–1934),” in *Hermae: Scholars and Scholarship in Papyrology*, vol 1, ed. by Mario Capasso (Pisa: Giardini, 2007), 115–41 (119–20).

⁸ Copies of Grenfell’s medical casebooks were obtained upon request from institutions in the United Kingdom. For example, the University of Dundee Archives is the repository for the Tayside Health Board medical records. I requested access to Grenfell’s records on 2 April 2019, and the archives informed me that the records are normally closed for one hundred years, but that I should direct my request to Ruth Anderson, NHS Tayside Head of Health Records, who then authorized my access to these records on 9 April 2019. This access was granted in accordance with the NHS Code of Practice: “The Freedom of Information (Scotland) Act 2002 confers a right of access to a deceased person’s health records only after a period of 100 years. Notwithstanding, it may be possible to put in place mechanisms that both safeguard patient confidentiality and enable controlled access to health records of the deceased within this 100-year time limit. In general, confidentiality of records particularly relating to patients, staff or students should be maintained for 75 years (100 years for minors) from the beginning of the calendar year following the date of the last entry of the record” (Records Management: Health and Social Care Code of Practice, Section 5.9, Paragraph 138; <https://www.informationgovernance.scot.nhs.uk/wp-content/uploads/2020/06/SG-HSC-Scotland-Records-Management-Code-of-Practice-2020-v20200602.pdf>; Accessed 28 November 2023). Therefore, excerpts from these sources will be quoted throughout this article.

⁹ Aylward Manley Blackman had just obtained a First Class in Oriental Studies at Queen’s College, Oxford, in 1906 and was invited to join Grenfell and Hunt at Oxyrhynchus for the 1906–1907 season. Lunacy: Bernard Pyne Grenfell, 1906, National Archives, FO 841/89/79, 005–006.

¹⁰ Lunacy: Bernard Pyne Grenfell, 007.

That evening, the consular, A. D. Alban, issued the following court order:

On hearing the statements of Dr. Ferguson and Mr. Aylward Manley Blackman and on receiving the Petition of Mr. Aylward Manley Blackman and having seen a telegram from Mr. Hunt from Beni-Mazar it appears to this Court that Bernard P. Grenfell is a lunatic and that he should be placed under temporary restraint for the protection of his person and this Court therefore under the terms of Article 108 (3) of the Ottoman Order in Council of 1899 directs that he be received in the Hospital for the Insane at Abbassiah and detained for two days for observation pending the production to this Court of two medical certificates.¹¹

The order had not reached the hospital on 13 December when Dr. W. W. Warnoch wrote to the consular asking for instructions about the admittance of Grenfell, who “was obviously insane, and had threatened to kill unless allowed to go and take over the British Agency.”¹² Later that day, the two medical exams were performed. Dr. R. G. White observed:

He is very excited; speaks incessantly and incoherently. He has delusions, such as, that ‘he is the Emperor of the Universe’... Mr. Hunt, also of Behnesa, tells me that he has been excited for some days—that he conducts himself in a manner absolutely different to his normal condition and that he is full of grandiose ideas.¹³

The report by Dr. F. C. Madden revealed the depths of Grenfell’s delusions:

He talks incessantly and states that he has been asked by Lord Cromer¹⁴ to succeed him, and that Mr. Boyle¹⁵ is persecuting him because of his (G’s) knowledge of his complicity in a German plot. He also declares that last evening a procession of ghosts invaded his room and that his attendants are all secret policemen in disguise. He also affirms that his food and drink is poisoned and refuses to drink even water unless one of the attendants drinks of it first and that he is in constant fear of being stabbed by one of Mr. Boyle’s agents.... Dr. Dudgeon, the medical officer at the Hospital, informs me that last evening the patient was very violent and uncontrollable, that he declares Dr. Dudgeon is Mr. Boyle and that he G. is Tragedy and Dr. D. Comedy in a Greek Trago-Comedy plot he has discovered. He also declared Lord Cromer to be dead and expressed surprise he G. had not been sent for to take over his duties.¹⁶

After receiving the two medical certificates on 14 December, which verified that Grenfell was “a person of unsound mind” (Dr. White) and a “lunatic” (Dr. Madden), Alban placed a permanent order for Grenfell’s detention in the asylum at Abbassiah.¹⁷ The same day, Hunt wrote to H. A. Grueber¹⁸ at the EEF and informed him of the situation:

I am very sorry to have to tell you that Grenfell is seriously ill and has had to be taken back to Cairo and placed under medical care. There is no likelihood of his being able to return to the work here this season.... Blackman will soon be able to take charge for a certain part of the day,

¹¹ Lunacy: Bernard Pyne Grenfell, 001–002.

¹² Lunacy: Bernard Pyne Grenfell, 003.

¹³ Lunacy: Bernard Pyne Grenfell, 012–013.

¹⁴ Evelyn Baring, 1st Earl of Cromer, was the British Consul-General to Egypt in 1906.

¹⁵ Harry Boyle was the British Consul and Oriental Secretary in Egypt during Lord Cromer’s administration.

¹⁶ Lunacy: Bernard Pyne Grenfell, 009–010.

¹⁷ Lunacy: Bernard Pyne Grenfell, 009; 012; 021; 023.

¹⁸ Herbert Appold Grueber was Keeper of the Department of Coins and Medals at the British Museum and treasurer of the EEF at this time.

and so enable me to deal properly with the finds; and even if the excavations were postponed till next season, I am afraid that it is quite uncertain that Grenfell could come out then.¹⁹

Grueber responded 22 December, “I am extremely sorry and grieved to hear about Grenfell. I must confess I am not altogether surprised: but I thought a certain amount of relaxation would pull him together again. What I mean is that working in the open is not such a strain as slogging away in his study at Oxford.”²⁰ Grueber was not the only member of the EEF to foresee the collapse. F. Ll. Griffith²¹ wrote to Blackman on 25 December, “The news about Dr. Grenfell reached us yesterday afternoon.... It was absolutely sickening.... The news itself was no surprise to me. After his lecture in Oxford it was only too apparent what was the matter.”²²

In a letter from Abbassiah Asylum, likely on 3 January 1907, Grenfell requested a visitation from Alban and asked to be allowed to return to Oxyrhynchus (Behnesa).²³ On 5 January, Grenfell made a formal request to Alban for his liberation and asked for two other doctors to examine him immediately, since his condition had improved:

I may state that I am naturally very impatient at my continued confinement, being perfectly well, and the continued refusal of explanation does not lend to show the wellness, though I have not the least doubt that everything that is being done contrary to my wishes is done with the best intentions. But the misunderstanding has gone rather far by now. It has been suggested that I should go back to England, but I decline absolutely to take any course other than that of returning to my work at Behnesa. My long absence from that is a source of great inconvenience to the work itself and to me personally and I cannot imagine why my excavations should be interfered with in this manner, so as to cause me much annoyance and raging. If I am allowed to go back at once to Behnesa, matters will end, I insist, peaceably for all parties concerned. Otherwise the complications may become serious.²⁴

¹⁹ H. A. Grueber to A. S. Hunt, 22 December 1906, Egypt Exploration Society Archives (London), DIST.15.26a–d.

²⁰ H. A. Grueber to A. S. Hunt, 22 December 1906, Egypt Exploration Society Archives (London), DIST.15.29. It can be debated whether editing papyri or digging for papyri is more strenuous. After news of the breakdown spread, C. T. Currelly (who was excavating for the EEF at Deir el-Bahari) wrote to E. Paterson (General Secretary of the EEF) on 17 January 1907, “No doubt you know the terrible news of Grenfell, he thinks he is a king and is ordering everyone off the excavations. That is the report here. I think digging is the most nerve taking work I have ever seen ... from morning till night by all sorts of things with the men a perpetual watch against robbery and cheating and then no real rest—not even on Sundays. That is if you really push matters and are not robbed. If you say I would rather be robbed than worried well it is another matter and your stuff appears in the antiquity shops and your servants buy more wives and generally put on a prosperous look” (C. T. Currelly to E. Paterson, Egypt Exploration Society Archives [London], EES.VII.e.8-1).

²¹ Francis Llewellyn Griffith was Honorary Lecturer in Egyptology at Manchester University and editor of the EEF Archaeological Report at this time.

²² F. Ll. Griffith to A. M. Blackman, 25 December 1906, University of Liverpool, Special Collections and Archives, D84/1/22. The *Times* reported, “A public lecture will be delivered in the hall of Queen’s College by Dr. B. P. Grenfell on Thursday, November 15, at 5 p.m., upon ‘Recent Discoveries at Oxyrhynchus, with special reference to a fragment of a lost Gospel, new odes of Pindar, and a new Greek historian of the fourth century B.C.’” (10 November 1906, 7). Montserrat reproduced a fragment of this lecture and eloquently summarized its content: “In a rhetorical appeal to colonial sentiments, Grenfell presents papyrology as another task of the British empire, and urges his listeners to support the work of the EEF or the French will get there first and claim the papyrological laurels!” (Montserrat, “News Reports,” 36–37, 39).

²³ Lunacy: Bernard Pyne Grenfell, 027.

²⁴ Lunacy: Bernard Pyne Grenfell, 030–031.

Dr. Warnock informed Alban on 7 January that “Mr. Grenfell keeps much improved” and “might be discharged as soon as someone can be found to take him in,” but “it would be preferable for him *not* to return to Beni-mazar directly on his discharge.”²⁵ As with his initial confinement, two medical certificates were needed to discharge Grenfell, and he was examined that day by Dr. Munison and Dr. Beddoe.²⁶ The National Archives only contain the report from Dr. Munison, which provides a diagnosis and thorough prognosis of Grenfell’s ailments:

It appears from the Asylum registers that Dr. Grenfell on arriving, was suffering from acute mania with delusions and with ideas of being persecuted. Under treatment, he was gradually improved and for the last three days has been quiet and much more reasonable, and has slept fairly well.

On my arrival at the Asylum I found Dr. Grenfell walking in the garden, smoking. He saluted me by name. I had never seen him before. Perhaps he knew me by sight. I think he knew that I was coming to see him. After a few preliminary commonplaces I asked him what had brought him to the asylum. He said that the story was a long one and that he would not go over it again, that a misunderstanding had taken place and he did not want to rake up things which were past. He said that he had heard that Lord Cromer was ill and hoped that it was not a nervous breakdown as he—Grenfell—would feel that he had been the cause of it.

Dr. Grenfell spoke without ceasing, not in an excited manner, but deliberately. When I got the chance, I asked if he had been well treated in the asylum and he said they had done what they could and reverted again to his condition, saying that it was too long a story to worry me with but that one day soon when he was free he would tell me.

I asked to see his room. He did not take me to his room but to that of another patient and said his room was just like this one. It so happened that the inmate of this room was an old patient of mine, a confirmed lunatic, and Dr. Grenfell said he could not for the life of him understand why Joe Appleby was kept there, he was perfectly sane.

I asked Dr. Grenfell what food he was supplied with. He said it was rough but good enough, and at once came back to the reason for his confinement, saying it was too long a story to worry me with. I assured him that I did not want to hear it, and hoped he would not tire himself by repeating it to me. He at once said that the reasons for his confinement were not at all clear and that when he returned to his excavations in a few days he would make a point of enquiring into some intrigue, but would do it quietly without worrying anybody and without excitement.

On parting with Dr. Grenfell, he said to me, “I know I have been excited and I recognize that what has been done, has been done for my good. It is now all over and if I can get back to my excavations, I shall be quite quiet and pleased.”

In my interview with Dr. Grenfell, I did not find out what his delusions were nor what his trouble had been. Most of his conversation was perfectly reasonable and sane. All that I could make out was that some “misunderstanding” had occurred and that there was an “intrigue” which he said he would enquire into quietly.

My experience of cases of simple acute mania is that in convalescence, the patient shows lassitude, submission, gratitude and want of memory of recent vagaries. Dr. Grenfell’s case is not one of simple acute mania. He is active, his memory is good in all details respecting his present troubles. His appearance does not show that he has recently passed through a serious illness, in fact he looks well. He is fairly grateful for what has been done for him, but with reservations.

Dr. Grenfell’s case is mania of the persecution type. Alcohol, religion and politics are the exciting causes. When the first storm has passed, friends and relatives are deceived as to the real situation and kindly believe that all trouble has disappeared. This is the state in which Dr. Grenfell now is. My experience in all similar cases is that the temporary improvement is only temporary. A period of “cursing” begins and is most disastrous to the individual and to his friends.

²⁵ Lunacy: Bernard Pyne Grenfell, 032, emphasis original.

²⁶ Lunacy: Bernard Pyne Grenfell, 042.

From what I have heard and read of Dr. Grenfell, I understand that he is gifted with great intellectuality. In patients with like symptoms who have no intellect to boast of, the only chance of their cure or improvement is to remove them from this country which has for them so many irritating influences. Heredity may have an influence in such cases, and I believe that Dr. Grenfell's father was at one time insane.

I am of the opinion that in kindness to Dr. Grenfell and for the sake of public peace and safety, Dr. Grenfell ought to be removed direct from the asylum to England without being allowed to return to his excavations in Upper Egypt and that he should be advised not to return to Egypt for at least two years. Dr. Grenfell is by no means cured of his trouble and if he is now set free with liberty to return to his work and to enquire into "misunderstandings" and "intrigues", he will be heard of again at an early date.²⁷

In the following days (8–9 January), Grenfell again wrote to Alban, pleading for release. He emphasized, "I am extremely *anxious to get away at once from here*, where it is *extremely uncomfortable* for me,"²⁸ and requested leave to the Anglo-American Hospital, Luxor, or to his friend "Dr. G.A. Reisner, who is excavating out by the pyramids,"²⁹ since "a change from these gloomy surroundings will do me a lot of good and the sooner I get away the quicker I shall be able to forget recent events."³⁰ On 23 January, Dr. Warnock also wrote to Alban to request that Grenfell "be allowed to reside on leave of absence with Mr. Reisner near the Gizah Pyramids from today until 28th January 1907. Thereafter at the Villa Victoria, Cairo until 23 Feb 1907. I affirm and consent to his leave of absence at the above residences."³¹ Alban acquiesced and granted Grenfell release that day, and he was received by Reisner that evening.³²

On 28 January, Grenfell sent Grueber a postcard ("c/o G. A. Reisner, Pyramids Cairo") stating:

Just a line today that I am all right again now; in fact remarkably fit. I hope to return to work in a day or two. I gather that there is considerable doubt as to whether the site can be finished this season, but on my return I shall increase the number of workmen as far as possible and make every effort to wind up, even if we have to go on some way into March.³³

After this short stay with Reisner, Grenfell did not follow the conditions of his release. Instead of remaining at the Villa Victoria until late February, he returned back to the dig at Oxyrhynchus on 1 February. In a response to Grueber on 11 February, Grenfell informed him about the work:

Many thanks for your most sympathetic letter. As my card will have informed you, I returned here 10 days ago, being very anxious to have some occupation in the open air, which would interest me. That this was the right course to adopt, I am quite confident, for with Blackman here I can take things quite easily. I am much enjoying the change back to these congenial surroundings, and you need have no anxiety about my overdoing it. There may be more difficulty when I return to library work; however we need not to fear about that yet.³⁴

Grenfell also had the leisure, and mental capacity, to write to the secretary of the *Senatus Academicus* at the University of St. Andrews on 22 February to inquire if he could receive the

²⁷ Lunacy: Bernard Pyne Grenfell, 034–037.

²⁸ Lunacy: Bernard Pyne Grenfell, 038–040, 044, 046, emphasis original.

²⁹ Lunacy: Bernard Pyne Grenfell, 040, 044.

³⁰ Lunacy: Bernard Pyne Grenfell, 046.

³¹ Lunacy: Bernard Pyne Grenfell, 052–053.

³² Lunacy: Bernard Pyne Grenfell, 051, 053.

³³ B. P. Grenfell to H. A. Grueber, Egypt Exploration Society Archive (London), DIST.15.34b.

³⁴ B. P. Grenfell to H. A. Grueber, Egypt Exploration Society Archives (London), EES.VII.f.1-1.

Honorary Degree of Doctor of Laws on 3 April, which had been offered to him the previous July.³⁵ The dig concluded uneventfully, and the team departed Alexandria on 13 March 1907 for England.³⁶

1.2. The Second Episode: “Far More Severe Than the First” (October 1908–January 1913)

After their arrival back in Oxford, Grenfell was eager to return to excavating in Egypt. Two of his letters from 7 and 24 March were read at the General Committee Meeting of the EEF on 9 April 1907, and “it was resolved that Mr. Grenfell be authorised to make an application for the site proposed by him for future work.”³⁷ Hunt was not prepared to return to Egypt, and on 14 June it was resolved “that the financial position of the Graeco-Roman Branch did not permit of an expedition being undertaken by that Branch in the coming season.”³⁸ So for the next year, Grenfell and Hunt labored away at *The Oxyrhynchus Papyri* V and VI, while Grenfell also presented at meetings of the EEF and gave public lectures. In December 1907, W. L. Newman noted to Grenfell, “I know how tired you must be after your long spell of work,”³⁹ but it would appear that he had no difficulty in his “return to library work,” and he had in fact been able “to forget recent events.”⁴⁰

Grenfell continued to be productive, and on 2 June 1908 he was appointed Extraordinary Professor of Papyrology “for a period of seven years, with power to reappoint him at the end of that period.”⁴¹ His ability to function in this post would only last a few short months. He presented at the International Congress of Historical Sciences in Berlin in August 1908,⁴² but during the autumn he suffered a second attack that, according to Hunt, “was far more severe than the first”⁴³ and “was probably hastened by work gratuitously and quite unnecessarily undertaken in connexion with the Congress of Religions at Oxford [15–18 September 1908].”⁴⁴

³⁵ B. P. Grenfell to A. Bennett, Esq., University of St. Andrews, Library Special Collections, UYUY7 Sec2, Session 1906/07, 1906–1907, Box A, 22.2.1907; UYUY7Sec/2, Session 1905/06, 1905–1906, Box A, 1.6.1906. Hunt notes, “An Honorary Doctorate at St. Andrews was also offered, but for reasons of health was never actually taken” (Hunt, “B. P. Grenfell,” 363).

³⁶ B. P. Grenfell to H. A. Grueber, 11 February 1907, Egypt Exploration Society Archives (London), EES.VII.f.1-1.

³⁷ EEF General Committee Meeting 1903–1915, Egypt Exploration Society Archives (London), 120.

³⁸ EEF General Committee Meeting 1903–1915, 125–26.

³⁹ W. L. Newman to B. P. Grenfell, 27 December 1907, University of Oxford, Sackler Library, Papyrology Room, Grenfell and Hunt Papers.

⁴⁰ B. P. Grenfell to H. A. Grueber, 11 February 1907, Egypt Exploration Society Archives (London), EES.VII.f.1-1; Lunacy: Bernard Pyne Grenfell, 046.

⁴¹ *Aberdeen Daily Journal*, 5 June 1908, 7. Hunt noted, “When owing to continued absence his Professorship at Oxford necessarily lapsed, the title of Honorary Professor was conferred on him by the University” (Hunt, “B. P. Grenfell,” 363).

⁴² Lehnus, “Grenfell,” 115.

⁴³ Hunt, “B. P. Grenfell,” 361.

⁴⁴ Hunt, “B. P. Grenfell,” 364. The congress publication indicates that Grenfell was one of the few members of the Local Committee that was also a member of the Executive Committee and Papers Subcommittee (P. S. Allen and J. de M. Johnson, eds., *Transactions of the Third International Congress for the History of Religions*, vol. 1 [Oxford: Clarendon Press, 1908], iv). He read a paper by W. von Bissig but did not present his own research.

The exact date of the second attack is unclear. Hunt wrote to F. G. Kenyon⁴⁵ on 15 October 1908 that, based on the judgment of others, he felt it was best for the EEF to postpone another expedition to Egypt:

An additional reason, which I did not before mention, has been suggested more than once, that if Grenfell in his convalescent state finds us going out, he may insist on going also, which might be very undesirable. You will remember how he could not be prevented from returning to Behnasa two years ago, in spite of his doctor's opposition.⁴⁶

But at the General Meeting of the EEF on 10 November 1908, the presidential address by F. G. Hilton Price announced that the Graeco-Roman Branch would have to postpone the expedition that winter, "in consequence of the serious illness of Dr. Grenfell."⁴⁷ Hunt also relayed to the audience, "You will assuredly also share my hope that the indisposition which has prevented him from being present may speedily pass away, and that he may soon be restored to health and strength."⁴⁸

What is clear is that Grenfell was institutionalized at Brooke House, London from 1908 to 1909 (perhaps from November 1908 to November 1909),⁴⁹ and he was unable to control his own finances. His mother appears to have had the power of attorney, and Hunt arranged for a cheque of £50 that was due to Grenfell for his editing of *The Oxyrhynchus Papyri VI* be made payable to her.⁵⁰ During this time, Mrs. Grenfell and Hunt both expressed hope that "his recovery may be anticipated shortly," since there were periods where it appeared that he had made "some definite progress."⁵¹ Despite his eventual release from Brooke House into the care of his mother, the recovery was far from permanent.⁵²

On 5 February 1912, Grenfell was admitted to Wonford House Hospital, Exeter, and the initial intake report follows the familiar pattern of question-and-answer:

Previous Attacks: 2.

Where treated: Abbassiah Hospital Cairo 6 years ago; Brooke House 1908–9.

Predisposing causes: Sunstroke in Egypt; over work; heredity.

Duration of present attack: About 3 years.

Recent Symptoms: Jumped out of a window in his house on Jan 1 with idea of suicide. Incoherent. Confused and restless.

Suicidal: Yes. Epileptic: No. Dangerous: No.⁵³

⁴⁵ Frederic George Kenyon was Deputy Keeper of the Department of Manuscripts at the British Museum and EEF Committee Member at this time.

⁴⁶ A. S. Hunt to F. G. Kenyon, 15 October 1908, Egypt Exploration Society Archives (London), EES.VII.f.9-1.

⁴⁷ EEF Report of the Twenty-Second Ordinary General Meeting (1907–1908), 10 November 1908, Egypt Exploration Society Archives (London), 19.

⁴⁸ EEF Report of the Twenty-Second Ordinary General Meeting, 26.

⁴⁹ Devon Heritage Centre, ref 3992F, 365. I have been unable to locate Grenfell's medical casebooks from his time at Brooke House.

⁵⁰ A. S. Hunt to H. A. Grueber, 11 November 1908, Egypt Exploration Society Archives (London), EES.VI.e.20. The minutes of the EEF Finance Subcommittee on 1 December 1908 indicate: "The Secretary stated £50 had been paid to Mrs. Grenfell due to Dr. Grenfell for editing *Oxyrhynchus Papyri VI*." See also Montserrat, "News Reports," 37.

⁵¹ A. S. Hunt to H. A. Grueber, 14 December 1908, Egypt Exploration Society Archives (London), EES.VII.f.11; EEF Report of the Twenty-Third Ordinary General Meeting (1908–1909), 12 November 1909, Egypt Exploration Society Archives (London), 32–33.

⁵² Hunt, "B. P. Grenfell," 361.

⁵³ 5 February 1912, Devon Heritage Centre, ref 3992F, 365.

On admittance, Grenfell had a compound fracture of the phalanx of his left great toe, but the two medical certificates focus on his mental state. Dr. J. Cock recorded:

Nervous: Sleeps badly. Induced to be violent—had to be held down. Incoherent talk of the punishment of Confucius, of Dante, of Guelphs and Ghibellines, of the Czar and Diplomacy, of the number of the beast, etc. By his mother—Patient has had similar attacks before and had to be under restraint.⁵⁴

Dr. G. H. Hanna stated:

The patient told me that at times he would have impulses to injure himself, such as putting his hand into the fire. Also that he was sentenced to “eternal delirium tremens.” He also told me that he had constantly to impersonate different characters such as the German Emperor. His general conversation was a curious mixture of ideas. Dante, pacts of curds, the devil, without any connection of thought. His mother informs me that at times he was very restless and got out of hand. This morning he got out of bed and rolled over and over on the floor.⁵⁵

The medical casebook reports for the following seven months describe a litany of accounts that all circle around depression, confusion, violence, delusions, and hallucinations. For example:

He is suffering from confusional insanity. He talks in a rambling mannerism of deities and kings and his impersonation of these and says he has caused grave international complications. He has auditory hallucinations and hears voices calling him outside the window. He is afraid some awful fate is to befall him. At times he is excited and struggles violently.⁵⁶

Has many confused ideas as to plots, conspiracies, of which he thinks he is mixed up in. Is rather resistive at times. His conversation is hesitating and rambling.⁵⁷

Depressed and confused. Thinks people dislike him and blame him for everything that happens. Very distraught at times. Hesitates over saying anything and has great difficulty in making up his mind.⁵⁸

The first glimmers of hope appeared on 6 October 1912, where the casebook records the usual symptoms of doubt and indecision but also that he “is a little brighter in conversation.”⁵⁹ The devious symptoms persisted over the following months, but positive advancements were noted: he “talks more readily and easily now,” and “upon the whole is better.”⁶⁰ The final entry on 28 January 1913 reads: “Has much improved lately and was ... discharged on authority of petition.”⁶¹

It is impossible to determine what, if any, external impulses led to Grenfell’s turnaround, but we do know that during this period he had the opportunity to visit his mother in Exeter and examine papyri. In a letter to Milne⁶² on 10 November 1912, Hunt doubted Grenfell’s academic ability and motivation at this time:

⁵⁴ 5 February 1912, Devon Heritage Centre, ref 3992F, 365. Presumably, Mrs. Grenfell transmitted these last details to Dr. Cock.

⁵⁵ 5 February 1912, Devon Heritage Centre, ref 3992F, 365–66.

⁵⁶ 9 February 1912, Devon Heritage Centre, ref 3992F, 366.

⁵⁷ 5 May 1912, Devon Heritage Centre, ref 3992F, 366.

⁵⁸ 2 June 1912, Devon Heritage Centre, ref 3992F, 366.

⁵⁹ 6 October 1912, Devon Heritage Centre, ref 3992F, 367.

⁶⁰ 3 November 1912, 1 December 1912, 5 January 1913, Devon Heritage Centre, ref 3992F, 367.

⁶¹ 28 January 1913, Devon Heritage Centre, ref 3992F, 367. I am unable to decipher the word before “discharged.”

⁶² Joseph Grafton Milne was the Honorary Treasurer of the EEF from 1912 to 1919.

I have had a request from Mrs. Grenfell for a few papyri to be sent to her for Grenfell to amuse himself with, if he will. She did this before some six months ago, and I then put her off with a number of facsimiles, which I thought were just as good for her purpose & involved no risk. Whether he ever made any use of them I don't know: she doesn't say, and I rather doubt it.⁶³

Milne brought the issue before the EEF Committee and informed Hunt that he may send Mrs. Grenfell "some of the tougher and less important documents which have already been published: they will leave the selection to your judgment. Having regard to Grenfell's past services, they felt fully justified in running the slight risk of damage."⁶⁴ Hunt responded on 10 December after a busy week, which included the appearance of Mrs. Grenfell at Queen's College to retrieve Grenfell's books:

All of which is excessively inconvenient, and I fear to no purpose, for though she says he now takes an interest in these things, it appears very doubtful if he can really work at them, or if it will be a good thing, if he can. I selected 10 fairly stout and not very valuable documents from the last Oxyrh. volume for her, and these she has carried away; I trust that they will come back none the worse.⁶⁵

Six days later, Hunt informed Milne:

I am afraid that Mrs. Grenfell is still on the warpath. She now has 20 documents from my last two volumes, but that does not satisfy her, and I fear that she is meditating a letter to you on the subject. Johnson has just been down at Exeter and seen G., whom he reports as being for the most part sensible, but extremely depressed, and unable to concentrate himself on anything for long. The papyri are kept by Mrs. G., and he comes every day and tries to copy them; he has made fair copies of 4 or 5 in about a week. She tries to be careful with them, but she is of course quite unused to handling papyri, and he is very shaky and uncertain. Johnson thought that he was quite unfit to be trusted with anything of value. Her view is that a few papyri more or less are immaterial, if he can be interested or amused; and she would like to have a few boxes full for him to play with.⁶⁶

Mrs. Grenfell did formulate a letter to Milne on 31 December, demanding that her son be allowed to examine more of the EEF papyri:

My son, B. P. Grenfell, is now much better and on the road to a perfect cure. He is sufficiently recovered to resume his studies, not having worked for more than four years; but he has now demanded papyri, and says he could decipher 5 hours a day, which, of course he would not be allowed to do. He works only from ½ to one hour daily at papyrology. Dr. Hunt has sent a few pieces of papyrus already published, which have lasted a fortnight, and my son has been perfectly able to cope with this material.... Under these circumstances it is of the utmost importance that my son should have access to more papyri (which he excavated himself), having used up the bits sent. There are 70 or 80 cases lying in the strong room at Queen's College, but Dr. Hunt will not supply any more papyri unless you order it.

⁶³ A. S. Hunt to J. G. Milne, 10 November 1912, Egypt Exploration Society Archives (London), EES. XIII.e.37-1.

⁶⁴ J. G. Milne to A. S. Hunt, 3 December 1912, Egypt Exploration Society Archives (London), EES. XIII.e.37-2.

⁶⁵ A. S. Hunt to J. G. Milne, 10 December 1912, Egypt Exploration Society Archives (London), EES. XIII.e.42.

⁶⁶ A. S. Hunt to J. G. Milne, 16 December 1912, Egypt Exploration Society Archives (London), EES. XIII.e.44.

Having taken away his income,⁶⁷ it is really too barbarous to also take away his profession. The Dr. he is under thinks it most beneficial to Bernard that he should decipher papyri, (in moderation). Occupation is very therapeutic, but only suitable occupation is healing. Therefore, I make a demand that my son shall go on deciphering your papyri as of yore, and be allowed access to the papyri belonging to the Fund at Queen's; such papyri would be strictly safeguarded by me, and never allowed out of my possession. I am just getting a tin box made to put them in.

Still, if my son's profession is to be taken away, as after the recent behaviour of the University⁶⁸ I have not much hope of any kindness or mercy being shown,—I wish to know definitely the future action of the Fund; for Bernard must turn himself to other pursuits if he is denied his profession. It is, of course, a very serious thing to cut a man off from his specialist occupation, which has taken him years to acquire, and moreover requires also special brains. It is about as heavy a punishment as can be meted out to him, without sending him to prison.⁶⁹

Large quantities of papyri could not be sent to Mrs. Grenfell, but a few transactions of small batches (perhaps twenty at a time) may have followed, but not without hesitation from some members of the EEF.⁷⁰ Like any proud parent, Mrs. Grenfell was pleased to inform the EEF that Grenfell had examined J. de M. Johnson's proofs of the Rylands papyri and offered him "several useful suggestions,"⁷¹ and of the papyri they had sent, he had produced two renderings that Hunt "considered better than his own."⁷²

⁶⁷ This likely refers to the £50 that Grenfell would receive for coediting a volume of *The Oxyrhynchus Papyri*.

⁶⁸ Grenfell's appointment as Extraordinary Professor was subject to a residency requirement: "He shall reside for six months in each year, unless the Delegates of the Common University Fund shall for purposes connected with the study of Papyrology dispense with residence for all or for any portion of that time" (Common University Fund Minutes 1898–1913, Oxford University Archives, Bodleian Library, DC 53/1/2, 139–40; see also Hunt, "B. P. Grenfell," 363). Due to his institutionalization during the previous four years, he did not meet this requirement and appears to have been removed from this position, since Hunt was appointed the Extraordinary Professor of Papyrology on 1 January 1913. His contract contained the same stipulations as Grenfell's, except that the residency requirement was now "four months" (Hebdomadal Council Papers 93, 7 October–12 December 1912, Oxford University Archives, Bodleian Library, HC 1/1/93, 277).

⁶⁹ Mrs. Grenfell to J. G. Milne, 31 December 1912, Egypt Exploration Society Archives (London), EES.XIII.e.47.

⁷⁰ After reading Mrs. Grenfell's letter to Milne, Kenyon wrote, "I think we might agree to Grenfell's having the less important published papyri in small batches. If he has finished the 20 or so that have been sent, let him return them, and others might be sent (though of course this is giving a good deal of trouble to Hunt). But it might be explained to her that we cannot send away a large quantity at any one time, and that some doubt has been expressed as to our right to send away even a small quantity" (F. G. Kenyon to J. G. Milne, 1 January 1913, Egypt Exploration Society Archives [London], Transcript EES.XIII.f.1-1). It appears that these papyri were returned to the EEF and distributed to subscribing institutions, since there are no lacunae in the distribution list of papyri from *The Oxyrhynchus Papyri* VIII and IX (See R.A. Coles, *Location-List of the Oxyrhynchus Papyri and of Other Greek Papyri Published by the Egypt Exploration Society*, EES GRM 59 [London: Egypt Exploration Society, 1974]).

⁷¹ Mrs. Grenfell to J. G. Milne, 5 January 1913, Egypt Exploration Society Archives (London), EES. XIII.h.1.

⁷² Mrs. Grenfell to J. S. Cotton (Honorary Secretary of the EEF), 10 January 1913, Egypt Exploration Society Archives (London), EES.XIII.h.3.

1.3. Lucidity (January 1913–June 1920)

Soon after his release from Wonford at the end of January 1913, Grenfell likely returned to Oxford to work on *The Oxyrhynchus Papyri X* with Hunt, and both were listed as editors of the volume after volumes VII–IX had been attributed to Hunt alone.⁷³ World War I broke out at the end of July 1914, and Hunt joined the war effort, which forced Grenfell to work relatively alone on the papyri for the following years and deliver reports and lectures for the EEF.

At the General Meeting of the EEF on 26 November 1915, Grenfell submitted the report on *The Oxyrhynchus Papyri XI* and the forthcoming volume XII and noted, “Six months ago Professor Hunt obtained a commission in the 4th Oxford and Bucks L.I. [a light infantry regiment of the British Army], but has hitherto been mainly in Oxford, so that he is still able to do some work at papyri in his spare time.”⁷⁴ Grenfell’s work obviously pleased the University of Oxford, who appointed him Honorary Professor of Papyrology on 8 February 1916.⁷⁵

At the General Meeting on 17 November 1916, Grenfell again delivered a lecture on the future work of the Graeco-Roman branch, and the Report of the Committee indicated that he alone was editing papyri:

The Graeco-Roman Branch issued the volume *Oxyrhynchus Papyri XI* last October, and the twelfth volume of the same series, edited by Dr. B. P. Grenfell, will shortly appear. In the absence of Prof. A. S. Hunt on military duty, Dr. Grenfell is carrying on the work of the Graeco-Roman Branch, and is editing the texts which have been discovered in the course of the field-work of previous years.⁷⁶

Grenfell’s influence appears to have expanded by the time of the General Meeting on 14 February 1919, where he was described as “the famous papyrologist, who directs our Graeco-Roman Branch.”⁷⁷ The report extolled the productivity of Grenfell in the absence of Hunt:

Again, no field-work in Egypt has been possible; and as a consequence of this, and of the fact that practically all our active helpers have been engaged in war-work, the publication of the Society’s Memoirs has once more this year been at a standstill. The only exception has been the Graeco-Roman Branch. That branch, thanks to Professor Grenfell’s great skill and industry, has again made considerable progress.⁷⁸

Grenfell himself reported on *The Oxyrhynchus Papyri XIII* that had just appeared and noted that volume XIV was in print and volume XV was well in hand due to the collaboration with H. I. Bell. He expressed hope that Hunt would be included in this collaboration with his return to Oxford “in a few months.”⁷⁹ He also proposed to do something he had not done in twelve years—return to Egypt. The stated intent was:

⁷³ During Grenfell’s absence, Hunt repeatedly asked the EEF subscribers for patience, since it would be impossible to produce volumes of *The Oxyrhynchus Papyri* each year while he worked “single-handed” (See EEF Report of the Twenty-Seventh Ordinary General Meeting [1912–1913], Egypt Exploration Society Archives [London], 11).

⁷⁴ EEF Report of the Twenty-Ninth Ordinary General Meeting (1914–1915), 26 November 1915, Egypt Exploration Society Archives (London), 12–13.

⁷⁵ *The Western Daily Press* (Yeovil, England), 8 February 1916, 6.

⁷⁶ EEF Report of the Thirtieth Ordinary General Meeting (1915–1916), 17 November 1916, Egypt Exploration Society Archives (London), 9, 12.

⁷⁷ EEF Report of the Thirty-Second Ordinary General Meeting (1917–1918), 14 February 1919, Egypt Exploration Society Archives (London), 8.

⁷⁸ EEF Report of the Thirty-Second Ordinary General Meeting, 12.

⁷⁹ EEF Report of the Thirty-Second Ordinary General Meeting, 13.

partly to revise some *Oxyrhynchus papyri* in the Cairo Museum which are to be published in Part XV, and to make some researches in connection with my work on the geography of Graeco-Roman Egypt; partly also to investigate the present condition of some sites, which have not yet been tried for papyri.⁸⁰

1.4. The Final Episode: “My Outlook Is Rather Dark” (June 1920–May 1926)

Grenfell did return to Egypt one last time, where he followed through on his plans,⁸¹ as well as purchased papyri for the Rylands Library and British Library, and collaborated with F. W. Kelsey in purchasing papyri for the University of Michigan and University of Wisconsin.⁸² Hunt noted, “He returned in the spring [1920] in good spirits and apparently having benefited from the change. But ere long the old symptoms recurred, and work had to be again abandoned.”⁸³

Grenfell was admitted to the Warneford Hospital (previously titled Oxford Lunatic Asylum) in Oxford on 7 June 1920. On admission, the medical casebook recorded his mental and physical ailments: “he is excited, talkative & restless. He thinks he belongs to the Secret Service & is engaged in important Government Work—He refuses to answer questions, & displays no interest in his surroundings.”⁸⁴ The casebook also maintains that he has had “very little sleep,” and a large quantity of albumin in his urine.⁸⁵

A physical collapse occurred on 9 June: “when walking in Cricket field with an attendant he sat down for a few minutes, when he suddenly lost consciousness and collapsed; his breathing was rather laboured, pulse rapid & feeble, skin of dusky color—He was removed (on stretcher) to bed.”⁸⁶ In the following weeks, the albumin in his urine decreased, but the report indicates: “ideation slow. Hears voices but can’t distinguish if real or imaginary.”⁸⁷

Grenfell appears to have significantly progressed by 30 June: “Patient has rapidly improved—is taken out driving by friends. Does not now complain of voices talking to him. His bodily health & condition are fair.”⁸⁸ On the same day, Grenfell wrote to W. E. Crum:

⁸⁰ EEF Report of the Thirty-Second Ordinary General Meeting, 14.

⁸¹ Grenfell examined and edited at least 105 *Oxyrhynchus* manuscripts in the Cairo Museum, which were subsequently published in *The Oxyrhynchus Papyri* XVI.

⁸² See Roberta Mazza, “Graeco-Roman Egypt at Manchester: The Formation of the Rylands Papyri Collection,” in *Actes du 26 Congrès International de papyrologie: 26 Congrès International de Papyrologie—26 International Congress of Papyrology*, ed. Paul Schubert (Geneva: Publications de la Faculté des Lettres de l’Université de Genève, 2012), 499–507; Arthur Verhoogt, *Discarded, Discovered, Collected: The University of Michigan Papyrus Collection* (Ann Arbor: University of Michigan Press, 2017), 6–7. At the meeting of the EEF on 19 May 1920, a letter was read from Grenfell “offering to present the Society with about 25 *Oxyrhynchus* literary fragments and asking if in return the Society would grant him ten extra copies of *Oxyrhynchus Papyri* XIV and further, present to his pupil Mr. J. G. Tait a complete set, so far as available of the Graeco-Roman Memoirs except Ox[y]. Papyri XIII and XIV. This was unanimously agreed” (General Committee Meeting of the EEF, 1915–1927, Egypt Exploration Society Archives [London], 254).

⁸³ Hunt, “B. P. Grenfell,” 361.

⁸⁴ 7 June 1920, Oxfordshire Health Archives, OHA W/V/173/iii, 93.

⁸⁵ 7 June 1920, Oxfordshire Health Archives, OHA W/V/173/iii, 93. The presence of albumin (a protein) in the urine is a sign of kidney disease, and some medical professionals have noted its possible correlation with mental illness (see below).

⁸⁶ 9 June 1920, Oxfordshire Health Archives, OHA W/V/173/iii, 93.

⁸⁷ 21 June 1920, Oxfordshire Health Archives, OHA W/V/173/iii, 93.

⁸⁸ 30 June 1920, Oxfordshire Health Archives, OHA W/V/173/iii, 93.

You will, I know, be sorry to hear that I have been very seedy this last month, owing to disorder in both kidneys and head. I spent a fortnight in bed, but am now very much better and am leaving this place, where I have been well looked after, on Monday next, and on July 7th am going to stay with an aunt in Somerset for 2 or 3 weeks in order to recruit. I am still pretty limp, and shall have to go slow for some time yet, so that it will be two or three months before I really get back to work.⁸⁹

Grenfell was released on 5 July 1920 and travelled to Somerset, which appeared to be beneficial. On the one hand, he claimed to be “getting on famously here” and occupied himself with “a motor-plough and black currant picking,” but he was also working on copying out a lecture for the Rylands Bulletin and later complained that he was having difficulty sleeping, “which is perhaps due to my having exerted myself to copy out my lecture in time to [be] published in October.”⁹⁰ He then made a short visit to Switzerland but wrote to Crum on his return, “Switzerland did not work as rapid a cure this time as I had hoped, and I shall have to go rather slowly for some time, I fear, though, like you, I look forward to getting through a fair amount of work.”⁹¹

Sadly, his physical and mental state had not recovered, and his freedom would not last long. On 6 September 1920, Grenfell again wrote Crum:

Just at present my outlook is rather dark. I have not been able to soldier the depression and tomorrow I am going to Scotland, Kenlaw House, Colinsburgh Fife, which is recommended by my Oxford Doctor, as being comfortable and with very bracing air. I hope to improve there but it is too expensive for me to remain long in any case. Letters to Queens will be forwarded.⁹²

Upon his arrival at Kenlaw House on 8 September, Dr. Bryce reported that Grenfell was:

excited, restless wandering up and down corridor and could not be engaged in conversation because of persistent whistling. Said that emanations came from him and were influencing me. Quoted Scripture. Says he is a traitor to England, Scotland and Ireland, to the female sex and to the male sex and himself.⁹³

Since he was “obviously mental,” Dr Bryce transferred him to Murray Royal (Mental) Hospital, Perth, on 10 September 1920.⁹⁴

The initial intake at Murray’s reported that Grenfell: “Lies on his back in bed whistling softly to himself. He only speaks on rare occasions and then only to ask questions. He attempted to drown himself in the bath soon after admission.”⁹⁵ He also had a bandage on his foot, which had been scalded.⁹⁶ The report of 11 September notes that his “urine contains albumin,” and on 16 September, his doctor raised an important question:

It is interesting to observe his urine was heavily clouded with albumin on the time of his admission. Now the amount is too small to estimate.... How much of his mental condition is due

⁸⁹ B. P. Grenfell to W. E. Crum, 30 June [1920], British Library, Add MS 45684.

⁹⁰ B. P. Grenfell to H. Guppy, 17 July 1920, John Rylands Library Archives; B. P. Grenfell to H. I. Bell, 13 July 1920, British Library, Add MS 59511; B. P. Grenfell to H. I. Bell, 19 July 1920, British Library, Add MS 59511. The lecture was published as, B. P. Grenfell, “The Present Position of Papyrology,” *BJRL* 6 (1921), 142–62.

⁹¹ B. P. Grenfell to W. E. Crum, 21 July 1920, British Library, Add MS 45684.

⁹² B. P. Grenfell to W. E. Crum, 6 September 1920, British Library, Add MS 45684.

⁹³ 8 September 1920, University of Dundee Archives, THB 29/8/6/2/16, 11.

⁹⁴ 10 September 1920, University of Dundee Archives, THB 29/8/6/2/16, 11.

⁹⁵ 10 September 1920, University of Dundee Archives, THB 29/8/6/2/16, 11.

⁹⁶ 10 September 1920, University of Dundee Archives, THB 29/8/6/2/16, 12.

to kidney mischief? He is on rather strict diet and is only allowed a little fish with his midday meal.⁹⁷

Even though the albumin in his urine continued to dissipate until its disappearance on 10 October, the mental troubles remained.⁹⁸ On 28 September, he was “acutely confused—violent—attempting to break the windows in his room” and was administered hyoscine.⁹⁹ He continued to have “hallucinations of sight, hearing, and smell” and “a curious habit of blowing or whistling while being spoken to.”¹⁰⁰ The entry of 1 November noted that he “occasionally runs violently about and resists being put to bed, but he never interferes with any of the staff or patients.”¹⁰¹ However, the following entry indicates his level of disruption: “Rare lucid intervals occur—but as a rule he lives entirely in a world of hallucination. At times he shows a tendency to strip and expose himself . . . but this is now less marked.”¹⁰²

Over the next three months, Grenfell appears to have progressed to the point that he was able to attend public events. The report of 4 April 1921 states,

Dr. Grenfell shows no change in his mental condition. There is often a great deal of motor restlessness, interminable walking up and down the corridor and his room, gesticulating with his right arm usually, and laughing loudly. He smokes heavily—is seldom resistive. Takes his meals well and sleeps. A fair amount [of] daily drugs, have been reduced. . . . Has been transferred to the villa. He gets out to the picture house, hockey match or driving when found convenient.¹⁰³

The final casebook entry on 2 July 1921 does not indicate that Grenfell was recovered, but he was released the following year on 26 July 1922.¹⁰⁴

Less than a week later, however, Grenfell was confined for a second time at Murray’s from 31 July 1922 to 15 January 1923. As far as I know, medical casebooks do not exist for this period, but it may be presumed that Grenfell continued to bounce back and forth between hallucinations and lucidity. On 27 December 1922, he wrote to Crum:

I was much touched by your dedication of the Wadi Sarga Ostraca to me.¹⁰⁵ Many thanks also for your letters. Amid the general turmoil of European politics etc there is, I fear, no immediate prospect of my being able to leave this distracted country. Armageddon looks as if it would go on till 1925.¹⁰⁶

Less than three weeks after his second release, Grenfell was again institutionalized for a third and final time at Murray’s on 2 February 1923. Again, I am unaware of medical casebook

⁹⁷ 11 September 1920, 16 September 1920, University of Dundee Archives, THB 29/8/6/2/16, 12.

⁹⁸ 10 October 1920, University of Dundee Archives, THB 29/8/6/2/16, 12.

⁹⁹ 28 September 1920, University of Dundee Archives, THB 29/8/6/2/16, 12. Hyoscine was used as a sedative at this time in British mental asylums “for the alleviation of great excitement, or in regular doses to gradually reduce maniacal symptoms” (A. W. Daniel, “The Use of Scopolamine Hydrobromide or Hyoscine in the Treatment of Mental Disorders,” *Journal of Mental Science* 60 [1914]: 610–15 [615]).

¹⁰⁰ 3 October 1920, 10 October 1920, University of Dundee Archives, THB 29/8/6/2/16, 12.

¹⁰¹ 1 November 1920, University of Dundee Archives, THB 29/8/6/2/16, 12.

¹⁰² 22 November 1920, University of Dundee Archives, THB 29/8/6/2/16, 13.

¹⁰³ 4 April 1921, University of Dundee Archives, THB 29/8/6/2/16, 13.

¹⁰⁴ 2 July 1921, University of Dundee Archives, THB 29/8/6/2/16, 13; 26 July 1922, University of Dundee Archives, THB 29/8/4/1, 13.

¹⁰⁵ The dedication reads, “To B. P. Grenfell” (W. E. Crum and H. I. Bell, eds. *Wardi Sarga: Coptic and Greek Texts from the Excavations Undertaken by the Byzantine Research Account* (Haunia: Gyldendalske Boghandel; Nordisk Forlag, 1922), v.

¹⁰⁶ B. P. Grenfell to W. E. Crum, 27 December 1922, British Library, Add MS 45684.

reports, but it can be assumed that there were no significant changes to his condition. Hunt wrote to Bell on 26 April 1923:

I haven't had any fresh tidings of B. P. G. lately. He wrote to various people here a month or so ago, and talked of being back shortly, but was dissuaded. It seems that as soon as he gives up the strict dietary, his physical health deteriorates and the mental trouble follows, so that another relapse would almost surely be the consequence for a return to College life, for which in any case he is evidently, not yet ready. To try it again is really asking for trouble.¹⁰⁷

Grenfell occasionally sent letters and postcards to various people over the next three years, but he died suddenly at Murray Royal (Mental) Hospital on 18 May 1926, as the result of a heart attack.¹⁰⁸

2. Mental Illness and Its Effect on Grenfell's Career

The three episodes narrated above indicate that Grenfell surely needed medical and psychiatric attention in order to protect himself and the public. In order to contextualize the severity and nature of Grenfell's illness, it is useful to compare his diagnosis, symptoms, and etiology with those described in modern diagnostic manuals (i.e., DSM-V; DSM-V TR; ICD-11; ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines [ICD-10 CDDG]).¹⁰⁹ This is not an attempt to arrive at a definitive diagnosis, which would require a complete casebook file with comprehensive psychiatric evaluations of the symptoms and their course,¹¹⁰ but rather an exploration of possible interpretations of these symptoms according to modern diagnostic manuals.

2.1. Diagnosis, Symptoms, and Cause of Grenfell's Illness

Through the duration of Grenfell's illness, the most detailed diagnosis was offered by Dr. Munison in Egypt during Grenfell's first episode, and he concluded that Grenfell suffered from "mania of the persecution type."¹¹¹ During the second episode, the medical casebook indicates that "he is suffering from confusional insanity," which in the early 1900s was synonymous with

¹⁰⁷ A. S. Hunt to H. I. Bell, 26 April 1923, British Library, Add MS 59512.

¹⁰⁸ 18 May 1926, University of Dundee Archives, THB 29/8/4/1; Hunt, "B. P. Grenfell," 357. After his death, Hunt wrote to Bell, "Many thanks for your letter and kind sympathy. The news was something of a shock, for the latest report had been better and he wrote some postcards recently to various people. But since, as you say, there was no longer a real hope of recovery, a speedy ending was for the best. Apparently he died quite suddenly, from heart failure" (A. S. Hunt to H. I. Bell, 20 May 1926, British Library, Add MS 71110).

¹⁰⁹ The ICD-10 CDDG (*ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines*, World Health Organization, 1992), which is regularly used in the United Kingdom, will be followed in the synthesized descriptions below. The approved version of the ICD-11 CDDG has not yet been published, although a prepublication version is available at <https://gcp.network/groupings/mood-disorders>. The DSM-V and DSM-V TR, which are used in North American contexts, have also been consulted.

¹¹⁰ For a list of mental health diagnostic tools, see Rachel Brand, Greg Murray, and Neil Thomas, "Assessment of People with Psychotic and Bipolar Disorders," in *The Cambridge Handbook of Clinical Assessment and Diagnosis*, ed. Martin Sellbm and Julie A. Suhr (Cambridge: Cambridge University Press, 2019), 360–70 (362–65).

¹¹¹ Lunacy: Bernard Pyne Grenfell, 036.

manic-depressive insanity, delirious insanity, and amentia.¹¹² The admission report at Murray Royal Hospital during the third episode simply states that he is “obviously mental.”¹¹³ The diagnoses reported by Grenfell’s colleagues are relatively opaque, with the most common conclusion being that he suffered a “nervous breakdown”¹¹⁴—an abstract illness that encompasses many symptoms but appears to have been a popular shorthand in late Victorian England for “incapacitating depression.”¹¹⁵ In an essay published in 2007 in *Oxyrhynchus: A City and Its Texts*, Dominic Montserrat reported that in 1920 Grenfell was diagnosed with “*dementia praecox paranoides* (then the clinical term for paranoid schizophrenia).”¹¹⁶ Unfortunately, Montserrat provided no referential support for this diagnosis, and I have not discovered its source in Grenfell’s medical casebooks or the EEF archives.

Most of the medical casebooks do not justify how specialists arrived at one diagnosis instead of another, but they do provide ample descriptions of the symptoms Grenfell experienced. During the first episode, Grenfell experienced visual hallucinations, delusions of grandeur and persecution, paranoia, excited behavior unlike his normal self, violence, rapid incoherent speech, suicidal tendencies, and feelings of guilt. During the second episode, after attempting suicide, he was experiencing auditory hallucinations and the need to impersonate different characters, paranoid, nervous, violent, restless, incoherent with halted and scattered speech, depressed with feelings of guilt, and confused. During the third episode, Grenfell was described as experiencing hallucinations of sight, hearing, and smell and delusions of influence; involved in grandiose plots; excited; talkative and then silent; gesticulating, whistling, and laughing; restless; suicidal; violent; and feeling guilty. Grenfell himself acknowledged that he had been “excited” before the first committal, and before the third he confided that he could no longer “soldier the depression.”¹¹⁷ Hunt described Grenfell as conducting himself in manner “absolutely different to his normal condition,” which was corroborated by Blackman and Griffith. Johnson also reported that during the second episode Grenfell was “extremely depressed,” and after his death Hunt revealed that Grenfell “had become subject to recurrent fits of depression.”¹¹⁸

In the early 1900s, the cause of mental illness was ultimately unknown, although medical professionals often produced organic or physiological explanations. The most common etio-

¹¹² 9 February 1912, Devon Heritage Centre, ref 3992F, 366; Emil Kraepelin, *Manic-Depressive Insanity and Paranoia*, trans. by R. M. Barclay, ed. by G. M. Robertson (Edinburgh: Livingstone, 1921), 1, 191, 208.

¹¹³ 10 September 1920, University of Dundee Archives, THB 29/8/6/2/16, 11.

¹¹⁴ Hunt, “B. P. Grenfell,” 360; Hunt, “B. P. Grenfell,” *Aegyptus* 8 (1927): 115; “Dr. Grenfell has had a nervous breakdown, resulting apparently from the trip of last spring. He is unable to travel at present, and he will never go to Egypt again if he can be persuaded to follow the advice of his friends” (F. W. Kelsey to W. W. Bishop, 1 January 1921, Bentley Historical Library, Kelsey Museum of Archaeology records: 1890–2001, Campbell Bonner papers 1920–1950, Box 1, Folder 8).

¹¹⁵ Janet Oppenheim, *“Shattered Nerves”: Doctors, Patients, and Depression in Victorian England* (Oxford: Oxford University Press, 1991), 3. For the history and reception of the amorphous term *nervous breakdown* and its association with mental exhaustion, see Megan Barke, Rebecca Fribush, Peter N. Stearns, “Nervous Breakdown in Twentieth-Century American Culture,” *Journal of Social History* 33 (2000): 565–84.

¹¹⁶ Montserrat, “News Reports,” 35.

¹¹⁷ Lunacy: Bernard Pyne Grenfell, 035; B. P. Grenfell to W. E. Crum, 6 September 1920, British Library, Add MS 45684. I interpret this depression as a symptom of a broader illness, not a self-diagnosis of clinical depression.

¹¹⁸ Lunacy: Bernard Pyne Grenfell, 013; A. S. Hunt to J. G. Milne, 16 December 1912, Egypt Exploration Society Archives (London), EES.XIII.e.44; Hunt, “B. P. Grenfell,” 361.

logical explanation in the medical casebooks for Grenfell's illness is "overwork." The supposed cause of the first episode was "mental strain," although Dr. Munison's report suggests that "alcohol, religion, and politics," as well as "heredity," could be responsible.¹¹⁹ The primary predisposing cause of the second episode was "overwork," while "sunstroke" and "heredity" were listed as contributing factors.¹²⁰ The cause of the third episode is listed as a "previous attack," although the question is raised about a correlation between his mental condition and an underlying kidney disease.¹²¹

Grenfell himself appears to attribute some cause of the illness to overwork—he assures Grueber that upon returning to the dig at Oxyrhynchus in 1907, he will not be "overdoing it," but this may be more difficult when he returns to "library work" in Oxford.¹²² During the third episode, after being released from Warneford, he wrote multiple letters to colleagues explaining his absence and current state of recovery. He noted to Bell that he had recently "exerted myself to copy out my lecture" and informed Kelsey that he would be unable to participate in a proposed excavation at Oxyrhynchus because "last winter my time out there was really rather too strenuous, and coming straight back to a very busy term at Oxford evidently did not suit my health—at no time very strong unfortunately."¹²³ However, he also told Bell, Kelsey, and Crum that his ailment was the result of kidney trouble.¹²⁴

In general, his colleagues also attributed his "nervous breakdown" to excessive mental exertion and overwork. This is most explicit in the *Times* obituary ("he paid dearly for the brain power thus expended"),¹²⁵ but as noted above this explanation is also mentioned by members of the EEF (Grueber, Griffith, Currelly), Newman, and Kelsey. Hunt's explanations are arguably the most difficult to reconcile. On the one hand, Hunt appears to acknowledge the predisposing cause was overwork. During the first episode, Hunt was content to inform Grenfell's mother that he has been "suffering from mental trouble" since "she knew that he was

¹¹⁹ Lunacy: Bernard Pyne Grenfell, 036. The medical casebooks and archives do not indicate that alcohol (or any drug) was the cause of Grenfell's illness. The medical casebooks note that his religion is "C of E" and that his psychotic symptoms briefly allude to religious topics, with a greater emphasis on political figures. The archival material about Grenfell does include some short comments about contemporary politics, but it is not his primary focus, and it is not excessive or detailed.

¹²⁰ 5 February 1912, Devon Heritage Centre, ref 3992F, 365; ca. 1907–1914, Devon Heritage Centre, ref 3992F/H/33/22, 15.

¹²¹ 16 September 1920, University of Dundee Archives, THB 29/8/6/2/16, 12. For current correlations between kidney disease and mental health problems, see Tiao-Lai Huang, "Decreased Serum Albumin Levels in Taiwanese Patients with Schizophrenia," *Psychiatry and Clinical Neurosciences* 56.6 (2002): 627–30; Huang, "Lower Serum Albumin Levels in Patients with Mood Disorders," *Chang Gung Med J.* 25.8 (2002): 509–13; Junyan Cao et al., "The Association between Serum Albumin and Depression in Chronic Liver Disease May Differ by Liver Histology," *BMC Psychiatry* 22.5 (2022): 1–10.

¹²² B. P. Grenfell to H. A. Grueber, 11 February 1907, Egypt Exploration Society Archives (London), EES.VII.f.1-1.

¹²³ B. P. Grenfell to H. I. Bell, 19 July 1920, British Library, Add MS 59511; B. P. Grenfell to F. W. Kelsey, 11 July 1920, Bentley Historical Library, Kelsey Museum of Archaeology records: 1890–2001, Francis Willey Kelsey papers 1890–1927, Box 15, Folder 3.

¹²⁴ B. P. Grenfell to H. I. Bell, 2 July 1920, British Library, Add MS 59511; B. P. Grenfell to F. W. Kelsey, 11 July 1920, Bentley Historical Library, Kelsey Museum of Archaeology records: 1890–2001, Francis Willey Kelsey papers 1890–1927, Box 15, Folder 3; B. P. Grenfell to W. E. Crum, 30 June 1920, British Library, Add MS 45684.

¹²⁵ *Times*, 19 May 1926, 21.

overworked and excited when he left England.”¹²⁶ The second episode was probably hastened by “work gratuitously and quite unnecessarily undertaken in connexion with the Congress of Religions at Oxford.”¹²⁷ He also acknowledged that Grenfell’s disdain for outdoor pursuits and hobbies may have “accelerated the disaster” and his “feverish mental activity” was the precursory symptom of an imminent collapse, but not the cause of the malady itself.¹²⁸ On the other hand, Hunt claimed that any attempt to pin the illness on “over-application” was mistaken, since “his weakness was in fact hereditary.”¹²⁹ Wilson and Milne are the only two commentators to suggest that an underlying physical ailment was the problem.¹³⁰

2.2. Diagnosis, Symptoms, and Cause of Schizophrenia and Bipolar Affective Disorder

The most alarming symptom that Grenfell displayed throughout all three episodes is psychosis, particularly hallucinations and delusions.¹³¹ For the sake of brevity, schizophrenia and bipolar affective disorder will be compared and contrasted below, although there are multiple other disorders that exhibit psychotic symptoms. No strictly pathognomonic symptom can be identified with schizophrenia, since every sign and symptom also occurs in other psychiatric and neurological disorders.¹³² It is necessary to emphasize this point in order to dispel “the often-heard clinical opinion that certain signs and symptoms are diagnostic of schizophrenia,” such as psychosis.¹³³ The signs and symptoms of bipolar affective disorder also occur in other mental disorders, which makes it difficult to differentiate, but it is the following descriptions and symptoms that are used by clinicians to make a diagnosis.¹³⁴

¹²⁶ Lunacy: Bernard Pyne Grenfell, 017.

¹²⁷ Hunt, “B. P. Grenfell,” 364.

¹²⁸ Hunt, “B. P. Grenfell,” 362.

¹²⁹ Hunt, “B. P. Grenfell,” 361.

¹³⁰ *Times*, 22 May 1926, 8; Milne, “Grenfell,” 285. A contemporaneous example of attributing mental illness to an underlying medical condition and extenuating circumstances is the tragic suicide of H. G. Evelyn White in Leeds in 1924. Kelsey (not a medical doctor) explained its cause to (the medical doctor) Dr. D. L. Askren: “You may not know that the trouble started with malaria which was neglected, and his nervous system was undermined. The wretched girl was unbalanced, conceived a passion for him although he avoided her in every way; at the beginning of the year she commenced writing him daily letters in each of which she declared that she would commit suicide. The poor fellow, instead of returning the letters unopened after a time, felt sorry for her, I suppose, and so continued to open them. When she did commit suicide his fine and sensitive nature so shrunk from publicity although I have never known a more high-minded man, and he was in no wise in fault—that in a moment of desperation his nerves got beyond control, and he took his own life” (F. W. Kelsey to D. L. Askren, 12 October 1924, Bentley Historical Library, Kelsey Museum of Archaeology records: 1890–2001, Francis Willey Kelsey papers 1890–1927, Box 82, Folder 6).

¹³¹ ICD-10 CDDG, 3–4.

¹³² Virginia A. Sadock and Benjamin J. Sadock, *Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry*, 8th ed. (Philadelphia: Williams & Wilkins, 1998), 475.

¹³³ Sadock and Sadock, *Synopsis of Psychiatry*, 475.

¹³⁴ ICD-10 CDDG, 112.

2.2.1. Schizophrenia

Schizophrenia (and schizophrenic disorders generally) is characterized by “fundamental and characteristic distortions of thinking and perception, and by inappropriate or blunted affect.”¹³⁵ A diagnosis may be made if at least one group of the following symptoms have been clearly present for most of the time during a period of one month or more:

1. thought echo, thought insertion or withdrawal, and thought broadcasting;
2. delusions of control, influence, or passivity; delusional perception;
3. hallucinatory voices;
4. persistent delusions of other kinds that are culturally inappropriate and completely impossible, such as religious or political identity, or superhuman powers and abilities.¹³⁶

A diagnosis can also be achieved if symptoms from at least two of the groups referred to below have been clearly present for most of the time during a period of one month or more:

5. persistent hallucinations in any modality, when accompanied either by fleeting or half-formed delusions without clear affective content, or by persistent over-valued ideas;
6. breaks or interpolations in the train of thought, resulting in incoherence or irrelevant speech, or neologisms;
7. catatonic behaviour, such as excitement, posturing, or waxy flexibility, negativism, mutism, and stupor;
8. “negative” symptoms such as marked apathy, paucity of speech, and blunting or incongruity of emotional responses, usually resulting in social withdrawal and lowering of social performance; it must be clear that these are not due to depression or medication.¹³⁷

For a diagnosis of paranoid schizophrenia, the previous criteria for schizophrenia must be satisfied, along with some of the most common symptoms of paranoia:

1. delusions of persecution, reference, exalted birth, special mission, bodily change, or jealousy;
2. hallucinatory voices that threaten the patient or give commands, or auditory hallucinations without verbal form, such as whistling, humming, or laughing;
3. hallucinations of smell or taste, or of sexual or other bodily sensations; visual hallucinations may occur but are rarely predominant.¹³⁸

The ICD-10 CDDG is extremely vague about the cause and chronicity of schizophrenia,¹³⁹ but for paranoid schizophrenia they note, “The course of paranoid schizophrenia may be episodic, with partial or complete remissions, or chronic. In chronic cases, the florid symptoms persist over years and it is difficult to distinguish discrete episodes.”¹⁴⁰

¹³⁵ ICD-10 CDDG, 86.

¹³⁶ ICD-10 CDDG, 87.

¹³⁷ ICD-10 CDDG, 87–88.

¹³⁸ ICD-10 CDDG, 89–90.

¹³⁹ “It therefore seems best for the purposes of ICD-10 to avoid any assumption about necessary chronicity for schizophrenia, and to regard the term as descriptive of a syndrome with a variety of causes (many of which are still unknown) and a variety of outcomes, depending upon the balance of genetic, physical, social, and cultural influences” (ICD-10 CDDG, 11).

¹⁴⁰ ICD-10 CDDG, 90.

2.2.2. Bipolar Affective Disorder

In mood affective disorders, “the fundamental disturbance is a change in mood or affect, usually to depression (with or without associated anxiety) or to elation.”¹⁴¹ Specifically, a bipolar affective disorder (previously termed manic-depressive disorder)¹⁴² is characterized by:

repeated (i.e. at least two) episodes in which the patient’s mood and activity levels are significantly disturbed, this disturbance consisting on some occasions of an elevation of mood and increased energy and activity (mania or hypomania), and on others of a lowering of mood and decreased energy and activity (depression).¹⁴³

The most common characteristics of a manic episode are “elevated mood, and increase in the quantity and speed of physical and mental activity” that lasts for “at least several days on end.”¹⁴⁴ In an episode of mania with psychotic symptoms:

Inflated self-esteem and grandiose ideas may develop into delusions, and irritability and suspiciousness into delusions of persecution. In severe cases, grandiose or religious delusions of identity or role may be prominent, and flight of ideas and pressure of speech may result in the individual becoming incomprehensible. Severe and sustained physical activity and excitement may result in aggression or violence, and neglect of eating, drinking, and personal hygiene may result in dangerous states of dehydration and self-neglect.¹⁴⁵

These symptoms must be present for at least one week and “be severe enough to disrupt ordinary work and social activities more or less completely.”¹⁴⁶

The most common characteristics of a depressive episode are depressed mood, loss of interest and enjoyment, and reduced energy leading to increased fatigue and diminished activity.¹⁴⁷ For a diagnosis of depression, at least two of these previous symptoms, plus at least two of the following symptoms must be present for at least two weeks:

1. reduced concentration and attention;
2. reduced self-esteem and self-confidence;
3. ideas of guilt and unworthiness (even in a mild type of episode);
4. bleak and pessimistic views of the future;
5. ideas or acts of self-harm or suicide;
6. disturbed sleep;
7. diminished appetite.¹⁴⁸

In a severe depressive episode, “the sufferer usually shows considerable distress or agitation” and “loss of self-esteem or feelings of uselessness or guilt are likely to be prominent, and suicide is a distinct danger in particularly severe cases.”¹⁴⁹ In a severe depressive episode with psychotic symptoms:

¹⁴¹ ICD-10 CDDG, 112.

¹⁴² ICD-11 CDDG (beta) and DSM-V clearly differentiates between Bipolar I and Bipolar II, with the former requiring at least one manic episode.

¹⁴³ ICD-10 CDDG, 116.

¹⁴⁴ ICD-10 CDDG, 113.

¹⁴⁵ ICD-10 CDDG, 115.

¹⁴⁶ ICD-10 CDDG, 114.

¹⁴⁷ ICD-10 CDDG, 120.

¹⁴⁸ ICD-10 CDDG, 119; 122.

¹⁴⁹ ICD-10 CDDG, 123.

delusions, hallucinations, or depressive stupor are present. The delusions usually involve ideas of sin, poverty, or imminent disasters, responsibility for which may be assumed by the patient. Auditory or olfactory hallucinations are usually of defamatory or accusatory voices.¹⁵⁰

The ICD-10 CDDG is more specific in its description of the chronicity and causes of bipolar affective disorder, than for schizophrenia:

Manic episodes usually begin abruptly and last for between 2 weeks and 4–5 months (median duration about 4 months). Depressions tend to last longer (median length about 6 months), though rarely for more than a year, except in the elderly. Episodes of both kinds often follow stressful life events or other mental trauma, but the presence of such stress is not essential for the diagnosis. The first episode may occur at any age from childhood to old age. The frequency of episodes and the pattern of remissions and relapses are both very variable, though remissions tend to get shorter as time goes on and depressions to become commoner and longer lasting after middle age.¹⁵¹

2.2.3. Symptomatic Similarities and Differences

It is difficult to differentiate between schizophrenia and bipolar affective disorder because of common symptoms in three areas: perception (hallucinations); thought contents (delusions); and mood and emotion (depression, elation, anxiety).¹⁵² For schizophrenia, disturbances of perception and thought content are most prominent.¹⁵³ For bipolar affective disorder, all three areas may be affected in severe cases, but the disturbance of mood and emotion is most prominent.

Clearly, Grenfell suffered from disordered perceptions—visual hallucinations of ghosts; auditory hallucinations of voices; and delusions of thought—that he was “Emperor of the Universe,” successor to Lord Cromer, persecuted by Mr. Boyle and his agents, and “belongs to the Secret Service & is engaged in important Government Work.”¹⁵⁴

While these two areas of disturbance are alarming, the most consistent and prominent area of disturbance—according to the medical casebooks, Grenfell, and his colleagues—was with his mood and emotions. The medical casebooks often note that he is “excited,” but the most conspicuous symptoms are those of severe depression. This is evident in his self-harm and suicide attempts, the repeated notation in the medical casebooks that he is “depressed and confused,” but also in the extensive feelings of guilt: thoughts that he was responsible for the supposed nervous breakdown of Lord Cromer; “says he ought to be in prison and that he has caused grave international complications”;¹⁵⁵ “he feels things have got in a muddle and that he is responsible”;¹⁵⁶ “says he feels that something awful is hanging over him—that he has be-

¹⁵⁰ ICD-10 CDDG, 124.

¹⁵¹ ICD-10 CDDG, 116.

¹⁵² ICD-10 CDDG, 44. See also Brand, “Assessment,” 360.

¹⁵³ ICD-10 CDDG notes that it is not uncommon in schizophrenia for individuals to experience “loss of interest in work, social activities, and personal appearance and hygiene, together with generalized anxiety and mild degrees of depression and preoccupation,” but a “diagnosis of schizophrenia should not be made in the presence of extensive depressive or manic symptoms unless it is clear that schizophrenic symptoms antedated the affective disturbance” (ICD-10 CDDG, 88). In Grenfell’s case, it appears that the “extensive depressive or manic symptoms” antedate and postdate the “schizophrenic symptoms.”

¹⁵⁴ Lunacy: Bernard Pyne Grenfell, 012–013; 7 June 1920, Oxfordshire Health Archives, OHA W/V/173/iii, 13.

¹⁵⁵ 6 February 1912, Devon Heritage Centre, ref 3992F, 366.

¹⁵⁶ 25 February 1912, Devon Heritage Centre, ref 3992F, 366.

trayed many people and nations”;¹⁵⁷ “thinks people dislike him and blame him for everything that happens”;¹⁵⁸ “thinks people have an aversion to him and that he has caused many disasters”;¹⁵⁹ “thinks people regard him as a nuisance and imply that he has injured them”;¹⁶⁰ “thinks that people are against him and dislike him”;¹⁶¹ “says he is a traitor to England, Scotland and Ireland, to the female sex and to the male sex and himself.”¹⁶²

It is significant that symptoms of mania and depression “often follow stressful life events or other mental trauma”¹⁶³ and that the medical casebooks, Grenfell himself, and colleagues (even Hunt) mention overwork as a causative factor. The overwork in question may be associated with the labor spent in preparation for and management of the dig site and workers in Egypt in 1906, the responsibility of being appointed the first Extraordinary Professor of Papyrology in Oxford and organizing the Congress of Religions in 1908, as well as purchasing and examining papyrus in Egypt in 1920. Obviously, a direct correlation cannot be made between overwork and mental illness—Hunt and Kelsey presumably worked just as hard but were not hospitalized with these symptoms.

2.3. The Effect of Grenfell’s Illness on His Collegial Relationships

The building of British insane asylums and the number of patients grew steadily in the Victorian and Edwardian era to approximately 30 people per 10,000 in 1890, yet the reasons for this influx continue to be debated.¹⁶⁴ H. R. Rollin pointedly characterized asylums at the end of the nineteenth century as “society’s dustbins” to house *bona fide* patients, as well as social misfits: those with learning disabilities, addictions to drugs and alcohol, vagrants, the aged who were a drain on their family, pregnant single women, “and anyone who by hook—and not infrequently by crook—could be squeezed into whatever the law required to be ‘certified.’”¹⁶⁵ The depiction of these asylums is bleak: overcrowded with patients and understaffed with inexperienced physicians in the nascent field of psychiatry that had few effective treatment cures to offer. Larger, country estate asylums had progressed beyond the shackled confinements of a previous era, with the expectations that an improved environment would cure the sick. Private, smaller, secluded asylums were also available to mostly middle-class patients who were able to pay. The Warneford Hospital in Oxford, for example, advertised that it catered to “mental patients belonging to the educated classes” and “the utmost degree of liberty, consistent with safety, is permitted, and amusements and occupation are amply provided.”¹⁶⁶ Despite the luxuries and manicured garden, the Warneford was still a “dustbin” that housed “lunatics,” including Grenfell, and the stigma of being a “certified lunatic” was indelible.

¹⁵⁷ 6 March 1912, Devon Heritage Centre, ref 3992F, 366.

¹⁵⁸ 2 June 1912, Devon Heritage Centre, ref 3992F, 366.

¹⁵⁹ 1 July 1912, Devon Heritage Centre, ref 3992F, 366.

¹⁶⁰ 6 October 1912, Devon Heritage Centre, ref 3992F, 367.

¹⁶¹ 1 December 1912, Devon Heritage Centre, ref 3992F, 367.

¹⁶² 8 September 1920, University of Dundee Archives, THB 29/8/6/2/16, 11.

¹⁶³ ICD-10 CDDG, 116.

¹⁶⁴ See Joseph Melling and Bill Forsythe, *The Politics of Madness: The State, Insanity and Society in England, 1845–1914* (London: Routledge, 2006), 1–12.

¹⁶⁵ See Henry R. Rollin, “Psychiatry in Britain One Hundred Years Ago,” *The British Journal of Psychiatry* 183 (2003): 292–98 (292).

¹⁶⁶ *British Medical Journal* 2974 (29 December 1917): Advertisements, 27. See also Graeme Yorston and Camilla Haw, “Old and Mad in Victorian Oxford,” *History of Psychiatry* 16 (2005): 395–421; Brenda Parry-Jones, *The Warneford Hospital Oxford, 1826–1976* (Oxford: Holywell Press, 1976), 7–24.

The happy portrait eulogized by Hunt (and often repeated) of an intimate and harmonious scientific relationship—traveling, excavating, deciphering, writing together—may be realistic only up to 1906 (and perhaps 1908). It appears that, once his 1906 certification in Egypt occurred, Hunt was unwilling to excavate with Grenfell and was perhaps even reluctant to collaborate with him. On the same day that Grenfell was certified as a “lunatic,” Hunt declared that there is “no likelihood of his being able to return to work here this season” and, looking toward the next season, that it is “quite uncertain that Grenfell could come out then.”¹⁶⁷ How was Hunt able to foresee the course of Grenfell’s illness? The following year, Hunt was again unwilling to attempt a return to Egypt, for fear that Grenfell “may insist on going also, which might be very undesirable.”¹⁶⁸ The most rancorous statements concern Grenfell’s motivation and ability to decipher papyri nearing the end of the second episode: “whether he made any use of them I don’t know”; “it appears very doubtful if he can really work at them, or if it will be a good thing, if he can”; “she would like to have a few boxes full for him to play with.”¹⁶⁹ Even one week after Grenfell’s death, Hunt admitted to Bell, “Certainly Tebtunis III must be published, but I was unwilling to do anything about this while there was still an off chance of Grenfell’s reappearance.”¹⁷⁰

Hunt’s reaction to Grenfell’s illness may be understandable in its historical context, based on the supposed chronicity of mental illness and the stigma surrounding it.¹⁷¹ S. Ramon has noted:

The portrayals of the mentally ill in popular press and literature of the 1900s was someone who was to be feared and pitied simultaneously; the prognosis for the mentally ill was much more

¹⁶⁷ A. S. Hunt to H. A. Grueber, 14 December 1906, Egypt Exploration Society Archives (London), DIST.15.26a-d.

¹⁶⁸ A. S. Hunt to F. G. Kenyon, 15 October 1908, Egypt Exploration Society Archives (London), EES.VII.f.9-1.

¹⁶⁹ A. S. Hunt to J. G. Milne, 10 December 1912, Egypt Exploration Society Archives (London), EES.XIII.e.42; A. S. Hunt to J. G. Milne, 16 December 1912, Egypt Exploration Society Archives (London), EES.XIII.e.44.

¹⁷⁰ A. S. Hunt to H. I. Bell, 26 May 1926, British Library, Add MS 71110.

¹⁷¹ Besides social stigma, other explanatory factors could have contributed to Hunt’s initial reaction to Grenfell’s illness, yet the evidence for these is minimal, and the following are merely speculative inquiries. (1) Was Grenfell aggressively violent toward Hunt, and did Blackman intervene? Blackman’s sister wrote, “How thankful I am that Dr. G. did you no personal harm, as he might have easily done” (Sister Blackman to A. M. Blackman, 23 December 1906, University of Liverpool, Special Collections and Archives, D84/1/22), and his mother stated, “What would Dr. Hunt have done if you had been a poor weak fellow without any self control or pluck? I am thankful to know how equal you were to the emergency and never lost your head” (Mother Blackman to A. M. Blackman, 24 December 1906, University of Liverpool, Special Collections and Archives, D84/1/22). (2) Was Hunt fearful that the financial liability of Grenfell’s incarceration could jeopardized the dig? Hunt wrote multiple letters to the EEF and Abbassiah Hospital to ensure that Grenfell would not have access to EEF funding and arranged for Grenfell’s mother to guarantee payment of the hospital bill (Lunacy: Bernard Pyne Grenfell, 019–021). (3) Was this episode simply the final break in a collegial relationship that was already strained by divergent personalities? In a letter to E. A. Wallis Budge in 1902, H. R. Hall noted these differences in personality, “Grenfell and Hunt were on board the *Equateur*. I like the latter very much: he is very simple and unaffected: Grenfell is opinionated, and rather the superior person; ‘Oxford manner.’ But he is all right so long as you don’t argue with him” (H. R. Hall to E. A. Wallis Budge, 1902, British Museum, Department of the Middle East, Correspondence, 345; see Mathew Ismail, *Wallis Budge: Magic and Mummies in London and Cairo* [Kilkerran: Hardinge Simpole, 2011], 353).

hopeless than the physically ill; mental hospitals were perceived as frightening places and being hospitalized removed you from ordinary life.¹⁷²

Shortly after Grenfell's death, members of parliament participated in debates on mental illness. They recognized that a stigma of fear and prejudice toward the mentally ill existed in the populace, who attributed it to heredity, which exasperated and extended the stigma. The members noted, "There is in the mind of the public great horror and shame about the name lunacy which is not confined to those who may be afflicted, but applies even more to the relatives, the wife or the husband and particularly to the children."¹⁷³ The politicians claimed to view mental illness like a physical illness that was usually curable and urged the public to adhere to this understanding of mental illness, with the assumption that this would reduce the stigma.¹⁷⁴

When Hunt reminisced about the first episode in Grenfell's obituary, he claimed that Grenfell "was never quite the same man again,"¹⁷⁵ and Hunt appears to have treated him as altogether different after 1906. Although Hunt attributed Grenfell's illness to heredity (for which a case could be made),¹⁷⁶ he also expressed frustration at Grenfell's incapacity to recover, and perhaps his own inability to understand the course of Grenfell's illness. When Grenfell was finally institutionalized at Murray's, Hunt wrote to Bell, "It is a pity that he refuses to be taught by experience and to live a more natural kind of life. It is part of the disease, I suppose. But he is encouraged by others who parrot that excuse."¹⁷⁷

Throughout his illness, Grenfell's closest collegial relationship appears to be with Crum—England's foremost Coptic scholar, who was independently wealthy, never held an official academic post, and was somewhat impervious to any social stigma attached to Grenfell. In 1920, immediately before the onset of his third episode, Grenfell spent almost a month at Crum's house in Bristol.¹⁷⁸ Crum is also the only known colleague to whom Grenfell confided his depression. In his last letter to Crum before traveling to Kenlaw House, he wrote a touching conclusion: "If I am unable to express adequately my gratitude to you and Mrs. Crum for all your efforts to keep me going, you nevertheless understand."¹⁷⁹

The deleterious effect of Grenfell's illness on his academic career is obvious. Hunt was listed as sole editor of *The Oxyrhynchus Papyri* VII–IX, since (as he often bemoaned) the absence of Grenfell forced him to work "single-handed."¹⁸⁰ Yet despite the claims in the obituaries that Grenfell's academic powers receded after 1908, it must be acknowledged that he was extremely industrious between 1913 and 1920. During the years that Hunt was away at the War Office,

¹⁷² Shula Ramon, *Psychiatry in Britain: Meaning and Policy* (Abingdon: Routledge, 2019), 46.

¹⁷³ Ramon, *Psychiatry in Britain*, 104.

¹⁷⁴ Ramon, *Psychiatry in Britain*, 104–6.

¹⁷⁵ Hunt, "B. P. Grenfell," 361.

¹⁷⁶ Dr. Munison's report indicates that he believed "Grenfell's father was at one time insane" (Lunacy: Bernard Pyne Grenfell, 037). John Granville Grenfell (Bernard's father) died in Pisa, 24 March 1897, at the age of 58 (*London Morning Post*, 31 March 1897). I have not attempted to access J. G. Grenfell's medical records, nor have I been able to locate any official documents that clearly state the manner of death—natural, accidental, homicide, or suicide.

¹⁷⁷ A. S. Hunt to H. I. Bell, 25 July 1920, British Library, Add MS 59512.

¹⁷⁸ B. P. Grenfell to F. W. Kelsey, 11 July 1920, Bentley Historical Library, Kelsey Museum of Archaeology records: 1890–2001, Francis Willey Kelsey papers 1890–1927, Box 15, Folder 3.

¹⁷⁹ B. P. Grenfell to W. E. Crum, 6 September 1920, British Library, Add MS 45684.

¹⁸⁰ A. S. Hunt to H. A. Grueber, 14 December 1906, Egypt Exploration Society Archives (London), DIST.15.26c; EEF Finance Sub-Committee Minutes, 1 March 1910: "Letters were read from Dr. Hunt 1) asking for a further grant for editing as he had worked singlehanded. It was decided to recommend that £150 instead of £100 be paid to him for editing *Oxyrhynchus Papyri* VII"; EEF Report of the Twenty-Seventh Ordinary General Meeting [1912–1913], 11.

Grenfell worked “single-handed” and was “largely responsible” for editing *The Oxyrhynchus Papyri* XII–XV, even though both were named as editors of these volumes.¹⁸¹ Grenfell was also responsible for editing more manuscripts in *The Oxyrhynchus Papyri* XVI than either Hunt or Bell, and he conducted the preliminary work for *The Tebtunis Papyri* III. At least ten of the best working years of his short life were lost to this illness, which makes his academic achievements that much more extraordinary.¹⁸² Perhaps a more accurate title for this article would be, “B. P. Grenfell: England’s Foremost Papyrologist, Oxford’s First Professor of Papyrology, A Severely Depressed Person Who Experienced Chronic Episodes of Mania and Psychosis That Disrupted His Career.”

3. Mental Illness in the Academy

I am currently researching the acquisition of ancient manuscripts in the 1920s and 1930s by the British Papyrus Syndicate—a purchasing conglomerate comprised of the British Museum, University of Michigan, University of Wisconsin, Cornell, Columbia University, Princeton, Yale, University of New York, University of Geneva, University of Oslo, and individuals such as A. Chester Beatty and Wilfred Merton.¹⁸³ The most significant purchases made by the Syndicate were organized by Kelsey (University of Michigan) and Bell (British Museum), even though it was Kelsey and Grenfell who formulated an initial purchasing agreement in Egypt in 1920. I discovered that Grenfell’s mental illness terminated any involvement in this agreement and all future academic collaborations and that previous scholarship was either unaware of its severity or purposely avoided the topic. While this silence may have been well-intentioned, it perpetuates the stigma, prejudice, and discrimination against people with mental illness. In order to counteract these deleterious social effects, it is important to acknowledge the historical realities of mental illness and its devastating consequences on individuals, even if a particular individual is the forefather of an academic discipline.¹⁸⁴ Furthermore, the mental health problems of Grenfell, and the reactions of his colleagues, elucidates a history of scholarship that can be compared with our current understanding of mental health concerns within the academy.

Every professor, instructor, or school teacher is intimately aware of the current emphasis that is placed on student mental health. Without discounting its importance, it is also necessary to acknowledge that there are significant mental health concerns within the academy. Based on age bracket alone, the suicide risk of middle-aged academics is more than twice that of their students.¹⁸⁵ In 2017, RAND Europe was commissioned by the Royal Society and Wellcome Trust to investigate mental health in the research environment by reviewing cur-

¹⁸¹ H. I. Bell and R. S. Simpson, “Grenfell, Bernard Pyne,” *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004); A. S. Hunt, “B. P. Grenfell,” *Aegyptus* 8 (1927), 114–16 (115).

¹⁸² Hunt, “B. P. Grenfell,” 363.

¹⁸³ For a brief overview of the project, see <https://era.library.ualberta.ca/items/25e131d4-3061-4ab8-9af5-3ece7e8aa750>.

¹⁸⁴ A tangential example is the biography of John Forbes Nash Jr.—a brilliant mathematician, Massachusetts Institute of Technology professor, and Nobel prize winner, who was diagnosed with schizophrenia early in his career (Sylvia Nasar, *A Beautiful Mind* [New York: Simon & Schuster, 2001]). The movie, directed by Ron Howard and loosely based on Nasar’s biography, won four Academy Awards in 2002, including Best Picture.

¹⁸⁵ Andrew Oswald, “Middle-Aged Academics Are at Greater Suicide Risk than Students,” <https://www.timeshighereducation.com/opinion/middle-aged-academics-are-greater-suicide-risk-students>.

rent scientific reports. They found that academics are among the occupational groups with the highest levels of common mental disorders (alongside social services staff and teachers), with a prevalence of 37 percent, compared to 19 percent in the general population.¹⁸⁶ Among academics who had experienced mental health problems, the most prevalent conditions were depression (75 percent), panic attacks (42 percent), and eating disorders (15 percent), but only a fraction of these problems were ever reported to university managers:¹⁸⁷

Despite the high estimates of prevalence of work-related stress and psychological distress or risk of developing a mental health problem, UK national statistics indicate that only 6.2 percent of staff disclosed a mental health condition to their university, though an estimated one in six UK working-age adults (about 17 percent) experience symptoms of mental ill health at a given time. Part of the reason for this discrepancy might be the stigma associated with mental health conditions that persists within workplaces.¹⁸⁸

Although knowledge of these mental health statistics and an acknowledgement of the prevalence of mental health concerns in the academy may not entirely remove its stigma, it does call for collective introspection.¹⁸⁹ The examination of Grenfell's mental illness and its effect on his career reminds us of the humanity of each individual scholar that exists behind their reputation, their hubris, their publication record, their truculence, or their interpretation of ancient texts. It reminds us, as colleagues, that we are all together in the same "pressure vessel" of academia, and we are each agitated to one degree or another by escalating and excessive workloads, the imposition of metric surveillance, outcomes-based performance management, increasing precarity, and insecure contracts.¹⁹⁰ It also reminds us of the fragility of each individual's physical and mental health. Perhaps an acknowledgment of these points will compel us to have empathy and compassion for our fellow colleagues, especially those suffering with mental health problems, which will be beneficial for everyone's sanity.

¹⁸⁶ Susan Guthrie et al., "Understanding Mental Health in the Research Environment," RAND Europe, 2017, 20–21.

¹⁸⁷ Guthrie et al., "Understanding Mental Health in the Research Environment," 23–24. The other mental health conditions include: self-harm 11 percent; obsessive compulsive disorder 11 percent; alcoholism 11 percent; post-traumatic stress disorder 9 percent; other mental health problem 7 percent; bipolar disorder 4 percent; drug addiction 2 percent; and schizophrenia less than 1 percent (based on the total sample size).

¹⁸⁸ Guthrie et al., "Understanding Mental Health in the Research Environment," 27.

¹⁸⁹ For an examination of current studies on the stigma associated with mental illness in the academy, see Maria Alejandra Quijada, "My Mental Health Struggle in Academia: What I Wish All Business School Faculty, Students, and Administration Knew," *Journal of Management Education* 45 (2021): 19–42 (27).

¹⁹⁰ Liz Morrish, "Pressure Vessels: The Epidemic of Poor Mental Health among Higher Education Staff," HEPI Occasional Paper 20, 13, <https://tinyurl.com/4fwwye3b>.