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*Hangover Square* by Patrick Hamilton (Mindreadings)

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SUMMARY

Patrick Hamilton’s (1904-1962) books are filled with gin and jealousy and depict obsessive desire in oppressive circumstances. His early financial success funded his heavy drinking but also allowed him to write some of the best fiction of the last century. Following a depressive illness towards the end of his short life he never wrote again, leaving his final series of novels unfinished, the villain forever escaping justice.

*Hangover Square*, set on the eve of the Second World War, tells the tense story of a man whose ambivalence for the woman he is pursuing (who has no interest in him) is manifested in two psychological states, between which he flips without warning. In one state he yearns for her, yet in the other has only one purpose — to kill her. Hamilton precisely describes a number of mental symptoms while not convincing readers of the implied diagnosis of schizophrenia. However, the similarities with a late nineteenth century French fuguer are clear and perhaps this provides a better frame for the main character’s experiences.
Patrick Hamilton, born in Sussex on St Patrick’s day, 1904, is mainly known as the author of the plays *Rope* and *Gaslight*, both later also turned into films. Less well known are the novels he wrote, in which he chronicled the minutiae of day-to-day life in and around London between the wars and brought the monotonous world of the dingy pub with its trying regulars to life. Several of his books could be seen as semi-autobiographical, often featuring aloof men drinking heavily and falling obsessively and hopelessly in love with prostitutes.

**Novelist and playwright**

Hamilton aspired to writing from an early age and was encouraged in this by his mother. Supported by his family, he settled down to writing full time, as well as becoming an expert on the inside of London’s pubs which were to supply much of the material for his later books. Hamilton’s sister Lalla, an actress, helped him find employment in the theatre, though his experience was mainly backstage. The knowledge he gained of what was practical to stage and his talent for writing were a recipe for success, beginning with *Rope*, his story of two Nietzsche-obsessed young men who attempt to commit the perfect murder. His good fortune did not last long, however, as in 1932 he was hit by a car which left him badly disfigured and with a hatred of motor cars for the rest of his life.

Despite the success of his plays, Hamilton always considered himself to be primarily a novelist. Widely considered to be his masterpiece, the three novels which make up *Twenty Thousand Streets Under the Sky* (Hamilton 1935) tell the story from the perspective of a different character. His writing matured greatly over the course of his career but also became progressively bleaker. His final series (Hamilton 1955) deals with the psychopathic Ralph Ernest Gorse as he swindles his way along the South coast. Gorse was modelled on Neville Heath, a psychopathic charmer convicted and hanged in 1946 for murdering at least one woman and who attempted to claim insanity under the M’Naghten rules (Shew 1960). Hamilton originally planned further novels...
eventually bringing the protagonist to justice. However, this planned retribution was not to occur as in 1956 he suffered from a significant episode of depression which was treated with ECT. His mood recovered but he never wrote again. Despite attempts to cut down his drinking, his health declined steadily and he died at the age of 58.

**A story of darkest Earl’s Court**

In many ways, *Hangover Square* (Hamilton 1941) shares common elements with other Hamilton novels — the oppressive atmosphere, hopeless obsession, gin-soaking, and the location. Set in London and Brighton in the last days before the Second World War, the book follows George Harvey Bone in his hopeless pursuit of Netta Longdon, “completely, indeed sinisterly, devoid of all those qualities which her face and body externally proclaimed her to have — pensiveness, grace, warmth, agility, beauty. ... Her thoughts, however, resembled a fish — something seen floating in a tank, brooding, self-absorbed, frigid, moving solemnly towards its object or veering slowly sideways without fully conscious motivation” (pp. 124-5). As if to cement her unpleasant character, privately at least, Hamilton located Netta’s flat precisely where the car hit him in 1932.

Bone’s ambivalence towards Netta is manifested in two psychological states. In one, he worships her and can think only of finding ways to ingratiate himself with her, being hurt by the inevitable rebuff. In his ‘dead moods,’ however, he slowly realises that he only has one purpose — to kill Netta and to escape to Maidenhead, where he will be safe.

**A heavy drinking man**

One of the most obvious areas of interest for psychiatrists is the role alcohol plays in the book. Much of Hamilton’s adult life was spent drinking or trying to cut down on his drinking. He never considered himself an alcoholic, preferring the term ‘heavy drinking man,’ the title he used for his unpublished memoirs (Hamilton Unpublished). His novels, too, were “saturated with,
almost drowned, in drink” (Hamilton 1972) and Bone is a heavy drinking man. Gin is his passport to interact with others and the currency with which he purchases Netta’s favour. Some of Hamilton’s most engaging writing concerns the goings on in urban public houses. This reminder of the importance of the social world facilitated by alcohol helps one appreciate the difficult decision faced someone encouraged to stop drinking for health reasons when their only social contact is in the pub.

**Bone’s illness**

Hamilton is unparalleled when describing his characters’ inner narratives – first person descriptions of subtle shifts in mood from elation to envy and murderous feelings. Indeed, his depiction of jealousy makes his personal experience of this emotion clear and, at times, the intensity of the emotion approaches morbid. These almost imperceptible moment-by-moment shifts in mood are those which a good mental state examination attempts to capture, though few of us are as gifted as Hamilton in our descriptions.

In contrast to these smooth transitions, the onset of Bone’s ‘dead moods’ come on very suddenly (suggesting they do not correspond to drunkenness and sobriety), without any warning, and often at rather tense moments of the book:

Snap! … Click! — just like that...

He was walking along the front at Brighton, in the sombre early dawn, in the deep blue cloudy not-quite-night, and it had happened again...

Click! … It was as though his head were a five-shilling Kodak camera, and someone had switched over the little trigger which makes the exposure. He knew the sensation so well, yet he never failed to marvel at its oddity (p. 165).
Hamilton’s description of these moods include some familiar symptoms. There are elements of derealisation and some of the lexical flexibility seen in schizophrenia, but his experiences retain a metaphorical quality rather than the symbolic equation of delusions (Segal 1957):

Like a camera. But instead of an exposure having been made the opposite had happened — an *inclasure* — a shutting down, a locking in. A moment before his head, his brain, were out in the world, seeing, hearing, sensing objects directly; now they were enclosed behind glass (like Crown jewels, like Victorian wax fruit), behind a film — the film of the camera, perhaps, to continue the photographic analogy — a film behind which all things and people moved eerily, without colour, vivacity or meaning, grimly, puppet-like, without motive or conscious volition of their own... A moment before his mind had heard and answered: now he was mentally deaf and dumb: he was in on himself — his mute, numbed self (ibid.).

Each time Bone changes into this alternate psychological state, he experiences a prodrome-like period with a psychotic atmosphere, before his resolve to rid himself of Netta crystallises:

Numbed and sensationless. But there was something to be done. That was the whole point — there was something to be done. Always, a little while after the shutter had fallen, he knew this. It was all most odd and obscure — odder and obscurer than usual because of the darkness, the circumstances, the time, the dim, rain-washed dawn on the Brighton front... What on earth was he doing there at such a time? (ibid.).

The book’s epigraph implies that Bone suffers from schizophrenia. However, it seems unlikely that he would attract this diagnosis today. On the other hand, it is well recognised that general usage of the word ‘schizophrenia’ diverges substantially from clinical descriptions (Woods 2011).
Dissociative fugue

While in a dead mood Bone walks long distances, once from Brighton to Portslade, and has no recollection of how he got there when he returns to his normal state. Such travels are strongly reminiscent of Albert Dadas (1860-1907), a gas company employee from Bordeaux who was the prototypical ambulatory fuguer at the beginning of the “fugue epidemic of the 1890s” (Hacking 1998, p. 10). Dadas was described in detail by Dr Phillipe Tissié in his 1887 undergraduate thesis, *Les Aliénés voyageurs*, and, more recently, by the philosopher-historian Ian Hacking:

[Dadas] became notorious for his extraordinary expeditions to Algeria, Moscow, Constantinople. He traveled obsessively, bewitched, often without identity papers and sometimes without identity, not knowing who he was or why he travelled, and knowing only where he was going next. When he “came to” he had little recollection of where he had been. (Hacking 1998, p. 7)

Hacking’s thesis is that ambulatory automatism flourished in a particular “ecological niche” and that examining such transient conditions might help us think about our contemporary classifications of mental illness (Hacking 2013). Indeed, our taxonomies still include comparable, if seldom used, diagnoses. The ICD-10 criteria for dissociative fugue (F44.1) include “all the features of dissociative amnesia, plus purposeful travel beyond the usual everyday range. Although there is amnesia for the period of the fugue, the patient's behaviour during this time may appear completely normal to independent observers” (WHO 1992).

Concluding remarks

No one captured the drudgery and distress of day-to-day life in mid-twentieth century Britain better than Patrick Hamilton. He is, in my opinion, one of the best writers of the last century and
deserves to be widely read. Thankfully, due to print-on-demand technology, almost all his books are once again in print and one can only hope that his unpublished memoirs and other papers will soon follow.
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