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## Original Articles

### SOME ASPECTS OF THE "MORAL TREATMENT" OF THE INSANE UP TO 1854\*

By

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I SHOULD like to congratulate the Council of the Section on their decision to devote an evening to a historical subject. I cannot, I fear, congratulate them on their choice of a speaker, for I have done no more than scratch the surface of a very obvious period in the history of psychiatry. However, any sort of historical paper must be better than none, for as far as I have been able to ascertain no such paper has ever been read in this Section, with the exception of the Presidential Address delivered by the late Dr. Hubert Norman. Until a few months ago, exactly the same was true of the Section of the History of Medicine, but in recent months we have had two welcome and refreshing papers by Dr. Burns and Dr. Zelmanowits. We have had, too, the brilliant Maudsley Lectures by Prof. Lewis and Dr. Rees Thomas. Perhaps we may take it that these are signs of a renewed interest in the history of our specialty. I am sure that no branch of medicine needs it more.

I want to read to you two passages written within twenty years of each other, round about the turn of the 18th and 19th centuries. For the moment I shall not disclose their authorship; I will only say that the work from which one is taken is as famous as the other is obscure:

"Here all unnecessary confinement is avoided. The physician having prescribed a diet adapted to the state of the body, we endeavour to second his purpose by presenting objects of amusement, directing the attention and humouring the imagination in those little sallies which sometimes indicate a desire of mental exertion. Exercise, when they will bear it, is given to them; and every appearance of restraint avoided. Coercion is never used but when absolutely requisite and is abandoned as soon as possible. Every indulgence, as far as is consistent with physical and medical operation, is allowed; and it will not be wondered at that, treated as a rational creature, with attention and humanity, amused and managed with art, the patient should regain his rational faculties, recur to his former habits and gradually become himself again."

And here is the second passage:

"A young girl who had been admitted in a state of stupor and near-idiocy, brought on by private frustrations and sorrows, had recovered and was now physically well-nourished. During her convalescence however she obstinately refused to do any work; so as a punish-

\* Read at a meeting of the Section of Psychiatry of the Royal Society of Medicine, 9 February, 1954.

ment the superintendent had her taken down to the lower courts with the deteriorated patients; but she seemed to make light of this kind of repression, and did nothing but jump about, dance and mock at everything. So a special corset with straps was applied to her, exerting a moderate backward pull on her shoulders. She braced herself at first and stood the ordeal for a whole day; but in the end the coercion she was suffering made her beg for mercy, and from then on she consented to apply herself to needlework. Whenever she was inclined to slacken she was laughingly reminded of her 'little velvet waistcoat' and she at once became tractable."

I think you will agree with me that these passages are worth reflecting upon. They were written, as I have said, within twenty years of each other; but the first passage is the earlier, not as one might expect, the later of the two. And now the authors. The first passage is by Faulkner, the obscure proprietor of a private madhouse, writing in 1789; and the application of the "little velvet waistcoat" to a convalescent girl who would not work was carried out by the great liberator, Pinel himself.

I have brought forward this paradox in order to support a plea for a re-examination and reassessment of the literature, tendencies and teachings of the period. The prevalent conception of the century from 1754 to 1854 is a somewhat naïve one, conceived too much in terms of black and white, of enlightenment and obscurantism, of hero and villain. I believe that these contrasts were much less violent and progress much more irregular; that good and bad existed together in those who have been canonized as reformers and in many of those who have not.

To begin with, the idea of universal barbarity in England in the late 18th century is at variance with certain facts well known in literary history, though neglected by medical historians. I have in mind William Cowper's voluntary stay in 1763 at Nathaniel Cotton's "Collegium Insanorum" at St. Albans,\* which he left with feelings of the utmost gratitude and friendship, and Charles Lamb's six weeks spent "very pleasantly", as he says, in a madhouse at Hoxton. In 1796, the year of the opening of The Retreat, Mary Lamb entered the same house after her act of matricide. One must note that she was never put on trial, much less did she have to undergo the test of the McNaghton rules; a simple verdict of "lunacy" returned by the coroner's jury was enough to exempt her from capital punishment, and a little influence on the part of her brother's friends resulted in her being handed over to his care. Mary, of course, returned again and again to the madhouse, sometimes indeed weeping and carrying her strait-jacket with her; but no mention of cruelty or ill-treatment of her is to be found in the writings of Lamb himself or his biographers.

There is then nothing to suggest that either Cowper or the Lambs were subjected to barbarous treatment. How valuable if we could have had an account of their illness from the doctors who treated them! But we do possess a number of contemporary works dealing with the treatment of mental disorder in England, and these I believe have been badly neglected as sources of information. I propose to take down from the shelves some of those which seem to me the most significant for the study of what was for long called the "moral" treatment of the insane. For want of time and learning I must confine myself to England, with an occasional excursion to Scotland and France.

#### THE MEANING OF "MORAL"

First a word about the term "moral". Since today we use the term almost entirely in the sense of "ethical" it is hard to believe that "moral treatment" was not necessarily synonymous with kind or humane treatment. The word

\* This was the year in which a Committee of the House of Commons enquired into the state of the private madhouses.

“moral” was taken in its much broader sense of “psychological” as opposed to physical; I believe this use is really a gallicism, for up to the translation of Pinel’s work, treatment other than medicinal is always called “management”, but after 1806 we hear of “moral management” and “moral treatment”; up to about 1840, however, severe and mild methods are described indiscriminately under this heading; it is only later that some authors claim to use “moral treatment” as *opposed* to coercion.

I may perhaps allow myself a further digression to remind you of yet a third meaning of the word “moral”—that which was in the mind of James Prichard when he introduced the diagnosis of “moral insanity”. In this context the term moral was meant to be equivalent to that of “affective-conative”, as opposed to cognitive or intellectual. Sir David Henderson has pointed out that much of what we now call manic-depressive psychosis was included under “moral insanity” by Prichard; I would go further and suggest that all or nearly all of his cases were either manic-depressives or obsessionals. Prichard expressly states that in his view affective and conative abnormalities are inseparable:

“Propensities are so nearly allied to passions and emotions that they are generally referred to the same division of the faculties. In my classification the disorders of affection or feeling, as well as those of the active powers or propensities, are comprehended under one head to which the designation of Moral Insanity is given.”

Many of his cases were frank manic-depressives:

“The most frequent forms of the disease are those which are characterized by the kind of excitement already described or by the opposite state of melancholy dejection.”

It will be remembered that at the time the term “monomania” was used for melancholia accompanied by a single fixed delusion, and Prichard remarks:

“The state of the feelings in monomania and moral insanity is the same; monomania is only moral insanity with the addition of disorder affecting the understanding or the rational powers.”

He goes on to speak of “that variety of moral insanity which consists in undue excitement, a disposition to boisterous mirth, wildness of conduct and deportment”. He includes also cases of “impulse to commit some atrocious act—an impulse resisted by reason and confessed with grief and alarm”—presumably arising in depressives or obsessionals. I can find little to support the notion that he described the “moral defective” of later years or the “psychopath” of today.

#### BATTIE AND MONRO

I now open my source-book at the year 1758 when William Battie, physician to the then newly-established St. Luke’s Hospital wrote his *Treatise on Madness*. This work was held to imply a criticism of the practices of the senior hospital, Bethlem; so before the year was out the physician to Bethlem, John Monro, countered with his *Remarks on Dr. Battie’s Treatise*, and we may take the two works together.

Both authors are convinced of the importance of “management”.

Battie says:

“The regimen in this is perhaps of more importance than in any distemper. It was the saying of a very eminent practitioner in such cases that management did much more than medicine; and repeated experience has convinced me that confinement alone is often-times sufficient, but always so necessary, that without it every method hitherto devised for the cure of madness would be ineffectual. Madness then, considered as delusive Sensation unconnected with any other symptom, requires the patient being removed from all objects that act forcibly upon the nerves, and excite too lively a perception of things, more especially from such objects as are known causes of his disorder; for the same reason as rest is recommended to bodies fatigued, and the not attempting to walk when the ancles are strained.

"The visits therefore of affecting friends as well as enemies, and the impertinent curiosity of those, who think it pastime to converse with madmen and to play upon their passions, ought strictly to be forbidden.

"Every unruly appetite must be checked, every fixed imagination must if possible be diverted. The patient's body and place of residence is carefully to be kept clean: the air he breathes should be dry and free from noisom steams: his food easy of digestion and simple, neither spirituous, nor high seasoned and full of poignancy: his amusements not too engaging nor too long continued, but rendered more agreeable by a well timed variety. Lastly his employment should be about such things as are rather indifferent, and which approach the nearest to an intermediate state (if such there be) between pleasure and anxiety."

Monro is more explicit as to his attitude towards his patients:

"Great art should be made use of in breaking all ill habits, and they should be checked, if their conversation runs too much on one subject. The physician should never deceive them in anything, but more especially with regard to their distemper; for as they are generally conscious of it themselves, they acquire a kind of reverence for those who know it; and by letting them see, that he is thoroughly acquainted with their complaint, he may very often gain such an ascendant over them, that they will readily follow his directions. They should be accustomed to obey, and though talked to kindly, it should still be with authority. They should be used with the greatest tenderness and affection, nor, were it possible to prevent it, should their attendants ever be suffered to behave otherwise to them; when they do, they betray their trust; much less should they on any account endeavour to make them do what is required by frightening them, for though they may sometimes compass their ends by such means, it is never without danger, and has often added to the misery of the unhappy patient.

"It is likewise a good general rule not to permit their friends to visit them, but would those, who intrust their relations to our care, put so much confidence in the physician, as to let him judge the propriety, it need not be always rigorously observed; there are times, when such visits are highly detrimental, yet they may be sometimes permitted without any bad consequences, and I have frequently known them of service; but all this should be submitted to the judgment of the physician; who, if he has that honour and humanity he ought to have, will act as much like a friend as a physician in such deplorable cases.

"I should scarce have thought it worth while, under this head, to have mentioned cleanliness as a necessary article, since nothing but the most gross and unpardonable negligence, can leave any one to suffer by the want of it, in this, or any other distemper.

"With regard to management, it is sometimes of consequence to know the cause of the disorder; not so much to direct us in the choice of medicines, as in the manner of conducting ourselves towards the patient: everyone is not to be accosted in the same manner, some are to be commanded, others are to be soothed into compliance, but we should endeavour in every instance to gain their good opinion. It is impossible to be so full on this subject, as not to leave many things unsaid; much will depend upon the care and attention of the physician, whose method must vary according to the complaints of his patients; in this branch, neglect or ignorance will admit of no excuse: and I am very sure that management has not yet reached the perfection of which it is capable."

Battie, rather tentatively, suggests a specific form of psychotherapy derived from the classics:

"As to the seventh class of remoter causes, viz. tumultuous and spasmodic passions, such as joy and anger, in case the patient is not in immediate danger of his life, nothing of any great consequence is to be done at first; in hopes that these passions and their muscular effects, will as they are frequently known to do, subside of themselves. But, whenever *anceps* remedium is the indication, after sufficient depletion and diminution of maniacal pressure thereby occasioned, we must have recourse to the specific, that is to the unaccountably narcotic virtues of the poppy. If any one particular passion seems to engross the man or continues beyond its usual period, in such cases the discretion of the physician must determine how far it may be advisable or safe to stifle it by a contrary passion. I say safe, because it is almost impossible by general reasoning to foretell what will be the effect of fear substituted in the room of anger or sorrow immediately succeeding to joy.

"When the ninth class of remoter causes demands our care, viz. unwearied attention to any one object, as also love, grief and despair; any of these affections will sometimes be annihilated by the tumultuous but less dangerous and sooner subsiding passions of anger or joy. But, if such instantaneous alteration from one extreme to the other appears either not feasible or too shocking to be attempted with safety; bodily pain may be excited to as good a purpose and without any the least danger. It being a known observation, though as much out of the reach of human reasons as most others which occur in the animal economy, that no two different perceptions can subsist at the same time any more than the two different species of morbid muscular action, viz. the convulsive and the constrictive. Therefore vesicatories, caustics, vomits, rough cathartics, and errhines, may be and in fact often are serviceable inasmuch as they all relieve and divert the mind from its delirious attention, or from the bewitching passions of love, grief, and despair."

To which Monro replies with derision:

"And if notwithstanding these judicious applications the case should still prove obstinate, the physician is then to determine, how far it may be safe to substitute fear in the room of anger, or make sorrow succeed to joy! The first, I am certain, is dangerous, and the last contradictory to common sense: a surgeon might as well pretend, that to break a man's arm was the most effectual cure for a broken leg.

"The doctrine of substituting one passion for another is of a very ancient date, but I will never subscribe to the errors of antiquity, in opposition to experience, reason and common sense. It has indeed been known that fright and passions of the mind suddenly excited, have produced very good effects in some cases; but we are not from thence to conclude, that they ought to be prescribed; for were the history of their good and bad effects fairly led before us, we should see the balance greatly on the side of the latter."

But Battie, I think, has the last word in this remarkable foreshadowing of a more modern therapy:

"Although it would be no easy task to persuade or even to force any person, whether a lunatic or not, who has long indulged in idleness, to put his body in motion; nevertheless this state of inactivity may be artificially broke by vomits, rough cathartics, errhines, or any other irritating medicines: which in this case therefore answer more than one intention, and not only discharge or dislodge the delirious load of stagnating fluids, but also by their convulsive influence upon the muscles of the abdomen and indeed upon every animal fibre of the agitated body crowd as it were a great deal of exercise into a small portion of time, and that without the consent of the patient, or even the trouble of contradicting his lazy inclinations."

#### WILLIAM PERFECT

From this early controversy, in which we shall probably take sides according to our present inclinations, I pass to one of the most significant of 18th century authors, William Perfect, of West Malling, an early member of the Medical Society of London. His *Annals of Insanity*, first published in 1787, contains careful clinical descriptions of over 100 cases, and was warmly praised by Pinel, whose only criticism was that Perfect had not ventured to build up his observations into any kind of system.

Among Perfect's cases is an almost certain one of G.P.I. and several of schizophrenia. His treatment was mostly medicinal (including electric shocks!) and he has little to say about moral management, but the following lines from his preface may be quoted:

"Humanity has taught the author of the following pages, to treat all those, who through the severity of their afflictions, have been placed under his care, with the most complacent assiduity; and whenever he has been obliged to use a different plan, it has been with regret and reluctance; notwithstanding he was convinced of the necessity there was to adopt such measures."

In reading his cases one is enormously impressed by his resourcefulness in medical treatment and his assiduous watchfulness of the day-to-day progress of his mostly acute patients. If his instructions were really carried out as he describes them, he must certainly have had a skilled and devoted staff under his control.

In one case he liberated from his chains a maniacal patient confined in a workhouse:

"In the year 1776, the parish officers of Frindsbury applied to me for advice in the case of a maniacal patient confined in their workhouse. This unhappy object had been very desperate and had committed many acts of outrage and violence; was naturally of strong, muscular shape, and rendered much stronger by his present complaint. He had overpowered almost everyone before they could properly secure him, which was now effected in a very extraordinary manner. He was fastened to the floor by means of a staple and iron ring, which was tied to a pair of fetters about his legs, and he was hand-cuffed. The place of his confinement was a large lower room, occasionally made use of for a kitchen, and which opened into the street; there were wooden bars to the windows, through the spaces of which continual visitors were observing, pointing at, ridiculing, and irritating the poor maniac, who thus became a spectacle of public sport and amusement.

"I was requested to take him immediately home to my house; but as the poor wretch was in a highly infuriate state, and that in great measure occasioned by the unsuitableness of his

situation, my advice was to take off his shackles and secure him in a strong strait-waistcoat . . . it was also my advice to have a small hovel built for his solitary residence, in the most remote part of the premises at a distance from the workhouse, and to prohibit all persons from going near enough to converse with him, but those who should be appointed to the charge of attending him. Proper attention being paid to his person and diet, in a few weeks the patient entirely recovered his reason; and begging hard to be released from his confinement, after I had been again consulted, it was granted, when he quietly and regularly returned to his labour and employment; and I have not heard of his having had any relapse."

Now Pinel must have read Perfect's work shortly after its appearance, and it is not fanciful to suggest that this case may have influenced him in his own actions a few years later; at any rate we know that Pinel gave much thought to the lessons to be derived from individual cases; we know also that Pinel adopted from Perfect at least one form of treatment, the use as a remedy of soft drinks—"les boissons acidulées ou émulsionnées" to which we may even think he attached somewhat exaggerated importance.

#### FAULKNER

Perfect was of course connected with a private madhouse, and so one may suspect an element of self-advertisement in his book. We now come to the small booklet, written in 1789 by one Benjamin Faulkner from which my first quotation was taken. He is sometimes mentioned as a medical authority, but he was in fact merely the lay proprietor of a private madhouse, and his booklet entitled *Observations on the General and Improper Treatment of Insanity* is an unabashed invitation to the public to patronize his house rather than any owned by recognized mental specialists. Writing immediately after King George III's recovery from his first attack of mania, he is echoing the current controversies between the supporters of Willis and those of non-specialist physicians.

"In whatever way, therefore, the mind may be affected, let the friends of the patient avoid this indiscreet and indecent precipitancy. If it be found necessary to call in a physician, let them not imagine that the knowledge necessary to treat this disorder, is confined to a few individuals. Let them consult a FORDYCE, a BAKER, a WARREN, or a REYNOLDS; men whose knowledge cannot be surpassed, whose integrity is unimpeachable, and who can derive no advantage from the local situation of the afflicted.

"If, for family convenience, a necessary change of air, or quiet retirement, any of these gentlemen advise a removal to a house appropriated to the reception of such patients, they will mention some free house, by which is to be understood a house into which any physician may be called, where any friends may visit, and where the patient is attended by those who can only follow the directions of his physician, whose best advantage results from a speedy cure; a house pleasantly situated, and so managed as to create no horror in the mind of the patient.

"My having kept such a house several years, with a degree of reputation flattering to myself, and useful to society, may prompt me to speak with fervour, but it enables me to speak with truth and candour, and to point out to the public the alarming consequences arising from the too common method adopted respecting the insane, and adding so considerably to their numbers."

Was Faulkner sincere? Was his house as good as, say, Nathaniel Cotton's, or his claim mere advertising humbug? Perhaps this point is not very important. If hypocrisy is the tribute that vice pays to virtue, then the writings of hypocrites tell us what virtues are in general esteem and so are considered worth paying tribute to. That Faulkner should have advertised his house in those particular terms shows that there was already at the time a demand—though not yet an insistent demand—for humane care and active treatment.

#### ANDREW HARPER

We find what seems a more genuine profession of humane principles in a medical work of the same year. *A Treatise on the Real Cause and Cure of*

*Insanity* by Andrew Harper. Harper writes as a physician who presumably had no in-patient beds at his disposal. He therefore advocates home treatment, and gives the following advice:

"The third indication, which is to diminish the acuteness of sensorial modulation and nervous motion, by procuring sedative effects, is obtained by means of exercise, change of air, *licentia veneris*, the warm bath, music and sleep. All these have a powerful tendency to take off mental irritation, and consequently to remove, or lessen the aptitude to paroxysms.

"The degree of exercise should be very considerable and ought to be continued regularly till it occasions lassitude and hunger.

"Moderate *licentia veneris* is particularly calculated to compose the mental faculty, and its propriety is obvious in different points of view.

"The warm bath, or semicupium, as a gentle relaxant, may be used now and then, especially if the skin be dry and the habit tense.

"The aid of music, particularly that kind which is most agreeable to the patient, should be employed, as it opens the secretions, and by harmonizing the movements of the mind, gives the nervous power a gentle, nervous impulse. Yet if the patient has been excessively fond of music, it might, in that case, possibly be hurtful, by reason of its being too consonant to the morbid train of ideas, or the prevailing mental note."

He goes on to state his general principles:

"The custom of immediately consigning the unfortunate victims of Insanity to the cells of Bedlam, or the dreary mansions of some private confinement, is certainly big with ignorance and absurdity. This practice, 'tis true, may answer the purpose of private interest, and domestic conveniency, but at the same time it destroys all the obligations of humanity, robs the sufferer of every advantage, and deprives him of all the favourable circumstances which might tend to his recovery. I am very positive that Insanity may be cured with great certainty and expedition, in the beginning, and I am equally convinced that confinement never fails to aggravate the disease. A state of coercion is a state of torture from which the mind under any circumstances revolts. In the worst cases, where some sort of restraint is indispensably necessary, the patient's hands should only be muffled or manacled, and the whole range of an undarkened room should be assigned for his use. Confinement thwarts every salutary purpose, and defeats every effort which nature makes. If it were possible to give full scope to the extravagant humours and excentric vagaries of incipient Insanity, I can conceive it very probable that the mind would pursue the fantastic delusion, through the path of distracted ideas, till the power of mental action being spent, and the corporal system materially changed, the tumultuary motions would consequently cease, and the calm serenity of established reason resume its natural influence."

Though somewhat conjectural, this is, as Aubrey Lewis says, indeed admirable doctrine for the times.

#### WILLIAM PARGETER

Pargeter published his *Observations on Maniacal Disorders* in 1792. He, too, professes humane principles, and he has his own views on the madhouse problem, very much the opposite of Faulkner's:

"The subject of private mad-houses requires some consideration. The conduct of public hospitals or institutions, for the reception of lunatics, needs no remark; the excellence in the management of them, is its own encomium. We will consider private mad-houses then, as kept and superintended by two different descriptions of persons. First there are those houses which are under the immediate inspection and management of regular physicians, or other medical men, or clergymen. Secondly, those houses which are under the direction and care of men, who have just pecuniary powers sufficient to obtain a licence, and set themselves up keepers of private mad-houses; assuring the public, in an advertisement, that the patients will be treated with the best medical skill and attention, &c. when at the same time they are totally devoid of all physical knowledge and experience, and in other respects extremely ignorant, and perhaps exceedingly illiterate; and probably without one qualification for so important an undertaking. It will not admit of a moment's hesitation therefore, to which of these two characters we would entrust an insane friend. In the care of the first description of men, we may reasonably, and I will venture to say, securely trust, that the afflicted will be judiciously and tenderly treated and also managed by servants selected and instructed with such judgment, as will make them zealous of their own character and reputation, as of the honour of their employer. In such hands we may place an implicit confidence; and a perfect assurance, that in such an abode dwells nothing offensive or obnoxious to humanity—here, no greedy heir, no interested relations will be permitted to compute a time for the patient's fate to afford them an opportunity to pillage and to plunder. But such dwellings are the seats of honour—courtesy—kindness—gentleness—mercy, and whatsoever things are honest and of good report.

But in those receptacles for the unhappy maniacs as are mentioned in the second place, it cannot be supposed that any very great advantage in favour of the patient can be hoped for, or obtained; when compassion, as well as integrity, in those houses, is oftentimes to be suspected: this truth is as notorious as it is lamentable."

Pargeter gives management the first place in the cure of insanity, and he emphasizes a principle which we shall meet again and again—that of obtaining what was called an "ascendancy" over the patient; sometimes this was understood as an influence gained by peaceful means, but this was not always so, and the two motives of humanity and "ascendancy" are heard in uneasy counterpoint for many years to come. This is how Pargeter himself puts it:

"The chief reliance in the cure of insanity must be rather on management than medicine. "The government of maniacs is an art, not to be acquired without long experience and frequent and attentive observation. Although it has been of late years much advanced it is still capable of improvement. As maniacs are extremely subdulous, the physician's first visit should be by surprise. He must employ every moment of his time by mildness or menaces, as circumstances direct, to gain an ascendancy over them, and to obtain their favour and prepossession. If this opportunity be lost, it will be difficult, if not impossible, to effect it afterwards; and more especially, if he should betray any signs of timidity. He should be well acquainted with the pathology of the disease—should possess great acumen—a discerning and penetrating eye—much humanity and courtesy—an even disposition, and command of temper. He may be obliged at one moment, according to the exigency of the case, to be placid and accommodating in his manners, and the next, angry and absolute."

Pargeter prides himself on his knack of subduing the patient by "catching his eye" at the moment of their first meeting, and this was also used by Willis, though Haslam, as we shall see, held all such devices in contempt.

#### FRANCIS WILLIS

Of Francis Willis, who attended George III in the winter of 1788-89, it was claimed that

"his countenance, usually affable and smiling, changed completely when he first cast his eyes upon a patient; he at once commanded the patient's attention and respect and seemed to penetrate into his heart and read his thoughts; thus he acquired a dominion which he used as a means of cure; but however much awe he might inspire, his patients always came to love him in the end."

Unfortunately our only source of information about the methods he used at his establishment in Lincolnshire is an article written by a foreign physician (perhaps De la Rive) and based on information given by two former patients. Hence we cannot really be certain whether he had as many as 200 patients farmed out in neighbouring villages, or whether the keepers were really encouraged to hit back *sans scrupule* at patients who attacked them.

"In this state the mind is almost detached from all outside objects. One must therefore help the patient by means of strong stimuli, so as to fix his attention, for thus he is enabled to recover, first momentarily and then habitually, the power to direct attention at will; fear also causes him to reason correctly from effects to causes, from past to future."

Willis claimed to cure nine out of ten cases placed under treatment within three months of onset, though this was explained away later by his great-nephew, also named Francis Willis, as referring only to disorders of the same type as the King's—"febrile mental derangement" as he called it. I must perforce refrain from touching on the question of Willis's management of the King, mentioning only that no full psychiatric account of George III's illness has been written since Isaac Ray's article in 1845.

#### THOMAS ARNOLD

We are on much more certain ground with Thomas Arnold of Leicester, well known for his work *On the Nature, Kinds and Causes of Insanity*—an



inveterate drawer up of schemes and categories, says Lewis. But he was also the author of a smaller work entitled *Observations on the Management of the Insane and particularly on the Importance of Humane and Kind Treatment in Effecting their Cure*. This was issued in 1809, but was based on over 40 years of practice at his own house, Belle Grove, and at the Leicester Asylum, founded in 1794. Like everyone else he uses mild coercion, but "with great judgment and caution, with a sparing, not a liberal hand". Ascendancy is to be gained by "determined authority as over children, not by severity, as over brutes". The patients should be well fed. Refusal of food is counteracted by well-invented plans, able management, importunate persuasion and endless perseverance. "We should yield in some measure to their insane propensities, while we are unwearied in our assiduity to draw them insensibly from them. We should spare no pains to gain their esteem and confidence; exercise, amusements and occupation are to be provided."

I can find little to choose between Arnold's methods and those claimed for the York Retreat, and I am not surprised that they should be coupled together in De la Rive's report, to be mentioned presently.

#### THE RETREAT

In the same year that the article on Willis appeared in the *Bibliotheca Britannica*, The Retreat at York opened for the reception of patients, and two years later the same publication printed a long letter from Dr. De la Rive, of Geneva, describing what he had seen on a visit there. De la Rive sets out to communicate "new facts and new means" on the subject of "the moral part of the treatment of the insane". It is not long, he says, since treatment was conducted with a shocking barbarity; but this will soon be abolished by a policy more enlightened and more humane, since experience has shown that a system of mildness is the surest means of restoring the patient's understanding.

As examples of establishments where these new principles are practised he again mentions that of Willis, and next that of Arnold at Leicester. These, however, were not available to the poor and for this reason the "respectable Society of Quakers" had lately endeavoured to remedy these ills, as far as its members were concerned, and to secure for them "all the resources of art and all the comforts of life compatible with their station". He had visited The Retreat in the company of Dr. Fowler, whom he calls the directing physician, and there follows a brief description of the visit, which is too well known to need quotation here. He then digresses into a long disquisition on mental disorders in general before returning to moral treatment. Although he began by praising a system of mildness, he now, in describing his visit, mentions with approval the use of fear and the necessity for authority and restraint; next come rewards and punishments judiciously distributed and the need for acquiring both ascendancy over the patients and their confidence. This serves to introduce the superintendent (George Jepson) who "appears to acquit himself very well in his office"; but De la Rive at once goes on to contemplate and commend the seclusion-rooms and the improved and humane means of restraint employed.

"On the contrary, when he shows them that he knows the depth of their disease, he acquires an absolute dominion over them. Tho' authority be ever so necessary, it must however be tempered with kindness and tenderness: they generally feel a lively gratitude towards those who are interested about them. In large institutions, such as that of Dr. Willis, each patient has a keeper charged with exercising punishments, while the chief of the family dispenses favours and consolations. But this well contrived plan is very expensive, and in

the Institution of the Quakers near York, it was necessary to adopt other means. The person who has the chief care of the moral treatment of the patients is the superintendent of whom I have spoken: he is a well informed man, and appears to acquit himself very well in his office. In the galleries both above and below stairs are ranges of small lodging rooms. On the ground floor, there are cells in which the maniacs are confined in their fits of fury, during which time their liberty would be dangerous. A small window gives them light, of which they can be deprived at pleasure: a little door which opens to the outside, gives their keepers an opportunity of observing them, without their being able to perceive it. The only furniture of these neat and wainscotted rooms is a bed and a chair. The doors of the galleries have neither chains nor bolts. Thro' a proper regard to these distempered imaginations, which are but too much alarmed, everything which would recall the idea of a prison has been avoided. The locks have the appearance of common locks but they are made with a spring; and in pushing the door without noise, it shuts as with a key. This small attention spares the captive a painful humiliation.

"Is the patient arrived at such a pitch of fury, that he would be in danger of hurting himself, it is then necessary to prevent him from using his strength, and to put on the strait jacket. In cases wherein his agitation is extreme, he is laid upon his bed in a horizontal position, with his head raised. This method has some inconvenience, which might be easily remedied. It has been observed that the situation of the patient is frequently made worse, when he is placed in a horizontal position. At Bedlam it has been remarked that, during the fits of fury, many maniacs have appeared to avoid this position carefully: if they feel themselves secured in bed, they endeavour to sit, and refuse to lie. We make no point of keeping maniacs in a horizontal position; they are more frequently allowed to walk in the day time. These beds of which there are but two have some resemblance to chests, about a foot deep, the sides of which are occasionally stuffed with flocks or straw. But in endeavouring to keep the patient in entire dependance, everything which could convey any idea of terror, has been carefully avoided. He is not fastened with cords, nor bound like a criminal. Two strong bandages are nailed to the floor and pass under the bed without his perceiving them: on the back of the waistcoat are two buckles which receive these bandages; the patient is in this manner more or less secured and has power at the same time to turn himself to the right or to the left. The feet are secured in like manner. He is thus kept under the greatest restraint, without appearing to be so. He is retained in bed by a kind of enchantment. He does not hesitate to acknowledge that he is at the discretion of those who surround him. This necessity which presses him on all sides soon subdues the most furious and malicious inclinations. An easy and ingenious method is made use of to keep him in a state of cleanliness, and remove every object of disgust, the effects of which might be hurtful in humiliating the patients, and in destroying the ideas of decency. This is the severest punishment that they employ, it is seldom that they have occasion to prolong it.

"The other part of the moral treatment consists in the use of agreeable and remunerative means. As soon as the patient is quiet, as soon as he is come to himself, they release him from restraint, they permit him to go out of his room, to walk in the open air once or twice (or oftener) a day, in a large court, surrounded by a wall. If he behaves well, he is preferred to a chamber on the first floor: this is a kind of honourable promotion, which excites his emulation. These rooms, larger and more agreeable than the cells, and provided with more furniture, display throughout the picture of neatness. This neatness is so much more important in this case, as it has attached to it the ideas of order, decency, happiness and respect both for ones self and others. Most of these rooms however shut like the cells; the windows are not grated, but the panels are small; and I was much astonished in observing that the frames which I had taken at a distance for wooden frames, by their colour and form, were of cast iron: the windows themselves so that the patient, without any appearance of restraint, has no means of escaping. The air is renewed by the windows being opened at the ends of the galleries. When the doors are open the air has a free course quite thro' the building.

"The favours that are granted to the patients if they behave well, consist in seeing their relations, visiting their friends, and visiting each other, walking about the house and gardens freely: for the greater safety of the neighbourhood, they are never permitted to go out of the enclosure without a guard.

"As soon as the patients are well enough to be employed, they endeavour to make them work. The women knit, sew, make beds, sweep the rooms, and the men do works of straw and twigs and other works of ingenuity according to their different capacity.

"The superintendent had made an experiment a few days before, which had answered very well. The house is surrounded by some acres of land which belong to it, he had undertaken to make the patients cultivate this land, giving to each a task proportioned to his strength, he found that they were fond of this exercise, and that they were much better, after a day spent in this work, than when they had remained in the house, even when they had had the liberty of taking a walk. Whilst at this work, they are always attended by some overseers. I went to see them at work; there were about 12 or 15 in number, and they appeared as content and satisfied as their condition would allow. This method of employing insane persons in cultivating the land, to cure them, is not new. Dr. Gregory relates that a farmer in the North of Scotland had acquired great reputation in the art of curing Insanity. He did not understand medicine; but he was a man of good sense, very vigorous and brutal enough. His method consisted simply in employing his patients in cultivating his land. Some served him for husbandmen, others for

beasts of burden; he yoked them to his harrow and plough, after having reduced them to the most complete obedience by whipping, which he gave them on the first act of rebellion.”

“By these methods and some pharmaceutick remedies, Dr. Fowler told me that he had the happiness of restoring to their families many of the insane persons confided to his care.

De la Rive concludes with a paragraph which should be quoted in full:

“You see, that in the moral treatment, they do not consider the patients as absolutely deprived of reason, that is to say, as inaccessible to the emotions of fear,\* hope, sentiment and honour. They consider them, rather it seems, as children who have a superfluity of strength, and who would make a dangerous use of it. Their punishments and rewards must be immediate, because anything at a distance has no effect upon them. A new system of education must be adopted, to give a new course to their ideas: at first they must be subjected; afterwards encouraged, taught to work, and this work rendered agreeable to them by attractive means.”

I should explain here that at the time this was written not more than 30 patients had been admitted to The Retreat since its opening, of whom only 8 were recent cases, and about 5 had been discharged. One could, therefore, hardly expect anything like a recognized practice to have been established yet. In general, however, De la Rive’s impression seems to have been that The Retreat aimed at providing treatment equal to the best in the land, but that nothing really revolutionary was being attempted. This is borne out by the terms of the Resolution by which The Retreat was founded, and in which its object is stated to be to avoid the necessity for members of the Society of Friends to be “committed to the government of persons of other Societies by which means the state of their minds is rendered more dissatisfied and uncomfortable”.

We may next ask whether in fact The Retreat did at any time practise methods of intimidation. Samuel Tuke in his famous *Description of the Retreat* published in 1813, gives in an appendix several extracts from De la Rive’s letter, and at the words “At first they must be subjected,” he has a footnote, “If this maxim was ever acted upon at the Retreat, it is now in great measure exploded.”

In the body of the work his views on fear and coercion are clearly set out.

“The principle of fear, which is rarely decreased by insanity, is considered as of great importance in the management of the patients. But it is not allowed to be excited, beyond that degree which naturally arises from the necessary regulations of the family. Neither chains nor corporal punishments are tolerated on any pretext, in this establishment.”

“They quickly perceive, or if not, they are informed on the first occasion, that their treatment depends, in great measure, upon their conduct. Coercion thus flowing as a sort of necessary consequence of their conduct and being executed in a manner which marks the reluctance of the attendant, it seldom exasperates the violence of the patient, or produces that feverish and sometimes furious irritability, in which the maniacal character is completely developed; and under which all power of self-control is utterly lost.”

“It is wise to excite, as much as possible, the operation of superior motives, namely self-esteem, and fear ought only to be induced when a necessary object cannot otherwise be obtained.”

This is all from the 1813 *Description*. However, there exists another, much less well known report published in 1828, and entitled *A Sketch of the Origin, Progress and Present State of the Retreat*, which must have been drawn up either by Samuel Tuke or with his approval, and here the sequence of events is set out in greater detail as follows:

“Here it may not be unsuitable to state the views of improvement in the treatment of Lunatics, entertained by the original promoters of the Establishment. Whilst sensible that great abuses existed, in many houses devoted to the treatment of the Insane, they imagined also, that there were others from whose practice they might derive the results of an enlightened experience; and by whose instructions they might safely, in great measure, be guided in the main principles of their moral and medical treatment. The basis of the system at that time generally adopted, was the position, that fear is the great principle by which the insane are to

\* The word “fear” was omitted when this passage was quoted in The Retreat’s Centenary publication *Reform in the Treatment of the Insane*, written in 1892 by D. Hack Tuke; in his “Chapters in the History of the Insane” the passage is correctly given, in French.

be governed and the practical consequences deduced from it, were, that their attendants should commence their intercourse with them, by an appearance of austerity, and perhaps the display of personal prowess; in fact, that in some cases of violent excitement, the cudgel and the whip were the most suitable instruments of coercion.

"We believe it may be said, that the Retreat commenced with an assent to the general correctness of these views; and though they could not fail to be modified by the good sense and feeling of the Committee of Management, it must be admitted, that they were acted upon to an extent, which, with our present knowledge, we can hardly contemplate without surprise.

"The investigating mind of George Jepson, had often, previously to his appointment of Superintendent, led him to query the beneficial effects resulting from this system of management; he had observed that wild animals were the most easily tamed by gentle methods; and judging by analogy, he inferred that man bereft of reason might be influenced by the same means. His own experience was at this time too slight to warrant him in discarding a system, sanctioned by general adoption. Yet on an occasion soon after his introduction into office, after the exercise of some severity towards a violent patient, he passed a sleepless night in anxious cogitations. He felt satisfied that his mode of treatment in this case, had tended to irritate rather than control the patient's diseased feelings; and he determined to try the effect of an opposite system. In this conclusion he was strengthened by his observations, made in visiting two of the large establishments in the metropolis, and one in the vicinity of this city. Following steadily, but cautiously, the guidance of his judgment and his feelings his observation and experience soon led him to abandon the system of terror, and to adopt that which presumed the patient to be generally capable of influence, through the kindly affections of the heart; and also in considerable degree through the medium of the understanding."

It seems therefore that the founders of The Retreat did practise severities on their patients, under the impression that this was the only possible system; and that on further enquiry they found that humane treatment did exist elsewhere. We may perhaps connect this with Tuke's statement in the 1813 book that The Retreat at an early period derived advantage from the first edition of Haslam's *Observations on Insanity*. It would appear then that at the time of De la Rive's visit The Retreat was in a state of transition, which would account for his rather tepid and equivocal praise of what he saw.

Even as late as 1841, John Thurnam in a *Statistical Report of the Retreat* again refers to the use of fear, though by now it has been reduced to fear of the loss of privileges:

"The primary object . . . has been that of cultivating in the patient the moral sense of right and wrong, the power of self-restraint and the remaining mental faculties as much as practicable. This has been effected in numerous instances, by appealing to, and encouraging the natural feelings of love of approbation, and self-respect; which, under different forms, and in various degrees, appear to be common to mankind under all circumstances; and which are seldom altogether obliterated even in a state of insanity; unless, indeed, in very old and confirmed cases of the disorder, chiefly of the fatuous kind. A uniformly kind manner, and considerate conduct towards the insane; a strict attention to their often morbidly sensitive feelings; treating them, in fine, as much as possible as though they were sane and as responsible beings, are the means which have been, and still are, found most successful in winning their confidence.

"The effects of a patient, sympathizing, and hopeful demeanour towards the depressed and melancholy appear fully to warrant the statement that 'in the treatment of nervous cases, he is the best physician, who is the most ingenious inspirer of hope.'

"Notwithstanding what has been said of the abuse of the passion of fear in the treatment of the insane, there has been sufficient evidence at the Retreat, that, particularly in cases of violent and perverse insanity, its influence is not to be altogether disregarded. Indeed the use, which has been alluded to, of the feeling of hope, almost necessarily implies that of its opposite, fear, and it is no doubt true that on the one hand the hope of acquiring, and on the other the fear of losing, those greater degrees of liberty and comforts which are granted upon the appearance of amendment, have a beneficial action and reaction, both on the patient as a body, and even on the same individual.

"The practice which has long prevailed at the Retreat of not reasoning with patients on the subject of their several hallucinations, and the substitution, for this generally worse than futile practice, of various indirect means adapted to 'seduce the mind from its favourite but unhappy musings', is now generally recognized as correct."

Apart from this, the 1813 *Description* is of course the great classic of humane treatment, and its publication coming as it did just before the disclosure of grievous abuses elsewhere, had more influence than that of any other work written in this country. I am assuming that it is so well known as

not to need quotation of more than a very few passages which have a bearing on other works, particularly those which refer to Pinel and to Haslam.

"Whatever theory we maintain in regard to the remote causes of insanity, we must consider moral treatment or management, of very high importance."

"Experience, however, has happily shown, in the Institution whose practices we are attempting to describe, that much may be done towards the cure and alleviation of insanity, by judicious modes of management, and moral treatment. The superintendent, who is also the apothecary of the Retreat, after more than fifteen years experience, fully unites with the intelligent Dr. Pinel, in his comparative estimate of moral and medical means."

"The existence of the benevolent affections, is often strongly evidenced, by the patients' attachment to those who have the immediate care of them, and who treat them with judgment and humanity. The apothecary to Bethlem Hospital (Haslam) says: 'I can truly declare, that by gentleness of manner, and kindness of treatment, I have seldom failed to obtain the confidence, and conciliate the esteem, of insane persons; and have succeeded by these means in procuring from them respect and obedience.' The superintendents of the Retreat give precisely the same evidence, and I firmly believe, that a large majority of the instances, in which the malevolent dispositions are peculiarly apparent, and are considered as characterizing the disorder, may readily be traced to secondary causes; arising from the peculiar circumstances of the patient, or from the mode of management."

On the subject of coercion:

"With regard to the second point, the necessity of coercion, I have no hesitation in saying, that it will diminish or increase, as the moral treatment of the patient is more or less judicious. We cannot, however, anticipate that the most enlightened and ingenious humanity, will ever be able entirely to supersede the necessity of personal restraint."

He again quotes Haslam:

"Coercion is considered, as the ingenious author of *Observations on Madness* says it should be, 'only as a protecting and salutary restraint'. The mode of it ought to be the subject of the consideration of its effect on the mind of the insane. Some means of coercion have obviously a greater tendency than others, to irritate or degrade the feelings. Hence, the use of chains has never been permitted in the Retreat."

#### PINEL

You will have noticed that Tuke refers repeatedly with approval to the works of Haslam, and in fact he has a footnote in which he says, as already mentioned, that "The Retreat, at an early period, derived advantage from the first edition of these *Observations*". We shall see now that Pinel also repeatedly quotes Haslam in support of his own views.

I remind you of a few dates concerning Pinel. He began his work at Bicêtre in 1793, when he performed his famous action of liberating a large number of patients from their chains. He published his *Traité de l'Aliénation Mentale* in 1801 and this was translated into English in 1806. He brought out a second edition in 1809; this, so re-written and enlarged as to be almost a different book, has never been translated in full. My quotations are all taken from this edition. He contributed the article on "Mental Alienation" to the *Dictionnaire des Sciences Médicales* published in 1812.

The universal judgment on his work and influence is well summed up by Friedreich, writing a few years after his death: "One can regard him as the founder of purposeful psychological treatment. He broke the chains, destroyed the dungeons and treated the insane in a humane and fatherly way. It was through him that all over Europe men came to be ashamed of the old harsh way of treating mental illness. Thus he became the deliverer, not only of his own patients, but of all who up to his time had languished in bondage."

Yet the *Traité*, in its sections on moral treatment, is a baffling work. Perhaps one may say that it reflects the changing and contradictory moods of the French Revolution and its sequel. Pinel liberates and cherishes the insane in the spirit of the Declaration of the Rights of Man; he goes into battle against

the refractory with the fighting zest and hero-worship of a follower of Danton or of the young Bonaparte—and his hero is his own "superintendent" or chief male nurse, Pussin. And his emphasis on repression, order and "police intérieure" reminds us that the age of Napoleon was also the age of Fouché and Vidocq.\*

"The insane", he says, "far from being delinquents to be punished, are sick people whose distressing state deserves all the care and consideration due to suffering humanity." Here are words which constitute a veritable charter for the mentally ill, and have often been quoted as such. But we must read to the end of the paragraph:

"The insane, far from being delinquents to be punished, are sick people whose distressing state deserves all the care due to suffering humanity. We must seek by every simple means to restore their straying reason. They may become reduced to a state in which their intellectual functions are completely upset, and then they follow only a blind impulse which leads to disorder and to every kind of violence; in such cases there is no advice to be given; one can only provide for the patient's personal safety, and that of others, by detaining him in his room. If he shows extreme violence a camisole of strong material must be applied, to restrain the movements of his feet and hands and to keep him fixed to his bed by strong bands attached to the back of the garment and invisible to him. This state of extreme coercion must however be kept up for a short time only, so as to avoid the effects of anger directed against those around him, which would in fact only make his disorder worse. Certain serious and urgent circumstances may also call for a more energetic, but brief, repression."

And what are these serious and urgent circumstances? An example follows; and it is none other than the story of the "little velvet waistcoat" which I read to you previously, and which some of you may have recognized.

"Another woman of 40 used to attack the staff, and on one occasion she threw an earthenware pot at a nurse, seriously wounding her. A waistcoat was at once applied to her; the straps were tightened and the shoulders smartly pulled back; she was not able to bear this coercion for more than an hour, when she begged for mercy, and since then she has never struck anyone, although she continued in a state of derangement for a long time. If she ever speaks abusively, it is enough to mention the camisole to her and she at once becomes orderly and quiet."

Pinel had quite a clear idea of the pain and distress he was inflicting:

"This kind of repression can only be borne for a very limited time; for it soon leads to discomfort and breathing is greatly impeded; later there is nausea and unbearable anxiety; consequently the patient is obliged to give in, and he long retains the memory of what he has gone through. Of course such repression is never entrusted to the subordinate staff, only the chief can apply it, and he must give it his close superintendence.

Here is another example of "energetic repression":

"A young person, from no known cause, fell into a dark morose state, and suspected everyone of wanting to poison her. An inopportune visit paid to her in hospital by a stranger made her melancholia worse, and she obstinately refused all food. The strait waistcoat was applied to force her to eat, but without success. We were compelled therefore to resort to the cold douche as a means of repression; she promised for the moment to do whatever she was told, but as soon as she was out of the bath she repeated her refusal. Next day her food was brought her while she was actually in the bath, and she was ordered to take it if she wanted to escape having more cold water poured on to her head; this time she obeyed willingly. She was then given marks of interest and spoken to consolingly; her confidence was gained; she became a willing worker and little by little her delusions and fantastic fears disappeared."

We shall meet the cold-water douche again forty years later, promoted to the position of moral treatment *par excellence*.

My next quotation is more typical of Pinel's outlook, and also brings out his relation to Haslam:

"The most assiduous and indefatigable supervision must be exercised over the numerous patients who are either convalescent or in a state of lucid interval; one must keep them care-

\* This aspect of Pinel's methods has been discussed by Christine Buvat-Pochon in *Les Traitements de Choc d'Autrefois en Psychiatrie*. Thèse de Paris, 1939.

fully apart in a particular unit of the institution so as to avoid every possible cause of relapse, one must submit them to a kind of moral regime calculated to develop and strengthen the power of reason; but how much circumspection, how much enlightenment and wisdom is needed to guide men who possess penetrating insight and yet are so touchy and irascible! How can one submit them to a regular, constant and invariable order, unless one is able to acquire a natural ascendancy over them by means of the rarest physical and moral qualities? I am all the more convinced of these fundamental principles since I have found them equally followed in one of the best known hospitals for the insane in Europe—Bethlem.

"It should be", says Haslam, "the great object of the superintendent to gain the confidence of the patient, and to awaken in him respect and obedience; but it will readily be seen, that such confidence, obedience, and respect, can only be procured by superiority of talents, discipline of temper, and dignity of manners. Imbecility, misconduct, and empty consequence, although enforced with the most tyrannical severity, may excite fear, but this will always be mingled with contempt. In speaking of management of insane persons, it is to be understood that the superintendent must first obtain an ascendancy over them. When this is once effected, he will be enabled, on future occasions, to direct and regulate their conduct, according as his better judgment may suggest. He should possess firmness, and, when occasion may require, should exercise his authority in a peremptory manner. He should never threaten but execute; and when the patient has misbehaved, should confine him immediately."

"And yet (continues Pinel) this same author is careful to ban all violence and corporal punishment, for as he says, 'If the patient be so far deprived of understanding, as to be insensible why he is punished, such correction, setting aside its cruelty, is manifestly absurd; and, if his state be such as to be conscious of the impropriety there are other methods more mild and effectual.'"

There was at least one type of case for which Pinel had little sympathy:

"There are certain rare examples of a peculiar turbulent and embittered character, who otherwise show no evidence of disturbed reason. Ought they to be included under the heading of 'mania without delirium'? At any rate the authorities have preferred to have them admitted to asylums rather than let them mix with delinquents in houses of correction. I had a striking example of this type at the Salpêtrière; the patient was a former nun. If a nurse came to attend to her she heaped upon her the most vicious abuse; her more settled fellow-patients were treated just as inconsiderately, with constant noisy threats, angry outbursts and attempts to strike everyone around her. If she was served with food at meal-times she rejected it indignantly, or else she would hide it skilfully, so as to be able to complain later that she was being starved to death. She took pleasure in tearing her clothes to shreds and then crying that she was being deprived of all her needs and left naked. She never dared to defy the chief's authority when he was present, but behind his back she everlastingly indulged in sarcasm at his expense. Such a source of trouble and strife was clearly a danger to the other patients, and she was eventually secluded in a single room, to which the exasperation of this perverse and untameable character has since remained confined."

"But is it not a fact that one can only expect such a return of insight and gratitude from women of pure morals? How can one expect it of certain undisciplined and perverse women whose alienation results from shameful vice, loose living, drunkenness and vile intrigues? One dissipated young woman, for instance, did nothing but grumble during her stay at the Salpêtrière; she seemed to have sworn implacable hatred against all who prevented her from having her way. Every method of treatment tried for her proved useless, and so we had her charged with various delinquencies of a grave nature which she had committed before her admission, and taken away to the St. Denis remand prison; the same thing has happened on several occasions to other women who were brought to the Salpêtrière in consequence of loose living and drunkenness."

I next give you Pinel's own summing-up of his methods of treatment, as stated in his *Dictionary* article, 20 years after his first appointment to Bicêtre asylum:

"Only the violent or dangerous maniac should be condemned to inaction (i.e. kept under restraint); he should be given freedom to use his limbs as soon as he is merely extravagant in his behaviour; as soon as he passes into a state of convalescence he should be given an occupation in accordance with his tastes.

"In the first stage, if the patient is in a state of extreme agitation, he should be shut up in a dark room, so that he is kept away from the light or from any other stimulus likely to excite him. He should have abundant nourishment and plenty of soft drinks. If his ebullience diminishes, and if he is no longer dangerous to himself or others, he can be given freedom to run about or to take walks in some enclosed space, wearing an ordinary strait-waistcoat as his only restraint. After that, nothing but a kind of expectant treatment is needed, backed up by a bland diet adapted to his appetite, together with an exact supervision and a regular life.

"Later still all the resources of a moral regime are used: the patient is given proofs of benevolent affection; minor transgressions should be treated with indulgence, and awkward

requests skilfully evaded; no violence should ever be used, or even any words likely to give offence; but an impressive and imperturbable firmness must be shown if the patient ventures to talk arrogantly or show disorderly conduct."

Perhaps the happiest passage in Pinel's book is the one giving unreserved praise to the methods used by his pupil Esquirol, under circumstances, it is true, far more favourable than he ever found at Bicêtre or the Salpêtrière.

"I should like to mention again the private establishment of Dr. Esquirol, which is run on similar principles. It is in the course of informal visits or while taking walks with his patients that Esquirol carries out so skilfully the moral treatment of patients whose maniacal state is abating and who are in the convalescent stage. He offers to one consolation, to another encouragement; he will converse with a melancholic and seek to disperse his fantastic delusions; he studies the associations of their ideas; he seeks to unravel the emotional states which keep up the mental derangement; now he will contradict their erroneous prejudices; now he may seem to meet their exaggerated views halfway, or even to give in to their frivolous whims so as to obtain their goodwill and so pave the way to the wholesome advice he has to give. As soon as the patient shows unmistakable signs of convalescence he is admitted to the physician's common table, then he is transferred to the convalescent wing. Here there is complete freedom; the authority of the subordinate staff ceases and the physician lives on easy terms with the patients; they meet together at lunch, at billiards or other games, and enjoy music together in the evenings."

#### JOHN HASLAM

We return to England and to Haslam—a very English figure in his robust common-sense, his humour and irony in controversy, his generosity and his latter-day conservatism. As we have seen, both Pinel and the Tukes were glad to seek support from his writings, and if his name does not stand beside theirs as a reformer, it is partly because in his position he lacked authority and opportunity, and partly perhaps because he was wanting in the "enthusiasm" which he condemns as a cause of religious insanity.

Of these who claimed to subdue the patient by a look or by "catching the eye", he says:

"I have heard much of this fascinating power which the mad doctor is said to possess over the wayward lunatic; but from all I have observed amongst the eminent practitioners of the present day I am led to suspect that although this influence may have been formerly possessed and even to the extent attributed to the late reverend doctor (Willis) it must now be lamented among the 'artes deperditae.'"

"It has, on some occasions, occurred to me to meet with gentlemen who have imagined themselves eminently gifted with this awful imposition of the eye, but the result has never been satisfactory; for, although I have entertained the fullest confidence of any relation, which such gentlemen might afterwards communicate concerning the success of the experiment, I have never been able to persuade them to practise this rare talent tête à tête with a furious lunatic.

"However, Dr. Pinel may be satisfied of our superiority in this respect, it is but decorous to return the compliment, and if any influence were to be gained over maniacal patients by assumed importance, protracted staring, or a mimicry of fierceness, I verily believe that such pantomime would be much better performed in Paris than in London."

Pinel had referred to a supposed English claim to superiority in the management of the insane. Haslam disclaims this and at the same time deflates some of Pinel's excessive admiration of his superintendent or chief male nurse, Pussin:

"It would be particularly gratifying to my feelings if I could develop this English secret for the moral management of the insane, which has been so ardently yet unsuccessfully sought after by Dr. Pinel. For fourteen years I have been daily in the habit of visiting a very considerable number of madmen, and of mixing indiscriminately among them, without ever having received a blow or personal insult. During this time I have always gone alone, and have never found the necessity for the assistance or protection of a keeper. The superintendent of Bicêtre, according to Dr. Pinel's account, is usually attended by his keepers (gens de service) though he is said to possess 'une fermeté inébranlable, un courage raisonné et soutenu par des qualités physiques les plus propres à imposer, une stature de corps bien proportionnée, des membres pleins de force et de vigueur, et dans les momens orageux le ton de voix le plus foudroyant, la contenance la plus fière et la plus intrépide'. Not being myself endowed with any of these rare qualities; carrying no thunder in my voice, nor lightening in my eye, it has



been requisite for me to have recourse to other expedients. In the first place, it has been thought proper to devote some time and attention to discover the character of the patient, to ascertain wherein, and on what points, his insanity consists, to learn the history of his disorder from his relatives and friends, and to enquire particularly respecting any violence he may have attempted towards himself or others."

Haslam's general principles of moral management are set out in passages which I have already given you as they are quoted in Pinel's and Tuke's works. These are taken from his main work *Observations on Madness and Melancholy*. In reading Haslam we are of course conscious of the skeleton in the cupboard, and we cannot help having constantly in mind the revelations of the 1815 Committee of the House of Commons. Haslam's defence, however, has seemed to many entirely convincing and only two years after the Report he brought out a small book on *The Moral Management of the Insane*, giving details of day-to-day management not found in the larger work.

He defends his use of manacles as more lenient and less irritating than the strait waistcoat, which he rightly blames for producing dirty habits.

"*Involuntary Passage of Faeces and Urine.*—In my opinion, the constant employment of the strait-waistcoat has very much contributed to the production of these dirty habits particularly in those cases where they are exclusively habits."

He has much to say on the subject of patients' occupation and amusement.

"Whatever may be recommended as the mode of occupation, should consist of labour, or rational employment, and a varied union of both, will probably be found most advantageous; as it will depend on the particular state of the patient's mind, which ought to be preferred. For the peculiar kind of both, there can be no recipe; the sagacity and experience of the person who governs the patient, will adapt the proper exercise to the nature of the disease; and such capability and adaptation, presumes an intimate knowledge of the character, habits, and temper of the lunatic.

"Some skill, and much caution, are also required, to seize the proper time when the employment will become beneficial; as I have known many persons relapse, in consequence of having been prematurely, and injudiciously urged to active occupation. The secret of employment consists in discovering something which may rationally occupy the mind of the insane person. It must be rational employment, and not an occupation which would induce idle habits, or tend to confirm his delusion."

He is one of the first to plead for an improved status and improved conditions for the despised "keeper", as an essential condition for progress in moral treatment:

"Notwithstanding the occasional instances of misconduct among the tribe called keepers, from intoxication, severity, or neglect, their conduct altogether entitles them to considerable approbation, especially when it is considered how much they are expected to perform, and under what disadvantages they are often obliged to execute their trust. There is scarcely a reflecting person who would engage in a service attended with considerable personal hazard, and where the emoluments are scanty, and little more than sufficient for the day which is passing over him; and for which employment he must be disqualified as he advances in years; a bootless drudgery, where knowledge and experience are profitless when bodily vigour has declined.

"That the condition of these persons might be improved, and that such amelioration would be equally advantageous to those who are subjected to their management, there is no reason to doubt. . . .

"But above all, the keeper should be instructed to preserve an entire command over his own temper, as the surest method of inducing the patient to comply with the established rules. It is much with insane persons as with children, their countenance and manner evince, and often through life, the effects of mild and liberal, or of severe and tyrannical, discipline."

Finally, I quote his observations on convalescence and probation:

"It is my opinion that confinement is too indiscriminately recommended, and persisted in.

"In many instances an intercourse with the world has dispelled those hallucinations which a protracted confinement, in all probability, would have added to, and confirmed. In its passive state insanity has been often known, if the expression be allowable, to wear off by permitting the patient to enjoy his liberty, and to return to his usual occupation and industrious habits; indeed it might be naturally expected that bodily labour in the open air, with

moderate employment of mind, directed to some useful object, would more contribute to health and rationality than immuring a person, so circumstanced, within the walls of a mad-house, provided his derangement be of a mild and inoffensive character. The abrupt transition from strict confinement to perfect liberty is often injurious, and therefore it is advisable to let him pass through intermediate stages of probation to verify the completion of the cure. In this state he may enjoy the pure air of the country and benefit by its tranquillity in a family of regular and abstemious habits."

In his old age, Haslam joined in the controversy which sprung up from 1838 onwards over the total abolition of restraint. In 1843 he read a short paper to the "Society for Improving the Condition of the Insane". It is entitled "On Restraint and Coercion considered not only as Measures of Security, but as essentially contributing to the Cure of Insanity". His interest in and kindness towards his patients are still apparent, but he has learnt little in the last 25 years. He admits that restraint was deeply abused in the past, but he quotes with conviction the words of a recovered patient: "When I found myself unable to accomplish the mischief I had projected I began seriously to contemplate the motive that impelled me and the consequent restraint to which I was subjected; and this meditation gradually disconnected the motive or impulse from the action."

#### JOSEPH MASON COX

A contemporary of Haslam's was Joseph Mason Cox, who published his *Practical Observations on Insanity* in 1804. Cox is chiefly remembered for his use of the rotatory swing, which has generally been dismissed as a senseless cruelty; its memory, however, has been partly rehabilitated by Laignel-Lavastine who believed that it may have acted by inducing a vagotonic shock. Cox distinguishes clearly between this purely medical, and, as a by-product, the "moral" use of his swing:

"One of the most valuable properties is its proving a mechanical anodyne. After a very few circumvolutions, I have witnessed the soothing lulling effects, when the mind has become tranquillized, and the body quiescent; a degree of vertigo has often followed, and this has been succeeded by the most refreshing slumbers: an object the most desirable in every case of madness, and with the utmost difficulty procured. Maniacs in general are not sensible to the action of the common oscillatory swing, though it afford an excellent mode of secure confinement, and of harmless punishment."

"I have sometimes seen the patient almost deprived of his locomotive powers, by the protracted action of this remedy, who required the combined strength and address of several experienced attendants to place him in the swing, from whence he has been carried by a single one; the most profound sleep has followed, and this been succeeded by convalescence and perfect recovery, without the assistance of any other means."

Cox's moral treatment includes the employment of what he calls "pious frauds":

"Thus the employment of what may be termed pious frauds: as when one simple erroneous idea stamps the character of the disease, depriving the affected party of the common enjoyments of society, though capable of reasoning with propriety, perhaps with ingenuity, on every subject not connected with that of his hallucination, the correction of which has resisted our very best exertions, and where there is no obvious corporeal indisposition, it certainly is allowable to try the effect of certain deceptions, contrived to make strong impressions on the senses, by means of unexpected, unusual, striking, or apparently supernatural agents; such as after waking the party from sleep, either suddenly or by a gradual process, by imitated thunder or soft music, according to the peculiarity of the case, combating the erroneous deranged notion, either by some pointed sentence, or signs executed in phosphorus upon the wall of the bedchamber, or by some tale, assertion, or reasoning by one in the character of an angel, prophet, or devil. But the actor in this drama must possess much skill, and be very perfect in his part."

And even stranger means:

"Under circumstances calculated to assist this action, by producing unpleasant impressions through the medium of the other senses, as when screeches and yells are made in an apartment painted black and red, or glaring white, every man must be painfully affected;

the maniacal patient, however, torpid, must be roused; or, on the contrary where an opposite state obtains, extreme sensibility and impatience of powerful impression, much may be expected from placing the patient in an airy room, surrounded with flowers breathing odours, the walls and furniture coloured green, and the air agitated by undulations of the softest harmony. Much of this may appear fanciful and ridiculous, but the enquiring practitioner will find, on making the experiment, it deserves his serious attention."

But setting aside these extravagances one finds Cox's general principles to be moving in the right direction:

"The various means to be adopted in attempting the cure of insanity, for the sake of method, may be divided into moral and medical. Under the first may be ranked management which is of the highest importance in the treatment of maniacs in almost every case, is indispensable, and has succeeded where more active means have failed. The essence of management results from experience, address, and the natural endowments of the practitioner, and turns principally on making impressions on the senses. It is impossible to exhibit a set of invariable rules in this department of our curative attempts: the methods had recourse to, and the conduct of both medical and other attendants, must be regulated by the circumstances of the case. In some, recourse must be had to the most extreme measures, for the security of the party and the restraint of fury; in others, the most opposite methods are indicated. The generality of maniacs being artful, and their minds intensely fixed on the accomplishments of any wild purpose conjured up by the disease, physicians should be constantly on their guard: their grand object is to procure the confidence of the patient or excite fear. The first may be obtained by very varied means: thus I have seen the most furious maniacs by being liberated from their shackles by my direction, and under my own immediate inspection, so attached and devoted to me as never again to require coercion. Fear must be excited by firmness, and menaces by strong impressions on both mind and body, while confidence often results from soothing and gentleness; and I am decidedly of opinion from much observation and experience, that more is to be gained by these last than by their opposites. Maniacs of almost every description, are sensible to kindness and tenderness, and, in general, are to be managed and controlled with more facility by these than by harsher means, which ought never to be had recourse to but in cases of absolute necessity. Whatever methods are adopted in order to secure either fear or confidence, deception is seldom admissible; no promise should remain unfulfilled, no threat unexecuted."

#### PRICHARD AND BURROWS

English psychiatric literature between 1815 and 1840 has been given little attention in the standard histories. This is the period during which the historian's attention is mainly focussed on the work of the Parliamentary reformers, of successive Select Committees, and of the Metropolitan Commissioners in Lunacy. Moreover English psychiatry is overshadowed by the works of the great French masters—Esquirol, Calmeil, Georget, and the rest. It is well known that Pinel's reforms did not for many years extend beyond Paris, and, as we have seen, he himself countenanced repressive measures, which were continued by his followers and reached new heights in the practice of Leuret, to whom I shall return later.

The most considerable English authors of the period from 1815 to 1840 are George Burrows, whose *Commentaries on the Causes, Forms, Symptoms, etc. of Insanity* appeared in 1828, and James Cowles Prichard, who described mental disorders in his *Treatise on Diseases of the Nervous System* in 1822 and more fully in his *Treatise on Insanity* in 1835.

Prichard's very great knowledge of clinical psychiatry was largely based on observations made at St. Peter's Hospital, Bristol—a venerable building, but ill-adapted for the use to which it was put and lacking all facilities for treatment. It is not surprising therefore that he has little that is original to say about moral treatment. He quotes with approval Georget's observations on the use of strait-waistcoats and straps and the abandonment of chains, and notes that it has become the general conviction that lunatics should be treated with "a union of firmness and determination with gentleness of manner".

Burrows, who owned a private asylum at Clapham which he chose to name "The Retreat", is much more rewarding. Nothing could be more impres-

sive than his account of the case of the schizophrenic girl—included under the heading of "Demency and Fatuity"—whom he treated for eighteen months with the greatest resourcefulness and patience and with eventual success.

He writes very topically of habit training:

"Lunatics are but children of a larger growth. Their minds reason not, but they become the creatures of habit. Hence they may be led to do many things which neither reasoning nor persuasion can accomplish. We know that infants a few weeks old, if well managed, will, instinctively, have an evacuation upon being held in a certain position, and provided due regard be paid to a regular time. So I am persuaded will lunatics, generally, acquire a regular instinctive action of the bowels, whether they are perverse, indifferent, or fatuous, provided they be forced to go to the water-closet daily, at that stated time when nature in health makes the call. I have tried this plan with many where an opposition or disinclination has shown itself, and have thus imperceptibly conquered it. I say imperceptibly, because the practice must be adopted as a matter of course, and not as a request or favour; for if the object desired be known, it would put the patients on his guard, and he would most likely purposely restrain the impulse."

He writes equally judiciously on the general attitude of the physician, on occupation and on exercise. He puts up a reasonable defence of mechanical restraint, now being increasingly questioned by the reformers:

"The rotary chair, the douche, a dark room, and personal confinement, are often used as means of repression. These, and other expedients, so far as mere restraint of violence or malignancy extends, are justifiable and imperative on many occasions. Deprivation of an accustomed indulgence, also, will often check the repetition of a wilful offence. But in employing repression, or constraint, or deprivation, we must always remember the constitution and condition of the patient and act accordingly.

"All these expedients are apt to be constructed by the patient into punishments; and if enforced when there is no actual necessity beget a dread and resistance to them when necessary as remedies, and thus counteract any benefits from them.

"Except when the safety of the patient or others demands the immediate interposition of restraint, it should not be hastily adopted; nor should any measure that can be interpreted as a punishment be imposed but by the direction of the physician or superintendent. Most lunatics most readily discriminate between the medical character and those in real authority, and the servant or keeper. The lunatic who respects the command of the former spurns indignantly constraint from the latter. Everything pertaining to medicine is ever in extremes. From excessive coercion and neglect of the insane, the opposite extreme is to be dreaded, and thus wholesome restraint be withheld when really required.

"The philanthropist alleges that too much coercion is generally used toward the insane. If coercion imply the practice which Celsus and Willis recommended, it ought not to be endured; but if it means no more than simple restraint, to prevent a patient from doing injury to himself or others, or to enable his attendants to control him, I maintain that such restraint is frequently called for, is generally highly useful, and, notwithstanding all that is alleged of lunatics being managed without, cannot altogether be dispensed with.

"I have been told frequently that no restraint is ever used, that is a strait waistcoat, etc. in the Quaker's Retreat at York. This is an error, which a perusal of Tuke's 'Description' etc. will refute. That excellent man himself showed me a patient under the strictest restraint I ever saw; but it was a case of most desperate propensity to suicide, and the confinement was not more than the safety of the patient, and the reputation of the asylum, required.

"To obviate the necessity of bodily restraint by the ordinary means, Dr. Autenrieth constructed a strong room, padded all round, in which he conceived that the most furious lunatic might be let loose, like a beast in a den, without doing harm to himself or anyone. The absurdity and uselessness of such a plan must be apparent to the experienced, who know that some maniacs unrestrained, and so situated, would tear away all padding, and beat their brains out or soon become beasts in reality."

#### PAUL SLADE KNIGHT

The writings of Paul Slade Knight and of Sir William Ellis deserve special attention, since they were the first to be written from experience in the new County Asylums. Knight was the first Medical Superintendent of Lancaster Asylum, opened in 1816. In 1827 he published his *Observations on Derangement of the Mind*. By that time he had resigned from the Asylum, and like Ellis later, found reason to complain of his treatment at the hands of the visiting justices.

Like Cox, Knight has been discredited for making use of the circular

swing; his indications, however, were purely medicinal, though his observations differ from those of Cox, who was chiefly impressed with its anodyne effects.

"As this machine must be considered more in relation to its physical than its moral action, I shall notice it in this place. It is a mean in the cure of insanity, possessing immense power. A patient subjected to its action is speedily affected with giddiness and sickness, and the peristaltic motion of the whole alimentary canal seems to be excited, and in some instances to such degree, that the patient vomits, and passes faeces in rapid succession and great abundance, along with his urine. I have found the circular swing extremely beneficial in obstinate constipation, and in dyspeptic complaints accompanied with much acid. Mary Sandiford, a very fine young woman, said to me on the 20th Sept. 1823—"Putting me in the circular swing did me more good than anything else; it threw all the sour stuff off my stomach."

On general management, and on the use of restraint he follows what is by now the general tendency:

"It is the daily duty of the superintendent of a great number of lunatics, to soothe the irritable, repress the insolent, cheer the desponding, calm the excited, check the forward, encourage the timid, resist the importunate and petulant, but carefully to attend to reasonable requests; for he has daily causes to try; and he must, at one and the same time, be counsel, judge and jury."

"He who presumes to undertake the moral treatment of the insane, should be constantly actuated by a benevolent and forbearing spirit; occasionally enduring insolence, and the grossest insults, not only with patience, but even good temper, rather than inflict the slightest restraint on a patient, unconscious of the nature of his offence."

On restraint he says:

"But I do not mean to assert that moral treatment alone is always, or even frequently, competent to produce this effect, or that there are no patients who require constant coercion, or nearly constant coercion, but it ought to be a law in the treatment of the insane, that all restraint is improper, which is not imposed, either to prevent the patient from injuring himself, or others: and then the moral treatment which preceded the coercion should be jealously inquired into. For I fear it will be sometimes found, even in the best regulated establishments, that the necessity for coercion has arisen out of some mismanagement in the prior moral treatment."

I must quote more fully from Knight's observations on occupation therapy. Lunatics, he says, "should not be permitted to idle away weeks, months, years, in the apartments or yards of their abodes. This is highly reprehensible and disgusting; and a disgrace to all concerned, whenever it is permitted."

The account of his induction of an advanced schizophrenic to occupation by the use of the wheelbarrow might have been taken from Simon or Van den Scheer:

"The utmost advantage has been experienced from its use, among the patients under my care, not only of the poorer class, but of those who were more wealthy: I will select one remarkable case in illustration. The patient had been some years confined in a private asylum; and a Commission of Lunacy being held upon him, it was declared on the evidence of two physicians of great experience, that he was an idiot. To such an extreme state of apathy had the mind of this most wretched hypochondriac, for he was no idiot, been permitted to sink, I conclude by the injudicious treatment he had received, that his cure had long been considered to be quite out of the reach of art. For days, weeks, even for months, if permitted, this patient would stand in one particular part of his room, pulling in pieces one particular part of his dress, and tying it in knots; incessantly turning half round, and then back again, with a shuffling gait; snatching a piercing and hasty glance at the bystanders; and then shrinking as it were within himself, heaving deep sighs, accompanied by an under-growl of despair. I used various means to rouse him; and after he had been under my care a considerable time, I resolved to employ him at the wheelbarrow. He would not touch the handles, but, being placed between them, he resumed his singular motion of shuffling half round and then back again. He was urged, persuaded, tempted; all would not do: he was inflexible. We then made him grasp the handles of the barrow, and two assistants held his hands there, and thus at length we went to work. It was a tedious business, and seemed fruitless. We worked ourselves, and, explaining why we wished him to do so likewise, endeavoured to convince him the exercise was not disgraceful: all would not do; he would not touch the barrow longer than he was compelled. After one or two days spent in these endeavours, we at length tied his hands to the handles of the barrow with pocket handkerchiefs; and putting him in the midst of a line of five or six barrows, that were all wheeling on one path, he was constantly urged on by his fellow labourers, who were also lunatics. He demurred and flounced about considerably at first, but shortly, like a restive young colt newly in the breaker's hands, he set to work furiously and, instead

of being a hindrance to the whole line of labourers, he urged them on smartly: this was to me a most gratifying triumph. The victory gained was followed closely up, and in a few days he was an excellent workman without compulsion, and in about a week from choice."

He gives a salutary warning against the classification of patients on a theoretical basis:

"Much has been written on this subject, and theorists would have many classes—the epileptic—the noisy—the dirty—the quiet—the curable—the incurable—the very insane—the monomaniac, all in separate classes. This seems to be mere idle speculation, and would in practice produce the worst results. One epileptic patient shall be extremely dirty, noisy, and violent, and another shall be clean, quiet, obliging, and inoffensive. A curable patient shall be in every respect the most offensive and dangerous among a large number of lunatics; and an incurable equally inoffensive. Would it be wise, or humane, to put this violent curable patient with other curable patients who were not violent? or would it be humane to put the inoffensive incurable with the turbulent incurables? I apprehend it would not.

"The peaceable lunatic is often a very useful companion to the epileptic, and vice versa, many epileptics, at intervals of weeks and months, are very rational, and are excellent companions to the convalescents. Again, is the epileptic attacked by a fit, his companions and friends instantly assist him; but were all epileptics placed by themselves in any considerable numbers, they must daily, almost hourly, have before their eyes the convulsions of one unfortunate or another; and thus, though they might otherwise enjoy a state of sanity and cheerful amusements, the lucid intervals would be embittered by the unvaried and unceasing misery around them,—and that too rendered more poignant by the consciousness of their individual liability to the same sufferings."

Similar views were expressed later by Conolly. We may well take note of this at a time when we are again being urged to adopt artificial classifications devoid of any consideration for the individual patient, especially if he is labelled "chronic".

I think we can salute Knight as an essentially humane man; we know from contemporary descriptions of Lancaster Asylum that he worked under great difficulties, and certainly the reputation of Lancaster suffered after his departure until it was revived in the '40s by Gaskell and De Vitre.

#### SIR WILLIAM ELLIS

William Ellis is a more complex character. We first meet him in 1815 as the author of an open letter to the M.P. for his own town of Hull, urging that provision should be made for the insane poor in Yorkshire. Perhaps this was designed with a view to what actually resulted—the building of Wakefield Asylum and Ellis's own appointment as its first Resident Physician. Wakefield was founded by avowed admirers of The Retreat, and it was undoubtedly intended to apply Retreat principles here on a large scale. The reputation of Wakefield was certainly high; and in 1830 Ellis was given the control of the new Hanwell Asylum. His treatise was published eight years later, and gives a full account of the asylum and its management.

At Wakefield Ellis's system of occupations was outstandingly successful, and popular with his patients, drawn largely from the industrial districts of Yorkshire. He followed this up at Hanwell:

"In the account of the mode in which the Asylum at Hanwell is managed, the various steps will be traced, by which the system of employing the patients has gradually increased, until, at the present time 454 out of 610 are regularly at work: and many of them at trades, with which they were totally unacquainted until they were taught them in the institution. When the system was commenced by myself and my wife, on the opening of the Asylum for the West Riding of Yorkshire, at Wakefield, so great was the prejudice against it, that it was seriously proposed, that no patient should be allowed to work in the grounds outside the walls without being chained to a keeper. Another suggestion was, that a corner of the garden should be allotted for their labour, and that they should dig it over and over again all the year round. The kind feeling and good sense of the people in the neighbourhood soon overcame these prejudices; and not only did they witness with pleasure the unfortunate patients happily engaged in their works in the grounds of the institution but they were delighted to

meet them emerging from its bounds, and, by a walk in the country, and a little intercourse with their fellow-men, preparing to enter again into society."

"A considerable difficulty was felt in finding suitable occupation for such patients; the ordinary sewing and mending, which were wanted for the institution were disliked, and there appeared no means of procuring for them work suited to their tastes. With a view to obviate the evils of idleness in this class, the matron hit upon the plan of establishing a bazaar. She borrowed of the treasurer twenty-three pounds eighteen shillings: this she laid out in the purchase of a few articles in the first instance as patterns, and in the buying the requisite materials. These were made up and worked by the patients, and sold by the workwoman to visitors at the bazaar, or are sent off to order. The scheme has answered beyond the most sanguine expectations."

"Once take away the inducement for them to employ themselves, and you must immensely increase by far the most expensive part of the establishment, the servants; and there would be no little addition to the expense in the injuries which would be done by the patients, by their applying, to mischievous purposes, that muscular or nervous energy, which is now profitably spent in useful labour. It would be tedious to detail the opposition which each new art has met with on its introduction: suffice is to say, that each, without any exception, has at its commencement been thwarted. It has only been by insisting, that whether the servants learnt or not, they should remain with the patients until they might have an opportunity of being taught, and by making a careful selection from amongst the patients to become the pupils, that these manufactures have been successfully established."

He sketches an ideal hospital for the more educated classes:

"For persons in the higher rank of society, a mansion should be provided, with park, woods, lawns, hot-houses, gardens and green-houses. It should be fitted, internally, with every convenience and luxury for the gratification of the taste. Science and the fine arts ought to be pressed into the service of stimulating the dormant faculties to healthy exercise. There should be, as there is now at Aversa, a music-room, which the patients of both sexes should daily have the privilege of using; and one evening in every week should be specially devoted to a dress-concert or oratorio, to which all, in a fit state to attend, should be invited. Such an association of patients, of the two sexes, would have a very happy influence on both. And an additional impetus should be given, by remunerating for their assistance any professional persons, either male or female, residing in the neighbourhood.

"In a similar manner, scientific amusements should be cultivated; one evening in each week should be devoted to them. Lectures on chemistry, with suitable apparatus for the performance of the minor experiments, would afford much entertainment; and this might easily be provided. There should be a modelling room, and a studio, where those who have a taste for the fine arts should have an opportunity of receiving weekly instruction. Botany ought to be sedulously cultivated; the open garden, the green-house, and the hot-house, would, according to taste, afford important means of cure, both moral and medical. The various domestic animals and birds, with others of rarer species, would contribute to interest and amuse. The library should be well furnished; but, of course, care and discrimination would be required in the selection of books, adapted to the particular habits, and to the states of mind of the patients."

Like Pinel, he pays chief tribute to the intuition, tact and resourcefulness of his chief mental nurse—but this time the praise is for his own wife, who held a joint appointment with him as matron and superintendent. Along with Katherine Jepson, of The Retreat, and the anonymous "governess" at Bicêtre, she may be claimed as one of the mothers of mental nursing:

"A patient, who was pruning some trees in the garden, quarrelled with another lunatic, during the accidental absence of the gardener: he became so irritated that he threatened to kill the other. A third patient ran into the house to give the alarm. He met my wife on the way, and she returned with him to the combatants, and desiring to speak with the man who had the knife, told him she was surprised to find a man, of his talents and understanding, so far forgetting himself as to dispute with the other, who, as he knew, had been insane for several years. This gratified his self-esteem. He said, 'You are right, ma'am; I shall take no further notice of him'; and he at once became quiet."

He has high hopes and ideals for the future of mental nursing, and shows the most advanced views on women's careers:

"The matron . . . ought to have under her training a noble band of young and highly-gifted females, willing from love of God and man to assist her in her anxious efforts.

"Strong prejudices, and very improper feelings, have long existed against females in any degree above the class of servants, being employed so as to obtain a livelihood for themselves, except as governesses. Any other occupation has been considered as degrading. But I hope a brighter day is dawning upon society, and that the application by females of the

higher classes of their abilities to useful purposes, will soon cease to be a matter of surprise. There can be little doubt of the effect of such a change upon their own happiness."

He was the first to call attention to the need for After-care:

"Many of the paupers, on their recovery, are entirely without resources; and they are driven of necessity into the workhouses, until they can obtain employment: this is more than they are able to bear. The benevolence of a gentleman of the name of Harrison, has done much to relieve cases of this kind, occurring in the West Riding of Yorkshire. Her Majesty Queen Adelaide is the patroness of a charity, which has for its object the supply of the immediate and most pressing necessities of the paupers, when discharged cured, from the asylum at Hanwell.

"But something further is still wanted. A comfortable place, where such of the patients as might be deemed proper objects, might, for a time, find food and shelter, and a home, until they could procure employment, would be an invaluable blessing to them; and if such an institution were established, even at the cost of the parishes, it would in the end prove a saving. Many patients might be tried in such an establishment, and eventually restored to society, who are now compelled to remain in the asylum as lunatics, in consequence of their retaining some erroneous view on some unimportant matter."

Nevertheless, Ellis found it necessary to advise repressive methods:

"It sometimes however happens, that patients are met with who are so obstinate and incorrigibly perverse, that these means alone are not sufficient. The shock of the electrifying machine, which is often found beneficial in cases where the powers want rousing, is, in cases of determined obstinacy and bad conduct, equally useful. The terror of the machine will often overcome the vicious inclinations. The same effect is frequently produced by the shower bath, but still more so by the use of the circular swing. These, however, are remedies which should never be had recourse to until all other means have failed; and then, never without the most explicit orders from the medical superintendent, who ought to be present whenever the latter is applied.

"Under these restrictions the most beneficial results often ensue; and patients soon learn to put themselves under that discipline which will exempt them from such uncomfortable consequences. By patient perseverance in kindness, with indulgence as a reward of good conduct, and great firmness in the application of the requisite means to overcome obstinacy and perverseness, many patients, who from faulty education had never been taught to exercise any control over their passions, have gradually become quiet and orderly, and have been eventually restored to reason."

Caleb Crowther, who as visiting physician to Wakefield found himself in natural opposition to the Medical Superintendent, under the curious dual system then followed, published a vicious attack on Ellis, accusing him of gross neglect of his duties. Crowther may well be discounted, since he shows an indiscriminating prejudice against mental specialists as such, and is vindictively paranoid. But we cannot ignore the testimony of John Conolly, who succeeding at Hanwell after a year's interval found mechanical restraint in extensive and unjustified use:

"I never enter those wards, now assigned to a different class of patients, without recollecting the miserable struggles, the violence, and the wretched death-bed scenes, characteristic of a time when restraints were so familiarly employed, and so perseveringly kept on, as not even to be removed until life was extinct. Those who now visit the asylum, and who witness no such scenes, may be excused for imagining that I am needlessly apprehensive of the use of restraints being revived, and may talk, with apparent reasonableness, of the occasional and moderate employment of such methods. Experience has taught me that their shocking abuse, if once more witnessed, would subvert all such reasonings. Their abuse, to an extent which now can scarcely be described without a suspicion of exaggeration, and in an asylum distinguished from its first opening by the comforts and advantages it extended to the pauper lunatic, shows that their use, to any extent, cannot be permitted without danger.

"It has recently been stated that Sir William Ellis, previous to his resignation of the office of the physician in 1838, had effected much diminution in the frequency of resort to restraints. Of this neither the reports nor the Case Books at Hanwell furnish, unfortunately, any particulars. Dr. Millingen succeeded Sir William Ellis; and in the single year in which he held the office, the number of instruments of restraint in the asylum appeared to have been increased; and he subsequently professed his dislike of the non-restraint system very strongly. The officers of the asylum who had been educated under Sir William Ellis were not among the supporters of the new system. They had not apparently partaken of his benevolent spirit; nor were they mindful of his precepts to be constantly and untiringly kind and watchful; and to persevere in affectionate attention, day by day, and for weeks together, not discouraged by apparent failure, and confident of eventual reward. His systematic employment of the



patients, commenced at Wakefield, and more extensively carried out at Hanwell; his consistent attempts to govern them by moral control; the pains taken, both by him and Lady Ellis, to diversify the life of the patients, and to procure them the solace of religious observances, should always be gratefully remembered. To do more than they effected, without the adoption of the non-restraint system, was, perhaps, impossible."

#### W. A. F. BROWNE

We are now on the threshold of the non-restraint movement. But before we consider this we ought to look at another source of reform, which was not, like non-restraint, tied to a single point of treatment, and therefore was not open to criticism as being cranky and never roused much opposition. This was the publication in 1837 of W. A. F. Browne's set of lectures, given while he was Resident Physician of the Montrose Royal Asylum, on *What Asylums were, are and ought to be*. It is a fighting book, written under the impulse of burning indignation, giving little credit to past or present, and presenting an almost impossible ideal of the asylum of the future:

"In place of multiplying individual examples of excellence, let me conclude by describing the aspect of an asylum as it ought to be. Conceive a spacious building resembling the palace of a peer, airy, and elevated, and elegant, surrounded by extensive and swelling grounds and gardens. The interior is fitted up with galleries, and workshops, and music rooms. The sun and the air are allowed to enter at every window, the view of the shrubberies and fields and groups of labourers is unobstructed by shutters or bars; all is clean, quiet, and attractive. The inmates all seem to be actuated by the common impulse of enjoyment, all are busy, and delighted by being so. The house and all around appears a hive of industry. All are anxious to be engaged, toil incessantly, and in general without any other recompense than being kept from disagreeable thoughts and the pains of illness. They literally work in order to please themselves, and having once experienced the possibility of doing this, and of earning peace, self-applause, and the approbation of all around, sound sleep, and it may be some small remuneration, a difficulty is found in restraining their eagerness, and moderating their exertions. There is in this community no compulsion, no chains, no whips, no corporal chastisement, simply because these are proved to be less effectual means of carrying any point than persuasion, emulation, and the desire of obtaining gratification."

And this leads to a clear vision of group treatment in a therapeutic community:

"It is not enough that the furious should be separated from the docile, or the imaginative from the fatuous; the mind of every individual should be carefully studied, its healthy as well as its insane bearings analysed, and the relations which these may have with, or the influence they may acquire upon the minds of others calculated, and groups formed in reference to the result. The violent or malicious may often be confided with perfect safety to the acquisitive, or vain, or religious monomaniac. The affectionate and happy may be associated with the desponding and despairing, and the helpless idiot may become the adopted child of some mother whose only delusion is weeping for infants which she never bore. A system somewhat similar to that here described is, I believe, pursued in the excellent asylum at Perth. But it may be carried farther; and whole families may be formed. A vain idler may be entrusted to the tutelage or example of three or four industrious knitters or oakum teasers; and being encircled by temptations to exertion, and stimulated by the desire of rivalry, abstraction from the dominant idea is often the consequence. A contented, self-satisfied, and active-minded maniac is joined to a timid, a lethargic, and a gloomy maniac, and seldom fails to communicate some portion of those qualities which it is our object to infuse."

The upshot was Browne's appointment as the first head of the newly-founded Crichton Royal, where in the course of a few years many of his plans were realized in happy surroundings. We may well speculate on the immediate influence Browne might have had if he had been appointed to one of the large English asylums, for instance to Wakefield, as happened not many years later to his son James Crichton Browne.\*

#### A FOREIGN OBSERVER: CROMMELINCK

For an original and unexpected view of English asylums at the height of the no-restraint controversy I produce my dark horse, Dr. C. Crommelinck, of

\* Browne's matron at Montrose was appointed matron of Hanwell in 1843.

Bruges, who in 1841 set out with the aid of a grant from the Belgian Government on a study tour of British, French, and German mental hospitals. His report, which runs to 272 closely printed pages is fortunately preserved in the Royal Medico-Psychological Association's library. Crommelinck is garrulous, discursive and unsystematic; he digresses to the extent of describing one asylum under the heading of another; he takes the wrong side in the controversy of the day, but his heart is in the right place and I find him altogether lovable.

He has an unbounded admiration for the English asylums, their attractive and impressive outward appearance, their internal comfort and cleanliness. The general principle followed, he says, is to ensure that the patient does not dislike the asylum; he is to be agreeably surprised at what he finds there and is to be made to feel that he is better off than at home. Bethlem he finds incomparably grand and elegant, but soon there is a critical sketch:

"The resident surgeon, whose name is Thomas, acts also as apothecary, and corresponds exactly to what we in Belgium call an 'Intern pupil'. Two physicians, Drs. Monro and Morrison, are in charge of the patients' treatment: they each visit twice a week. A non-resident surgeon takes charge of the more important surgical cases. The 'admission week' begins on Friday, and every patient admitted within the week comes under one of the physicians and those admitted the following week belong to the other, and so on. Consequently there are in each ward patients under the care of one of the physicians and quite unknown to the other. I have seen Dr. Monro stand in the ward with a list in his hand and do a roll-call of his own patients, whom he was unable to tell from those belonging to his colleague. This is such an absurd and pernicious system that one can only hope it will soon be altered.

"The resident surgeon, Dr. Thomas, has no authority, has always held a subordinate position and so has never been able to measure up to his duties, and as things are his presence seems to do more harm than good to the patients—I watched him fooling about and even sparring with them, the while Dr. Monro, still consulting his list, gravely called his patients before him; invariably he asked each of them, 'How are you?', invariably each replied 'Better', and that was the end of the medical interrogation."

This picture might have been drawn at any time during the following ten years. In 1852, to the general consternation, fresh scandals were exposed at Bethlem, which the Commission of Enquiry traced to the system of absentee physicians and confused and divided responsibilities. In the minutes of evidence the same characters, Monro, Morrison and Thomas appear very much as they are depicted in Crommelinck's little sketch.

He goes on to Wakefield, now under Dr. Corsellis, and commends the extensive occupation therapy; he admires the full recreational and educational programme which by that time W. A. F. Browne has brought into being at the Crichton. At Nottingham he attends the first meeting of what is now the Royal Medico-Psychological Association; and at Gloucester he meets its founder, Samuel Hitch, who tells him:

"In one respect I pride myself on having gone far beyond all other asylum doctors, and that is the extent to which I trust my patients. Whenever possible I put them on their honour; I never refuse to take a patient's word as a pledge that he will keep a promise. Following this principle I can assure you that at least a fifth part of my patients are under no restriction whatever. On Sunday about the same proportion go to service in various churches in the town and the neighbourhood, most of them without any escort. Often I send several patients in company and they look after each other; you will understand that I only grant this privilege to those who I am sure will appreciate it, and this appreciation is enough to make them exercise a sufficient control over their actions."

At The Retreat he meets Thurnam and quotes from his report; he meditates on the passage I have already quoted, concerning the occasional use of fear and intimidation; he shows impatience at Thurnam's dictum that it is futile to attempt to reason with patients on the subject of their delusions; his mind is by now set on what he has seen in Paris, and he introduces us unexpectedly to a very differently conceived "moral treatment".

"After Dumfries, the York Retreat takes the first place among British Institutions in which the physician takes some account of scientific methods in the treatment of mental

illness. However, what is done there falls far short of the standard set by Dr. Browne of Dumfries, and still further below that of the Paris doctors."

"Most English doctors just ask the patient how he is, and turn their backs on him if he begins to express his delusions; on the other hand, the French pull the patient up at once, and as soon as he begins to reason falsely, they say to him: 'What you are putting forward is false; it's not you speaking, but your wandering imagination; you believe you hear voices, but really you hear nothing; you are suffering from an attack of brain disorder, but you are going to get over it; I am your doctor, and you can take it from me; come along, do your duty, help me to get you well', and so forth; this is what Falret and Ferrus and Voisin and Foville and Leuret and many other celebrated French physicians do, and they do well, and I have been surprised to see what a good effect this has on patients."

#### LEURET

But, apparently unknown to Crommelinck, one of the French physicians mentioned, Leuret, who occupied Pinel's old place at Bicêtre, had far more drastic ideas of what constituted a really effective moral treatment; for him his predecessors and contemporaries were timid and half-hearted. In 1840 he set out his methods in the only book actually entitled *Traitement Moral de la Folie*.

Leuret's system was to force his patients to abandon their delusions by the painful method of cold douches to the head. Thus:

"He hesitates. *Douche*. After a few moments: 'Yes, doctor, everything I told you was just madness. I'll go to work tomorrow.'

'So you admit you were mad?'

'No.'

'You haven't been mad?'

'No, I haven't. I don't think so anyway.'

*Douche*.

'Have you been mad?'

'Is it madness if you have imaginations and see and hear things?'

'Yes, it is.'

'Well then. I must have been mad. There weren't any men and women there—it was all madness.'

Leuret defends his method with passionate eloquence:

"Here, you say, is a patient who will pay no attention to your words—he is too deeply absorbed in his private revelations. Well, have you no other means than speech? If you cannot work on him through his ideas, cannot you do so through his sensations? There is another patient of a more irritable nature, who will bear you a grudge. Well, let him! Is it for your personal satisfaction that you look after the insane? Do you do it because you like being met with grateful or friendly smiles? If that is so, you had better leave mental medicine alone—you will get from it nothing but perpetual disappointment. But if you have in mind only your real aim, to cure the patient, then rouse his anger if anger can divert him from his delusions; give him if necessary real causes for complaint even against yourself; for a really well-felt and well-founded passion may be the best ally you can call to your aid."

"Other physicians only use the *douche* as a means of punishment for some serious breach of the rules, or to force a patient to take food. I, on the other hand, do not wait for the disorder to reach this stage; I want to arrest its progress, and so I do not hesitate to provide an occasion for finding fault with the patient, so as to have a reason for giving the *douche* and so teach him what he must do to escape it. And when I have wrested some admission from him, I am not satisfied; every day I must have fresh concessions; the more the patient gives in, the more I demand from him, and if I can see recovery ahead I stop only when recovery has been achieved."

With all this, Leuret combines a first class educational and rehabilitation programme: self-governing methods in the refectory, a school for the illiterate, reading, acting, instrumental and choral music. The threat of the cold *douche* was even used to induce a patient to take up his discarded violin and play to the others. In spite of these heroic methods Leuret's devotion to his patients was undoubted; that he was a real friend and champion of the insane is shown in his medico-legal writings. His "moral treatment" of course died with him; I have mentioned it here as a particularly well-documented example of apparent

cruelty not springing from ignorance or indifference, but deliberately planned by an otherwise humane and skilled physician.

#### CROMMELINCK AND "NON-RESTRAINT"

We return to England in order to accompany Crommelinck to Lincoln and to Hanwell, where he finds himself in the midst of the great non-restraint battle. The position in 1841 at Lincoln Asylum (now The Lawn) was that mechanical restraint, after being here considerably reduced by Charlesworth, had been abolished four years previously by Gardiner Hill; Hill was now no longer on the staff, but still practised in Lincoln and had a good deal of influence, while his system was being maintained by Charlesworth. At Hanwell, where there were ten times as many patients as at Lincoln, restraint had been done away with by Conolly at the end of 1838, and the hospital's Annual Report described the new system as fully successful. Crommelinck is entirely opposed to the total abolition of restraint prescribed by Gardiner Hill and Conolly:

"Dr. Conolly is the slave of a theory; he has got hold of the idea, Heaven knows where from, that one can manage raving lunatics without using any means of coercion. His system was embellished with the title of 'Non-restraint', and straightway all methods of coercion were denounced and held up to public execration as being cowardly, cruel, inhuman or barbarous; the most high-sounding epithets were loudly uttered by this disinterested philanthropist; he vainly hoped to attract the attention of all Europe; he did at least manage to enlist the sympathy of a certain party who, burning with zeal for the cause, rushed into action, in defiance of common sense and truth, against all and sundry to further this project of banning what he called cruelty and inhumanity. Under the names of 'Looker-on,' 'Snap' and others, this personage showered upon the public a number of malicious and insulting pamphlets directed against the supporters of restraint, and before long he had brought into his camp a few suggestible spirits. He then got himself appointed a member of the Hanwell Committee, and as such he was able to combine with Dr. Conolly and carry out the most extravagant projects."

"... The doctrine of 'non-restraint' is just the kind of thing that will appeal to lovers of the ideal and wonderful; it impresses the ignorant public and sounds attractive to inexperienced doctors; it is necessary to prevent this evil from spreading by enlightening the public about its unescapable dangers."

It must be admitted that "Looker-on" who was Mr. Serjeant Adams, Chairman of the Middlesex justices, could be extremely provocative, as one can see by turning up his letters to the *Lancet* in the years round 1840. For instance, on hearing that at Nottingham Asylum mechanical restraint had been virtually abolished in the treatment of ordinary cases of insanity, he writes:

"And above all others, read this sentence, oh ye Metropolitan Commissioners in lunacy, read ye this sentence, rouse yourselves from your death-like slumbers, and awake to the consciousness of your imbecility, supineness and neglect!"

Crommelinck lends a ready ear to the opposition.

"I will proceed to prove . . . that methods of coercion are frequently curative; that the substitutes now in use are more cruel than coercion itself; that dreadful abuses have resulted from this new system, such as patients being allowed to starve to death, or to bite their own flesh, hang themselves or kill each other."

He quotes from a pamphlet published by the Rev. Francis Tebbutt, who was dismissed from his post as Chaplain to Hanwell.

"Waters was a dangerous patient of great strength. He was kept secluded in a room, nearly in darkness, for about three months. When Mr. Tebbutt reported this to the Committee Dr. Conolly put forward the excuse that he had never known of it, as he had been confined to bed during the whole of the time by an attack of rheumatism. Mr. Tebbutt asserts that this is untrue, and that on the contrary Dr. Conolly had been in the wards every day. Mr. Serjeant Adams supported Dr. Conolly, and the blame was put on the two assistant medical officers who were said to be purposely trying to bring the system into discredit.

"Jonas Plummer was assaulted by another patient, and death resulted. Dr. Conolly reported that he had died of old age. Mr. Tebbutt refused to bury him; an inquest was held,

and it was found that Plummer died as a result of injuries inflicted on him by the other patient, John Evans.

"Joseph Smith was a violent patient; he was secluded in a padded room, where for seven or eight days he beat his head against the walls. On Dr. Conolly's orders he was given frequent doses of hyoscyamus as a sedative. He slept continuously for two nights and a day and was found dead. Dr. Conolly certified him as having died of apoplexy."

Again it must be admitted that none of these accusations are refuted, or even mentioned, in the published reports of the Visiting Justices, or in Conolly's own books. He complains, however, of lack of cooperation, as in one of his later articles in the *Journal of Mental Science* when he says: "Slovenly and unfaithful officers and attendants neglected these contrivances (that is, the methods to be used in substitution for restraint), allowed accidents to happen and recorded them."

Crommelinck, however, pays Conolly this tribute:

"Outside this question of restraint, which seems to have become a monomania with him, Dr. Conolly is the most pleasant and obliging colleague I have ever met. I am only being severe towards his absurd system because I undertook to report the whole truth, without either sparing my friends or my own interests."

"Dr. Conolly says that the physician must get to know everything that concerns directly or indirectly each patient and must seek to gain the confidence of each one of them; but who would admit that one physician can suffice for a thousand patients and I should add that Dr. Conolly is confined to bed for six months or more each year by a most intractable rheumatism."

His report on Lincoln is on similar lines. It will be noticed that he wrongly believes that Lincoln followed Hanwell in adopting the new system:

"This is a poor building; it has an attractive frontage resembling Bethlem and overlooking a spacious lawn; but that is all there is about it that is either good or pleasant; the interior can hardly be compared with that of other English institutions; the courts are small and there is not an inch of land for the patients to cultivate."

". . . The visiting justices there are true confederates and imitators of Hanwell, and it is they who issue the Annual Report—they resort to the same stratagems, which have been exposed by one of their consulting physicians, Dr. Cookson. They have tried to get rid of this inconvenient witness, but Dr. Cookson bears patiently with one insult after another, in the hope that one day the eyes of the public will be opened. . . . Another doctor named Charleswood (*sic*) has mesmerized these justices, just as Serjeant Adams has mesmerized those at Hanwell; he is even more violently partisan than the latter and a few months ago he actually sent a challenge to Dr. Corsellis of Wakefield.

"Dr. Cookson's pamphlet is full of confessions made by attendants who resigned because they could not put up with the abuses committed by the supporters of 'non-restraint'; or who were dismissed because they attempted to practise restraint secretly when they found that the new system had not only failed but become dangerous."

But after all Crommelinck had the interests of the insane at heart, and one cannot quarrel with his final conclusion:

". . . But we must be fair—let us admit then, that the supporters of 'non-restraint' have through the very violence and exaggeration of their campaign, greatly reduced the amount of restraint used, even in cases where previously no one would have thought of doing without it. Had they kept within reasonable limits and not insisted on being so exclusive and dogmatic none would have deserved better of humanity or contributed more to the science of mental treatment."

#### JOHN CONOLLY

Conolly's own works do show evidence of the intolerance and dogmatism, and so for many years his attitude caused resentment among those who claimed to use restraint on rare occasions only and to be otherwise as enlightened and considerate as he was.

"As the restraint system comprehended every possible evil of bad treatment, every fault of commission and omission, so the watchful, preventive, almost parental superintendence included in the term non-restraint creates guards against them all. For such is its real character, if properly understood and practised."

Sceptics who retained misgivings about total abolition were constantly reminded that Hanwell possessed "appliances" or "contrivances" which were

true substitutes for restraint. Hack Tuke, writing in 1845, lists them as seclusion rooms, especially padded ones, special dress, locks, etc. for violent patients, manual restraint, night observation, special construction of the asylum and classification of the patients. Conolly himself says:

"Where there are no padded rooms to resort to, I fear some parts of this ancient treatment must be scarcely avoidable; for many patients, particularly in the early stage of their malady, cannot safely be at large in the wards except in close restraints, nor safely placed in an ordinary sleeping-room, unless they are fastened to the bedstead. This state may continue for many days, or sometimes for many weeks; and for meeting such exigencies, the padded room, and much watching, and all practicable attentions alone seem adapted."

It should be pointed out also that Conolly did not count as restraint certain appliances which were later officially classified as such.

In the *Journal of Mental Science* for 1854 (then the *Asylum Journal*), to which Conolly contributed regular reviews of the Commissioner's Report, he says: "As regards keeping dressings on the head or elsewhere, the secured covers and cases of ticken with small locks are generally efficacious; but if they do not prove to, the confinement of the hands comes within the surgical category, and is of course allowable."

He must have been greatly helped by the effect of contrast, for the majority of his patients came to him from homes of the utmost poverty, or from work-houses where they had been confined for long periods before the parish would decide to send them to the asylum; and others were transferred to Hanwell from Bethlem when after a year's treatment they had been pronounced incurable—a system incidentally which Crommelinck roundly condemns, but which is not unfamiliar to us to-day.

"Too many unfortunate creatures are merely sent to county asylums to die; their emaciation, and ulcerations, and marks of restraints, are memorials of much past misery, and the kindest subsequent care is often extended to them in vain. They not unfrequently leave the workhouse or asylum from which they come at such an hour as to lose their chance of dinner altogether; they are sometimes brought in open carts, in cold and wet weather, and their removal made unnecessarily miserable; the attendants should never permit them to remain long hungry and cold and uncared for, after their arrival. When no proper care is omitted, it is often gratifying, after the patient has been an hour in the asylum, to see a poor, ragged, dirty, half-starved, sullen, wretched creature transformed into a clean, decently-dressed, cheerful and hopeful person, disposed to be pleased with everybody and everything: and this is a first step towards a cure."

"The wretched clothes are removed; the patient is taken gently to the bath-room, and has, probably for the first time, the comfort of a warm bath; which often occasions expressions of remarkable satisfaction. The refreshed patient is taken out of the bath, carefully dried, and has clean and comfortable clothing put on: he is then led to the day-room, and offered good and well prepared food. The very plates, and knife and fork, and all the simple furniture of the table, are cleaner by far than what he has lately been accustomed to, or perhaps such as in his miserable struggling life he never knew before. A patient seen after this preliminary part of treatment is scarcely to be recognized as the same patient who was admitted only an hour before. The non-restraint treatment has commenced; and some of its effects already appear."

There is evidently much more in this than the removal of restraint; and in fact Conolly conceived of his system as something far wider. As he says:

"The great principle of the system is to exclude all hurtful excitement from a brain already disposed to excitement. On this principle it abolishes mechanical restraint; and also, on this same principle it regulates every word, look and action of all who come in contact with the insane. The operation of the principle must be universal to be complete."

It would be too much to expect that such principles could have been fully established within the short time that Conolly held authority at Hanwell—an uneasy authority it seems, in face of many frustrations in addition to the opposition I have already mentioned. Fortunately his two classical works: *The Construction and Government of Lunatic Asylums*, published in 1847, and the

later *Treatment of the Insane without Mechanical Restraint*, are full of detailed practical instruction; fortunately also they are still read and I do not need to quote further from them.

But I cannot omit a reference to the urgently topical subject of the nursing staff—their function and quality and status, which our authors, from Haslam onwards had stressed as the essential foundation for any advance in treatment. On this Conolly says:

“The physician who justly understands the non-restraint system well knows that the attendants are his most essential instruments; that all his plans, all his care, all his personal labour, must be counteracted, if he has not attendants who will observe his rules, when he is not in the wards, as conscientiously as when he is present. No one can select them for him, for no one can fully understand all the qualities which his views require them to possess. Unless, therefore, he has this privilege of choosing his officers and exercising a vigilant supervision over them, as directed by himself, whatever good may be done in any asylum, the governors must not flatter themselves that they are fully carrying out the non-restraint system.”

And he sums the matter up thus:

“The whole life of the patients must take its character from the attendants and be agitated or tranquil, passed in misery or in content, according to the qualifications possessed by those in whose sole and immediate charge they must be for the greater part of each day. Every comfort, every appliance or treatment, every curative means, will be either realized or withheld according to their character. They are the instruments by which every great and good intention is brought into hourly practice. It is not necessary to say more to prove how important it is that they should be well chosen, well governed, well taken care of, well supported in their duty, and well paid.”

1854

Our review of a hundred years of moral treatment takes us to the year 1854, which I have chosen not only because we have now advanced a further century, but because that year saw the publication of the first volume of the *Asylum Journal*, now the *Journal of Mental Science*, and the further progress of British psychiatry can easily be followed in its pages.

It is fitting that my last quotation should be from this first volume. I choose an article by a good friend of British psychiatry, Van Leeuwen, of Meerenberg (now Santpoort) Hospital in Holland, who sums up the unity of medical and moral treatment in terms which could hardly be bettered to-day:

“In the medico-moral treatment we do not look out for any particular organ as the seat of insanity, nor do we pretend to operate directly on the mind or soul; but we study the patient as a unity, as an individuum, in all his physical, intellectual, moral and social relationships, such as he is born from his parents, such as he has been modified or transformed for better or worse by subsequent circumstances—in short by the wisdom or want of wisdom by which he has made his way through life. . . . We proceed by that experience which is acquired by looking upon insanity as principally a disease of man as a moral being.”

#### SUMMARY

1. A plea is made for a reassessment of psychiatric tendencies and teachings in the late 18th and early 19th centuries.
2. English authors have been unjustifiably neglected as sources of information on the history of the period.
3. A study of these authors' teachings on the “management” or “moral treatment” of the insane shows that progressive views were more widespread than is generally recognized.
4. Attention is specially drawn to the influence of Haslam's writings on the practice of Pinel and of *The Retreat*; to the pioneer work of Thomas Arnold; and to Burrows' and Knight's individual work with schizophrenics.
5. The reforms introduced by Pinel and at *The Retreat* are re-examined, and some current misconceptions of their nature and scope are pointed out.
6. The later work of Ellis, Browne and Conolly is briefly discussed.
7. An original view is presented of English psychiatry at the height of the “no-restraint” controversy as seen through the eyes of a foreign visitor, Crommelinck of Bruges.