A History of Psychiatry

From the Era of the Asylum to the Age of Prozac

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CHAPTER

1

The Birth of Psychiatry

Before the end of the eighteenth century, there was no such thing as psychiatry. Although individual doctors had occupied themselves with the care of the insane and had written manuals about it since the time of the ancient Greeks, psychiatry did not then exist as a discipline to which a group of physicians devoted themselves with a common sense of identity. Yet except for surgery, few other specialities had come to life either. The advent of medical specialism was a phenomenon of the nineteenth century.

Yet mental disorder as such had always been familiar. Having a partly biological and genetic basis, psychiatric illness is as old as the human condition. Although not all mental disturbances are buried in the integuments of our nervous system, some certainly are, arising from disorders of the chemistry of the brain itself. It follows then that human society has always known psychiatric illness, and has always had ways of coping with it.

A World without Psychiatry

What is it like to live in a world without psychiatry? In Ireland, it was like this: In 1817, a member of the House of Commons from an Irish district said, "There is nothing so shocking as madness in the cabin of the Irish peasant. . . . When a strong man or woman gets the complaint, the only way they have to manage is by making a hole in the floor of the cabin, not high enough for the person to stand up in, with a crib over it to

prevent his getting up. This hole is about five feet deep, and they give this wretched being his food there, and there he generally dies."[1]

One may abandon immediately any romantic notion of the insane in past times as being permitted to gambol on the village green or ruminate idly in the shade of the oak tree. Before the middle of the nineteenth century, the people of villages and small towns had a horror of those who were different, an authoritarian intolerance of behavior that did not conform to rigidly drawn norms. Living in tightly organized face-to-face communities, the villagers of Europe attached great importance to inherited social roles, to customs preordained by tradition, and to daily lives dictated by the march of the seasons. Those who were forced by disorders of mind and mood to be different, to deviate from any of these rhythms, were dealt with in the most brutal and unfeeling manner. Consider, after all, the fate of those with major mental illnesses in the days of King Lear:

> Poor naked wretches, wheresoe'er you are,
> That bide the pelting of this pitiless storm,
> How shall your houseless heads and unfed sides,
> Your loop'd and window'd raggedness, defend you
> From seasons such as these?[2]

If turned out of their homes and villages, the mentally ill swelled the streams of beggars that wandered the roads of early modern Europe. Many of the "village idiots" were those who had suffered mental retardation or schizophrenia from birth trauma (protracted labor in the days of pelves narrowed by rickets). The "fool" with his staff was a standard iconographic image. Yet the picture of the insane as always having been with us requires nuancing. Outside of England, most people with mental disorders in past times had the right to be taken in and given poor relief in the place they were born. They could not be simply turned out.

So it was the family, not the community, that had to deal with them. Before the nineteenth century, looking after the insane was a family affair. And home care in the world we have lost was a horror story. Anton Müller, who in 1798 became chief of psychiatry at the Royal Julius Hospital in Würzburg, gave an account of some of the newly admitted patients. "A youth of sixteen, who for years had lain in a pigpen in the hut of his father, a shepherd, had so lost the use of his limbs and his mind that he would lap the food from his bowl with his mouth just like an animal." When admitted to the hospital, Müller's patients who had initially been in home care were routinely found to have "backs beaten

blue, with bloody wounds." One man had been chained by his wife to the wall of their house for five years, losing the use of his legs. And when patients discharged from the Würzburg asylum were spotted in the village, the local youths would run after them shouting, "Looky looky, there goes the kooky."[3] These accounts are in every way typical of home treatment of the mentally ill during these years.

Such conditions persisted well into the nineteenth century. In the 1870s just prior to introducing an asylum, officials in the French-speaking Swiss canton of Fribourg conducted a census of the mentally ill. The investigators could scarcely believe their eyes. One-fifth of the 164 mental patients they identified had been under restraint at home, mostly in unheated rooms and stables, "narrow, dark, damp, stinking lockups." Two individuals detained in a stall were said to have "lain upon straw in their own feces, their faces covered with flies."[4] As Louis Caradec, a retired marine surgeon practicing in Brittany, commented in 1860 of the surrounding countryside, "In our rural areas, where people are still imbued with absurd prejudices, public opinion sees having madness in the family as shameful and will not send the person to an asylum. This is the principal reason that motivates our peasants to keep such poor afflicted individuals at home. If the insane person is peaceful, people generally let him run loose. But if he becomes raging or troublesome, he's chained down in a corner of the stable or in an isolated room, where his food is brought to him daily. . . . This happens quite frequently in the countryside, and often a number of years may pass before the authorities are informed of this crime [of sequestration]."[5]

In England, such patients, if not chained at home, might be fastened to a stake in a workhouse or poorhouse. Dr. William Perfect, who ran a small rest home in Westmalling, Kent, recalled being summoned in 1776 by the parish officers of Friendsbury to see "a maniacal man they had confined in their workhouse. . . . He was secured to the floor by means of a staple and an iron ring, which was fastened to a pair of fetters about his legs, and he was handcuffed." Was he integrated into the community? Through the bars of his windows, "continual visitors were pointing at, ridiculing and irritating the patient, who was thus made a spectacle of public sport . . . by several feats of dexterity, such as threading a needle with his toes."[6] So much for community care in this particular version of a supposedly gentle and caring "preindustrial society."

Conditions were scarcely better in the New World, as Dorothea Dix, the New England social reformer, discovered in the early 1840s when she rode about rural Massachusetts investigating local arrangements for "the insane poor."

At Lincoln she found, "One woman in a cage."

Medford: "One idiotic subject chained, and one in a close stall for 17 years."

Barnstable: "Four females in pens and stalls; two chained certainly, I think all."

Not all the mental patients in Massachusetts were confined at home. Some lay in the almshouses, as Dix found, "in wooden bunks filled with straw, always shut up." At Danvers, far before she reached the almshouse Dix could perceive "wild shouts, snatches of rude songs, imprecations, and obscene language" coming from a formerly respectable young woman who had been returned from a nearby hospital as "incurable." Now at Danvers, the woman stood beating upon the bars of her tiny uncleaned cage, "a foul spectacle. . . . the unwashed frame invested with fragments of unclean garments, the air so extremely offensive, though ventilation was afforded on all sides save one, that it was not possible to remain beyond a few moments without retreating for recovery to the outward air."[7]

These anecdotes do not represent the extreme or bizarre end of the spectrum; they are typical of the situation of those with a serious psychiatric illness in the years before the advent of the asylum. In a world without psychiatry, rather than being tolerated or indulged, the mentally ill were treated with a savage lack of feeling. Before the advent of the therapeutic asylum, there was no golden era, no idyllic refuge for those supposedly deviant from the values of capitalism. To maintain otherwise is a fantasy.[8]

Traditional Asylums

But since the Middle Ages, there have been asylums. The asylum is by no means an invention of the late eighteenth century. If we switch our view from villages and small towns to cities, the urban world has always had to confront the problem of homeless psychotic or demented individuals, and cities have organized institutions to accommodate them, sometimes within hospices for the sick, the criminal and vagrant, sometimes in jails and workhouses. Full-fledged asylums also existed. All of these institutions had solely custodial functions. Traditional society had no notion of delivering therapy to patients.

Among the oldest psychiatric hospitals in Europe was Bethlem, founded in the thirteenth century as the Priory of St. Mary of Bethlehem, which by 1403 housed six insane men among other denizens. In

later centuries, the hospice was given over almost entirely to the insane, the name inevitably corrupting itself to Bethlem, or "Bedlam." In 1547, the City of London acquired custodianship of Bethlem, and it would remain a city-run asylum until 1948.[9] Recent scholarly accounts have mitigated somewhat the ghastly pictures of Bedlam that have come down to us from such sources as the eighth scene of William Hogarth's *The Rake's Progress*, drawn in 1733, showing the almost naked Rake lying manacled on the floor, his head shaved for lice, while a keeper or physician examines him. The private patients at Bethlem must have fared somewhat better because their families paid for their keep, yet the term "Bedlam" resonates as a synonym for chaotic madness.[10] By 1815, this most famous of all historic psychiatric hospitals had only 122 patients.[11] It therefore bulked little in the overall scene of care.

Although eighteenth-century England possessed seven other asylums or public charities, such as the Bethel in Norwich (founded in 1713),[12] it is likely that an equal if not greater number of patients were hospitalized in the private sector, in the numerous private "madhouses," or what would later be called "private nervous clinics," that dotted the landscape. Ranging in size from a handful of patients accommodated in a physician's home to facilities of four or five hundred, these private institutions offered custody, not therapy, for individuals too unmanageable for their own families at home. Conditions in the private madhouses were little superior to those in the public ones.[13] As John Haslam, the physician ("apothecary") of Bethlem, said of the private sector in 1809, "It is a painful recollection to recur to the number of interesting females I have seen, who, after having suffered a temporary disarrangement of mind, and undergone the brutal operation of spouting [forcing 'an entrance into the mouth through the barriers of the teeth'] in private receptacles for the insane, have been restored to their friends without a front tooth in either jaw."[14]

By 1826, when national statistics became available in England, only minimal numbers of individuals found themselves in either private or public asylums. Not quite five thousand insane people were confined in any form, 64 percent of them in the private sector, 36 percent in the public. Bethlem and St. Luke's together numbered only 500 patients, and a further 53 insane individuals were in jails—this in a country of 10 million people.[15] In England, it would be nonsense to speak, as the French philosopher Michel Foucault does, of any kind of "grand confinement."[16]

In contrast to the English tradition of private-sector custodialism, on the continent of Europe the public sector had always offered care. In France, through an administrative reorganization of 1656, Louis XIV

established the two great Parisian hospices for the sick, the criminal, the homeless, and the insane—Bicêtre for men and the Salpêtrière for women—as part of a larger hospice program called the "general hospitals." These *hôpitaux généraux* were not hospitals but custodial institutions that attempted no pretense of therapy. Although both Bicêtre and the Salpêtrière came increasingly to house the insane, until the late nineteenth century they retained their character as hospices rather than psychiatric hospitals. Both retrospectively were known as scenes of horror, the inmates being regularly flogged, bound in chains, and subjected to stupefying hygienic conditions.

As part of the "general hospitals," the French government established hospices in several provincial cities as well. In none of these institutions was the number of psychiatric inmates ever very considerable, Bicêtre for example having in 1788 only 245 "insane" persons (including those with epilepsy and mental retardation).[17] By 1798, France had some 177 general hospitals, the great majority of beds given over to nonpsychiatric inmates of various kinds. Mental patients were also confined in a number of workhouses *(dépôts de mendicité)* and hospices *("hôpitaux," "hôtels dieux")* scattered about the country.[18] At present, little is known about the exact mix of inmates, but the number of beggars, elderly people, and organically ill in these institutions seems to have been so high as to give them a decidedly nonpsychiatric stamp.[19] In France, Foucault's elect terrain with its almost thirty million people, it is absurd to insist on any kind of grand confinement. The number of psychiatric beds was minuscule in the context of these vast populations.

Central Europe, an assemblage of many small states, lacked the centralized government of France. Here, state, church, and local community divided the responsibility for psychiatric care in the form of asylums, almshouses, and jails. By the end of the eighteenth century, this form of care had fallen into a sad state. As Johann Reil, professor of medicine at Halle, depicted some of Germany's customary psychiatric lockups around the year 1800, "It is a remarkable sensation to come from the bustle of a big city into one of these madhouses." He found a whole "vaudeville" before his eyes as the insane in their delusions and hallucinations played out the roles of tyrant and slave, "fools who laugh without reason and fools who torture themselves without reason. Like criminals we lock these unfortunate creatures into mad-cages, into antiquated prisons, or put them next to the nesting holes of owls in desolate attics over the town gates or in the damp cellars of the jails, where the sympathetic gaze of a friend of mankind might never behold them; and we leave them there, gripped by chains, corrupting in their own

filth."[20] Although several of these awful "*Tollhäuser*" (fools' houses) were founded in the Middle Ages, and a significant number cluster late in the eighteenth century, nowhere in Central Europe is there evidence of any "grand confinement" of the insane, supposedly touched off by the absolutist regimes of the seventeenth century.[21]

Foucault believed that psychiatry had been invented by the central state. But in statist Germany, psychiatry was a dead letter before the nineteenth century. As Würzburg's Müller later recalled, "Any physician of that time [the late eighteenth century] will know how little of importance medical students learned about mental illness, how much less one could pick up in practice, and just how greatly this discipline had been neglected." To be sure, the traditional physicians had always known of medications to give the insane for a supposed excess of "black bile" and the like. Yet here too, said Müller, "The use of hellebore, the art of the old doctors in healing the insane, seems to have been lost."[22]

The American colonies had little opportunity of experiencing a premodern madhouse phase. Although it was generally up to the colonial family to deal with "distracted persons," the town elders did occasionally construct little strong-houses for individual patients, such as the five-by-seven-foot house the town of Braintree, Massachusetts, helped Samuel Speere build in 1688 to confine his insane sister, Goodwife Witty. In 1701, the officials of Watertown, Massachusetts, ordered a "distracted child" to be placed in care, authorizing payments for its upkeep. When these arrangements collapsed the following year, the community authorized another resident to keep the child in a "little house . . . if he be distracted."[23] Thus confinement of some sort for mental illness dates far back in Colonial history.

As for colonial institutions, in 1729 the newly founded Boston almshouse created the first psychiatric ward by separating the insane from the other inhabitants.[24] Before 1800, there were only two hospitals in the United States, the Pennsylvania Hospital, established in 1752 at the instigation of the Religious Society of Friends, and the New York Hospital which opened in 1791. At some point, both institutions began admitting patients who were insane, the New York Hospital getting a separate psychiatric building in 1808 designated "Lunatic Asylum."[25] The first psychiatric hospital as such in the Colonies was founded in 1773 in Williamsburg, Virginia, "to make provision for the Support and Maintenance of Ideots, Lunatics, and other Persons of unsound Minds."[26]

Thus on both sides of the Atlantic, the history of psychiatry began as the history of the custodial asylum, institutions to confine raging individuals who were dangerous to themselves and a nuisance to others. It

was the discovery that these institutions could have a therapeutic function that led to the birth of psychiatry as a discipline.

Heralding the Therapeutic Asylum

It was not the notion that madness was curable that changed at the end of the eighteenth century, for a kind of therapeutic self-confidence ran throughout traditional medicine with its bleeding, purging, and giving of emetics—all designed to cure. Rather, it was the notion that institutions themselves could be made curative, that confinement in them, rather than merely removing a nuisance from the vexed family or the aggrieved village elders, could make the patient better. This insight broke in an almost revolutionary way upon the scene.

Yet the eighteenth-century Enlightenment did flatter itself that through the use of reason it could much improve on the therapeutics of previous generations. The notion of curability was good Enlightenment thinking, part of a larger agenda of improvement through social, political, or medical engineering. If Revolutionary France could be given a constitution and the laws of market economics laid bare, so could illness be systematically treated through right-thinking therapeutic philosophies. Radiating from such centers as Edinburgh, a new therapeutic optimism engulfed the whole world of medicine in the second half of the eighteenth century, an optimism that psychiatry shared. A new generation of asylum physicians grew up filled with confidence in their ability to heal.

So diffuse was the spirit of change that it is difficult to identify a single individual as responsible for the new-style asylum. Germany's Johann Reil spoke of an international movement to help the plight of the insane. "The physicians of England, France, and Germany," he said in 1803, "are all stepping forward at once to improve the lot of the insane. . . . The cosmopolite sees joyously the untiring efforts of mankind to ensure the welfare of one's neighbor. The horrors of the prisons and the jails are over. . . . A bold race of men dares to take on this gigantic idea, an idea that dizzies the normal burgher, of wiping from the face of the earth one of the most devastating of pestilences."[27] Just imagine: Nothing less than eradicating insanity was what they had in mind, couched in the most delicious of Enlightenment rhetoric.

It is possible, however, to identify a handful of asylum physicians whose writings became beacons for the rest of the psychiatric world. In view of the great controversy surrounding this subject, one notes that the

reform movement in psychiatry was truly international. There are scholars who associate the rise of psychiatry with various influences, some saying that capitalism was responsible, others the central state.[28] Yet the new therapeutic optimism of psychiatry originated in a wide variety of social and economic settings, making it unlikely that any single social force such as capitalism offers the answer. Enlightenment-style scientific thinking on the other hand spanned continents: Journals circulated widely, important books were soon translated, and individual physicians undertook trips abroad to learn what was happening elsewhere. It was this kind of scientific thinking, largely independent of social setting, that seems to have launched psychiatry.

The first psychiatrist to argue for the therapeutic benefits of institutionalizing patients was William Battie, the founding medical officer of St. Luke's Hospital in London, an asylum that opened in 1751. Battie, a distinguished figure, was owner of two large private madhouses and at one point president of the College of Physicians. The standard history of British psychiatry calls him "the leading 'mad-doctor' . . . of the day."[29] In 1758 at age 54, Battie wrote the *Treatise on Madness,* which specifically attributed therapeutic virtues to the asylum. He quoted an anonymous colleague to the effect that, "management did much more than



Vincenzio Chiarugi, late eighteenth-century Florentine psychiatrist who established one of the earliest therapeutic asylums (courtesy of Donatella Lippi).

medicine; and repeated experience has convinced me that confinement alone is oftentimes sufficient, but always so necessary that without it every method hitherto devised for the cure of madness would be ineffectual." Indeed it was a kind of isolation cure that Battie recommended, in which the patient was to receive no visits from friends (or spectators) and be attended not by his own servants but by the asylum orderlies.[30] This is the first influential statement of which I am aware on behalf of the asylum as a treatment center.

Battie went on to emphasize the curability of mental disorder: "Madness is . . . as manageable as many other distempers, which are equally dreadful and obstinate, and yet are not looked upon as incurable; such unhappy objects ought by no means to be abandoned, much less shut up in loathsome prisons as criminals or nuisances to the society."[31] Under the influence of psychoanalytically oriented history, such founders of modern psychiatry as Battie have been virtually forgotten.[32] Yet it was with Battie that the birth of psychiatry commenced.

The scene now shifts to Florence, Italy, where in 1785 a 26-year-old physician named Vincenzio Chiarugi, who had been employed in the overcrowded hospice of Santa Dorotea, proposed to the reformist Austrian Grand Duke Leopold, administrator of the province of Tuscany, that another hospital—the old Bonifazio—be renovated and that the psychiatric patients from Santa Dorotea be shifted there. In 1788, the Bonifazio mental hospital was opened and in the following year a handsomely printed set of regulations appeared—apparently Chiarugi's work—on how to maintain proper order in such an institution. In 1793 and 1794, Chiarugi then published his own three-volume work *On Insanity,* in which he made the case that asylums were not merely to segregate mental patients but to heal them. He outlined a scenario for doing so (the details of which I will discuss in the following section).[33] Chiarugi thus takes the credit for specifying the basics in running a therapeutic asylum.

Meanwhile in France, the Revolution was in progress. A month after Charlotte Corday's 1793 assassination of Marat, the Jacobin government asked a young physician named Philippe Pinel, then 38, to take over the operation of the Bicêtre hospice. Pinel was an example of the kind of self-made arriviste whom the Revolution had thrown into prominence. Born in 1745 in a village in the southwest of France, he was the eldest of seven children in a poorish medical family. He had studied mathematics at Toulouse, the regional university, and then went on to study medicine at Montpellier. Pinel went up to Paris as a kind of medical littérateur, writing and translating, attending salons, and—in the context of some as yet unclarified association with a private psychiatric clinic owned by



Philippe Pinel, early nineteenth-century Parisian psychiatrist who is considered the founder of modern psychiatry (courtesy of the Archives of the American Psychiatric Association).

the Belhomme family—developing a taste for the practical observation of patients (in contrast to the arid theorizing that then filled the medical texts).

After 1789, Pinel drifted into revolutionary circles, a man who, despite his lowly provincial origins and regional accent, possessed a political future. Imbued with Enlightenment psychology and a progressive social philosophy acquired in the salons during the 1780s, Pinel's head was filled with reformist ideals of both a humanitarian and a therapeutic nature.[34] His fame became guaranteed for having supposedly in 1793 directed the removal of chains from the madmen at Bicêtre (though it was hospital manager Jean-Baptiste Pussin who actually gave the orders). In 1795, Pinel abolished the chains at the Salpêtrière after becoming director of that institution.

Yet Pinel's name remains today a monument in the history of psychiatry not because of various purported freeings of the insane. Previous psychiatrists including Chiarugi had unchained their patients (also, Pinel replaced the chains with straitjackets). It was rather because of a textbook he published in 1801. On the basis of his experiences at Belhomme, Bicêtre, and the Salpêtrière, Pinel concluded that the asylum was a place where psychological therapy could be carried out, not explicit psychotherapy but using the experience of incarceration itself

in a healing manner. "The hope is well-justified," he said in 1801, "of returning to society individuals who seem to be hopeless. Our most assiduous and unflagging attention is required toward that numerous group of psychiatric patients who are convalescing or are lucid between episodes, a group that must be placed in the separate ward of the hospice . . . and subject to a kind of psychological treatment [*institution morale*] for the purpose of developing and strengthening their faculties of reason."[35] Although this was not the first statement of the asylum's therapeutic potential, it has been the historically most resonant. In most conventional histories of the subject, modern psychiatry begins with Pinel.

Pinel's 1801 text was vague on just how one organized life in an asylum to make it therapeutic, although we know that he himself was very endearing with the patients, that he calmed them with warm baths, and that he filled the idle hours with work and systematic activity.[36] It is in spelling out the therapeutic fine print that Pinel's pupil Jean-Etienne Esquirol enters the picture. Esquirol was born in Toulouse in 1772, the son of an influential family whom the Revolution had reduced to poverty. After



Jean-Etienne-Dominique Esquirol, early nineteenth-century Parisian psychiatrist who advocated what later would be called "social and community psychiatry" (courtesy of National Library of Medicine).

drifting about in search of a career, Esquirol migrated to Paris intent on medicine. In listening to lectures from hospital to hospital, Esquirol finally hit upon Pinel's at the Salpêtrière. A firm bond immediately formed between the two men. Almost at once, Esquirol, much like Carl Jung in his relationship to Sigmund Freud a century later, became known as the crown prince of reformed psychiatry. Esquirol began to make a name for himself with his 1802 doctoral thesis on the role of the "passions" in mental illness, and in 1811 he replaced the nonphysician Pussin as administrator of the psychiatric division of the Salpêtrière.[37]

It was Esquirol's plan to put the reforms of Pinel into practice. To help spread the word, in 1817 he began lecturing on psychiatry to the medical students. Eight years later, as he became chief physician of the large asylum in the Parisian suburb of Charenton, Esquirol already had a decade behind him of agitating for the cleanup of France's asylums, especially in the provinces.[38] Perhaps the most therapeutic notion of the Pinelian asylum, as put into operation by Esquirol, was that of the therapeutic community: patients and physicians living as community members in a psychiatric setting. In Esquirol's private nervous clinic across from the Salpêtrière (later moved to the suburb of Ivry), the patients would eat together at the same table with the Esquirol family.[39] Esquirol believed in the salutary effects of "isolation" from the outside world in the institution, and felt that removal from family and friends would contribute greatly to diverting the patient from the previously unhealthy passions that had ruled his or her life.[40]

The psychiatric current that Pinel and Esquirol originated would run throughout the Atlantic community in the nineteenth century, ending only when the pressure of sheer numbers swamped any notion of the asylum offering therapeutic benefit. Yet there were important international differences in the concept of the therapeutic asylum.

In Central Europe, the voice of Pinel was muted because Reil, the major authority on reform, happened not to care for the sage of Bicêtre and preferred Chiarugi instead.[41] Reil was one of those late-eighteenth-century Enlightenment polymaths. He made a name for himself in neuroanatomy and in internal medicine, only later turning his hand to psychiatry. Indeed, it is not clear that, except for his duties as physician at the Halle prison (whose population would have included some psychiatric cases), Reil ever had much contact with actual mental patients. But he had a lot of ideas and expressed them in *Rhapsodies on the Application of the Psychological Method of Cure in Mental Alienation*, a powerfully written but obscurely titled book that appeared in 1803 when Reil was 44.

Appalled by previous conditions in institutions, Reil asked in best Enlightenment style, "When it comes to saving others, where are the fruits of our famous culture, love for humankind, sense of community, supposed citizenship, and noble renunciation of self-interest?" He found before him a bleak psychiatric tableau. But here the "medical guild" can help, he said. "They have courage and energy, because everyone needs them. They are pupils of the large school of nature, a nature that refuses to keep us asunder as humans, and they react when they see this principle violated." (It was as though Reil and not Schiller had penned the "Ode to Joy.")

"What can doctors do about the problem of mental illness?" asked Reil. Institutions could help. Psychiatric hospitals, he said, were the one exception to the rule that sick people are better cared for at home. Family care of insanity was much less effective than institutional because "in family homes there are no baths, douches, open spaces and other adjuvants of therapy of which the physician disposes in public asylums." Given the scarcity of doctors interested in insanity, it made much more sense, he said, to concentrate the few available doctors in institutions rather than to disperse them in private family care. Thus, "As a rule public asylums must represent the basis of treating this kind of patient."[42]

There should be two kinds of institutions, for incurables and for curables. Reil dedicated an elaborate treatment regime to the latter, including both physical therapy and a psychotherapy that involved building theaters in asylums to stimulate patients' visual senses and making prostitutes available to male patients.[43] Much of this was merely Reil's fantasy—there were no actual plans to incorporate any of these features in asylum life. Yet it was a comprehensive program of institutional therapy that owed nothing to Pinel, only a few features to Chiarugi, and constituted a distinctively Central European strand in making psychiatry into a therapeutic profession.

Reil represents the latitudinarian stream in the history of German psychiatry. An authoritarian stream, however, arose at the same time in the figure of Ernst Horn, a 32-year-old army doctor who had gone into teaching and who became in 1806 the associate director of Berlin's Charité Hospital. In this capacity, he was charged with running the psychiatric service, established in 1798 after the penitentiary, the previous receptacle of psychiatric patients, had burned down. To understand the nature of Horn's proposals, bear in mind that the Charité was a military teaching hospital with an environment based on Prussian discipline. Yet in the context of the riotous disorder of the traditional asylum, such a strict regimen could generate favorable therapeutic results. Take, for example, the apparently trifling question of what patients were permitted to keep in their

rooms. When he arrived, Horn said, "Anybody could take into his room whatever he liked. Everybody wanted to build himself a little nest, without thinking that what was permitted the one must also be allowed the others, and so shortly the patient's entire room was overfilled in the extreme with things that caused untidyness. The sad consequences were not long in coming. I was forced to sacrifice the desires of the individual for the needs of the whole. The requests of the patients had to remain unheard, so that the community of patients would thrive better."[44]

It is true that when Horn arrived in 1806 he found chaos. Yet the order he imposed on this Goya-esque vista was not just tidy and appealing to the bureaucratic mind, it was therapeutic as well. He dictated a regimen of military drilling to the patients, inserted tight daily schedules to replace endless idleness, and installed a general sense of limits that helped give patients the feeling of being able to control their lives. "A lot of mentally ill people thanked him," commented Horn's biographer, "for their happy recovery."[45]

In the United States, European models held sway until the 1930s, which means that there were relatively few distinctive American psychiatric traditions—or few at least that were copied elsewhere. In talking about American "firsts" therefore, we must try to steer clear of the parochialism that has characterized much American writing on this subject.[46] Yet the American narrative is important, and it too begins with a founding figure.

The Philadelphia physician Benjamin Rush was officially acknowledged by the American Psychiatric Association in 1965 as the "father of American psychiatry."[47] Yet Rush, attending physician at the Pennsylvania Hospital, did little to serve as a beacon for the future. He was one with his European colleagues in seeing the brain as the basis of mental illness: "Persons who labour under the derangement, or want, of these faculties of the mind," he said in 1786, "are considered very properly as subjects of medicine; and there are many cases upon record that prove that their diseases have yielded to the healing art."[48] In his big psychiatry textbook, published in 1812, Rush stated coolly, "The cause of madness is seated primarily in the blood-vessels of the brain, and it depends upon the same kind of morbid and irregular actions that continues other arterial diseases."[49] This was garden-variety organicism and in no way distinctively American.

Rush's partisans have argued that his occasional musings on moral suasion anticipated later psychological therapies. Yet, psychological sensitivity is difficult to detect in his practice. As one visitor to the Pennsylvania Hospital in 1787 recounted of Rush's rounds, "We next took a

view of the maniacs. Their cells were in the lower story, which is partly underground. These cells are about 10 feet square, and made as strong as a prison. . . . In each door is a hole, large enough to give them food, etc., which is closed with a little door secured with strong bolts." Most of the patients were lying upon straw. "Some of them were extremely fierce and raving, nearly or quite naked."[50] This was not the world of moral therapy and busy regimen, and it was quite at odds with the idyllic reforms of the Pennsylvania Hospital described in his textbook: "[The patients] now taste of the blessings of air, and light, and motion, in pleasant and shaded walks in summer. . . . They have recovered the human figure, and with it, their long forgotten relationship to their friends and the public."[51] As a founder of psychiatry therefore, Rush is a bit of a sham.

What do these many founders of modern psychiatry have in common? How about the Foucauldian notion that psychiatry was born in some kind of fiendish alliance between capitalism and the central state, enlisting psychiatrists in the larger game of confining deviant individuals in order to instill work discipline into an unmotivated traditional population? To be sure, Battie and Rush came from the stamping grounds of the nascent capitalist economy—Philadelphia and London—where they breathed the spirit of the marketplace. Yet Chiarugi's sleepy late-eighteenth-century Florence could scarcely have been less capitalistic, and it would be farcical to argue that Grand Duke Leopold was somehow extending the state-making writ of the Austrian monarchy to the Tuscan mental-health system.[52] Viennese moneyed interests had virtually no interest in Tuscany at this point and young Leopold (he was only 18 when his rule began in 1765) and his mother Maria Theresa counted more as traditional enlightened "despots" than as industry-backed state makers. Reil's Halle was at the time an economic backwater and unlikely to have suffused into Reil—the great friend of humankind—an urgency about encouraging industrial work discipline. The Foucauldian case would actually rise or fall with Pinel and Esquirol, themselves starkly different in class background and mind-set (Pinel a *philosophe*, Esquirol an early romantic). Aside from being close friends, what Pinel and Esquirol had in common was extensive experience with private clinics. Esquirol's thinking about therapy was certainly influenced by life at his own private clinic, though it is difficult to tell how Pinel's first five years in psychiatry at the Belhomme family's clinic affected him.

Why does it matter whether either man had cut his teeth in a private psychiatric clinic? Because the rise of the private clinic is anathema to the whole Foucauldian doctrine: By definition, these clinics arose from

the private sector rather than the public. If the birth of psychiatry occurred mainly in private "madhouses," middle-class and aristocratic families voluntarily paying vast sums to rid themselves of manic relatives, what remains of the "grand confinement"?

Other scholarly accounts are scarcely more persuasive than Foucault's. Some have argued that "professionalization" was at work as psychiatrists sought to establish a self-serving hegemony over madness to boost their own wealth and power.[53] It is true that some private-sector physicians such as Battie did accumulate great fortunes. It is also true that in these years psychiatry did begin to constitute itself as a distinct discipline, claiming special intellectual and emotional qualities for its exercise. Yet this may be interpreted as a legitimate expression of therapeutic self-confidence rather than a power-grab.

These late-eighteenth-century psychiatrists believed that a new discipline was taking shape. Until the twentieth century, its practitioners would be called "alienists," one who treats "mental alienation." Reil enumerated the qualities making for a good psychiatrist: "Perspicacity, a talent for observation, intelligence, good will, persistence, patience, experience, an imposing physique, and a countenance that commands respect." He found these in short supply: "All those qualities required for the cure of the insane are so rare as to make the staffing of institutions difficult."[54] In 1808, Reil coined the term psychiatry, or "Psychiaterie," for the new discipline, which by 1816 he had shortened to "Psychiatrie."[55]

English writers too echoed this sentiment of psychiatry representing a special kind of discipline. As John Ferriar, chief physician of the asylum in Manchester, put it in 1810, plumbing the symptoms of madness required physicians better versed in Shakespeare than in the Greek medical writer Aretaeus. "From a want of that exquisite discernment in the traces of character, which rather qualifies a man for the composition of poetry or romance than for pathological discussion, some medical writers have limited their arrangement of mental disorders too narrowly," whereas others, Ferriar went on to say, had made the notion of insanity virtually coterminous with any "transitory excess of passion."[56] Thus for Ferriar, specializing in insanity required an understanding of culture and character.

In these years, "the concept of psychic medicine as science," as one of Reil's collaborators put it, was coming into being.[57] Psychiatrists were asserting a legitimate claim to guild status on the grounds that running an asylum in a therapeutic manner was an art and science as intricate as chemistry or anatomy.

Organizing the Therapeutic Asylum

The founders envisioned two aspects of life in an asylum as therapeutic—the setting itself with its orderly routines and communal spirit, and the doctor-patient relationship. A particular form of this relationship was often called "moral therapy." In both the setting and in moral therapy, the new asylum, as the founders conceived it, diverged from the traditional madhouse.

The eighteenth-century manuals said that madness came from excessive irritation of the nerves. Therefore a calmative setting was indicated. Battie sought to achieve in his asylum a kind of golden mean where, "Every unruly appetite must be checked, every fixed imagination must if possible be diverted." The patient's body and his quarters were to be kept clean, his diet light, "neither spirituous nor high seasoned." A "well timed variety of amusements" should neither be too long nor too diverting. The private nervous clinic should serve as a kind of rest home, in other words.[58]

If these late-eighteenth-century writers emphasized strengthening the patients' sense of self-control, it was not merely because they were creatures of a Methodist epoch that valued self-discipline but because self-control was therapeutic. Ferriar said that in "lunatic houses" the regimen should help the patient acquire the self-discipline that would permit him to "minister to himself." "A system of discipline, mild but exact, which makes the patient sensible of restraint without exciting pain or terror, is best suited to these complaints." The results were thought soon apparent. "It is owing to the sense of restraint that lunatics recover more quickly when they are removed from home," Ferriar said. The attention they received at home merely made the illness worse. "Among strangers, they find it necessary to exert their faculties, and the first tendency to regular thinking becomes the beginning of recovery." Thus the routine of the asylum should encourage limit-setting and focusing, encouraging in patients a sense of self-mastery. Above all, Ferriar stressed that "the management of hope and apprehension in the patient forms the most useful part of discipline. Small favours, the show of confidence, and apparent distinction accelerate recovery."[59]

How could one manage hope and apprehension in mental patients? How did one turn a "madhouse" into a "healing facility," as Reil put it? One might start by choosing an innocuous name, said Reil, a "Pension for Nervous Patients" perhaps, or a "Hospital for Psychological Healing." Situate it in a pleasant setting, midst brooks and lakes, hills and fields, with small villas clustered about the administration building. There

should be no bars on the windows. Since the insane—Reil believed—tended to have a distinctive odor, the surfaces should be cleanable. The place would require baths, a "magic temple," and sites for "other exercises in attentiveness."[60] It would be decades before such temples to healing were actually constructed for the wealthy families of the great cities. Yet Reil's therapeutic vision was astonishingly prescient.

The therapeutic asylum in Central Europe was nothing if not orderly. At the Charité, Horn devised an hourly schedule for his patients, something unheard of at the time:

> 5–6 A.M. "Prompt arising, ablutions, and breakfast."
>
> 6–7 A.M. "Religious edification by reading out loud to the patients passages appropriate to their comprehension."

The day continued in this manner, with time slots for cutting wood, military exercises, drawing-and-painting class, geography lesson, and, between seven and eight-thirty (in good weather) in the evening, "bowling balls for little prizes."[61] Horn's timetable breathes the philosophy that orderly life is restorative.

Pinel urged structuring the day with work.[62] But it was his pupil Esquirol who, with his experiences in a private clinic, developed most fully in France the notion of the daily regimen itself as therapeutic. "The patient with mania, restrained by the harmony, order and rules of the house, will get his impulsiveness better in hand and yield less to eccentric acts." As Esquirol penned these lines in 1816, he might well have had Battie's advice of almost half a century previously in mind (though almost certainly he did not). Esquirol: "The calm that the psychiatric patients enjoy, far from the tumult and the noise, and the mental rest [*repos moral*] conferred by removal from their businesses and domestic problems, is very favorable to their recovery. Subject to an orderly life, to discipline, to a well calibrated regimen, they are obliged to reflect upon the change in their life. The necessity of adjusting [*se contentir*], of behaving well with strangers, of living together with their companions in suffering, are powerful allies in achieving restoration of their lost reason."[63]

There was a second sense in which the late-eighteenth-century asylum executed its historic break with the past: Physicians began using techniques related neither to the giving of medication nor to physical procedures. This was the advent of psychotherapy, the formal use of the doctor-patient relationship to restore patients. The special psychological relationship between psychiatrist and patients, sometimes called "moral therapy" after Pinel's 1801 phrase "le traitement moral" (a word

which in this French context means "mental" not "moral"),[64] was actually not novel in principle. Informal psychological intervention is a technique with which physicians have always been familiar. Molière, the seventeenth-century French playwright, allows "Dr. Clitandre" to say in *L'Amour médecin*, "Sir, my remedies are different from those of the others. The others have emetics and bloodletting, medications and enemas. But I heal through words, through sounds, through letters, through talismans. . . . Because the mind has a firm hold upon the body, it is quite often through the mind that illness arises, and my habit has always been to heal the mind before proceeding to the body."[65] Reil was aware of a long train of physicians back to the Ancients preceding his own "psychological method of cure."[66] And in France after 1750, there had been a burst of writing on "la médecine de l'esprit."[67] As historian Roy Porter has demonstrated, the notion of moral management ran throughout psychological medicine in England during the eighteenth century.[68]

The late-eighteenth-century psychiatric writers tried to systematize these long-familiar techniques in the asylum, thus doing, in essence, formal psychotherapy. The first asylum physician to have experimented with moral therapy was Chiarugi at the Bonifazio asylum in Florence, who said in 1793 of treating depression, "It will be necessary in cases of true melancholia especially to promote and encourage *hope*, which is completely opposite to sadness and fear: this should be able to help change the physical and moral constitution of the person. . . . It has to be noted that this new feeling should be elicited in the most natural way so as not to cause resistance and spite in the melancholic patient."[69] Chiarugi can only be describing the physician's direct psychological intervention on the patient in the asylum.

Chiarugi's writing was largely unknown in England, where a whole generation of psychiatric writers in the first three decades of the nineteenth century preached the doctrine of "moral treatment" (see Chapter 2). The phrase was popularized in a private asylum founded in 1796 by William Tuke, a Quaker tea-merchant in York who wanted to improve the quality of care available to members of the local Quaker community with mental disorders. Although the York "Retreat" possessed a medical superintendent, the policies of care and gentleness for which it became famous were devised largely by laypersons. As Samuel Tuke, William's grandson, and also a merchant, wrote in an account of the Retreat published in 1813, "The judicious kindness of others appears generally to excite the gratitude and affection of the patient." This kindness offered a therapeutic grip on the patients, a hold by which to pull themselves back

to wellness, Tuke believed.[70] Although the book seems naive in its starry-eyed conviction in the power of the will in "mania" and "melancholia," the two categories into which all mental illnesses were then divided, it had an enormous impact and, though written by a layperson, may be considered one of the single most famous documents in the history of psychiatry.

Meanwhile in France, Pinel had apparently never heard of the Tuke family nor the York Retreat. What he had seen, however, was the spectacle of Madame Pussin, the wife of the administrator at Bicêtre, sometime in the period 1793 to 1795 doing her version of psychotherapy. "I was astonished at Bicêtre to see her approach the most furious maniacs, to calm them with words of consolation, and to get them to eat meals that they would obstinately have rejected from any other hand. One day an insane patient, reduced to danger of starvation from his stubborn refusal to eat, revolted against her and, in pushing away the food she was serving him, reviled her in the most outrageous terms. This quick-witted woman put herself in unison with his delusional notions; she jumped and danced about in front of him, talked back to him in kind, and succeeded in making him smile. Taking advantage of this opportune moment to get him to eat, she saved his life."[71] Pinel doubtlessly was exposed to other such happenstance encounters in human sympathy as well, but chance favors a prepared mind, as Louis Pasteur later said, and Pinel's mind was prepared, sensitized by the philosophical and psychological discussions of the Enlightenment philosophers. He quickly came to the conclusion that the key to "giving the patients hope again," to using the asylum therapeutically, lay in "gaining their confidence." Patients normally try to conceal from one what they're thinking, he said. Only by "taking on an air of bonhomie and a tone of extreme frankness can one penetrate into their most secret thoughts, clear up their anxieties, and deal with apparent contradictions by comparing their problems to those of others."[72]

Pinel's 1801 book had such authority that it immediately launched moral therapy. Its only competitor was Reil's own elaborate system of psychological curing, of only academic interest because he apparently reasoned it all out in an armchair.[73] What the English called moral therapy and the French "le traitement moral" thus became the gold standard of enlightened asylum administration. Although Haslam, the medical officer of Bedlam, mocked Pinel for his pretentious talk about having an imposing manner and thunderous voice, Haslam nonetheless bowed to the wisdom of "devot[ing] some time and attention to discover the character of the patient, and to ascertain wherein, and on what points, his insanity consists." To achieve patients' confidence, Haslam said, one

needed merely "a mildness of manner and expression, an attention to their narrative, and seeming acquiescence in its truth."[74] Nowhere will one find a more succinct expression of the qualities desired of the physician in the doctor-patient relationship.

Was the discovery of moral therapy thus a stroke of genius on the part of a handful of great men? Or did it lie in the intrinsic logic of the situation in which asylum physicians found themselves late in the eighteenth century? Determined to cure or ameliorate their patients' distress, it was obvious to them that some kind of psychological approach was necessary in addition to enema-giving and bloodletting. Clearly, patients would thrive better in a milieu that stressed productive activity and edifying pastimes as opposed to rolling around in straw covered with their own feces. It could not have been more evident to these physicians that patients respond to the comfort of the spoken word and to the expression of concern on the doctor's part, all of which are the essential and ageold ingredients of the much ballyhooed moral therapy. What is astonishing is not that it was discovered, but that it was later lost so completely from view in asylum life.

Nervous Illness and Nonpsychiatrists

Just as the major mental illnesses have always been with us, the minor ones such as anxiety, neurotic depression, and obsessive-compulsive behavior have accompanied humankind as well, though they seem by no means minor to those afflicted with them. Since the eighteenth century, they have often been referred to as "nervous illnesses," more recently as "neurotic" or "psychoneurotic" disorders. And every era has had its vocabulary for psychoneurosis. The ancient Jews thought "love sickness" to be capable of reducing a man to a skeleton.[75] Later epochs would contribute such additions to nosology as "hysteria" in the sixteenth century and "nerves" in the eighteenth.[76] All these expressions were quite nonspecific and could envelop just about any symptom imaginable. Jacob Isenflamm, for example, professor of medicine at Erlangen, disserted in 1774 about how hysteria and hypochondria could end fatally.[77]

Yet the so-called nervous disorders did not belong to psychiatry. They were assigned to family medicine or one to of the organic specialities such as neurology. In our own time, nervous and neurotic disorders have passed from the ambit of organic medicine to that of psychological medicine, becoming today the bread-and-butter of practicing psychiatrists.

How were such complaints considered at the end of the eighteenth century, our point of departure?

Minor psychiatric illnesses fell heavily to the lot of spa doctors. Europeans have traditionally sought relief at such watering places as Bath in England, Rigi-Kaltbad in Switzerland, Wiesbaden in Germany, and Plombières in France. In theory, the waters of the spa were seen as calmative; in practice their main benefit was probably to induce bowel movements, thus gratifying individuals who suffered the discomfort of chronic constipation and pleasing physicians who deemed open bowels the highway to health. Although the spas had blossomed in the High Middle Ages, they experienced a great decline in the early modern period following the Thirty Years War, also following rising wood prices and an epidemic of syphilis.[78]

By 1800, the spas were at a historic low point, seedy remnants of their late medieval glory. Bath in England was becoming a magnet for the poor rather than the wealthy.[79] Yet even at their nadir, the spas were still visited by the middle and upper classes for illnesses for which no organic cause could be found (in the medicine of the day, a vast gamut). In Germany, the watering places at Doberan in Mecklenburg, Nenndorf near Hanover, and Töplitz in Bohemia were seen as especially favorable for nervous illnesses.[80] Augustus Bozzi-Granville, a Milanese physician who in 1813 had settled in London and had a large society practice that included the Archduke of Clarence, described numerous nervous illnesses he had witnessed during his tour of the spas of Germany in the 1830s. Wiesbaden, for example, he deemed perfect for the hypochondriac: "He is sombre, thoughtful, or absent, in the midst of a laughing world. Forever brooding over his fate, his disease absorbs the whole of his attention. He disdains even the most trifling conversation with his fellow-creatures, and flies from those ephemeral acquaintances which are so easily formed at watering-places, exactly because one cares little how soon after they are forgotten. . . . Such a character one meets at Wiesbaden, as I found it at Gastein [in Austria], at Carlsbad [in Bohemia], and again at Töplitz."[81]

"Granville" as he called himself in print after his mother's name, encountered even more pronouncedly neurotic companions at "Bad Deinach" (Teinach, in Württemberg), the acidulous waters of which were said to be good for gout and rheumatism, also "for the cure of insane patients . . . and several of that class of patients, including hypochondriacal and melancholic persons, were in the course of cure at the time I visited the springs."[82] Thus the spa-physicians at Wiesbaden and Bad

Teinach would have to be quite adept at psychiatry, although they would not call themselves psychiatrists, alienists, *Irrenärzte*, or any of the other contemporary terms denoting madness: Nobody who was believed frankly mad would be encouraged to seek relief at a spa (though many did in fact, representing a chronic problem for the administration of the watering places).

Nor was the relief of nervous illness at chic spas a Germany monopoly. In June 1693, Lady Berisford's 19-year-old daughter was brought to Bath for symptoms "that usually accompany the virgin disease." She had great weakness in her wrists, what Dr. Peirce perceived as facial discoloring (owing he thought to premature onset of menstruation at 12), little appetite, and "vapours and strange fits." Peirce restored her with seven weeks of bathing and drinking the waters. He believed that "giving her to a good husband" should prevent a relapse.[83]

Outside of the spas, wealthy nervous patients might land in the hands of society doctors. In London, that meant the members and fellows of the Royal College of Physicians, who after the 1860s, would cluster increasingly on Harley Street and nearby West End addresses. Yet already in the eighteenth century, a clear corpus of society nerve doctors was identifiable, catering to the neurotic illnesses of a patrician population that wished to steer wide of "madness." Perhaps the prototypical society nerve doctor was George Cheyne, who in his 1733 book on the "English malady" and in other works launched the whole notion of "nervous illness" as a malady afflicting the nerves themselves. Cheyne, a Scotsman born in 1671, had studied at Edinburgh, then come down to London around 1701 to open a society practice, winning custom by "frequenting the society of the younger gentry," as his biographer put it, "and of free livers with whom he became extremely popular." For years, Cheyne indulged in long evenings of tavern dinners, recruiting intimates from his circle as patients and in the process becoming very stout, short of breath and gouty. After his own health broke, he sought treatment at Bath and was so pleased with his new regimen that he began spending the winters there, summering in London. In this climate of upper-class hypochondriasis and valetudinarianism, Cheyne penned his notions about nervous diseases as not representing madness but physical disorders of the nerves themselves ("a bodily distemper . . . as the smallpox or a fever"[84]).

And the suffering these nerves could inflict! "Of all the miseries that afflict human life and relate principally to the body, in this valley of tears I think nervous disorders in their extreme and last degrees are the most deplorable and beyond all comparison the worst."[85] Of course, his readers adored this analysis of the true nature of their suffering: organic

illness over which the mind had no control. "His reputation with the public was immense," we are told, "and he was intimate with the most eminent physicians and other persons of note in his time."[86] One may spool ahead two hundred years and see such names as Karl and William Menninger in lieu of Cheyne. Yet even though the Menninger brothers and Cheyne all specialized in the same type of patient, Cheyne was seen as having nothing to do with insanity while the Menningers were celebrated as psychiatrists.

Many society nerve doctors followed in Cheyne's footsteps. Charles Perry was a medical graduate of Oxford who, giving a clue to his own social set, dedicated his volumes on world travel to his friend the Earl of Sandwich. In 1755, Perry wrote an account of the "hysteric passion." Was it a psychiatric illness? Not at all, rather a "nervous disorder" caused by "errors and defects in our accretions and secretions." In Perry's view, "Many thousands (I believe I may say millions) of women are daily, more or less, under its scourge and dominion." He had seen evidence of this himself. "I have in the course of a long practice, and a pretty large circle of acquaintance, had a great many hysterical patients under my care and cognizance: indeed I have had pretty many very remarkable cases of that kind under my care and management within a few years last past. And these in general I have treated with uncommon success and effect."[87] Nor was he necessarily boasting. There is much evidence that these physicians with their spa therapies and placebo treatments were vastly successful in lifting from their patients the burden of neurotic illness.

Society nerve doctors arose during the eighteenth century in every country, outfitted with such diagnoses as hysteria, hypochondria, and spleen. In 1763, Pierre Pomme popularized in France "vapours," a disorder already well known to the English. Pomme, who had come up from Arles to become a big social success in Paris and serve as medical consultant to the king, evidently treated a *beau monde* suffering from depression, "fatigue, pain and a sense of dullness. Sadness, melancholy and discouragement empoison all of their amusements." Pomme believed that chicken soup and cold baths would work wonders for the disorder.[88]

In the public utterances of the society nerve doctors, nerves and madness were miles apart. Yet in practice, they were not so far apart at all. Doctors who specialize in "nerves" will of course end up seeing patients with major psychiatric disorders, because the patients' relatives demand the illusion of organicity and shun the stigma of madness. Thus a physician like Joseph Daquin, a consultant in the city of Chambéry (which then belonged to the Italian Duchy of Savoy), would attribute the problems of the wealthy women in his private practice to "vapours." In his

medical topography of Chambéry, published in 1787, he said, "Nervous afflictions are not frequent in Chambéry, yet we see today a greater number than previously; they have even spread to women of the countryside nearby the city." These nervous vapors, arising as they did from the uterus, could "derange all the functions of the brain."[89] Associated with women who led "a soft and sedentary life," such vapors sound like fairly significant disorders, deranging the functions of the brain and whatnot. But were these women "insane," in the sense of being candidates for admission to an asylum? Not at all. Their families would keep them at home.

At the same time, Daquin was medical director of the local hospice, or Hôtel-Dieu, of Chambéry, and treated poor patients for insanity. Some of these Hôtel-Dieu patients must have had symptoms similar to those of his private patients. Yet Daquin did not let the two worlds overlap. The author's extensive description on the title page of his topography says nothing about the psychiatric service of the Hôtel-Dieu. In conveying his ideas to the public, Daquin kept nerves and madness quite separate and did not advertise that he functioned as a psychiatrist.[90]

Eighteenth-century alienists covered only a narrow segment of the broad spectrum of disorders that the term psychiatry embraces today. The rest of the spectrum was taken over by practitioners who shunned any public identification with madness and sailed under the flag of spa doctor or society nerve doctor. Yet all were present at the birth of psychiatry.

Toward a Biological Psychiatry

Psychiatry has always been torn between two visions of mental illness. One vision stresses the neurosciences, with their interest in brain chemistry, brain anatomy, and medication, seeing the origin of psychic distress in the biology of the cerebral cortex. The other vision stresses the psychosocial side of patients' lives, attributing their symptoms to social problems or past personal stresses to which people may adjust imperfectly. (Both visions, by the way, attach considerable importance to psychotherapy, and it would be inexact to claim it as the monopoly of either.) The neuroscience version is usually called biological psychiatry; the social-stress version makes great virtue of the "biopsychosocial" model of illness. Yet even though psychiatrists may share both perspectives, when it comes to treating individual patients, the perspectives themselves really are polar opposites, in that both cannot be true at the same time. Either one's depression is due to a biologically influenced imbalance in one's neurotransmitters, perhaps activated by stress, or it

stems from some psychodynamic process in one's unconscious mind. It is thus of great importance which vision has the upper hand within psychiatry at any given moment.

This bifurcation of vision was present at the very beginning of the discipline's history. At the beginning, the biological version was predominant. With the sole exception of Esquirol and his romantic theories about the "passions," the psychiatrists of the founding generation believed that the cause of mental illness lay in the integuments of the brain and that psychiatry was in a sense reducible to neurology. (The two disciplines were considered the same.) In 1758, William Battie worked out a complicated explanation of mental illness based on the medical theories of Hermann Boerhaave, the clinician from Leyden whose turn-of-the-eighteenth-century writings stressed the pathology of "solids" as opposed to humors. Battie had the idea that muscular "spasms" led to "laxity" of the blood vessels of the brain, which in turn caused "obstruction" of the vessels and an ensuing "compression" of the nerves, together with the advent of delusive sensations. Thus there could literally be "weakness of the nerves," in Battie's view, giving rise to anxiety among other sensations.[91] That Battie possessed no empirical demonstration of the rightness of any of these theories troubled him not at all: "Madness, though a terrible and at present a very frequent calamity, is perhaps as little understood as any that ever afflicted mankind," he said. He called for research, given what he considered the uselessness of previous writing on the subject. But in the meantime, he could relieve the laxity of his patients' nervous fibers by giving them appropriate "medical care."[92] (Assafetida, a nauseating plant preparation, and musk would have been typical "antispasmodics" of his day.)

For Chiarugi, the nervous system represented without question the basis of mental illness: "Insanity can be defined as a chronic and permanent idiopathic affliction [of unknown cause] of the brain, the principal part of the nervous system."[93] He did autopsies on many of his patients, and because so many of them died of infectious illnesses (frequently acquired while in Chiarugi's asylum), he often found brain lesions.[94]

Benjamin Rush was convinced that "the cause of madness is seated in the blood vessels of the brain," and that mental illness had nothing specific about it, being merely "part of the unity of disease, particularly of fever, of which madness is a chronic form, affecting that part of the brain which is the seat of the mind."[95] Pinel spoke approvingly of German physician Johann Greding's efforts to find lesions in mental patients at autopsy, or as Pinel put it, "structural lesions or developmental anomalies that do seem to be characteristic." Yet Pinel criticized such researchers for their lack of control groups, suspecting that many of the

same brain changes would show up in normal individuals.[96] Pinel and Rush wrote so sketchily of this whole subject that neither could really be classed a forerunner of biological psychiatry.

Johann Reil is another matter, however. Reil was so dogmatic about brain biology as the cause of madness that he stands as the first medical writer to foreshadow biological psychiatry. Whereas Chiarugi had little notion of mechanisms, or how alterations in the structure and chemistry of the brain might produce madness, Reil was full of theories based on the notion of "irritability" (from the mid-eighteenth-century Swiss physiologist Albrecht von Haller and the Scottish physician John Brown). To cure mental illnesses, one had to reduce irritability in the substance of the brain itself. "As the overly irritable nerve fibers are calmed, the inert ones become excited. The normal proportion in the dynamic of the organ of the mind is reestablished and the prominent delusions vanish."[97] In addition to moral therapy, Reil had a whole arsenal of physical therapies to effect these imagined brain changes, such as the administration of warmth, or stroking the patient's body, as well as the red-hot irons and mustard plasters of the philosophy of counterirritation (vexing the skin to draw out the irritants lying below).[98]

Subsequent generations would abandon these particular mechanisms and embrace others, such as phrenology, which in their turn would be abandoned in the late nineteenth century for still other hypothesized mechanisms of how the brain produced madness. No matter. What is important is that these early psychiatrists had some gut sense of organicity in the afflictions of their patients: The suffering was just too intense, the hallucinations too bizarre, the patient's whole physical habitus too transformed for the brain not somehow to be implicated.

The psychiatrists of the founding generation also anticipated later biological psychiatry with their emphasis on heredity. Heredity figures among those circumstances that physicians have "always known about," because the major psychiatric illnesses tend to cluster in certain family trees, and a doctor with knowledge of his patients' relatives would immediately spot this clustering. So striking, for example, was the recurrence of melancholia and suicide within certain Zurich families between the sixteenth and eighteenth centuries that local scribes often commented on it. The Schmid family's tendency to melancholia was considered to be something "in their blood." In eighteenth-century Zurich, phrases like *malum hereditarium* were in current use.[99] Such generational clumping is not in and of itself evidence of genetic influence, for families may transmit patterns of sociability from generation to generation as well as genes. Yet this clustering nonetheless provided stuff for rumination.

Thus did William Battie ruminate about heredity as an "original," or primary, cause of madness, speaking of "whole families derived from Lunatic ancestors. . . . There is more reason to fear that, whenever this disorder is hereditary, it is original," he said in 1758.[100] Battie thus inserted himself into a long tradition of British thought on the inheritability of madness. As Haslam of Bedlam commented in 1809, "Where one of the parents have been insane, it is more than probable that the offsprings will be similarly affected."[101] He went on to offer examples of family trees from which madness fairly bulged. The first example: "R. G. His grandfather was mad, but there was no insanity in his grandmother's family. His father was occasionally melancholic, and once had a raving paroxysm. His mother's family was sane. His father's brother died insane. R. G. has a brother and five sisters; his brother has been confined in St. Luke's [asylum], and is occasionally in a low spirited state. All his sisters have been insane; with the three youngest the disease came on after delivery."[102]

Other of psychiatry's founders were equally heredity-conscious. Even though Pinel and Esquirol gave only a few lines to brain lesions, they went on for pages about heredity. "It would be difficult," Pinel said in introducing the section of his book on heredity, "not to concede a hereditary transmission of mania, when one recalls that everywhere some members of certain families are struck in several successive generations."[103] In Esquirol's view, 110 of 482 melancholic patients seen at the Salpêtrière early in the century had a hereditary "cause" for their disorder.[104] Of the 264 wealthy patients at his private asylum, 150 owed their problems, in his opinion, to their heredity. "Heredity is the commonest predisposing cause of madness," he concluded.[105] Reil wrote of the "predisposition" (*Anlage*) to mental illness.[106] Chiarugi flatly assigned the "mental mania" of a 26-year-old man whose father and mother had both been manic to his "hereditary predisposition."[107] There was absolutely no doubt in the minds of this founding generation of psychiatrists, and in the minds of virtually all of their medical contemporaries, that individuals with a history of mental illness in the family stood a greater chance of falling ill than did individuals from non-mentally-ill families. A genetic perspective was present at the birth of psychiatry.

Romantic Psychiatry

Opposed to this neuroscientific perspective featuring brain-biology and genetics is the psychosocial perspective, emphasizing problems in one's personal history and social surroundings. Even though this perspective

was not present at the very birth of psychiatry, it came along quickly enough, as one would expect, given that the real world of illness would inevitably tug psychiatrists toward human distress as it had tugged them toward human biology. This latter group of writers who sought to place distress within the category of morals and passions was retrospectively dubbed "Romantic psychiatry." (At the time they were known as the "psychically oriented," *die Psychiker.*)

The perception of passion was partly a generational issue. Members of the founding generation such as Battie, following in the tradition of John Locke, situated madness in "false perception" and the "confusion of ideas" that would inevitably follow such perception.[108] The next generation of Romantic psychiatrists by contrast sought out passions bubbling uncontrollably from the human soul. This tension within psychiatry flowed generally from the tension between the Enlightenment of the eighteenth century as a social and intellectual movement stressing reason, and the Romantic movement of the late eighteenth and early nineteenth centuries stressing feeling and sentiment. Thus a small clutch of psychiatric writers in Germany steered the discussion from reason toward mood and passion. Their underlying premise was that social circumstances (regulating the temptation to sin), not biology, governed passion, and that strict adherence to moral precepts was required for the control of these passions.

Unlike their biologically oriented colleagues, the Romantic psychiatrists had little interest in heredity or brain pathology and preferred to spend long hours talking to their patients about their subjective experiences. Otto Braus, at the time a young psychiatry resident in the Charité hospital in Berlin, recalled the contrast between the elderly Romantic psychiatrist Karl Wilhelm Ideler, then head of the psychiatric service, and his brash young deputy-chief Karl Westphal, who was very biologically oriented. The anecdote must have been in the late 1850s: Just after Braus came onto the service he introduced himself to Westphal, who said, "You'll see at once that our good old Professor Ideler is still wandering around in the olden days and using prescriptions taken from the pharmacopoeia of mental therapies, just because he sees these illnesses as independent and not related to illnesses of the body. He tries to prove to the patients that they've been the victims of delusive thinking, what the delusions are, how they acquired them, and so forth. You're going to have to tolerate listening in on these discussions, which can be quite boring.

"But if you take a shine to this work, a field that's quite new for you, I'll gladly loan you my books. You can help me out by working together with me in the autopsies, both on the gross [non-microscopic] side and the microscopic side, because our only salvation in dealing with mental

illness in the future is going to be not just the interview room, but also the autopsy table and the microscope."[109] This vignette is situated toward the end of the period, as Romantic psychiatry was on the wane and Westphal's star was rising as the future professor of psychiatry in Berlin. But in the beginning, the Romantics had two powerful young advocates.

One of the original Romantic psychiatrists, though he would have dreaded the term, was Esquirol, the first major specialist to espouse the notion of psychosocial causation of psychiatric illness. Esquirol was a transitional figure with one foot in the biological camp, given his loyalty to Pinel, and one foot in the psychosocial, given his interest in statistical analyses of how such matters as age, sex, and occupation influence psychiatric illness.[110] But Esquirol shunned the ponderous moralizing that characterized the German Romantic psychiatrists.

The main German figure associated with Romantic psychiatry, the Leipzig professor Johann Christian Heinroth, knew Esquirol and felt a close affinity with him.[111] Born in 1773, Heinroth had been caught up in the fundamentalist Protestant religious movement of the early nineteenth century called Pietism. He had studied medicine in Leipzig, his hometown, and in Vienna in the 1790s, and then because of a death in the family had turned to theology, finally however pulling himself together to earn an MD in 1805. After serving in the army against Napoleon, in 1811 Heinroth took up an academic career at Leipzig teaching psychiatry, and became in 1827 the professor for "psychological therapy" at that university, the first such professorship in Germany.

Heinroth came to psychosocial perspectives through an obsession with morality and sin. People's passions drive them to choose evil, he said, and that choice leads to a kind of inner corruption. Once corrupt, external events such as terror, vexation, or disappointment can precipitate a mental illness. In his *Textbook of Mental Hygiene,* published in 1823, Heinroth reviewed the gamut of circumstances that could affect one's psychic well-being: food, drink, sleep, exercise, air pollution and, finally, poor attention to the cleanliness of the skin. A sample: "The passions are like burning coals tossed into the dwelling of life, or serpents that spit poison into the vessels, or vultures that gnaw at the entrails. From the moment someone is seized by a passion, order ceases to prevail in the economy of his life." What protection was there against the passions? Freedom! "The world however gives us no freedom; it will never leave us free. Only God makes us free."[112] Hardly what one expects to find in a psychiatry textbook.

Throughout Heinroth's work rang a kind of sanctimonious pietizing that sat ill with contemporaries. Carl Carus, later court physician at

Dresden, had met Heinroth in a fall journey through Leipzig in 1817 and pityingly attributed the sterility of Heinroth's ideas to the sterility of his marriage.[113] Heinroth probably would have sunk into oblivion had not later critics of psychoanalysis likened Freud to the Romantic psychiatrists, enraging Freud and grabbing the interest of the historians of psychoanalysis.[114] Yet Heinroth was among the first of the Germans to follow the Esquirol school of linking life circumstances to mental disorders. And his distant successors, who cast off Heinroth's moralizing and turned to social problems as the source of mental distress, were by no means worthy of the contempt of posterity.

The other Romantic psychiatrists were too unimportant to merit attention in a general volume on the history of psychiatry. Suffice it to say that in psychiatry almost from birth on, the neuroscience wing found a counterweight in the psychosocial wing. Happily or unhappily, the counterbalance was so weak that biological psychiatry dominated the discipline throughout the nineteenth century, right up to the time of Emil Kraepelin.

Notes

Abbreviations used in Notes:

AJP	*American Journal of Psychiatry*
BJP	*British Journal of Psychiatry*
BMJ	*British Medical Journal*
BMSJ	*Boston Medical and Surgical Journal*
JAMA	*Journal of the American Medical Association*
JNMD	*Journal of Nervous and Mental Disease*
NEJM	*New England Journal of Medicine*
PNW	*Psychiatrisch-Neurologische Wochenschrift*
Munk's Roll	William Munk, *Roll of the Royal College of Physicians of London* (London: RCP, 1861–)

Chapter 1: The Birth of Psychiatry

1. Cited in William P. Letchworth, *The Insane in Foreign Countries* (New York: Putnam's, 1889), p. 172.

2. *King Lear*, III, iv.

3. Anton Müller, *Die Irren-Anstalt in dem königlichen Julius-Hospitale zu Würzburg* (Würzburg: Stahel, 1824), pp. 44, 46–47, 151, 164–165.

4. K. Ernst, "Geisteskrankheit ohne Institution: eine Feldstudie im Kanton Fribourg aus dem Jahr 1875," *Schweizer Archiv für Neurologie, Neurochirurgie und Psychiatrie*, 133 (1983), pp. 239–262, quotes pp. 250, 251.

5. Louis Caradec, *Topographie médico-hygiènique du département du Finistère* (Brest: Anner, 1860), p. 335.

6. William Perfect, *Select Cases in the Different Species of Insanity* (Rochester: Gillman, 1787), pp. 131–133.

7. Dorothea L. Dix, "Report to the Legislature of Massachusetts of Jan. 1843," *On Behalf of the Insane Poor: Selected Reports* (reprint New York: Arno Press, 1971), quotes pp. 5–7.

8. Michel Foucault writes of the early-modern period, "Madness traces a very familiar silhouette in the social landscape. A new and lively pleasure is taken in the old confraternities of madmen, in their festivals, their gatherings. . . ." "This world of the early seventeenth century is strangely hospitable, in all senses, to madness." *Madness and Civilization: A History of Insanity in the Age of Reason*, Fr. trans. from 1961 ed. (New York: Random House, 1965), pp. 40–41. The historical basis for Foucault's statements is extremely slender. Foucault's work has greatly influenced other historians of psychiatry, for example, Klaus Dörner, *Bürger und Irre: Zur Sozialgeschichte und Wissenschaftssoziologie der Psychiatrie* (Frankfurt/M.: Europäische Verlagsanstalt, 1969), p. 217.

9. See Patricia Allderidge, "Hospitals, Madhouses and Asylums: Cycles in the Care of the Insane," *BJP*, 134 (1979), pp. 321–334, esp. p. 323.

10. See Kathleen Jones, *Asylums and After: A Revised History of the Mental Health Services: From the Early 18th Century to the 1990s* (London: Athlone, 1993), pp. 7–10.

11. Richard Hunter and Ida Macalpine, *Three Hundred Years of Psychiatry 1535–1860* (London: Oxford U. P., 1963), p. 632.

12. Mark Winston, "The Bethel at Norwich: An Eighteenth-Century Hospital for Lunatics," *Medical History*, 38 (1994), pp. 27–51; p. 27 n. 4 lists all eight.

13. See William Ll. Parry-Jones, *The Trade in Lunacy: A Study of Private Madhouses in England in the Eighteenth and Nineteenth Centuries* (London: Routledge, 1972).

14. John Haslam, *Observations on Madness and Melancholy*, 2nd rev. ed. (London: Callow, 1809; first ed. 1798), p. 317.

15. Andrew Halliday, *General View of the Present State of Lunatics and Lunatic Asylums in Great Britain and Ireland* (London: Underwood, 1828), pp. 14–15.

16. Foucault, *Madness and Civilization*; ch. 2 is entitled "The Great Confinement."

17. Cited in Introduction, George Mora, ed. and trans., Vincenzio Chiarugi, *On Insanity and Its Classification* (Canton, MA: Science History Pubs., 1987), p. lxxxiii. Chiarugi's *Della Pazzia* was originally published in Florence in 1793–1794 in three vols.

18. See Jean-Pierre Goubert and Roselyne Rey, eds., *Atlas de la révolution française, vol. 7: Médecine et santé* (Paris: Éditions de l'École des Hautes Études en Sciences Sociales, 1993), pp. 38, 43.

19. See Goubert, *Atlas*, p. 48, for statistics on the *dépôt de mendicité* of Rouen, 1788–1800, where the "fous" were greatly outnumbered by the beggars (both well and unwell), and by patients with infectious illnesses (p. 48).

20. Johann Christian Reil, *Rhapsodieen über die Anwendung der psychischen Curmethode auf Geisteszerüttungen* (Halle, 1803; reprint Amsterdam: Bonset, 1968), pp. 7, 14.

21. For a listing of the principal institutions in Germany together with their founding dates, see Heinrich Laehr, *Ueber Irrsein und Irrenanstalten* (Halle: Pfeffer, 1852), pp. 242–283.

22. Müller, *Julius-Hospitale*, p. 17.

23. Examples from Mary Ann Jimenez, *Changing Faces of Madness: Early American Attitudes and Treatment of the Insane* (Hanover, NH: University Press of New England, 1987), pp. 38–39.

24. For an overview, see Gerald N. Grob, *The Mad among Us: A History of the Care of America's Mentally Ill* (New York: Free Press, 1994), pp. 17–21.

25. On New York Hospital, see Henry M. Hurd, ed., *The Institutional Care of the Insane in the United States and Canada*, 4 vols. (Baltimore: Johns Hopkins Press, 1916–1917), vol. 3, pp. 133–135.

26. Norman Dain, *Disordered Minds: The First Century of Eastern State Hospital in Williamsburg, Virginia, 1766–1866* (Charlottesville: University Press of Virginia, 1971), p. 9.

27. Reil, *Rhapsodieen*, pp. 52–53.

28. Andrew Scull lambasted capitalism strongly in his influential *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England* (London: Allen Lane, 1979), pp. 30–31 and passim, then returned to gnaw in passing at this bone again in *The Most Solitary of Afflictions: Madness and Society in Britain, 1700–1900* (New Haven: Yale U. P., 1993), a book that is essentially an extensively revised second edition of *Museums*, see pp. 106, 125. For a Foucauldian invocation of the central state as the villain in the piece see, for example, Dirk Blasius, *Der verwaltete Wahnsinn: Eine Sozialgeschichte des Irrenhauses* (Frankfurt/M.:Fischer, 1980, passim). Texts from other such zealot-scholars permeate the literature.

29. Hunter and Macalpine, *Three Hundred Years of Psychiatry*, p. 402.

30. William Battie, *A Treatise on Madness* (London: Whiston, 1758), pp. 68–69.

31. Battie, *Treatise*, p. 93.

32. Henri Ellenberger, *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry* (New York: Basic, 1970) passes over Battie in silence in searching for predecessors of Freud. Psychoanalyst-historian Gregory Zilboorg gives Battie a glancing reference as dealing "primarily with the brain." *A History of Medical Psychology* (New York: Norton, 1941), p. 301.

33. On Chiarugi's life, see P. L. Cabras, *Uno psichiatra prima della psichiatria: Vincenzio Chiarugi* (Florence: Scientific Press, 1993); see also Mora's introduction to Chiarugi's *On Insanity*, esp. pp. lii–liii. On the image of Chiarugi in the historiography of Italian psychiatry, see Patrizia Guarnieri, *La Storia della psichiatria: Un secolo di studi in Italia* (Florence: Olschki, 1991), pp. 17–19.

34. On Pinel's life, see René Semelaigne, *Philippe Pinel et son oeuvre au point de vue de la médecine mentale* (Paris: Imps. Réunies, 1888; reprint Arno Press, 1976), pp. 1–53, p. 20 on Pinel and the Belhomme clinic; Jan Goldstein,

Console and Classify: The French Psychiatric Profession in the Nineteenth Century (New York: Cambridge U. P., 1987), pp. 67–72, 122–123. For a convenient overview, see also Raymond de Saussure, "Philippe Pinel," in Kurt Kolle, ed., *Grosse Nervenärzte*, 2nd ed. vol. 1 (Stuttgart: Thieme, 1970), pp. 216–235. On Pinel as "liberator" of the insane, see also Dieter Jetter, *Zur Typologie des Irrenhauses in Frankreich und Deutschland (1780–1840)* (Wiesbaden: Steiner, 1971), pp. 18–27. On the Belhomme clinic, see René Benard, "Une maison de santé psychiatrique sous la révolution: La maison Belhomme," *Semaine des hôpitaux de Paris*, 32 (Dec. 20, 1956), pp. 3991–4000.

35. Philippe Pinel, *Traité médico-philosophique sur l'aliénation mentale*, 2nd ed. (Paris: Brosson, 1809; first ed. 1801), pp. 252–253.

36. See the testimony of German visitors of the day gathered in Christian Müller, *Vom Tollhaus zum Psychozentrum: Vignetten und Bausteine zur Psychiatriegeschichte in zeitlicher Abfolge* (Hürtgenwald, Switz.: Pressler, 1993), pp. 43–58.

37. Goldstein offers a reliable guide to these events, *Console and Classify*, p. 124 and passim.

38. On Esquirol, see René Semelaigne, *Les pionniers de la psychiatrie française avant et après Pinel*, 2 vols. (Paris: Baillière, 1930), vol. 1, pp. 124–140; Henri Ey, "J. E. D. Esquirol," in Kolle, *Grosse Nervenärzte*, 2nd ed., vol. 2 (1970), pp. 87–97.

39. Mentioned in Pinel, *Traité*, p. 236, n. 1. On this private hospital, see Dora B. Weiner, "Esquirol's Patient Register: The First Private Psychiatric Hospital in Paris, 1802–1808," *Bulletin of the History of Medicine*, 63 (1989), pp. 110–120.

40. See, for example, Esquirol, "De la lypémanie ou mélancolie" (1820), in Esquirol, *Des maladies mentales*, 3 vols. (Paris: Baillière, 1838), vol. 1, p. 470.

41. For an overview of Reil's life and ideas, see Otto M. Marx, "German Romantic Psychiatry," *History of Psychiatry*, 1 (1990), pp. 351–381 esp. pp. 361–368 and 2 (1991), pp. 1–25, esp. p. 1. Despite the title of Marx's article, it is difficult to consider Reil a "Romantic psychiatrist." See also on Reil's life, Adalbert Gregor, "Johann Christian Reil," in Theodor Kirchhoff, ed., *Deutsche Irrenärzte*, 2 vols. (Berlin: Springer, 1921–1924), vol. 1, pp. 28–42. On Reil as the obstacle to the diffusion of Pinel's views in Germany, see Heinrich Neumann, *Die Irrenanstalt zu Pöpelwitz bei Breslau* (Erlangen: Enke, 1862), p. 5. Neumann said that what made Esquirol's views appealing to the Germans was their foundation on experience in a private clinic.

42. Reil, *Rhapsodieen*, pp. 16–17, 19.

43. Reil, *Rhapsodieen*, pp. 185–187, 209–211.

44. Ernst Horn, *Oeffentliche Rechenschaft über meine zwölfjährige Dienstführung* (Berlin: Realschul, 1818), p. 73.

45. Karl Birnbaum, "Ernst Horn," in Kirchhoff, *Deutsche Irrenärzte*, vol. 1, pp. 77–83, quote p. 81. On Horn's reforms, see also George Windholz, "Psychiatric Treatment and the Condition of the Mentally Disturbed at Berlin's

Charité in the Early Decades of the Nineteenth Century," *History of Psychiatry*, 6 (1995), pp. 157–176.

46. For a textbook example of this kind of parochialism, oblivious to international trends, see the American Psychiatric Association's history of itself, Walter E. Barton, *The History and Influence of the American Psychiatric Association* (Washington: APA, 1987).

47. Barton, *History American Psychiatric Association*, p. 302.

48. Benjamin Rush, "An Inquiry into the Influence of Physical Causes upon the Moral Faculty" (1786), in Rush, *Medical Inquiries and Observations*, 4-vols.-in-2 (Philadelphia: Carey, 1815; Arno Press reprint, 1972), vol. 1, pp. 93–124, quote p. 97. As early as 1944 Adolf Meyer called Rush the "Father of American Psychiatry." "Revaluation of Benjamin Rush" (1944), in Eunice E. Winters, ed., *Collected Papers of Adolf Meyer, vol. 3: Medical Teaching* (Baltimore: Johns Hopkins Press, 1951), pp. 503–515, see esp. pp. 503 and 515.

49. Benjamin Rush, *Medical Inquiries and Observations upon the Diseases of the Mind* (1812), 3d ed. (Philadelphia: Grigg, 1827), p. 15.

50. Quoted in Hurd, *Institutional Care of the Insane*, vol. 3, p. 403.

51. Rush, *Medical Inquiries Mind*, pp. 241–242.

52. See Franco Valsecchi, *L'Italia nel Settecento dal 1714 al 1788* (n.p.: Mondadori, 1959), pp. 633–682; Eric Cochrane, *Florence in the Forgotten Centuries 1527–1800* (Chicago: University of Chicago Press, 1973), pp. 449–453.

53. See, for example, Scull, *Most Solitary of Afflictions*, pp. 3–4, 198–199, 233–234. Scull seems to take the viewpoint that there is no such thing as mental illness, which would make psychiatrists' claims to treat such illness superfluous. On the subject of asylum psychiatrists in the nineteenth century, he writes, "By sustaining the illusion that asylums were medical institutions, they placed a humanitarian and scientific gloss on the community's behaviour, legitimizing the removal of difficult and troublesome people whose confinement would have been awkward to justify on other grounds" (p. 246).

54. Reil, *Rhapsodieen*, p. 19.

55. According to Achim Mechler, "Das Wort 'Psychiatrie': Historische Anmerkungen," *Nervenarzt*, 34 (1963), pp. 405–406. Mechler cites Reil's *Beiträge zur Beförderung einer Curmethode auf psychischem Wege* (Halle, 1808), which I have not seen.

56. John Ferriar, *Medical Histories and Reflections*, 4 vols. (London: Cadell, 1810), vol. 2, pp. 109–110. An earlier edition of this work appeared in 1792–1798.

57. See the essay "Begriff der psychischen Medicin als Wissenschaft," apparently written by Adalbert Kayssler, in *Magazin für die psychische Heilkunde*, 1 (i) (1805), pp. 45–77.

58. Battie, *Treatise on Madness*, p. 69.

59. Ferriar, *Medical Histories*, vol. 2, pp. 137–140.

60. Reil, *Rhapsodieen*, pp. 457–462.

61. Horn, *Rechenschaft*, p. 249.

62. Pinel, *Traité*, pp. 237–238.

63. Esquirol, article "De la Folie" (1816), reprinted in *Des maladies mentales*, quotes vol. 1, pp. 126, 128.

64. Pinel, *Traité*; Chapter 8 is entitled, "Préceptes généraux à suivre dans le Traitement moral."

65. Molière, *L'amour médecin* (1665), (Paris: Nouveaux Classiques Larousse, 1975), pp. 50, 53.

66. Reil, *Rhapsodieen*, pp. 28–32.

67. See Jean Camus and Philippe Pagniez, *Isolement et psychothérapie* (Paris: Alcan, 1904), p. 74.

68. Roy Porter, *Mind-Forg'd Manacles: A History of Madness in England from the Restoration to the Regency* (Cambridge: Harvard U. P., 1987), pp. 206–222.

69. Chiarugi, *On Insanity*, pp. 137–138, para. 517. Mora, the translator, suggests that "moral" is best understood as "psychological."

70. Samuel Tuke, *Description of the Retreat, an Institution near York for Insane Persons of the Society of Friends* (York: Alexander, 1813; reprint ed. London: Dawsons, 1964), quote p. 136; see also pp. 139–140. On the Retreat, see Anne Digby, *Madness, Morality and Medicine: A Study of the York Retreat, 1796–1914* (Cambridge: Cambridge U. P., 1985); also Porter's judicious summary in *Mind-Forg'd Manacles*, pp. 222–228.

71. Pinel, *Traité*, p. 219.

72. Pinel, *Traité*, pp. 134, 212.

73. For the general rules of Reil's "psychische Curmethode," see *Rhapsodieen*, pp. 218–253.

74. Haslam, *Observations*, pp. 295–296.

75. Julius Preuss, *Biblisch-talmudische Medizin* (1911) (reprint New York: Ktav, 1971), p. 347.

76. See Stanley W. Jackson, "Unusual Mental States in Medieval Europe I. Medical Syndromes of Mental Disorder: 400–1100 A.D.," *Journal of the History of Medicine*, 27 (1972), pp. 262–297 esp. pp. 284–285 on incubus; on the relative recency of the hysteria diagnosis (NB it does not go back to the Ancients) see Helen King, "Once upon a Text: Hysteria from Hippocrates," in Sander L. Gilman et al., *Hysteria beyond Freud* (Berkeley: University of California Press, 1993), pp. 3–90; on fashionable eighteenth-century diagnoses, see Edward Shorter, *From Paralysis to Fatigue: A History of Psychosomatic Illness in the Modern Era* (New York: Free Press, 1992), pp. 1–25.

77. Jacob Friedrich Isenflamm, *Versuch einiger praktischen Anmerkungen über die Nerven zur Erläuterung . . . hypochondrisch und hysterischer Zufälle* (Erlangen: Walcher, 1774), pp. 248–252.

78. See Alfred Martin, *Deutsches Badewesen in vergangenen Tagen* (Jena: Diederichs, 1906); Roy Porter, ed., *The Medical History of Waters and Spas* (London: Wellcome Institute for the History of Medicine, 1990); Lise Grenier/Institut Français d'Architecture, *Villes d'eaux èn France* (Paris: Hazan, 1985).

79. Phyllis Hembry, *The English Spa, 1560–1815: A Social History* (London: Athlone, 1990), pp. 270–283.

80. Otto Mönkemöller, "Die Neurologie im Beginne des 19. Jahrhunderts," *PNW*, 9 (July 13, 1907), pp. 128–130.

81. [Augustus Bozzi-] Granville, *The Spas of Germany*, 2 vols. (Brussels: Belgian Printing, 1838), vol. 2, p. 386.

82. Granville, *Spas of Germany*, vol. 1 pp. 135–136.

83. Robert Peirce, *The History and Memoirs of the Bath* (London/Bath: Hammond, 1713), pp. 190–191.

84. From an extract of Cheyne's *The Natural Method of Curing the Diseases of the Body* (1742), quoted in Hunter and Macalpine, *300 Years of Psychiatry*, p. 353.

85. George Cheyne, *The English Malady: Or, A Treatise of Nervous Diseases of All Kinds* (London: Powell, 1733; Scholars' Facsimiles reprint ed., 1976), p. 2.

86. [Great Britain], *Dictionary of National Biography*, pp. 217–219; see also Porter, *Mind-Forg'd Manacles*, pp. 83–84; William F. Bynum, "The Nervous Patient in 18th- and 19th-century Britain: The Psychiatric Origins of British Neurology," in R. M. Murray and T. H. Turner, eds., *Lectures on the History of Psychiatry: The Squibb Series* (London: Royal College of Psychiatrists, 1990), pp. 115–127, esp. 117.

87. Charles Perry, *A Mechanical Account and Explication of the Hysteric Passion* (London: Shuckburgh, 1755), pp. 1, 5, 185, 187.

88. Pierre Pomme, *Traité des affections vaporeuses des deux sexes* (1763), 3d ed. (Lyon: Duplain, 1768), quote p. 33.

89. Joseph Daquin [or d'Aquin], *Topographie médicale de la ville de Chambéry* (Chambéry: Gorrin, 1787), pp. 131–133.

90. Daquin, friendly with Pinel, wrote in 1792 an essay on mental illness and the organization of the asylum portion of the Hôtel Dieu, *La philosophie de la folie ou essai philosophique sur les personnes attaquées de folie* (1792), which I have not seen. For a summary, see Marcel Gauchet and Gladys Swain, *La pratique de l'esprit humain: L'institution asilaire et la révolution démocratique* (Paris: Gallimard, 1980), pp. 413–422. The authors, however, end up making the ludicrous claim that it was Daquin who thought up moral therapy: "Le traitement moral, Daquin l'a conçu . . ." (p. 422).

91. Battie, *Treatise*, pp. 35, 36, 57.

92. Battie, *Treatise*, quotes pp. 1, 66.

93. Chiarugi, *On Insanity*, p. 208, para. 813.

94. Chiarugi, *On Insanity*; see the reports of 100 patients at the end of the volume, for example, observation 3, p. 249: "A great deal of lymph was found collected under the pia matter. . . ."

95. Quoted in Eric T. Carlson and Meribeth M. Simpson, "The Definition of Mental Illness: Benjamin Rush (1745–1813)," *AJP*, 121 (1964), pp. 209–214, quote p. 211.

96. Pinel, *Traité*, pp. xix–xx. Pinel praised specifically Johann Greding's postmortem sections on "les maladies les plus ordinaires des aliénés, et sur les lésions de structure ou les vices de conformation qui semblent leur être propres" (p. xx).

97. Reil, *Rhapsodieen*, p. 235. "Indem die zu reizbaren Hirnfasern zur Ruhe gebracht, die trägen erregt werden, kehrt die normale Proportion in der Dynamik des Seelenorgans zurück und der hervorstechende Wahn schwindet."

98. Reil, *Rhapsodieen*, pp. 184, 188–189.

99. Markus Schär, *Seelennöte der Untertanen* (Zurich: Chronos, 1985), pp. 277, 279.

100. Battie, *Treatise*, pp. 59, 60.

101. Haslam, *Observations*, p. 230.

102. Haslam, *Observations*, pp. 231–232.

103. Pinel, *Traité*, p. 13; for his discussion of "Aliénation originaire ou héréditaire," see pp. 13–16.

104. Esquirol, "De la lypémanie ou mélancholie," *Des maladies mentales*, statistics pp. 435–436.

105. Esquirol, "De la Folie" in *Des maladies mentales*, p. 64.

106. Reil, "Medicin und Pädagogik," *Magazin für die psychische Heilkunde*, 1 (1805), 411–446, term on p. 416.

107. Chiarugi, *On Insanity*, p. 285.

108. See Battie, *Treatise*, pp. 5–6, 33–34; Ferriar, *Medical Histories*, vol. 2, pp. 111–114. On the influence of Locke, see Porter, *Mind Forg'd Manacles*, pp. 188–193.

109. Otto Braus, *Akademische Erinnerungen eines alten Arztes an Berlins klinische Grössen* (Leipzig: Vogel, 1901), pp. 155–156.

110. Esquirol, "De la folie," in *Des maladies mentales*, pp. 25–54.

111. On the friendship between the Esquirol and Heinroth, see Ey, "Esquirol," p. 90.

112. Johann Christian August Heinroth, *Lehrbuch der Seelengesundheitskunde*, vol. 1 (Leipzig: Vogel, 1823), pp. 591–592. On Heinroth, see Luc S. Cauwenbergh, "J. Chr. A. Heinroth (1773–1843): A Psychiatrist of the German Romantic Era," *History of Psychiatry*, 2 (1991), pp. 365–383; Emil Kraepelin, "Hundert Jahre Psychiatrie," *Zeitschrift für die gesamte Neurologie und Psychiatrie*, 38 (1917), pp. 161–275, esp. pp. 181–186; and Werner Leibbrand and Annemarie Wettley, *Der Wahnsinn: Geschichte der abendländischen Psychopathologie* (Munich: Alber, 1961), pp. 492–496.

113. Carl Gustav Carus, *Lebenserinnerungen*, 4 vols. (Leipzig, 1865–1866), vol. 1, p. 228.

114. See, for example, Ellenberger, *Discovery of the Unconscious*, p. 212.

Chapter 2: The Asylum Era

1. U.S. Bureau of the Census, *Historical Statistics of the United States, Colonial Times to 1970, Bicentennial Edition*, Part 2 (Washington, DC: GPO,