Madness and its institutions

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In the eyes of some radical critics, mental illness should properly have no
place in a book dealing with the history of sickness.[1] For, they would
contend, there is no such disease (in the strict sense of the word) as
insanity, 'psychiatric disorder' being nothing other than a stigma which
the psychiatric profession, with the connivance of society at large, pins
on those whose thoughts and actions are unacceptably 'deviant'. Society
(it has been alleged) finds certain people 'disturbing' and, by a
medicalizing sleight of hand, labels them 'disturbed', and therefore in
need of treatment. Psychiatry is thus essentially a form of social control,
a masked and medicalized mechanism of punishment.

This radical claim that 'mental illness' is itself a delusion commands
only a small following even amongst critics of psychiatry. But it does
highlight one feature which sets apart the social response to insanity from
the handling of any of the other sorts of disease dealt with in this volume.
This is the fact that, over the last two or three hundred years, those
people suffering from serious mental disturbance have been subjected to
compulsory and coercive medical treatment, usually under conditions of
confinement and forfeiture of civil rights. Sick people in general (i.e.
those suffering from somatic diseases such as measles or gout) have
typically had the right to seek, or the right to refuse, medical treatment;
have typically enjoyed their own choice of practitioner; and, insofar as
they have been cared for in institutions such as hospitals, they have been
legally free to come and go as they please.

[1] See for instance T. S. Szasz, *The Manufacture of Madness* (London, 1973); *idem, The Myth of
Mental Illness* (London, 1972); *idem, The Myth of Psychotherapy* (New York, 1978); *idem* (ed.), *The
Age of Madness. The History of Involuntary Mental Hospitalization Presented in Selected Texts* (Garden
City, NY, 1973).

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By contrast, the seriously mentally ill (that is, those generally in the past termed 'mad', 'maniacal', 'insane', or 'lunatic') have been subjected to a transformation in their legal status which has rendered their state more akin to that of criminals than that of the sick. Over the last few hundred years, the emergence of the madhouse (later termed the asylum or the mental hospital) spelt the coming of a 'total institution' which bore more likenesses to the prison than to the general infirmary.[2] The incarceration of mad people (and other comparable groups, such as the mentally handicapped) assumed gigantic proportions; by 1950, approximately half a million people were so confined in the USA and around 150,000 in Britain – perhaps some million all told in the Western world.[3] It has only been during the last generation, that the pattern of confinement has been reversed (in the movement variously called 'decarceration' or 'deinstitutionalization').[4] The aim of this chapter is neither to damn nor to defend the rise of the lunatic asylum as the archetypal site for treating mental illness. Rather it will seek to explain the social history of its emergence. It will not explore the history of the psychiatric profession or of psychiatry *per se*, viewed as the science of understanding and treating mental disorder, except in so far as the wider history of psychiatric medicine is inexorably associated with the emergence of the asylum.

There is very little evidence that mad people were confined in specialized institutions, designed exclusively for them, before the end of the Middle Ages.[5] That is, of course, not to say that lunatics were not singled out before modern times. Western medicine from Greek times

[2] Henri Vermorel and André Meylan, *Cent ans de psychiatrie: essai sur l'histoire des institutions psychiatriques en France de 1870 à nos jours* (Paris, 1969); Kathleen Jones, *A History of the Mental Health Services* (London, 1972); *idem, Mental Health and Social Policy 1845–1900* (London, 1960). For the history of opposition to asylums see D. A. Peterson (ed.), *A Mad People's History of Madness* (Pittsburgh, 1982).

[3] For a black interpretation of these developments see R. Castel, R. Castel and A. Lovell, *The Psychiatric Society* (Columbia, 1981).

[4] A. Scull, *Decarceration* (Englewood Cliffs, NJ, 1977; revised edn, Oxford, 1984).

[5] For broad introductions to the treatment of madness in Antiquity and the Middle Ages see Bennett Simon, *Mind and Madness in Ancient Greece* (Ithaca, 1978); Judith S. Neaman, *Suggestion of the Devil as the Origin of Madness* (New York, 1975); M. Screech, 'Good Madness in Christendom', in W. F. Bynum, Roy Porter and Michael Shepherd, *The Anatomy of Madness*, 3 vols. (London, 1985–8), I, pp. 25–39; Edith A. Wright, 'Medieval Attitudes Towards Mental Illness', *Bulletin of the History of Medicine*, 7 (1939), 352–6; Robert S. Kinsman, *The Darker Vision of the Renaissance. Beyond the Fields of Reason* (Berkeley, 1974); Basil Clarke, *Mental Disorder in Earlier Britain* (Cardiff, 1975); P. B. R. Doob, *Nebuchadnezzar's Children. Conventions of Madness in Middle English Literature* (New Haven and London, 1974); E. Welsford, *The Fool* (London, 1935); S. Billington, *The Social History of the Fool* (Brighton, 1984); R. Neugebauer, 'Treatment of the Mentally Ill in Medieval and Early Modern England' *Journal of the History of the Behavioral Sciences*, 14 (1978), 158–69.

onwards has offered its theories of the causes, diagnosis and prognosis of insanity, and two of the classic humours, yellow bile (choler) and black bile, were regarded as particularly responsible for mania and melancholia respectively. And from Antiquity onwards, legal systems routinely made special provision for the insane (with respect to making wills, holding property, signing contracts, etc.). But characteristically, it was the family which was held legally responsible for the deeds of its mad members, just as for children; and, not surprisingly, most of the shreds of evidence which have come down to us from classical and medieval times suggest that lunatics most commonly remained under family care (which may, of course, be a euphemism for family neglect).[6]

Detailed studies of English rural communities as late as the seventeenth and eighteenth centuries have demonstrated that families, aided by parish poor relief, were still typically expected to assume responsibility for their *non compos mentis* relatives, who might be kept at home, in a cellar, or hidden away in a barn, or sometimes under the care of a servant.[7] Such procedures may well have remained common in later centuries too, as the presence of the first Mrs Rochester, hidden away in the attic, in *Jane Eyre* may suggest. Insanity was commonly believed deeply shameful to a family, on account of its overtones either of diabolical possession or of hereditary taint. Home confinement was a way of maximizing secrecy. Almost by definition, it is quite impossible to say how many lunatics were looked after at home in previous centuries.

What is clear is that more formal segregative techniques for dealing with mad people also arose from early modern times. This departure probably registers a variety of quite different social and ideological currents. For one thing, piety seems to have encouraged the setting up of religious receptacles for the mad in certain countries. Some of the earliest known specialized lunatic asylums were established under religious auspices in fifteenth-century Spain, in Valencia, Zaragoza, Seville, Valladolid, Toledo and Barcelona (Islamic models may have

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[6] J. Brydall, *Non Compos Mentis or the Law Relating to Natural fools, Mad Folkes and Lunatick Persons* (London, 1700); R. Neugebauer, 'Mental Illness and Government Policy in Sixteenth and Seventeenth Century England' (University of Columbia Ph.D. thesis, 1976).

[7] See Herbert Silvette, 'On Insanity in Seventeenth-Century England', *Bulletin of the History of Medicine*, 6 (1938), 22–33; George Rosen, 'The Mentally Ill and the Community in Western and Central Europe During the Late Middle Ages and the Renaissance', *Journal of the History of Medicine*, 19 (1964), 377–88; *idem*, 'Social Attitudes to Irrationality and Madness in 17th and 18th Century Europe', *Journal of the History of Medicine*, 18 (1963), 220–40; A. Fessler, 'The Management of Lunacy in 17th-Century England. An Investigation of Quarter-Sessions Records', *Proceedings of the Royal Society of Medicine*, 49 (1956), 901–7.

been influential).[8] In London the religious foundation of St Mary of Bethlehem (founded in 1247) was specializing in lunatics by the fifteenth century: it later became famous – or rather notorious – as Bethlem or 'Bedlam'.[9] By the same time, the Netherlandish town of Geel, which possessed the healing shrine of St Dymphna, was becoming celebrated as a healing shrine for the mentally disturbed.[10] And in Russia and various other parts of Europe, certain monasteries became known as sanctuaries for mad people, regarded as 'holy fools'.[11]

Piety continued to lie behind many philanthropic foundations even through the age of the Enlightenment. Appeals to religion were prominent in the founding of charitable asylums such as those set up in Liverpool, Manchester, Newcastle and York in eighteenth-century England. It is moreover extremely important not to underestimate the degree to which the custody and care of the insane lastingly remained in the hands of religious orders, in many parts of Europe right through into the present century. In Catholic nations such as France, Belgium, Poland, Spain and Portugal, most institutions for the insane in the eighteenth and nineteenth centuries were owned and controlled by brothers and sisters of charity, and funded by alms and pious donations. Elsewhere confessional strife led to rival religious asylums, resembling rival systems of schooling. As late as the last quarter of the nineteenth century, religiously exclusive Calvinist and Catholic lunatic asylums were being set up even in the 'modern' Netherlands – with the consequence that state psychiatry remained comparatively weak and the psychiatric profession divided.[12]

[8] A. S. Chamberlain, 'Early Mental Hospitals in Spain', *American Journal of Psychiatry*, 23 (1966), 143–9; Luis García Ballester and Gerrardo García-Gonzalez, 'Note sobre la asistencia a los locos ... en la Cordoba medieval', *Asclepio*, 30 (1978/9), 199–207.

[9] R. R. Reed, *Bedlam on the Jacobean Stage* (Cambridge, MA, 1952). For corruption at Bethlem see P. Allderidge, 'Management and Mismanagement at Bedlam, 1547–1633', in Charles Webster (ed.), *Health, Medicine and Mortality in the Sixteenth Century* (Cambridge, 1979), pp. 141–64; M. Byrd, *Visits to Bedlam* (Columbia, SC, 1974); P. Allderidge, 'Bedlam: Fact or Fantasy?', in Bynum, Porter and Shepherd (eds.), *Anatomy of Madness*, II, pp. 17–23.

[10] For Gheel, including its later history, see J. Webster, *Notes on Belgian Lunatic Asylums, Including the Colony at Gheel* (London, 1857); W. L. Parry-Jones, 'The Model of the Gheel Lunatic Colony and its Influence on the Nineteenth Century Asylum System in Britain', in A. Scull (ed.), *Madhouses, Mad-doctors and Madmen* (London, 1981), pp. 207–17; J. A. Peeters, *Lettres médicales sur Gheel et le patronage familial* (Brussels, 1883); Eugeen Roosens, *Des fous dans la ville? (belgique) et sa thérapie séculaire* (Paris, 1977).

[11] K. S. Dix, 'Madness in Russia: 1775–1864, Official Attitudes and Institutions for the Insane' (University of California, Los Angeles, Ph.D. thesis, 1977).

[12] T. Bilikiewicz and M. Lyskanowski, 'Humanitarian Traditions of Treatment of the Mentally Ill Patients in Poland in the Sixteenth and Eighteenth Centuries', *International Congress of the History of Medicine 23rd. London, 1972. Proceedings*, 1 (1974), 427–9. On the Dutch case see H. Binneveld,

The emergence of the modern city state and nation state was also an important factor in the spread of confinement for the mad. The late Michel Foucault argued that the rise of absolutism – identified in particular with the accession of Louis XIV to the French throne in the mid seventeenth century – inaugurated a 'great confinement' (amounting to 'blind repression') throughout Europe.[13] In this, Foucault contended, all elements in society which stood for 'unreason' found themselves at risk of being shut away, constituting (as it was claimed they did) a scandal to law, order, and productive labour. Paupers, ne'er-do-wells, petty criminals, prostitutes, vagabonds and so forth formed the numerical majority of this abominable army of 'unreason'. But their symbolic leaders were the insane, the crazed and the idiotic. Already by the 1660s some 6,000 undesirables – including an unspecified number of mad people – had been locked away higgledy-piggledy in the Paris Hôpital Général. Similar hospitals were soon set up in the French provincial capitals.[14] And, Foucault argued, parallel institutions, such as the *Zuchthäuser* in the German principalities and assorted workhouses and bridewells in England, were soon burgeoning throughout Europe, shutting up the mad, together with other social nuisances and dangers, not as a therapeutic policy but as an act of state, essentially a police measure.[15]

Foucault argued that this 'great confinement' amounted to far more than a simple physical sequestration of the mad. For it also represented the utter degradation for the first time of the very existential condition of madness. Hitherto, by his strange peculiarity, the mad person had possessed a particular sort of fascination and power. In the figure of the holy fool, Christianity had permitted a 'good' religious madness. In the demoniac or the witch, there had also been a 'bad' religious madness which nevertheless bespoke power, albeit diabolical power.[16] Light-

'Lunacy Reform in the Netherlands. State Care and Private Initiative', in P. Spierenburg (ed.), *The Emergence of Carceral Institutions. Prisons, Galleys and Lunatic Asylums* (Rotterdam, 1984), pp. 165–86.

[13] M. Foucault, *Folie et déraison: histoire de la folie a l'âge classique. Civilisations d'hier et aujourd'hui* (Paris, 1961); this has been published in abridged translation as *Madness and Civilization: a History of Insanity in the Age of Reason*, trans. R. Howard (New York, 1965); see also George Rosen, 'Social Attitudes to Irrationality and Madness in Seventeenth and Eighteenth Century Europe', *Journal of the History of Medicine*, 18 (1963), 220–40.

[14] C. Jones, 'The Treatment of the Insane in Eighteenth- and Early Nineteenth-Century Montpellier', *Medical History*, 24 (1980), 371–90, p. 374.

[15] Compare A. Scull, 'A Convenient Place to Get Rid of Inconvenient People: The Victorian Lunatic Asylum', in A. D. King (ed.), *Buildings and Society* (London, 1980), pp. 37–60.

[16] See D. P. Walker, *Unclean Spirits: Possession and Exorcism in France and England in the Sixteenth and Seventeenth Centuries* (London, 1981).

headed zanies, acting as 'fools' and court jesters, had been permitted to utter their strange mad truths in riddles and snatches of song, and thus had enjoyed a license of free speech.[17] Through institutionalization, however, madness was robbed of all such positive features, its allure, its weird dignity. It was reduced to mere negation, the absence of all human characteristics. Small wonder, Foucault concluded, that lunatics in madhouses were often likened to, and treated like, wild beasts in a cage; for robbed of that essential human quality, reason, what were they but brutalized? In other words, the madman was not 'a sick man'; he was just an animal.

There is a certain core of truth in Foucault's characterization. The institutionalization of the insane undoubtedly accelerated, and (as he rightly stressed) this movement owed little to any tangible medical breakthroughs. But the interpretation needs much refinement.[18] For one thing, there is no reason to think that – France possibly excepted – the middle years of the seventeenth century constitute any dramatic watershed in the process of institutionalization. A fair amount of albeit scrappy evidence survives to show that civic authorities in Italy, in the Low Countries, in England and in the German-speaking lands had been occasionally providing facilities for locking up insane people at least from the sixteenth century. As custodial institutions such as houses of industry, workhouses, houses of improvement, and houses of correction emerged throughout urban Europe, offering putative solutions to the problems of urbanization, pauperization and proletarianization, so they necessarily caught some mad people in their nets.

But if institutionalization had been gradually emerging from long before, it certainly did not become the automatic blanket solution, across Europe, from the mid seventeenth century: in that sense, the term 'great confinement' is a misnomer. The type of action against the mad pursued by various states, and its level of intensity, differed quite fundamentally. Thus absolutist France centralized responses to the problem of the insane. From the time of Louis XIV through to the close of the *ancien régime*, it

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[17] For some discussion see M. Macdonald, *Mystical Bedlam: Anxiety and Healing in Seventeenth-Century England* (Cambridge, 1981).

[18] For critiques of Foucault see H. C. E. Midelfort, 'Madness and Civilization in Early Modern Europe', in B. Malamont (ed.), *After the Reformation. Essays in Honor of J. H. Hexter* (Philadelphia, 1980), pp. 247–65; P. Sedgwick, *Psychopolitics* (London, 1981); Roy Porter, 'In the Eighteenth Century were Lunatic Asylums Total Institutions?', *Ego: Bulletin of the Department of Psychiatry, Guy's Hospital*, 4 (1983), 12–34. Most valuably see P. Spierenburg, 'The Sociogenesis of Confinement and its Development in Early Modern Europe', in Spierenburg (ed.), *Emergence of Carceral Institutions*, pp. 9–77.

became the responsibility of the civic authorities to provide institutional facilities for the mad poor (later, under the Napoleonic Code, prefects assumed these responsibilities). Families could have mad relatives legally confined upon obtaining a *lettre de cachet* from royal officials (such warrants effectively deprived the lunatic of all legal rights).[19] But the picture elsewhere in Europe remained very different.

In Russia, for example, state-organized receptacles for the insane hardly appeared before the second half of the nineteenth century. Before then, most confined mad people were kept in religious hands. In certain rural regions of Europe, few people seem to have undergone institutional confinement at all. Thus in Portugal, two lunatic asylums still sufficed for the entire nation at the close of the nineteenth century, holding no more than about 600 inmates.[20]

And England presents a case which does not easily square with the model of a 'great confinement'. It can hardly be denied that what Foucault called 'unreason' (i.e. the disturbing and dangerous classes) was at least as visible in England as in France. But state-activated confinement of the disturbed, disordered and distracted came very late. Not until 1808 was an Act of Parliament passed even permitting the use of public money for the establishment of voluntary county lunatic asylums; not until 1845 – almost two centuries after the beginning of Foucault's 'great confinement' – was the establishment of such asylums made compulsory. Figures on these matters are necessarily unreliable, but it appears that no more than perhaps 5,000 people were being held in specialized lunatic asylums in England around 1800, with perhaps as many mad people again housed in general workhouses, bridewells, jails and so forth. By that time, the aggregate national population was approaching 10 million. In other words, there is little evidence that the English ruling orders in the Georgian century felt that insanity or 'unreason' posed a terrible threat to the security of their regime.

Indeed, in England, and in other urbanized parts of Europe as well, the rise of the lunatic asylum is best seen less as a product of centralized acts

[19] See for example P. Sérieux, 'L'internement par "ordre de justice" des aliénés et des correctionnaires sous l'ancien régime, d'après des documents inédits', *Revue Historique du Droit Français et Etranger*, 77 (1932), 413–62; P. Sérieux and L. Libert, 'Le régime des aliénés en France au 18ème siècle d'après des documents inédits', *Annales Médico-psychologiques*, 10ème série, 6 (1914), 43–76, 196–219, 311–24, 470–97, 598–627; 7 (1914), 74–98; *idem*, 'Reglements de quelques maisons d'aliénés (documents pour servir à l'histoire de la psychiatrie en France)', *Bulletin de la Société de Médecine Mentale de Belgique*, 172 (1914), 209–50.
[20] J. J. Lopez Ibor, 'Spain and Portugal', in J. G. Howells (ed.), *World History of Psychiatry* (New York, 1968), pp. 90–118; Julian Espinosa, 'La assistencia psychiatrica en la Espana del siglo XIX', *Asclepio*, 21 (1969), 179–84.

of state than as an offshoot of the flourishing consumer society.[21] In England in 1800, most mad people in specialized institutions were secured in privately owned asylums, which operated for profit within the free market economy, as part of what contemporaries called the 'trade in lunacy'.[22] As late as the mid nineteenth century, more than half the confined lunatics in England were still housed in privately owned institutions. Because the private asylum was highly influential in the early development of psychiatry, but has been relatively neglected in recent historical accounts, it is worth dwelling for a moment on its emergence.

The early history of the private asylum is not, however, easy to trace. Such institutions presupposed a high level of discretion, not to say secrecy. A family which lodged a lunatic in a private asylum would clearly wish to avoid publicity (particularly if, as was alleged sometimes happened, the 'lunatic' in question was not truly insane but merely 'difficult' – an unruly son or daughter, or even a wife of whom her husband was tired). Not surprisingly, the keepers of such asylums did not admit visitors and rarely kept incriminating records. Moreover, not until 1774 were private lunatic asylums in England required even to be licensed in law.

Hence, our documentation on early private asylums is extremely scanty. It is clear, however, that such madhouses certainly existed in England before the middle of the seventeenth century. We know, for instance, that certain keepers of Bethlem Hospital also maintained their own private facilities for housing mad people. Likewise, when George Trosse of Exeter went mad in the 1650s, his friends carried him off (he was so violent they had to strap him to his horse) to a doctor in Glastonbury in Somerset who had a reputation for boarding and curing mad people.[23] And from about the same time, London newspapers begin to carry advertisements for private madhouses.

[21] See A. Scull, *Museums of Madness. The Social Organization of Insanity in Nineteenth Century England* (London, 1979). Note however that this comment does not apply to Ireland (where asylums were more centralized) or to Scotland, where voluntary, charitable asylums were typical. See M. Finnane, *Insanity and the Insane in Post-Famine Ireland* (London, 1981); Francis J. Rice, 'Madness and Industrial Society. A Study of the Origins and Early Growth of the Organisation of Insanity in Nineteenth Century Scotland c. 1830–1870' (University of Strathclyde Ph.D. thesis, 2 vols., 1981); Jane Feinmann, 'How a Lunatic Fared in 1781. (Transition of Montrose Lunatic Asylum to Sunnyside Royal Hospital)', *Medical News*, 13 (1981), 22–3; M. S. Thomson, 'The Mad, the Bad and the Sad: Psychiatric Care in the Royal Edinburgh Asylum (Morningside) 1813–1894' (Boston University Ph.D. thesis, 1984).

[22] William Parry-Jones, *The Trade in Lunacy. A Study of Private Madhouses in England in the Eighteenth and Nineteenth Centuries* (London, 1972).

[23] Roy Porter, *A Social History of Madness* (London, 1987), ch. 5.

By the close of the eighteenth century, the numbers of officially licensed private madhouses (licensed since the 1774 Act) had swollen in England to around fifty. This total perhaps should be regarded with some scepticism. There were probably more; some simply unlicensed, and some too small to require a license. We do not know, moreover, how many people made a living, or at least some surplus income, out of occasionally boarding one or two mad people. At the close of the eighteenth century, the water-colourist, J. R. Cozens, and the cartoonist, James Gillray, both went mad and were kept in private care; but no evidence survives about the sort of residence in which they were held. It is important to stress that the organized, inspected system of institutions for the mentally ill – the system which is presently being dismantled throughout Europe – is essentially a product of the nineteenth century. Before then, there was no system, but rather great diversity.[24]

Indeed, early asylums came in all shapes and sizes, big and small, good and bad.[25] Nowhere in Europe before the nineteenth century was there a legal requirement that asylums should be under the control of medically qualified personnel. In eighteenth-century England, some of the best asylums were indeed run by doctors. For example, Dr Thomas Arnold, who had been a pupil of Cullen at Edinburgh University, set up his own private asylum in Leicester in the 1760s. It quickly won a high reputation for its humane system of management. Arnold published extensively on the aetiology and classification of insanity. In his *Observations on the Nature, Kinds, Causes and Prevention of Insanity* (1782) he demonstrated that he was essentially an adherent of Locke's theory that insanity was primarily mental derangement dependent upon a deluded imagination.[26] But medical overlordship did not always secure good care. The medical dynasty of the Monro family at Bethlem – Dr James Monro was succeeded by his son John, who was succeeded by his

[24] See the discussion in Roy Porter, *Mind Forg'd Manacles. Madness in England from the Restoration to the Regency* (London, 1987), ch. 3.
[25] For a few examples of the range of asylums in England see A. D. Morris, *The Hoxton Madhouses* (March, Cambridgeshire, 1958); J. A. Bickford and M. E. Bickford, *The Private Lunatic Asylums of the East Riding* (Beverley, 1976); H. Temple Phillips, *The History of the Old Private Lunatic Asylum at Fishponds, Bristol, 1740–1859* (Bristol, 1973); Brenda Parry-Jones, *The Warneford Hospital Oxford, 1826–1976* (Oxford, 1976); idem, *The Warneford Hospital Oxford, 1826–1976. Guide to an Exhibition of Archives and Photographs to Celebrate the 150th Anniversary of the Hospital 10–14 July, 1976* (Oxford, 1976); R. Hunter and I. MacAlpine, *Psychiatry for the Poor. 1851 Colney Hatch Asylum, Friern Hospital 1973. A Medical and Social History* (London, 1974).
[26] T. Arnold, *Observations on the Nature, Kinds, Causes and Prevention of Insanity, Lunacy and Madness*, 2 vols. (Leicester, 1782–6). See also A. Walk, 'Some Aspects of the "Moral Management" of the Insane up to 1854', *Journal of Mental Sciences*, 100 (1954), 807–37.

son Thomas, who was succeeded by his son Edward – did not prevent that institution from becoming hidebound and corrupt.

It was perhaps not surprising, then, that one of the major reformist currents in asylum management should have been led by laymen. Around the turn of the nineteenth century, a series of scandals erupted at the York Asylum, a charitable institution under the control of local physicians, Dr Alexander Hunter and his successor Dr Charles Best. As a counter-measure, the local Quaker community, led by a York tea merchant, William Tuke, chose to establish their own asylum, opened in 1796 as the York Retreat. This was run by a lay superintendent, and possessed no resident physician.[27] In his *Description of the Retreat* (1813), William Tuke's grandson, Samuel, noted that medical therapies had been tried at the Retreat but with little success. Instead, they had largely abandoned 'medical' in favour of 'moral' means – an avoidance of force and restraint and the systematic deployment of kindness, reason and humanity, all within a family atmosphere – with excellent results.

The high repute of the Retreat was to prove something of a thorn in the flesh of attempts by the medical profession in the nineteenth century to secure monopolistic control for itself over the asylums. Nevertheless, a series of acts, passed from the 1820s onwards, was to require medical presence first in public and later in private asylums.

But early madhouses were differentiated by much more than the polarizing issue of medical *versus* lay control. For some were large, whereas others were tiny – a distinction which roughly corresponded to the social level of the clientele. In eighteenth- or early nineteenth-century England a large asylum (that is, one holding perhaps 60–100 inmates) catered mainly for lower-middle-class, or for pauper lunatics. These latter would be paid for by their parish of settlement at a rate of perhaps eight or ten shillings a week. But numerically speaking, the typical asylum remained much smaller.

Establishments such as Dr Nathaniel Cotton's asylum at St Albans (known as the Collegium Insanorum) housed no more than half a dozen lunatics. Rates were correspondingly higher. Cotton, for example, charged up to five guineas a week per client – a sum which was the equivalent of a year's wages for a maidservant. Obviously he catered for

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[27] A. Digby, 'Changes in the Asylum: The Case of York, 1777–1815', *Economic History Review*, 36 (1983), 218–39; *idem, Madness, Morality and Medicine* (Cambridge, 1985); *idem*, 'The Changing Profile of a Nineteenth-Century Asylum: the York Retreat', *Psychological Medicine*, 14 (1984), 739–48.

a superior class of lunatic.[28] The same may be said for the very superior Ticehurst House, established in Sussex in the 1790s. There, patients were allowed to bring their own servants with them; a select few were lodged in individual houses in the grounds of the asylum; and the proprietors kept a pack of beagles so that gentlemen patients should not be deprived of their accustomed pleasures of the hunt. It must be added however that one patient's-eye view of Ticehurst, that of the prime minister's son, John Perceval, presents a rather jaundiced vision of conditions there.[29]

It is important to stress this broad class and cost spectrum of the asylum. For it gives the lie to one feature of Foucault's interpretation of the rise of the asylum – one endorsed by the German historian, Klaus Doerner.[30] Foucault and Doerner have claimed that confinement was essentially the sequestration of the mad poor; it was a reprisal conducted by advocates of the bourgeois imperative of labour against those who would not work. In Doerner's words, psychiatry was instituted 'specifically for the poor insane'. He contended that one of the key functions of the asylum lay in instructing the mad through work therapy. But the early history of the asylum offers little support to these hypotheses. Enterprising asylum proprietors naturally aimed to capture rich patients (and there seems to have been no shortage of these).[31] Moreover, there is little indication of organized labour in the early asylum (critics accused them in fact of being nests of idleness).[32]

All of this suggests that it would be simplistic to view the rise of institutional psychiatry in any crudely functional or conspiratorial terms, seeing it as a device to ensure the smoother running of the emergent capitalist economy, or as a tool for coping with the casualties of

[28] F. A. J. Harding, 'Dr Nathaniel Cotton of St Albans, Poet and Physician', *Herts. Countryside*, 23 (1969), 46–48.

[29] J. T. Perceval, *A Narrative of the Treatment Experienced by a Gentleman, during a state of Mental Derangement; Designed to Explain the Causes and the Nature of Insanity and to Expose the Injudicious Conduct Pursued Towards Many Unfortunate Sufferers Under that Calamity* (London, 1838); a modern abridged version is G. Bateson (ed.), *Perceval's Narrative* (Palo Alto, 1961); R. Hunter and I. MacAlpine, 'John Thomas Perceval (1803–1876) Patient and Reformer. (Review of "Perceval's Narrative"; a Patient's Account of his Psychosis, 1830–32)', *Medical History*, 6 (1962), 391–5. On Ticehurst see C. Mackenzie, 'Social Factors in the Admission, Discharge and Continuing Stay of Patients at Ticehurst Asylum, 1845–1917', in Bynum, Porter and Shepherd (eds.), *Anatomy of Madness*, II, pp. 147–74.

[30] Klaus Doerner, *Madmen and the Bourgeoisie: A Social History of Insanity and Psychiatry*, trans. Joachim Neugroschel and Jean Steinberg (Oxford, 1981).

[31] On mental disorder amongst the rich see the discussion in Roy Porter, 'The Rage of Party: a Glorious Revolution in English Psychiatry?', *Medical History*, 27 (1983), 35–50, and *idem, Mind Forg'd Manacles* ch. 2.

[32] Compare Michael Ignatieff, 'Total Institutions and Working Classes: a Review Essay', *History Workshop Journal*, 15 (1983), 167–73.

industrialization.[33] It is tempting to assume that the destabilizing effects of the market economy broke up old patterns of life, destroyed community and family ties, and created profound anxieties – in short, drove people crazy, while reducing the willingness or the ability of traditional support groups to cope with disturbed relatives.[34] But there is no certain evidence that proportionately more people became mentally unhinged during the era of industrialization. Contemporaries feared that this was happening, but they may simply have mistaken the greater visibility of madness (e.g. the attention focused upon the insane bouts of King George III) for its increasing incidence.[35] What is beyond dispute is that the supply of receptacles for the mad steadily increased through the eighteenth and into the nineteenth century – some private, some philanthropic, some official – and that the 'demand' for their facilities rose to meet the supply. Rather than seeing the emergence of the asylum in terms of manipulative social control, we should perhaps view it as the outcome of myriad small renegotiations of responsibilities, in an economy in which services were increasingly provided by cash payments.[36]

I have stressed the sheer diversity of the *ancien régime* lunatic asylum, in terms of size, level of medicalization, and its proprietorship. Not surprisingly, perhaps, they consequently differed widely in quality. Nineteenth-century reformers pictured early madhouses as utter abominations: riddled with neglect, cruelty, and corporal punishment – the use of the whip, of manacles, of beatings – masquerading as therapy. The published protestations of former inmates of such asylums give

[33] There has been some rather fruitless debate as to whether asylums were genuinely humanitarian or essentially instruments of social control. See K. Jones, 'Scull's Dilemma', *British Journal of Psychiatry*, 141 (1982), 221–6; for good discussion of social control see S. Cohen and A. Scull (eds.), *Social Control and the State* (Oxford, 1983); and A. Scull, 'Humanitarianism or Control? Some Observations on the Historiography of Anglo-American Psychiatry', *Rice University Studies*, 67 (1981), 35–7.

[34] See Peter L. Tyor and J. S. Zainoldin, 'Asylum and Society: An Approach to Industrial Change', *Journal of Social History*, 13 (1979), 23–48.

[35] For modern debate as to whether the increase of madness was 'real' see Edward Hare, 'Was Insanity on the Increase?', *British Journal of Psychiatry*, 142 (1983), 439–55; and A. Scull, 'Was Insanity Increasing? A Response to Edward Hare', *British Journal of Psychiatry*, 144 (1984), 432–6. See also W. S. Hallaran, *An Enquiry into the Causes Producing the Extraordinary Addition to the Number of Insane, Together with Extended Observations on the Cure of Insanity; with Hints as to the Better Management of Public Asylums for Insane Persons* (Cork, 1810); *idem, Practical Observations on the Causes and Cure of Insanity* (Cork, 1818).

[36] For excellent discussions see J. Walton, 'Casting out and Bringing Back in Victorian England', in Bynum, Porter and Shepherd (eds.), *Anatomy of Madness*, II, pp. 132–6; *idem*, 'Lunacy in the Industrial Revolution: a Study of Asylum Admissions in Lancashire, 1848–1850', *Journal of Social History*, 13 (1979/80), 1–22; *idem*, 'The Treatment of Pauper Lunatics in Victorian England: the Case of the Lancaster Asylum, 1834–1871', in Scull (ed.), *Madhouses*, pp. 166–200.

documentary backing to these denunciations. Yet the traditional asylum could be good as well as bad, even in the eyes of its patients. For example, the poet William Cowper, who went mad after several failed suicide attempts, spent eighteen months in Nathaniel Cotton's asylum at St Albans mentioned earlier. In his later autobiography he had nothing but praise for the care and attention he had received from the good doctor, 'ever watchful and apprehensive for my welfare'. So much did he approve of the attendants, that on his release, recovered, he persuaded Cotton to allow one of them to come with him as his personal servant.[37] The hundreds of pages of testimony given to the House of Commons committee on madhouses in 1815 gives abundant evidence of the positive qualities of certain madhouses – mainly private ones – while revealing the callousness and squalor of institutions such as Bethlem.[38]

Indeed, as I hinted earlier, the eighteenth-century private madhouse became a formative site for the development of psychiatry as an art and science. Asylums were not instituted for the practice of psychiatry; rather psychiatry was the practice which developed once the problem of managing asylum inmates arose. In other words, theories of insanity had been quite rudimentary before doctors and other proprietors had gained extensive experience of treating the mad in sizable numbers at close quarters. It had been widely assumed that the mad were little better than wild beasts, requiring stern discipline while hoping that nature might perhaps work a cure; and a range of antique therapies and drugs had been used time out of mind: bloodlettings, purgings, vomits, cold-water shock treatments. But practical psychiatry was transformed during the course of the eighteenth century through asylum experience, buoyed up also by the optimism generated by the new institution.

For one thing, it was widely claimed that the well-designed, well-managed asylum would in fact restore to mental health a high percentage of the insane. In mid-eighteenth-century England, William Battie, physician to the newly founded St Luke's Asylum in London,[39] admitted that a certain proportion of the insane did indeed suffer from 'original insanity' which – rather like original sin – was essentially incurable; yet he contended that far more common was 'consequential insanity' – i.e. insanity brought about as a result of some accident – for

[37] W. Cowper, *Memoir of the Early Life of William Cowper* (London, 1816), p. 99. See also Porter, *Social History of Madness*, ch. 5.

[38] See *First Report. Minutes of Evidence Taken Before the Select Committee Appointed to Consider of Provisions Being Made for the Better Regulation of Madhouses in England* (Ordered, by the House of Commons, to be Printed, 25 May 1815).

[39] C. N. French, *The Story of St Lukes* (London, 1951).

which the prognosis was good. To maximize cures, argued Battie and his many followers, what was required was early diagnosis, early confinement (before the madness grew confirmed), and then a regime tailored to the needs of the individual case. Routine and general therapeutics (such as the annual spring bloodletting deployed at Bethlem) were useless. Indeed, Battie argued, medical, surgical and mechanical techniques would in general avail little: medicine would accomplish far less than management, by which he meant close person-to-person encounters designed to understand and overcome the particular delusions or moral perversions of the individual sufferer.[40]

Throughout Europe, the last decades of the eighteenth century and the early ones of the nineteenth saw a blossoming of faith in the prospect of cures accomplished in the sheltered environment of the asylum ('far from the madding crowd') by the astute therapist. In England, such doctors as Thomas Arnold, William Pargeter,[41] Joseph Mason Cox (who stressed the value of 'gentleness') and Francis Willis – the man called in to treat King George III when he became deranged in 1788[42] – followed in the footsteps of William Battie with his watchword that 'management did more than medicine'. They devised the techniques of 'moral management', through which the expert and astute mind of the therapist would outmanoeuvre the deluded consciousness of his charge. Shortly afterwards, the Tukes at the York Retreat developed their philosophy of 'moral therapy' with its systematic emphasis upon creating a family atmosphere of humanity, as an environment for reconditioning the behaviour of the lunatic.[43]

Comparable developments occurred elsewhere. In late-eighteenth-century Tuscany, fired by Enlightenment ideals, Dr Vicenzo Chiarugi repudiated the old carceral regime, with its emphasis upon mere custody, traditional medication, and restraint, and proclaimed the superiority of

[40] See discussion in R. Hunter and I. MacAlpine, introduction to *A Treatise on Madness by William Battie and Remarks on Dr Battie's Treatise on Madness by John Monro* (London, 1962). See also M. Hay, 'Understanding Madness. Some Approaches to Mental Illness, 1650–1800' (University of York Ph.D. thesis, 1979); and for more general discussion of therapeutic innovation, W. L. Jones, *Ministering to Minds Diseased. A History of Psychiatric Treatment* (London, 1983).

[41] See W. Pargeter, *Observations on Maniacal Disorders* (Reading, 1792).

[42] See I. MacAlpine and R. Hunter, *George III and the Mad-business* (London, 1969).

[43] S. Tuke, *Description of the Retreat, an Institution near York for Insane Persons of the Society of Friends*, facsimile edition ed. R. Hunter and I. MacAlpine (London, 1964, first edition 1813); A. Digby, 'Moral Treatment at the York Retreat', in Bynum, Porter and Shepherd (eds.), *Anatomy of Madness*, II, pp. 52–72. For a critical evaluation see A. Scull, 'Moral Treatment Reconsidered: Some Sociological Comments on an Episode in the History of British Psychiatry', in Scull (ed.), *Madhouses*, pp. 105–18, and Roy Porter, 'Was there a Moral Therapy in 18th Century Psychiatry?', *Lychnos* (1981/2), 12–26.

therapies which treated the madman as a human being.[44] A more specifically Christian reformist programme was advocated in the German-speaking world by Dr Reil. He stressed how madness was a sickness of the soul, and regarded the asylum doctor as somewhat akin to a latter-day exorcist. For Reil, the environment of the asylum should ideally provide a stage whose many distinct scenarios – of terror, punishment, fear and hope, doom and forgiveness – would provide traumatic and purgative moral and spiritual experiences – a kind of pilgrim's progress eventually leading the sufferer back to sanity.[45]

Most spectacular of all, perhaps, was the psychiatric reform initiated in Paris by Dr Philippe Pinel. Specifically inspired by the ideals of liberty, equality, and fraternity disseminated by the French Revolution, Pinel literally and figuratively removed the chains from the mad patients at the Salpetrière and Bicêtre Hospitals in 1793. It was a fine symbolic gesture. But Pinel's act also embodied the best constructive and progressive thinking about curative therapies. If insanity was a mental disorder, a set of mental shackles imprisoning the patient, it had to be cured through mental approaches. Physical restraint was at best an irrelevance, at worst an irritant for the patient and a lazy alternative to real treatment. For Pinel and all the other psychiatric reformers just mentioned, madness was tantamount to a failure of internal, rational discipline on the part of the sufferer. His moral faculties needed to be reawakened and rekindled so that inner self-discipline and self-control could come to replace external coercion. In other words, psychiatry's task was to re-animate the rational consciousness or conscience (though modern sceptics would say that Pinel's revolution merely exchanged one set of chains for another).[46]

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[44] George Mora, 'The 1774 Ordinance for the Hospitalization of the Mentally Ill in Tuscany: a Reassessment', *Journal for the History of the Behavioral Sciences*, 11 (1975), 246–56; *idem*, 'Bicentenary of the Birth of Vincenzo Chiarugi (1749–1820): a Pioneer of the Modern Mental Hospital', *American Journal of Psychiatry*, 116 (1959), 267–71; *idem*, 'Pietro Pisani (1760–1837): a Precursor of Modern Mental Hospital Treatment', *American Journal of Psychiatry*, 117 (1960), 79–81; Luigi Stropplana, 'La riforma degli ospedali psichiatrici di chiarugi nel quadro del riformiso', *Rivista di Storia Medica*, 20 (1976) 168–79.

[45] M. Schrenk, *Über den Umgang mit Geisterskranken: Die Entwicklung der Psychiatrischen Therapie vom 'Moralischen Regime' in England und Frankreich zu den 'Psychischen Curmethoden' in Deutschland* (New York and Heidelberg, 1973). For Reil see ch. 12–13 of E. Harms, *Origins of Modern Psychiatry* (Springfield, Il., 1967); and Sir A. Lewis, 'J. C. Reil, Innovator and Battler', *Journal of the History of the Behavioral Sciences*, 1 (1965), 178–90.

[46] C. Jones, 'The "New Treatment" of the Insane in Paris', *History Today* (October 1980), 5–10. J. Postel, 'Les premières expériences psychiatriques de Philippe Pinel à la maison de Santé Belhomme', *Canadian Journal of Psychiatry*, 28 (1983), 571–5; K. Grange, 'Pinel and Eighteenth Century Psychiatry', *Bulletin of the History of Medicine*, 35 (1961), 442–53.

The 'new psychiatries', the reformist ideals just discussed, were children of their time, and they harmonized well with the socio-political optimism abroad at the beginning of the nineteenth century. In many European nations, liberals and reformers wished to do away with all the last vestiges of the corrupt and benighted *ancien régime* of madhouses. Insofar as traditional institutions such as London's Bethlem were reminders of mere repression, mindless coercion, and hopeless confinement, reformers urged they be thoroughly purged and transformed. Insofar as private asylums had allowed wicked families improperly to lock up their parents, wives, daughters, or even had been exploited for political purposes, they needed to be hedged around with protective legal safeguards. Insofar as the madhouse had been a secret space, hidden from public scrutiny, it now needed to be opened up to proper public inspection and control. Exposés such as John Mitford's *The Crimes and Horrors in the Interior of Warburton's Private Madhouses at Hoxton and Bethnal Green* (1825) made a great stir.

Hence, in many parts of Europe, the generation following the French Revolution proved immensely influential in transforming the institutionalization of the mad from an *ad hoc* expedient, which had 'just growed', into an idealistic system with a formal place within the protocols of a paternalistic state. (To put this another way, criticism led not to the abolition of the asylum, but to its refurbishing in a reformed guise.) In France, for example, the reforms of Pinel and the new legal requirements of the Napoleonic Code were further codified in the extremely important statute of 1838. This formally required each *département* for the first time either to establish its own network of public asylums for the mad, or at least to ensure the provision of adequate facilities for them. It furthermore aimed to provide against improper confinement by establishing rules for the certification of confined lunatics by medical officers (though for pauper lunatics the signature of the prefect remained sufficient warrant for confinement).[47] Prefects were given powers to inspect asylums. Very similar legislation was passed in Belgium in 1850.[48]

A comparable programme of reform was put through in England, in the teeth of opposition from vested interests within the medical

[47] R. G. Hillman, 'The Imprisonment of Mentally Ill Patients in Early Nineteenth-Century Provincial France: Legal Proceedings', *23rd International Congress of the History of Medicine* (London, 1972), *Proceedings*, 1 (1974), 416–21.

[48] R. Pierott, 'Belgium', in J. G. Howells (ed.), *World History of Psychiatry* (New York, 1968), 136–49.

profession, who feared that the independence and profitability of the private asylum would be undermined. Scandals revealing the widespread practice of the improper confinement of the sane in private asylums had already led to one important legislative safeguard in the eighteenth century. The Madhouses Act of 1774 had set up a rudimentary system of licensing and certification. Under its provisions, all private madhouses had to be licensed annually by magistrates. A maximum size for each asylum was established. The renewal of licenses would depend upon satisfactory maintainance of admissions registers.[49] Magistrates were empowered to carry out visitations (in London the inspecting body was a committee of the Royal College of Physicians). Most importantly, a system of medical certification was for the first time instituted. Henceforth, although paupers could continue to be confined at the nod of magistrates, the written statement of a regular medical practitioner would be required before confinement was lawful.

Further reforms followed in the nineteenth century. A combination of further scandalous revelations and reformist zeal led to parliamentary committees in 1807 and 1815 which assembled an unparalleled quantity of evidence on the provision and condition of madhouses throughout the nation. Evidence of gross mismanagement at Bethlem (where it was said that the recently deceased surgeon, Bryan Crowther, had himself been so mad as to require being kept in a straitjacket) led to the dismissal of the medical staff.[50] The ineffectiveness of the 1774 Act led to its strengthening in a series of Acts passed from the 1820s, above all establishing the Commissioners in Lunacy, first merely for the metropolitan area and then for the whole of England.[51] The Lunacy Commissioners constituted a permanent body of inspectors (some members were doctors, others lawyers) charged to report on the state of asylums. They had powers to prosecute illegal practices and to refuse renewals of licenses. They also possessed a remit to standardize and improve conditions of care and treatment. It is possible that the Lunacy Commissioners helped introduce a stultifying uniformity; they un-

[49] See R. A. Hunter, I. MacAlpine and L. M. Payne, 'The County Register of Houses for the Reception of Lunatics, 1798–1812', *Journal of Mental Science*, 102 (1963), 856–63.

[50] A. Scull, 'The Social History of Psychiatry in the Victorian Era', in Scull (ed.), *Madhouses*, pp. 5–34; Peter McCandless, 'Insanity and Society: A Study of the English Lunacy Reform Movement, 1815–1870' (University of Wisconsin Ph.D. thesis, 1974); E. G. O'Donoghue, *The Story of Bethlehem Hospital, from its Foundation in 1247* (London, 1914).

[51] N. Hervey, 'A Slavish Bowing Down', in Bynum, Porter and Shepherd (eds.), *Anatomy of Madness*, II, pp. 98–131; Sir Allan Powell, *The Metropolitan Asylums Board and its Work, 1867–1930* (London, 1930); D. J. Mellett, 'Bureaucracy and Mental Illness: the Commissioners in Lunacy 1845–90', *Medical History*, 25 (1981), 221–50.

doubtedly also ensured the eradication of the worst abuses in the madhouse system (e.g. by insisting on the formal keeping of patient records and by requiring that all cases of the use of coercion should be recorded on paper).

Safeguards against the dangers of the improper confinement of the sane in lunatic asylums were further tightened.[52] Under the influential consolidating act of 1890, two medical certificates were required for the first time for the confinement of all patients. In the long run, this liberal and legalistic concern lest asylums be used as carceral institutions may have proved counter-productive. For by insisting that only formally certified lunatics be lodged in asylums, it delayed the possibility of the asylum turning into an 'open' institution, easy of access and easy of exit. Rather the asylum was confirmed as the institution of last resort; certification thus all too readily became associated with protracted detention. The result was a failure to provide institutional care appropriate for bouts of insanity merely of short duration, or indeed for those who were only moderately psychiatrically disturbed.[53]

Throughout Europe, it was the nineteenth century which witnessed the most rapid rise in the number of mental hospitals and the aggregate of patients confined therein. In England, patient numbers rose from perhaps 10,000 (in all types of institution) in 1800 to some 100,000 in 1900. The rise was especially rapid in the new nation states. In Italy, for example, some 18,000 had been confined in 1881; by 1907 the number had soared to 40,000. Such increases are not hard to explain. The bureaucratic and utilitarian mentalities of the nineteenth century entertained an immense faith in the powers of institutional solutions, indeed quite literally in bricks and mortar. Schools, reformatories, prisons, hospitals, asylums – all these would solve the superabundant social problems of an age of rapid population rise, urbanization and

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[52] T. Butler, *Mental Health, Social Policy and the Law* (London, 1985). See also for contemporary fears James Parkinson, *Mad-houses. Observations on the Act for Regulation of Mad-Houses, and a Correction of the Statements of the Case of Benjamin Elliott, convicted of Illegally Confining Mary Daintree: With Remarks Addressed to the Friends of Insane Persons* (London, 1811).

[53] A further contemporary development, which cannot be explored here, was the interface between law and psychiatry. See for Britain D. J. West and A. Walk, *Daniel McNaughton: His Trial and Aftermath* (Ashford, 1977); Richard Moran, *Knowing Right from Wrong. The Insanity Defense of Daniel McNaughton* (New York, 1983); Roger Smith, 'The Boundary Between Insanity and Criminal Responsibility in Nineteenth Century England', in Scull (ed.), *Madhouses*, pp. 363–83; P. H. Allderidge, 'Criminal Insanity: Bethlem to Broadmoor', *Proceedings of the Royal Society of Medicine*, 67 (1974), 897–904; N. Walker, *Crime and Insanity in England*, 1 (Edinburgh, 1968); J. Eigen, 'Intentionality and Insanity: What the 18th-Century Juror Heard', in Bynum, Porter and Shepherd (eds.), *Anatomy of Madness*, II, pp. 34–51; Kathleen Jones, *Lunacy, Law, and Conscience, 1744–1845. The Social History of the Care of the Insane* (London, 1955).

industrialization. The spirit of reform helped to convince the public and legislatures alike that the new asylums would not be mere dungeons of repressive inhumanity. The new psychiatries of Pinel, Chiarugi, the Tukes etc. specifically promised that the properly managed asylum would not merely secure the mad but cure them as well.[54]

The first two thirds of the nineteenth century thus constituted a period of intense (and intensely optimistic) thought and action focusing on the asylum as the site for treating insanity. Many important innovations were pioneered. In England the new philosophy of 'non-restraint' was selectively introduced from the 1830s onwards, above all thanks to the efforts of Robert Gardiner Hill at the Lincoln Asylum, and John Conolly[55] at the large public asylum at Hanwell on the western outskirts of London.[56] Extending the aims of moral therapy, Hill and Conolly programmatically abolished all forms of mechanical coercion what-soever. They argued that not just manacles and shackles but even straitjackets could advantageously be dispensed with. Their functions could be taken over by the surveillance of vigilant attendants within a total asylum regime of disciplined, organized work and activity which would stimulate the mind and inculcate self-control. Hill claimed non-restraint was a great success. In 1834 647 incidents occurred at the Lincoln Asylum requiring manual restraint; by 1838 there were none; and this had been achieved without any deaths or suicides.

[54] For a characteristic text see William Alexander Francis Browne, *What Asylums Were, Are and Ought to Be: Being the Substance of Five Lectures Delivered Before the Managers of the Montrose Royal Lunatic Asylum* (Edinburgh, 1837). See also M. Fears, 'Therapeutic Optimism and the Treatment of the Insane', in R. Dingwall (ed.), *Health Care and Health Knowledge* (London, 1977), pp. 66–81; *idem*, 'The "Moral Treatment" of Insanity: A Study in the Social Construction of Human Nature' (University of Edinburgh Ph.D. Thesis, 1978); J. M. Leniaud, 'La cité utopie ou l'asile dans la première moitié du XIXe siècle', in Lyons, Université Claude Bernard, Institut d'Histoire de la Médecine, *Conférences d'Histoire de la Médecine*, 82 (1983), 129–44.

[55] See A. Scull, 'John Conolly: a Victorian Psychiatric Reformer', in Bynum, Porter and Shepherd (eds.), *Anatomy of Madness*, pp. 103–50; J. Conolly, *Treatment of the Insane without Mechanical Restraints* (London, 1973, reprint of 1856 edn); *idem*, *The Construction of Government of Lunatic Asylums and Hospitals for the Insane* (London, 1968, reprint of 1847 edn).

[56] See A. Walk, 'Some Aspects of the Moral Treatment of the Insane up to 1854', *Journal of Mental Science*, 100 (1954), 807–37; Robert Gardiner Hill, *A Concise History of the Entire Abolition of Mechanical Restraint in the Treatment of the Insane and of the Introduction, success and final triumphs of the Non-Restraint System together with a Reprint of a Lecture delivered on the Subject in the Year 1838* (London, 1857); J. A. Frank, 'Non-restraint and Robert Gardiner Hill', *Bulletin of the History of Medicine*, 41 (1967), 140–60; A. Walk, 'Lincoln and Non-restraint', *British Journal of Psychiatry*, 117 (1970), 481–95. For the fate of non-restraint elsewhere see C. Geduldig, *Die Behandlung der Geisteskranken Ohne Psysischen Zwang. Die Rezeption des Non-Restraint im Deutschen Sprachgebiet* (Zurich, 1975); N. Raskin, 'Non-restraint (Introduction of the Principle into Russia, by S. S. Korsakov in 1881)', *American Journal of Psychiatry*, 115 (1958), 471; M. Lyskanowski, 'Recognition of the English "No-Restraint System" in the Warsaw Medical Milieu of the Nineteenth Century', *23rd International Congress of the History of Medicine* (London, 1972), *Proceedings*, 1 (1974), 759–61.

Despite Pinel's freeing of the mad from their chains, *total* non-restraint was seen by continental reformers as a peculiarly English *idée fixe*, an example of doctrinaire liberalism, and was little imitated. But reformers in France, Germany and Italy made similarly inventive use of the asylum environment. Work therapy was widely favoured. Sited in the countryside, the nineteenth-century asylum typically became a self-sufficient colony, running its own farms, laundries and workshops, partly for reasons of economy, partly implementing an ideology of cure through labour. In France the systematic use of balneological treatments became a key feature of 'asylum science', or what was known as *police intérieure*.[57] In Germany, C. F. W. Roller's *Die Irrenanstalt nach ihren Beziehung* (1831) influentially spelt out detailed desiderata in such matters as patient dress, diet and exercise.[58] There the asylum was often closely linked to the university medical faculty, with the aim of providing clinical instruction for students.[59]

Everywhere, the care and cure of the mad came to be closely associated with a new 'science': asylum management. Asylum keepers grouped together to form the nucleus of the psychiatric profession, and professional journals such as the *Asylum Journal* and the *Annales Médico-psychologiques* were established.[60] Professional congresses and publications

[57] Gerard Bleandonu and Guy Le Gaufey, 'Naissance des asiles d'alienée (Auxerre–Paris)', *Annales, Economies, Sociétés, Civilisations*, 30 (1975), 93–121; English translation in R. Forster and O. Ranum, *Deviants and the Abandoned in French Society (Selections from the Annales Economies Sociétés, Civilizations)*, IV (Baltimore and London, 1978), pp. 180–212; C. Jones, 'The Treatment of the Insane in Eighteenth and Early Nineteenth-Century Montpellier', *Medical History*, 29 (1980), 371–90; *idem, Charity and Bienfaisance* (Cambridge, 1983), pp. 176f.; for Charenton's early history, see C. F. S. Giraudy, *Mémoire sur la maison nationale de Charenton* (Paris, Year 12); and J. Esquirol, *Mémoire historique et statistique sur la maison royale de Charenton* (Paris, 1824); see also C. Quétel, 'Garder les fous dans un asile de province au XIXe siècle. Le Bon-Sauveur de Caen', *Annales Normandie*, 29 (1979), 193–224.

[58] O. M. Marx, 'Diet in European Psychiatric Hospitals, Jails, and General Hospitals in the First Half of the 19th-Century according to Travellers' Reports', *Journal of the History of Medicine*, 23 (1968), 217–47. Compare J. Hawkes, *On the General Management of Public Lunatic Asylums in England and Wales. An Essay* (London, 1871).

[59] E. Kraepelin, *One Hundred Years of Psychiatry* (London, 1962). For German mental institutions see H. Kranz and K. Heinrich, *Bilanz und Ausblick der Anstaltpsychiatrie. 100 Jahre Rheinisches Landeskrankenhaus-Psychiatrische Klinik der Universität Düsseldorf, 1876–1976* (Stuttgart, 1977); and H. Schadewaldt, 'Geschichtlicher Überblick über die Entwicklung des Rheinischen Landeskranken-hauses-Psychiatrische Klinik der Universität Düsseldorf 1876 bis 1976', in Kranz and Heinrich, *Bilanz und Ausblick der Anstaltpsychiatrie*, pp. 7–15; D. Blasius, 'The Asylum in Germany before 1860', in Spierenburg (ed.), *Emergence of Carceral Institutions*, pp. 148–64.

[60] A. Scull, 'From Madness to Mental Illness. Medical Men as Moral Entrepreneurs', *European Journal of Sociology*, 16 (1975), 219–61; *idem*, 'Mad-Doctors and Magistrates: English Psychiatry's Struggle for Professional Autonomy in the Nineteenth Century', *European Journal of Sociology*, 17 (1976), 279–305; W. F. Bynum, 'The Nervous Patient in Eighteenth and Nineteenth Century England: The Psychiatric Origins of British Neurology', in Bynum, Porter and Shepherd (eds.), *Anatomy of Madness*, I, pp. 89–102.

were preoccupied above all not with the theory of insanity but with the practical issues of managing the well-run asylum.[61]

Questions of architecture were of cardinal importance.[62] Asylum design had to ensure maximum security, ample ventilation, efficient drainage, optimal visibility (Bentham's target of panopticism, i.e. total surveillance, though few asylums were actually built following his precise blueprint for the panopticon prison), and, not least, efficient classification of the different grades of lunatics. Men had to be separated from women, incurables from curables, the violent from the peaceable, the clean from the dirty, and a ladder of progress established so that improving lunatics could see themselves moving onwards from ward to ward, getting ever nearer to the final door of discharge. Meticulous classification of the inmates became the first commandment of asylum managers and of the English lunacy commissioners. And all these aims had to be achieved in ways compatible with order, economy, efficiency and discipline. The art of management had to combine the highest goals of statecraft (the asylum as a form of Utopia, better organized even than sane society) together with expertise in such matters as non-slip, fireproof floor materials and self-locking door fittings.

Asylums had never been without their critics.[63] Institutions such as Bedlam early became a byword for man's inhumanity to man. An extensive literature of patient protest grew up from the eighteenth century onwards complaining of brutality and neglect.[64] And a radical undercurrent within the medical profession itself had always insisted

[61] Otto M. Marx, 'Descriptions of Psychiatric Care in Some Hospitals During the First Half of the 19th-Century', *Bulletin of the History of Medicine*, 41 (1967), 208–14.

[62] See Michael Ignatieff, *A Just Measure of Pain* (London, 1978); M. Donnelly, *Managing the Mind* (London, 1983); Robin Evans, *The Fabrication of Virtue. English Prison Architecture, 1750–1840* (Cambridge, 1982); T. Markus (ed.), *Order in Space and Society* (Edinburgh, 1982), especially T. Markus, 'Buildings for the Bad and the Mad in Urban Scotland', pp. 25–114; Sir H. C. Burdett, *Hospitals and Asylums of the World: Their Origin, History, Construction, Administration, Management and Legislation ... the Portfolio of Plans of ... British, Colonial American and Foreign Hospitals ... in Addition to Plans of all the Hospitals of London*, 4 vols. (London, 1983); D. Jetter, *Geschichte des Hospitals* (Wiesbaden, 1966/1971); J. D. Thompson and G. Goldin, *The Hospital: A Social and Architectural History* (New Haven, 1975). See also Peter McCandless, 'Build! Build! The Controversy over the Care of the Chronically Insane in England, 1855–1870', *Bulletin of the History of Medicine*, 53 (1979), 553–74.

[63] This is well brought out in D. M. Mellett, *The Prerogative of Asylumdom* (New York, 1982).

[64] For the confined protesting their sanity in such cases see Samuel Bruckshaw, *The Case, Petition and Address of Samuel Bruckshaw, who Suffered a Most Severe Imprisonment, for Very Near a Whole Year, Loaded with Irons, without Being Heard in his Defence, Nay even without Being Accused, and at last Denied an Appeal to a Jury, Humbly Offered to the Perusal and Consideration of the Public* (London, 1774); and Alexander Cruden, *The London Citizen Exceedingly injured: or a British Inquisition Display'd in Account of the Unparallel'd Case of a Citizen of London, Bookseller to the late Queen, Who Was Sent to a Private Madhouse* (London, 1739). For later instances see N. Hervey, 'Advocacy or Folly: The Alleged

that, with the best will in the world, the asylum must necessarily prove counter-productive. For (argued critics such as Andrew Harper and George Nesse Hill)[65] mad people herded together would inevitably reduce each other to the lowest common denominator; in this sense, madhouses were bound to be 'manufactories of madness'. What the insane needed (critics claimed) was the mental and moral stimulus of the sane not the inevitable stigma of seclusion. But up to perhaps the mid-nineteenth-century advocates had outnumbered critics, and the asylum movement had been buoyed up on a wave of optimism.

This changed. A new pessimism becomes conspicuous in the second half of the nineteenth century. Asylum discharge figures left no one in any doubt that the expectations that the asylum would become an engine of almost universal cure-power were proving grossly over-optimistic. Recent studies have demonstrated that, despite a popular stereotype, it was by no means true that admission to the late-nineteenth-century asylum was effectively a death-certificate; that people left only in hearses.[66] All the same, success rates (though largely statistically meaningless) even in the best asylums, such as the York Retreat, dipped during the course of the century, and public asylums above all silted up with large complements of long-stay patients (the older they became, the greater the likelihood that they would stay for life).

To some extent, asylum psychiatrists had proved the victims of their own ideology. In developing categories such as 'monomania', 'kleptomania', 'dipsomania', 'moral insanity' etc., they had argued that many of the kinds of aberrant conduct traditionally labelled vice, sin, and crime were true mental disorders which should be treated in the asylum.[67] As a result, magistrates and prison authorities had been encouraged to divert difficult and recidivist cases from the workhouse or the jail to the asylum, where superintendents discovered to their cost that regeneration posed more problems than anticipated. Furthermore, the senile and the demented, along with epileptics, paralytics, sufferers from

Lunatics' Friend Society, 1845–63', Medical History, 30 (1986), 245–75; R. Paternoster, The Madhouse System (London, 1841); Louisa Lowe, The Bastilles of England, or the Lunacy Laws (London, 1883).

[65] See A. Harper, A Treatise on the Real Cause and Cure of Insanity in Which the Nature and Distinction of this Disease are Fully Explained, and the Treatment Established on New Principles (London, 1789); and for Hill, Roy Porter, 'Brunonian Psychiatry: The Case of George Nesse Hill', Medical History Supplement, 8 (London, 1988), 89–99.

[66] R. Russell, 'Mental Physicians and their Patients: Psychological Medicine in the English Pauper Lunatic Asylums of the Later Nineteenth-Century' (Sheffield University Ph.D. thesis, 1983), especially pp. 154f.

[67] V. Skultans, Madness and Morals: Ideas on Insanity in the Nineteenth Century (London, 1975), part III, 'Psychiatric Darwinism'.

tertiary syphilis, ataxias and neurological sensory-motor disorders increasingly found their way into the asylum warehouse. For all such conditions, the prognosis was gloomy. In time, the asylum became a dustbin for hopeless cases.

In the second half of the nineteenth century, psychiatry necessarily adjusted itself to cope with this newly bleak prognosis. If 'moral therapy' did not work, that seemed to indicate that much insanity was actually organic disease, indeed was ingrained and constitutional, probably a hereditary taint.[68] Researches seemed to show that madness was passed on from generation to generation, that alcoholics and syphilitics produced subnormal offspring, indeed that society harboured a vast 'iceberg' of atavistic degenerates and defectives. Confronted with these intractible problems, 'degenerationist' psychiatrists such as Henry Maudsley in England, Morel and Moreau de la Tours in France,[69] Griesinger, Friedrich and Jacobi in Germany[70] and Lombroso in Italy[71]

[68] J. C. Prichard, *A Treatise on Insanity and Other Disorders Affecting the Mind* (London, 1835). See also for England W. F. Bynum, 'Theory and Practice in British Psychiatry from J. C. Prichard (1786–1848) to Henry Maudsley (1835–1918)', in T. Ogawa (ed.), *History of Psychiatry* (Osaka, 1982), pp. 196–216, and more generally, E. T. Carlson and N. Dain, 'The Meaning of Moral Insanity', *Bulletin of the History of Medicine*, 36 (1962), 130–40.

[69] For France see Ian Dowbiggin, 'Degeneration in French Psychiatry', in Bynum, Porter and Shepherd (eds.), *Anatomy of Madness*, I, pp. 188–232; Ruth Harris, 'Murder under Hypnosis', in Bynum, Porter and Shepherd (eds.), *Anatomy of Madness*, II, pp. 197–241; R. Nye, *Crime, Madness and Policies in Modern France* (Princeton, NJ, 1984); R. Friedlander, *Benedict-Augustin Morel and the Development of the Theory of Degenerescence (the Introduction of Anthropology into Psychiatry)* (Ann Arbor, MI, 1973); J. Goldstein, '"Moral Contagion": A Professional Ideology of Medicine and Psychiatry in Eighteenth and Nineteenth Century France', in G. E. Geison (ed.), *Professions and the French State 1700–1900* (Philadelphia, 1984), pp. 181–223; M. D. Alexander, 'The Administration of Madness and Attitudes Toward the Insane in Nineteenth-Century Paris' (Johns Hopkins University Ph.D. thesis, 1976). For important contemporary texts see Prosper Lucas, *Traité philosophique et physiologique de l'heredité naturelle dans les états de santé et de maladie du système nerveux*, 2 vols. (Paris, 1847–50); J. Déjérine, *L'hérédité dans les maladies du système nerveux* (Paris, 1886); B. A. Morel, *Traité de dégénérescences physiques, intellectuelles, et morales de l'espèce humaine* (Paris, 1857); Antoine Ritti, *Histoire des travaux de la société médico-psychologique et eloges de ses membres*, 2 vols. (Paris, 1913–14).

[70] W. Griesinger, *Mental Pathology and Therapeutics*, trans. C. Lockhart Robertson and James Rutherford (New York, reprint of 1867 London translation of German 2nd edn, 1965); A. Mette, *Wilhelm Griesinger: der Begrunder der Wissenschaftlichen Psychiatrie in Deutschland* (Leipzig, 1976); O. Marx, 'Wilhelm Griesinger and the History of Psychiatry: a Reassessment', *Bulletin of the History of Medicine*, 46 (1972), 519–44.

[71] For Italy see A. Tagliavini, 'Aspects of the History of Psychiatry in Italy in the Second Half of the 19th Century', in Bynum, Porter and Shepherd (eds.), *Anatomy of Madness*, II, pp. 175–96; V. P. Babini, M. Cott, F. Minuz, A. Tagliavini, *Tra sapere e potere* (Milan, 1982); R. Canosa, *Storia del manicomio in Italia dall' unita ad oggi* (Milano, 1979); for a history of asylums in Milan, see A. de Bernardi, F. Peri, L. Panzeri, *Tempo e catene. Manicomio, psichiatria e classi subalterne* (Milano, 1980). For key contemporary texts see C. Lombroso, *L'uomo delinquente studiato in rapporto alla antropologia, alla medicina legale e alle discipline carcerarie* (Milan, 1876); A. Verga, 'Se come si possa definire la pazzia', *Archivio Italiano per le Malattie Nervose* (1874), 3–22, 73–83; E. Morselli, 'Psichiatria e neuropatologia', *Revista Sperimentale di Freniatria* (1905), 15–43.

believed there was little that could be done beyond placing such threats in the asylum where they would at least be prevented from breeding future generations of inbeciles and perverts. The Irish inspectors of lunacy had expressed the new pessimism as early as 1851, announcing that 'the uniform tendency of all asylums is to degenerate from their original object, that of being hospitals for the treatment of insanity, into domiciles for incurable lunatics'.

In this atmosphere, the large public asylum became larger (the average public asylum in England housed 116 patients in 1827, 802 patients in 1890) and degenerated into a centre of routine work, formal drills and financial stringency. Greater recourse was had to drug treatments designed essentially to sedate and stupefy. Therapeutic innovation was to focus chiefly upon experimental organic treatments such as the use in the present century of insulin coma therapy and of electro-convulsive therapy. The high ideals of the asylum gradually disappeared into thin air. In the USA – where developments initially followed an almost parallel course to those in England, moving from the optimism of moral therapy to an increasing preoccupation with safety and sedation – Nancy Tomes has traced a falling off of standards of care during the course of the nineteenth century.

Institutions such as the Pennsylvania Asylum, set up in the first half of the nineteenth century, initially showed high levels of community and family involvement, underpinning a curative ideology. By the last decades of the century, a more organic psychiatry had become dominant, which at its worst could serve as a cover-up for the indiscriminate use of sedatives (bromides, chloral) and a decline in personal therapy.[72]

It is open to real dispute how far the science of psychiatry as a whole is 'objective knowledge', or how far it rather constitutes an objectification of social values. Notions of the hierarchical structure of the mind (such as Plato's vision of reason governing the appetites in the mind, rather as the philosopher–kings should rule the people in the state, latterly translated into the Freudian super-ego, ego and id) seem suspiciously to mirror traditional concepts of the social hierarchy, indeed to exemplify the old microcosm/macrocosm analogy, linking individual to cosmos. And more generally, it is easy to claim that every society gets the kinds of 'psychiatric disorders' it deserves. Thus modern Western

[72] Nancy Tomes, *A Generous Confidence* (Cambridge, 1984). See also A. Scull, 'The Discovery of the Asylum Revisited', in Scull (ed.), *Madhouses*, pp. 144–65, for an assessment of scholarship on the early history of the asylum in America. For an excellent up-to-date survey of American developments in tandem to British ones, see Tomes's 'The Great Restraint Controversy', in Bynum, Porter and Shepherd (eds.), *Anatomy of Madness*, III.

societies have legitimated the concept of mild mental illness under the heading of 'neurosis'. Because we feel we have a right to happiness, we have a corresponding right to express our unhappiness in medical terms and to seek therapy. Such a resort would be unthinkable in today's China. There comparable symptoms (depression, lethargy, 'functional' disorders) are not 'psychiatrized' but rather 'somatized'. For in the Communist East, with its highly collective values, 'mental disorder' is a mark of socio-political deviation, whereas the presentation of organic disturbance commands a real claim on attention, sympathy and excuse. Thus sickness and its labels, and the sick role, are both culture-bound.[73]

It is a matter of debate how far we should see our very notion of mental illness as socially and culturally determined. What is beyond dispute, however, is that the strategy of institutionalizing the mad in lunatic asylums quite expressly puts into practice many of the key values of Western society since the Renaissance.[74] It represents a fusion of the imperatives of the rationalist state wedded to the expedients of a market economy. Its therapeutic optimism, developing since the late eighteenth century, displays enlightened optimism (carrying however a sting in the tail, the idea that certain groups in society have the right and duty to improve others). And not least it reflects the long-term secularizing culture-shift from religion to an ethos of science. Before the Renaissance and the Scientific Revolution, the crucial divide within the key values of the culture of Christendom lay between the godly and the ungodly. In that, the distinction between the sane and the crazy counted for relatively little. Increasingly, that has changed, and the salient polarity, since what we may call the 'age of reason', has become the division between the rational and the rest.[75] The institution of the asylum set up a *cordon sanitaire*, protecting the 'normal' from the 'mad', served to underline the Otherhood of the insane, and provided a managerial milieu in which that alienness could be confirmed. How far today's policies of returning the mentally ill to the community will reverse that process remains to be seen.

[73] A. Kleinman, *Social Origins of Distress and Disease* (New Haven and London, 1986).
[74] Bill Luckin, 'Towards a Social History of Institutionalization', *Social History*, 8 (1983), 87–94.
[75] Important discussions of this are contained in M. MacDonald, 'Religion, Social Change and Psychological Healing in England 1600–1800', in W. Shiels (ed.), *The Church and Healing* (Oxford, 1982), pp. 101–26; *idem*, 'Popular Belief about Mental Disorder in Early Modern England', in W. Eckart and J. Geyer-Kordesch (eds.), *Heilberufe und Kranke in 17 und 18 Jahrhundert* (Munster, 1982), pp. 148–73; *idem*, 'Insanity and the Realities of History in Early Modern England', *Psychological Medicine*, 11 (1981), 11–25.