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 specialties had come to life either. The advent of medical specialization 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
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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.31

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.32

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 locy, there goes the kooky.” 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.” So much for community care in this particular version of a supposedly genteel 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."

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.

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 Bethlem, 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 1946.9 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 [forcibly '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 rational 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). 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,” “hôpitaux dieux”) scattered about the country. 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. 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, ripped by chains, corrupting in their own filth.” 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.

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 belladonna, the art of the old doctors in healing the insane, seems to have been lost.”

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-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.” 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. 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.” 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 Idiots, Lunatics, and other Persons of unsound Minds.”

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
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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.