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Psychiatric Therapeutics and "the Public" in England in the Eighteenth and Nineteenth Centuries

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Psychiatry is and always has been an intensely public enterprise. In the present era, media attention to mental illnesses and their treatment is exceptionally keen. If one turns from psychiatry's present to its past, evidence for the public's disproportionate attention abounds. In England, psychiatry was ushered into the public arena during the late eighteenth century.[1] Since then, the patient, the doctor, and the asylum have loomed large in both sober public discussion and the romantic literary imagination. In the nineteenth century, countless governmental reports, newspaper articles, exposé pamphlets, novels, and poems were devoted to critical discussion of the question of lunacy.[2] By contrast, other branches of medical practice in England were left mainly to negotiation between the doctor and the patient in the eighteenth and nineteenth centuries. Especially from the nineteenth century on, while public concern with—and pressure on—psychiatry was growing, the rest of the medical profession enjoyed increasing autonomy.

During this period, "the public" meant many things.[3] Although the most visible component of "the public" was writers for and readers of newspapers, periodicals, and pamphlets, I would argue that psychiatrists came to internalize "the public opinion," which exerted great influence on their clinical decisions. Mental illness and psychiatry have commanded somewhat unique positions due to their exceptionally deep entanglement with issues outside the strictly clinical domain.

Why has this been the case? The standard answer has emphasized the awkward relationship between psychiatry and liberal society, specifically the tension between confinement and liberty.[4] Because the rise of the asylum posed a threat to liberty of the individual, the public was spurred into serious discussion of the nature of psychiatry. Perhaps nowhere was this clash so great as in England. From the eighteenth century on, the English people experienced waves of public outcry and even panic over "wrongful confinement"—shutting a person up on the false pretense that he or she was insane. Numerous cases of illegal detention hit the newspaper headlines, prompted angry critiques of doctors in periodicals and pamphlets, and instigated discussion in Parliament, sometimes resulting in new legislation. Many reputable psychiatric practitioners forfeited their public standing and their practices because of their involvement in these cases. Institutionalization of a lunatic was seen as a business that should be put under public and legal scrutiny, not just a matter to be settled between a doctor and his patient.

However, the question of confinement versus liberty was not the only domain of English psychiatry played out in the public sphere. Below I should like to argue that the question of therapeutics—attempts at curing mental diseases by acting on the mind and/or the body of the patient—was also argued in a realm strongly influenced by the public. Within the walls of the asylum and at the bedside, psychiatrists did not enjoy the autonomy sometimes accorded them in the literature. Crossing the institutional threshold did not ensure that the doctor could exercise discretionary power over the treatment of the patient. Even in the domain of "medical" treatments (as opposed to "moral" ones), the influence of the public was keenly felt by psychiatric practitioners, who were sometimes forced to conform to public expectations. Public scrutiny and critique deeply intermingled with professional and clinical concerns, and psychiatrists in the eighteenth and nineteenth centuries often found themselves under pressure from the public over the choice of remedies.

When a medical practitioner possesses an effective and safe means of cure for a certain disease, his or her task is straightforward and can easily become routine. However, such a therapy is often not available, or its side effects or risks are too great to be ignored. Then the practitioner faces a dilemma between the duty to cure and the duty to do no

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harm. Should one check the course of a fatal disease by drastic means, or avoid the temptation of an uncertain gain that puts the patient's life at serious risk? In other words, the choice between "heroic" and "mild" means is wide open. Moreover, adoption of one therapeutic means cannot be reduced to the question of its efficacy, as recent historical studies by Jack Pressman[5] and David Healy[6] have shown.

In the eighteenth and nineteenth centuries, the range of effective, reliable, and safe psychiatric therapies was limited. Practitioners often resorted to "heroic" treatments, to the most drastic purges and emetics, to an extraordinary amount of bloodletting, to exposure to extreme cold, and to other Gothic means to subdue maniacal paroxysms. At the same time, many authors criticized heroic means and proposed milder alternatives. In *Peace of Mind and Health of Body United* (1750), Lewis Southcomb,[7] a clergyman, claimed that "medicines of the most violent operations" were useless and harmful, creating incurable lunatics by their effect of sinking spirit. Practitioners without medical qualifications frequently attacked heroic treatments and proposed milder ones, perhaps to attract patients with their less-painful remedies. Physicians from the uppermost echelon, too, criticized heroics and advocated milder treatments. Sir Richard Blackmore,[8] physician to King William III, criticized "frequent and strong purgation" for melancholy as enfeebling and demolishing the patient and suggested the use of opium in moderate amounts.

The debate in 1758 between William Battie and John Monro, the first known published dispute between psychiatrists, should be seen in this context. Battie's caution against bloodletting, blisters, purges, and emetics[9] was a part of the eighteenth-century philosophy of therapeutics dictated by the principle of mildness. Monro,[10] on the other hand, criticized Battie for giving a bad name to the use of emetics as a "shocking operation" that causes "morbid convulsions" and insisted that a psychiatric practitioner should not be frightened away from free use of the lancet and the strongest emetics and purges. This evidence clearly suggests that the rivalry between heroic and mild principles was a well-established part of eighteenth-century psychiatry.

Advocates of heroic means were thus well aware of the tension and the challenge of the alternative. They believed that their own therapeutic principle was under attack and felt that they were under pressure to defend and justify themselves. In *A New System of the Spleen, Vapours, and Hypochondriack Melancholy* (1729), Nicholas Robinson[11] expressed regret that "we seldom use those [remedies] that are proportion'd to the greatness of the cause" of lunacy. He pointed a blaming finger at practitioners who did not give powerful enough medicines:

> Give me leave to say, that no Man can have a tenderer, or more compassionate concern for the misery of mankind than my self; yet it is cruelty in the highest degree, not to be bold in the administration of medicines, when the nature of the disease absolutely demands the assistance of a powerful remedy. . . . It is owing to these safe men, that do but little good, and a great deal of real mischief, that chronick diseases are so rife now-a-days, and so generally incurable . . . render'd so by those, that are afraid to proceed in a way only capable of curing them.

Robinson's words suggest that the adoption of heroic means in the eighteenth century was not due to inertia or mindless routine. Instead, it was the result of informed and deliberate choice. Note, moreover, the apologetic self-vindication at the beginning of the quote. Robinson was clearly aware of the charge of coarseness and cruelty levelled against heroic treatment of the insane. Far from being ignorant of the association of milder treatment with a humane attitude, he consciously refused to follow the path taken by the "safe men."

Robinson's concern not to be regarded as coarse or unfeeling suggests that he felt pressure from factors that were not strictly clinical. He weighed his public image against his own clinical judgment. In the end, he gave priority to the latter and attempted to convince others that real compassion lies in powerful remedies.

A century later, George Man Burrows, then the most successful psychiatric practitioner in London, was put in a comparable situation but made the opposite choice. Taking public opinion into consideration, he gave up a type of heroic treatment. The treatment in question was the rotating chair. With up to 120 rotations per minute, the "Herculean swing" was little doubt one of the most powerful and formidable psychiatric treatments employed at that time.

Impressed by stories of the swing's enormous power to shock the mind and body of the patient, Burrows planned to construct one for his own private madhouse. But he learned that Ernst Horn, a highly respected medical superintendent at La Charité Hospital in Berlin, was obliged to retire from his post due to a "popular clamour" after the death of a patient during rotation treatment. This incident changed Burrows's mind. In *Commentaries on Insanity* (1828), he[12] explained why he had given up the idea of employing the treatment:

> I was deterred from the execution [of the plan] by the deep impression made on the public mind by the Parliamentary Inquiry into the State of Madhouses and Lunatics in the years 1815 and 1816. . . . Almost all confidence in those who have devoted themselves to the medical treatment of insanity . . . was destroyed. However exalted by professional or moral character, so morbidly sensitive is popular opinion on the subject of insanity, that no medical man dares follow the dictates of his better judgment. Were he to adopt a practice, from the energy of which an accident happened; or were he to try any experiment, however hopeless the case, and the result be contrary to his well-founded expectations, that

man would be universally decried, his reputation blasted, and his family ruined. In every other disease, in surgery, in midwifery, when the occasion demands it, the most hazardous operation is attempted. If it do not succeed, and life is the forfeit, no blame attaches. If it do succeed, the physician or the operator is a deity.

This text exhibits a psychiatrist wavering between the two choices, namely, providing what he thought to be effective treatment and safeguarding his reputation. Burrows confessed that his concern about public opinion had deterred him from employing a high-risk heroic treatment. Note how enviously he wrote about practitioners of the other branches of medicine. The public, Burrows said, acted far less leniently toward psychiatrists. Surgeons and midwives were allowed to gamble for spectacular success without greatly risking their social standing. Psychiatrists, however, were denied that latitude. Coming from a practitioner who had extensive experience in both psychiatry and general practice, Burrows's observation carries considerable weight as historical evidence. Like Robinson a century before him, Burrows faced the choice between following his own clinical judgment and bowing to public opinion. Unlike Robinson, however, Burrows gave priority to the latter. He was no less confident than Robinson in his clinical acumen—he prided himself in the high cure rate at his own asylum (221 out of 242 recent cases). Yet, in the end, as a practitioner whose income and social standing directly depended on his popularity with clients, Burrows could not afford to put his own livelihood at risk for the therapeutic gain he expected from the rotating chair.

Burrows was correct in perceiving that such a restriction was a problem for psychiatry in general. Psychiatric therapeutics employed at county asylums were no less influenced by the pubic than were those offered in the medical marketplace. The situation that followed the death of a patient in the County Asylum for Surrey in 1856 provides ample evidence of the power of the public over psychiatric treatment.[13] The outline of this case is simple enough; it involved the accidental death of a 65-year-old patient due to a prolonged cold shower and the Lunacy Commissioners' prosecution of Charles Snape, the medical superintendent of the male side of the asylum, who ordered an attendant to give the patient a cold shower for half an hour as well as 2 grains of tartar emetic. After careful investigation, the Commissioners decided to institute legal proceedings against Snape, charging him with manslaughter. The trial started in May 1856; the following September the grand jury at London's Central Criminal Court found that the evidence was insufficient to sustain the charge of manslaughter.

On the surface, the public does not seem to have been involved in this case, which was a battle between a doctor and a governmental body. Also, the outcome of the trial favored the doctor who had administered the heroic treatment. Closer scrutiny, however, reveals the crucial role played by the public, especially the mass media. The Lunacy Commissioners obtained what they wanted. In 1857, they set the maximum duration of showers at 3 minutes, denying the medical superintendent discretion over treatment. This was an important confirmation of the Commissioners' de facto power to intervene in therapeutics. The Lunacy Commissioners appear to have been content with their achievement. Their Eleventh Report,[13] published in 1857, stated that they "conceived that their duty as a public body had been sufficiently discharged by the attention drawn to the case; by the public hearing at Bow-Street."

This statement of the Commissioners is revealing. They were especially pleased by the public attention drawn to the case, by which they must have meant the extensive coverage of the case in several daily newspapers. At the time, psychiatrists loathed such mass media attention. J. C. Bucknill,[14] then the editor of the *Asylum Journal of Mental Science,* registered a bitter complaint:

The change of venue from Surrey, where the alleged offence was committed, to Bow-Street, has had the unfortunate effect of attracting to this case, the attention of those newspaper writers whose expressions are rather dictated by the known prejudices of the reading, but unreasoning populace, than by the principles of truth and justice.

The exposure to hostile media attention was one aspect of the disciplinary action taken against the doctor, an effective tool in the "blame and shame" method by which the Commissioners regulated psychiatric institutions. Although the statutory power of the Commissioners was rather limited, they could effectively regulate treatment by working with the newspapers and journals, which were very keen to publicize and criticize psychiatric misdeeds. In other words, the British government could do with a statutorily weak regulating body because of the effective check exerted by the mass media.

The repercussions of the shower accident in 1856 served as a kind of internalized deterrent against the doctors' recourse to heroic means in the late nineteenth century. During the 1860s and 1870s, English psychiatrists were engaged in a series of debates over various new sedatives or narcotics, such as potassium bromide, chloral hydrate, ergot of rye, and hyoscyamine. The basic line of division is fairly clear. On one side were psychiatrists who were keen to employ new sedatives and were eager to introduce a scientific or experimental approach to the question of psychiatric therapeutics. The psychiatric laboratory at the Wakefield Asylum led by Crichton-Browne epitomized this stance. On the other side were "nonrestraint fundamentalists," who opposed any kind of restraint, whether mechanical or chemical. For them the new wave of alkaloid drugs represented "chemical restraint"—a disguised relic of the chains and

manacles of the bad old days. Between these two extremes, there existed a practical, moderate, and cautious approach, which was adopted by the majority of psychiatric practitioners. Many advocated *sparing* use of new sedatives, not so much for the sake of the sacred principle of nonrestraint as for concern over the possibility of persecution if overdosing caused the death of a patient. The phrase "coroner's inquest" frequently appeared in the context of warning against too large a dose of powerful sedatives. To give one example, when D. H. Tuke visited several French asylums in 1879, he had the chance to observe the administration of morphine by Jules Voisin at Salpétrière.[15] Undeterred by the violent vomiting of the patient, the French psychiatrist gave up to 15 grains of morphine, which was more that seven times as much as the maximum recommended by one English practitioner. Almost in disbelief, Tuke[16] exclaimed that Voisin "certainly acts more heroically than the superintendents of English Asylums would like to do. They would stand in awe of a Coroner's Inquest!"

Such allusions to "coroner's inquest" were made somewhat light-heartedly. Yet behind them lurked a nervous concern over the dire consequences if the effect of the medicine given proved too powerful for the patient to endure. Not only the death of the patient but also the possibility of criminal prosecution could be a real deterrent for doctors who otherwise might have been tempted to try large doses of "quieting" medicines. It is possible that the threat of prosecution, together with public odium, played a role in keeping the level of psychiatric medication in English practice very low. From 1856 to 1900, the total average weekly expenditure on medicine and surgery in county and borough asylums in England and Wales was kept between 0.7 and 1.1 penny per patient—about 1–1.5% of the asylums' total operating cost, and just enough to buy each patient one to one-and-half doses of chloral hydrate per week.[17] The picture of prevalent "chemical restraint" painted by nineteenth-century critics of sedatives[17] is considerably off the mark.

The policing of psychiatric therapeutics by the public appears to have been a long-standing and integral component of the culture of psychiatry. Psychiatrists in England did not enjoy autonomy over medicines given to patients in the eighteenth and nineteenth centuries. The psychiatric encounter was conducted in the shadow of journalism long before *One Flew over the Cuckoo's Nest*[19] captured the public's imagination and fueled antipsychiatric fires in the late twentieth century. The psychiatric bedside in England during that period did not consist only of the doctor and the patient. It was not the mythical golden age of the pure, intimate, and exclusive doctor-patient relationship. Nor was it the dark age of authoritarian and unmitigated psychiatric power over the powerless patient. Psychiatrists in the past prescribed medications with not only the patient but also the public in mind. They still do. Modern psychiatry continues to be influenced by the public's attention to therapeutics for the mentally ill. This may well remain the case for psychiatry in the future.

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