Madness in America

Cultural and Medical Perceptions
of Mental Illness before 1914

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Note on Terminology

The terms used to describe mental illness and its treatment changed markedly over the decades chronicled in this book. Rather than use modern terms that did not exist or held different meanings in the past, we have employed the language of the times we portray, even at the risk of offending modern sensibilities. The evolution of psychiatric terminology reflects not only scientific shifts in explaining and treating insanity, but also the continuing effort to rid mental illness of its stigma and sense of hopelessness. We ask that our readers hear these words in their historical context.

"Distraction" was used in the seventeenth and eighteenth centuries to signify a state of mental agitation and excitement short of complete madness. In the eighteenth and nineteenth centuries, Americans used the words "demoniac possession," "madness," "lunacy," and "insanity" to describe what we today call mental illness. Each word had a different connotation. The use of "demoniac" to describe a person possessed by a devil reflected the continued influence of biblical explanations of madness. "Lunacy" derives from the traditional belief that intermittent derangement was related to phases of the moon. Both terms were used throughout the nineteenth century, even after religious and astrological explanations had been abandoned as unscientific. "Lunatic" developed a special legal meaning, signifying that a person's mental alienation was so profound that he or she could not enter into binding civil transactions. "Madness" was a more vernacular term, suggesting wildness, lack of restraint by reason, and loss of emotional control. This last meaning survives today when we describe an angry person as "mad." Because madness was an emotionally charged term tinged with contempt, early American physicians preferred the more clinical "insanity," which literally means not "sane" (clean, healthy). Of this early vocabu-

lary, only "insanity" persists today in medical circles, where terms more commonly stress the medical nature of insanity—"mental illness," "mental disease," and "mental disorder."

The language used to describe physicians who specialized in the treatment of the insane also has changed. In eighteenth-century England, physicians who ran asylums for the insane were called "mad-doctors." In the wake of the asylum reform movement, which began in the late 1700s, doctors who headed up the new reform-minded institutions referred to themselves as "asylum doctors" or "asylum superintendents," and to their field of specialty as "asylum medicine." English specialists called themselves "alienists" because they treated abnormal or "alien" states of mind. The term "psychiatrist" first appeared in the mid-1800s in Germany and gradually came into use throughout Europe and the United States. "Psychiatry," the name for the branch of medicine that treats mental illness, derives from the Greek *psyche,* which means "breath," "spirit," and "animating principle," and is personified by the goddess Psyche, the ethereal, winged beloved of Eros. In the ancient myth, Psyche is liberated from confinement in a dark palace of erotic pleasure the moment she lights a candle and discovers a painful truth.

To diminish the threatening aspect of the institutions they supervised, successive generations of asylum doctors and psychiatrists sought suitable designations for them. "Hospital" emphasized insanity's status as a disease. "Asylum," used in the first half of the nineteenth century, suggested a refuge from the maddening world. As institutional care deteriorated in the late nineteenth century, "insane asylum" took on strong negative connotations and was replaced by more neutral terms such as "center for nervous diseases" or "psychiatric hospital."
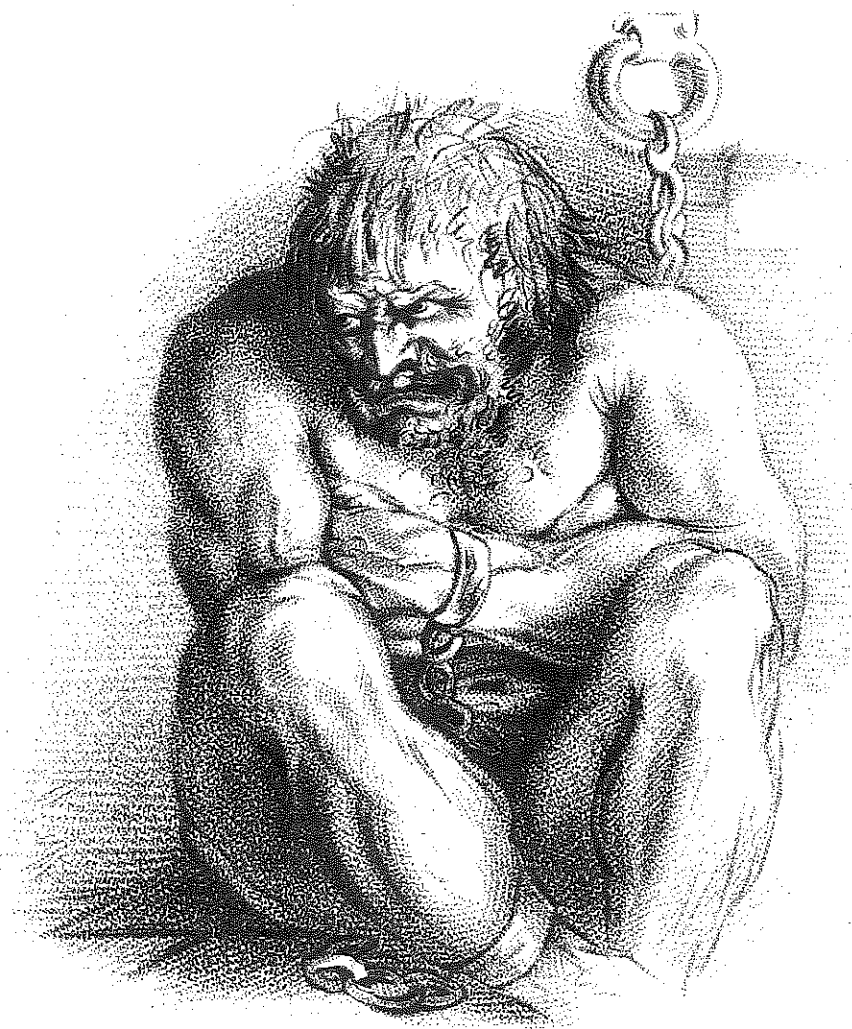
Madness and the Asylum in Early America
The Seventeenth Century to the 1810s

The original thirteen American colonies were cultural as well as political extensions of England. From their tenuous beginnings in New England and Virginia, British enclaves in North America prospered and expanded through the exchange of raw materials for English manufactured goods. By the 1750s, the New World colonies had helped spur the beginnings of the Industrial Revolution in England. Colonial society was dominated by wealthy merchant and planter elites, sustained by independent farmers working rich soils, and dependent, particularly in the South, on white indentured laborers and a growing number of enslaved African workers.

The culture of these prosperous colonies was strongly shaped by the eighteenth-century Enlightenment faith in reason, humanism, democracy, liberal institutions to cure society's ills, and progress in manufacturing and production to fill its needs. Fed by both secular and religious sources, the American Enlightenment produced a commitment to broadly representative political institutions and a skepticism about concentrated power and governmental authority. American colonists saw themselves as full-fledged English citizens worthy of representation in the British Parliament, not as mere subjects with no direct political voice, a perception that set the stage for conflict with British imperial rule and eventually led to the American Revolution.

Although dominated by an English majority, the American colonies were far more ethnically diverse than the mother country, given the presence of Native Americans, African Americans, and other Europeans. England provided the dominant models for social and political institutions, but they coexisted with and, to some degree, accommodated non-English and nonwhite customs.

This pattern of parallel traditions extended to the evolution of attitudes and practices concerning mental illness. Colonial hospitals and medical practices strongly resembled their English counterparts, yet the Anglo-American model constituted only one of several within the larger population. The native traditions of North America and Africa each offered perceptions of madness that distinguished American attitudes from those of the English.

NATIVE AMERICAN TRADITIONS

Perpetuating Columbus's misapprehension that he had reached the East Indies in 1492, the term "Indian" is applied to vastly different aboriginal peoples who lived in the Americas prior to the European migrations. Before 1600, an estimated one million Indians, speaking two thousand languages, lived north of the Rio Grande. In economic and social organization, they varied from small bands of hunter-gatherers to densely populated agricultural societies. Over the ensuing centuries of contact with Europeans, Indians both resisted and adapted to the white presence in ways that profoundly influenced Native American notions of madness and healing.

Early accounts left by European missionaries and traders suggest that conditions such as hysteria, hallucinations, severe depression, and demoniac possession were familiar, if not common, among many native tribes. Indian terms for what we would call

MADNESS AND THE ASYLUM IN EARLY AMERICA
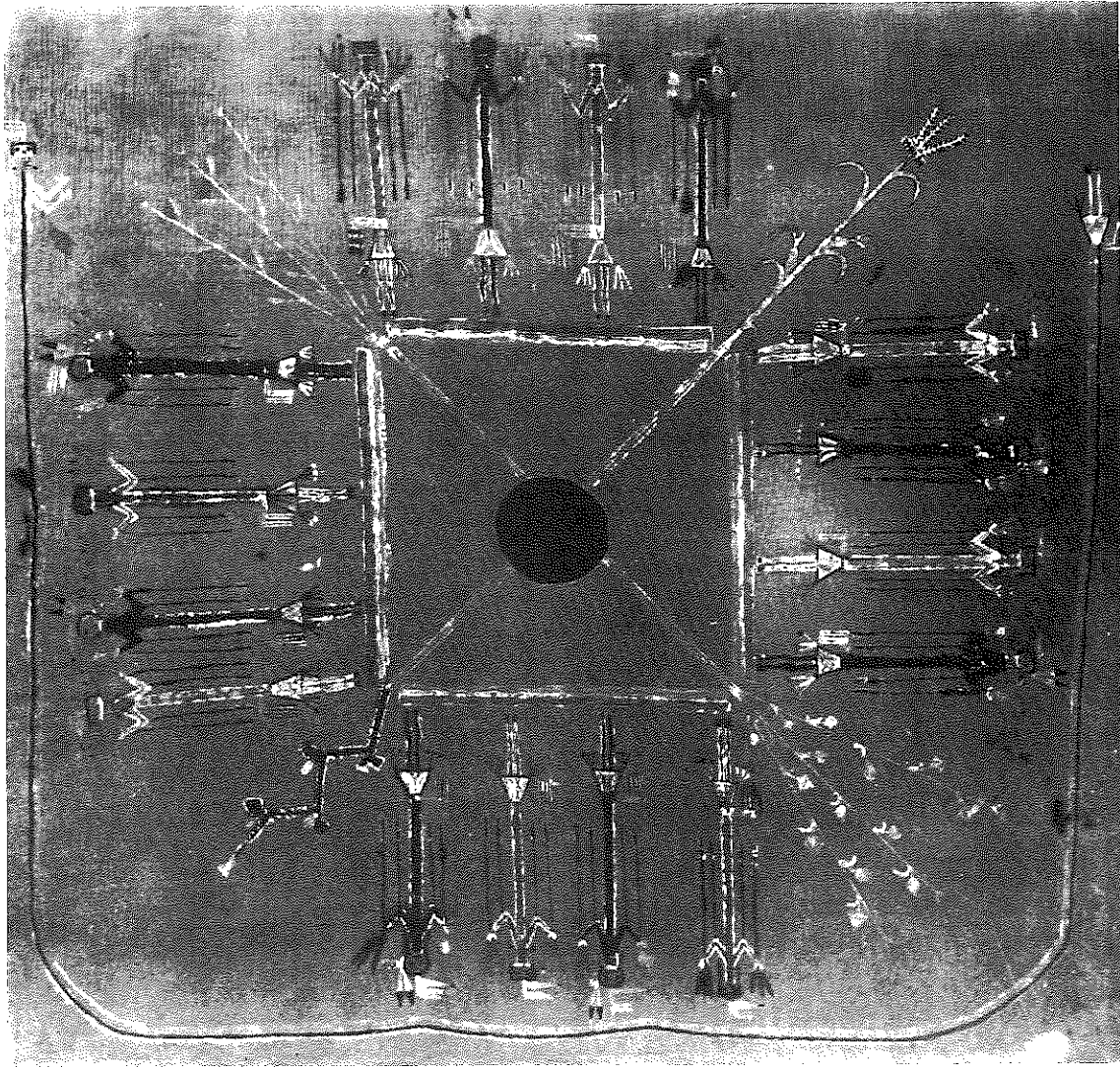
madness included "soul loss" and "being lost to oneself," and suggest the sense of self-alienation at the core of the experience.

Although Indians had a sophisticated knowledge of herbal remedies for physical ailments, they conceived of disease primarily in supernatural terms. They held a complex worldview in which invisible spirits, both good and bad, continually interacted with human beings, who could be bewitched by the living or possessed by the spirits of the dead. Indians believed that supernatural agents caused most mental afflictions, and that those who broke fundamental moral laws, such as taboos against incest, were at particular risk for madness.

This fundamentally spiritual conception of disease was reflected in Indian healing practices. Throughout the year, the community participated in religious ceremonies designed to keep the world in balance and to ward off disease. Ceremonial dances and rituals might offer opportunities for individuals to express accumulated anger or anxieties, or to drop customary patterns of self-control. Special mourning rites helped guide family and community members through the death of loved ones, thus staving off excessive grief or melancholy.

In addition to these prophylactic rituals, individuals who became physically or mentally ill underwent healing ceremonies tailored to specific ailments. Among the Iroquois, for example, certain medicine societies specialized in rituals for particular conditions: the Corn Husk Mask Society had a rite for stopping bad dreams or hallucinations, the Otter Society a rite for nervous tremors. For severe mental illness, the Navajo used the Night Way ceremony, during which a night chant, or *yeibichai* (Navajo for "talking gods"), was performed (fig. 1.1).

The central figure in Indian curing rites was the shaman or medicine doctor. To become healers, individuals first and foremost had to give evidence of supernatural powers, which were often associated with signs of physical or mental abnormality; someone born with a congenital defect, subject to convulsions, or prone to extended hallucinations was regarded as potentially having supernatural skills. Either men or women could serve as shamans, and individuals who combined the appearance, personality characteristics, and powers ascribed to both sexes were marked as possessing magical power, particularly to mediate between the two gender worlds.

Fig. 1.1. "First Dancers," Navajo night chant rug, woven in the early 20th century after a traditional sand painting, 26 ⅝ × 24½ in. National Anthropological Archives, Smithsonian Institution, Washington, D.C.

The Navajo believed insanity could result from breaking major taboos, such as incest. The fluttering flight of moths suggested to them the erratic behavior of a mentally ill person, and they used the term "acting like a moth" to describe insanity.

The night chant, so named because it took place at night, was a curing ritual for mental illness in which the gods of the sacred mountains were invoked on the sufferer's behalf. The ritual lasted more than a week and required many sand paintings of healing symbols, whose powdered pigments were brushed away after use. While a medicine man or "singer" performed the chant, the afflicted person sat in the middle of each successive painting and absorbed the power of the healing symbols and figures pictured there. The design for this rug, known as First Dancers, features a black lake in the center, surrounded by four alternating quartets of black male gods, wearing round masks with black-tipped white eagle feathers, and blue female gods, wearing rectangular masks. Stalks of white corn, blue beans, black squash, and blue tobacco divide the quadrants. A rainbow forms the body of the guardian figure that borders the rug on three sides.

Sand-painting designs were traditionally done in secret with impermanent materials. In 1896, however, a white man on the exploratory Wetherill expedition convinced a Navajo to weave him a single rug with a sand-painting pattern. In 1917 Hosteen Klah, a Navajo shaman who had demonstrated rug weaving at the Chicago World's Fair of 1893, dared to pass on the secret designs to Anglo-Americans in a large-scale commercial venture. Klah feared retaliation from the gods, but when nothing happened to him, he set about regular rug production, despite bitter protests from other medicine doctors.
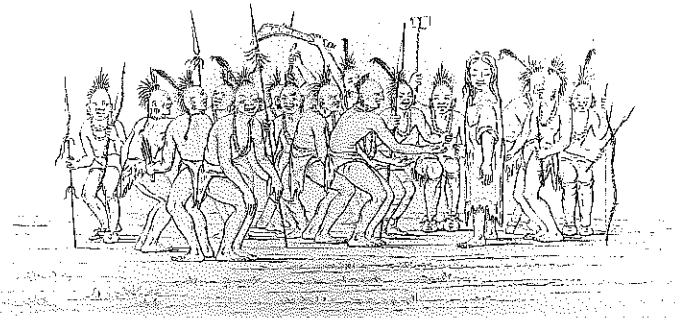
Fig. 1.2. George Catlin, "Dance to the Berdashe," engraving in *Illustrations of the Manners, Customs, and Condition of the North American Indians* (London, 1832–39).

Catlin described the "berdashe" as "a man dressed in woman's clothes, as he is known to be all his life, and for extraordinary privileges he is known to possess. . . . A feast is given to him annually; and initiatory to it, a dance by those few young men of the tribe who can, as in the sketch, dance forward and publicly make their boast. . . . Such, and only such, are allowed to enter the dance and partake of the feast" (vol. 2, pp. 214–15).
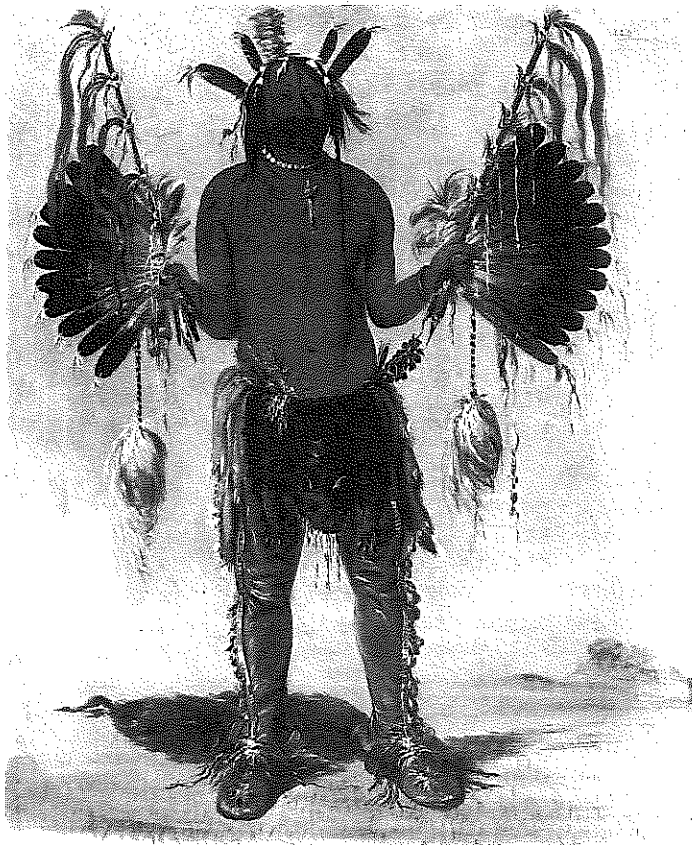

Fig. 1.3. George Catlin, *Old Bear: A Medicine Man*, 1832, oil on canvas, 29 × 24 in. National Museum of American Art, Smithsonian Institution, Washington, D.C., gift of Mrs. Joseph Harrison, Jr.

Catlin described the role of the medicine doctor:

> All tribes have their physicians, who are also medicine (or mystery) men. These professional gentlemen are worthies of the highest order in all tribes. They are regularly called and paid as physicians, to prescribe for the sick; and many of them acquire great skill in the medicinal world, and gain much celebrity in their nation. Their first prescriptions are roots and herbs, of which they have a great variety of species; and when these have all failed, their last resort is to medicine or mystery. (*Illustrations*, vol. 1, p. 39)

Because colonial-era accounts of Indian culture were written by whites, it is impossible to get a native perspective on shamans who crossed gender lines. Within Anglo-American society, homosexuality was considered a crime in the seventeenth and eighteenth centuries, and in the nineteenth century gradually came to be viewed as a mental illness. In colonial times executions for sodomy (copulation with a member of the same sex or with an animal) are recorded in the English colonies, in Virginia (1624) and New Haven (1646), and in the Dutch New Netherlands colony on Manhattan Island (1646). After the American Revolution, punishment shifted from death to mutilation; for example, a revision of Virginia law, undertaken by Thomas Jefferson and others in late 1776, declared that "whosoever shall be guilty of . . . sodomy with man or woman shall be punished, if a man, by castration, if a woman, by cutting thro' the cartilage of her nose a hole of one half inch diameter at the least" ("Plan Agreed Upon by the Committee of Revisors at Fredericksburg," Jan. 13, 1777). (For the movement of homosexual behavior from legal to medical jurisdiction, see p. 162.)

Early accounts of Indian shamans manifest the biases of white authors. French colonists called shamans "berdashes," the French word for male prostitute. George Catlin, an American artist-traveler, described Indian crossdressing and same-sex dancing in his *Illustrations of the Manners, Customs, and Condition of the North American Indians:* "This is one of the most unaccountable and disgusting customs that I have ever met in the Indian country" (London, 1832–39, vol. 2, p. 215; fig. 1.2). White accounts confirm, however, that the practice was widespread in many tribes and that shamans held respected positions in Indian society (fig. 1.3).

Indian shamans regularly invoked supernatural aid in treating the mentally afflicted. They first would try to determine the cause of illness through divination or dream analysis. If the illness stemmed from breaking a taboo, the curing ceremony included some form of confession, followed by rituals of atonement and purification. If witchcraft was suspected, the shaman used special rituals to counteract the witch's malevolent powers.

ANGLO-AMERICAN TRADITIONS

Prior to the 1700s, Anglo-American colonists accepted both natural and supernatural explanations for madness with little sense of contradiction. The prevailing physical explanation for mental disease, which originated in antiquity and was refined in medieval physiology, was based on the theory of the four bodily humors: blood, phlegm, choler (yellow bile), and black bile. A person's character and general health reflected a preponderance in his or her body of one of these fluids; accordingly, one's disposition might be sanguine, phlegmatic, choleric (bilious), or melancholic. An imbalance in the humors could cause mental derangement, which was treated by restoring the balance by bleeding or purging (evacuating the bowels of) the patient. Assuming a close connection between bodily and mental afflictions, the colonists also believed that physical conditions such as a high fever or an upset stomach could produce mental derangement.

Following biblical tradition, colonists traced the religious cause of all disease, including madness, to the Old Testament story of the original sin of Adam and Eve—eating from the tree of knowledge of good and evil. Those who committed especially grave sins, such as murder or adultery, might go insane as punishment. Influenced by several dramatic New Testament accounts of Christ and his disciples casting out demons, colonists also believed that Satan sent devils to enter people's bodies and literally possess their minds.

The notion of madness as demoniac possession is found in the early writings of Cotton Mather (1663–1728), a prominent Puritan minister in colonial Massachusetts who wrote some of the earliest and most original American works on the subject of medicine (fig. 1.4). The evolution of his views on mental disorder exemplifies the changing direction of Anglo-American thinking in the late 1600s and early 1700s. In his early writings, Mather emphasized the supernatural origins of madness. In a sermon, "Warning from the Dead: A Blessed Medicine for Simple Madness" (1693), he wrote, "There is an unaccountable and inexpressible interest of Satan often times in the distemper of madness." He blamed Satan for causing the melancholy of a fellow clergyman, claiming that because Satan was "irritated by the evangelic labors of this holy man," he had tormented him with devils of depression (*Magnalia Christi Americana*, London, 1702, p. 441). Pamphlets expressing similar views were widely circulated in the American colonies (fig. 1.5).

Like Mather, most seventeenth-century colonists believed that humans possessed by the devil—female witches or male

A Modest Enquiry
Into the Nature of

Witchcraft,

AND

How Perfons Guilty of that Crime
may be *Convicted* : And the means
uſed for their Diſcovery Diſcuſſed,
both *Negatively* and *Affirmatively*,
according to *SCRIPTURE* and
EXPERIENCE.

By John Hale,

Paſtor of the Church of Chriſt in *Beverley*,
Anno Domini. 1 6 9 7.

*When they ſay unto you, ſeek unto them that have
Familiar Spirits and unto Wizzards, that peep, &c.
To the Law and to the Teſtimony ; if they ſpeak
not according to this word, it is becauſe there is no
light in them,* Iſaiah VIII. 19, 20.
That which I ſee not teach thou me, Job 34. 32.

BOSTON in N. E.

Printed by *B. Green,* and *J. Allen,* for
Benjamin Eliot under the Town Houſe: 1702

Fig. 1.4. Cotton Mather, 19th century, engraving by C. E. Wagstaff and
J. Andrews from a painting by E. Pelham. Peabody Essex Museum, Salem,
Massachusetts.

Fig. 1.5. Title page of John Hale, *A Modest Enquiry into the Nature
of Witchcraft* (Boston, 1702). Peabody Essex Museum, Salem,
Massachusetts.

warlocks—acquired the power to bewitch others. Colonists who suddenly became despondent or distracted might suspect that their mental torment resulted from black magic and seek the identity of the devil's human agents.

The last and most celebrated outbreak of witchcraft accusations in the American colonies began in Salem Village, Massachusetts, in 1691. A group of young women in this farming community began to exhibit bizarre behavior, including outbursts of uncontrolled anger, hallucinations, and contorted limbs. After examination by a physician ruled out physical disease as a possible cause, authorities moved ahead with witchcraft investigations. Under questioning, the afflicted girls named three women as their tormentors, one of whom, a West Indian slave named Tituba, confessed to being in league with the devil and claimed that Satan had many other followers in the area. Over the next few months the girls identified scores of additional witches and warlocks. Colonial authorities set up a special court in Salem to prosecute the cases. By 1692 more than one hundred individuals had been accused, and ultimately nineteen were executed for the crime of witchcraft.

Eventually the Salem witchcraft investigation was discredited. As the girls accused individuals of higher social rank, among them Cotton Mather himself and the wife of the colony's royal governor, colonial authorities began to question the motives of the accusers and finally halted the trials. Once an ardent supporter of the witch-hunting enterprise, Mather repudiated the Salem proceedings and suggested that it was the girls themselves who had formed a pact with the devil.

Still, Mather took a harsh view of his third wife, Lydia, who a few years after their marriage in 1715 began to have furious rages, which Mather described as "little short of a proper satanic possession." He came to fear the social stigma associated with mental derangement: "I have lived for near a year in a continual anguish of expectation, that my poor wife by exposing her madness, would bring a ruin on my ministry" (1719 entry, *The Diary of Cotton Mather*, Boston, 1912, pp. 583, 586).

By 1724, when Mather wrote *Angel of Bethesda*, considered by many to be the first distinctively American contribution to medical literature, he gave more natural, physical explanations for madness. Although he still believed that demoniac possession caused some cases of madness, he dwelt at greater length on the somatic origins of the disorder and the various physical means to cure it, including venesection, purges, and herbal remedies.

After the Salem debacle, formal accusations of witchcraft virtually ceased in New England. Yet, as Mather's characterization of his wife suggests, religious conceptions of madness as originating in sin or Satanic possession persisted in the eighteenth century, especially among the spiritual descendants of the Puritan New Englanders. Under the influence of the Enlightenment, however, the eighteenth-century medical community looked more toward physical explanations along the lines of the humoral theory.

AFRICAN-AMERICAN TRADITIONS

The first Africans to arrive in North America were brought as slaves by white settlers to Jamestown, Virginia, in the early 1600s. The practice of slavery remained occasional and incidental until later in the century, when a prosperous English economy created expanded markets for New World products. Southern planters, unable to find sufficient white indentured labor to supply their rapidly expanding tobacco and rice plantations, turned to slave traders. Most slaves came from the western coast of Africa and represented a variety of linguistic and ethnic groups, including the Bantu, Yoruba, Ibo, and Hausa. Some went to the northern colonies as house servants and craftsmen, but the majority went south to work on farms and plantations. Although forced to submit to the authority of white planters, they retained many African beliefs and customs, particularly those concerned with healing and magic. Even when, in time, African Americans adopted aspects of their masters' Christianity, many never completely abandoned African healing beliefs or their faith in magical practices.

African-American healers had a broad knowledge of herbal medicines useful against common ailments, but if a disease lingered, healers and their patients suspected a supernatural cause. The African worldview described negative events, including illness, as possible evidence of magic and sorcery. Suffering was seen in highly personal terms, and thus the healing process required identifying, through divination or dreams, the evil source of illness. Specialists in magic, known as conjurers, hoodoos, voodoo priests, and rootmen, were among the most feared and respected members of the slave community. Like Indian

Fig. 1.6. Slave charm, early 19th century, stamped brass, ¹⁵⁄₁₆ in. high.
The Hermitage: Home of President Andrew Jackson, Nashville.

This small brass ornament with a clenched fist was recovered from the slave quarters at the home of Andrew Jackson, near Nashville, Tennessee. According to slave narratives, such amulets were used to protect the bearer from witches.

shamans, conjurers could be either men or women. They were often distinguished by some physical deformity or a reclusive, eccentric personality; their healing powers seemed to depend upon their outsider status.

By offering magical remedies for misfortune, conjurers provided some sense of control within the arbitrary world of enslavement. Cruel treatment by a master, the afflictions of illness, or the sale of a beloved relative could be assuaged, at least partially, by magical rituals. Conjurers offered particularly potent remedies for rage, an emotion slaves rarely expressed openly; slaves could use magic to strike back covertly at those who hurt them. To some extent, then, conjuring served as an antidote to demoralizing aspects of slave life.

This side of conjuring is suggested by a legend known to former slaves and their families, and recorded in the 1930s by novelist and folklorist Zora Neale Hurston. The story concerns a conjurer named "Old Dave," who used magic against a planter who had murdered another slave. Old Dave slowly conjured the planter's wife and children into insanity. In their madness, the family members became the agents of punishment, abusing, attacking, and otherwise making the planter miserable, until he died a broken, lonely man (*Mules and Men*, Philadelphia, 1935, pp. 240–42).

Witchcraft and conjuring also were used to settle scores among slaves themselves. Even a rumor that someone had consulted a conjurer caused tremendous agitation and anxiety in the potential victim. According to slave accounts, a slave who thought himself to be the object of a spell might literally go mad from fear. Some victims reportedly stopped eating and wasted away; others were said to behave like animals, crawling on all fours and making bestial noises. Many slaves wore charms or amulets designed to ward off magical assaults (fig. 1.6). If they had reason to fear bewitchment, they might immediately enlist a conjurer to work a counterspell, turning the magic back on the sender.

NEW VIEWS OF MADNESS IN EIGHTEENTH-CENTURY AMERICA

The driving principles of the Enlightenment—that reason is the essence of human nature, that science can explain the universe, and that society can be continually improved through human

effort—reshaped the conception and treatment of madness over the course of the eighteenth century in England and the American colonies. Loss of reason came to be seen as equal to loss of humanity; madmen were seen as little better than animals. The first hospitals were established to protect citizens from the threat to social order posed by violent lunatics.

Foreshadowed by the natural laws of light and motion proclaimed by English physicist and philosopher Sir Isaac Newton (1642–1727), the Enlightenment climate of materialism came to full maturity in America with medical figures such as Benjamin Rush (1745–1813), who believed that the entire universe, including man's mind and morality, could be explained in terms of physical laws and fitted within a scientific, rational structure. To explain the physical workings of the body, Rush updated the old theory of four humors with principles drawn from Newtonian physics and organic chemistry. He believed that all disease processes, including madness, stemmed from disorders of the vascular system. Like most of his medical contemporaries, he recommended restoring the body's internal balance by opening the patient's veins to allow copious bleeding and by administering purging enemas (fig. 1.7). Physicians called Rush's therapeutic approach "heroic treatment" because of its great risk to the body—leading, they hoped, to a heroic cure. Rush summed up his diagnoses and treatments for insanity in *Medical Inquiries and Observations upon the Diseases of the Mind* (Philadelphia, 1812), the first major American medical treatise on mental illness.

Artistic and literary styles associated with the Enlightenment shared the assumption that the human mind is capable of comprehending the inner workings of the world, which can be revealed and communicated through rational methods. Although a finished artwork was understood as the product of judgment and skill, artists and physicians alike believed that initial creative impulses were irrational. Continuing the age-old association of creativity and madness, Benjamin Rush noted:

> The records of the wit and cunning of madmen are numerous in every country. Talents for eloquence, poetry, music and painting, and uncommon ingenuity in several of the mechanical arts, are often evolved in this state of madness. . . . The disease which thus evolves these new and wonderful talents and operations of the mind may be compared to an earthquake, which, by convulsing the upper strata of our globe, throws upon its surface precious and splendid fossils, the existence of which was unknown to the proprietors of the soil in which they were buried. (*Medical Inquiries*, pp. 153–54)
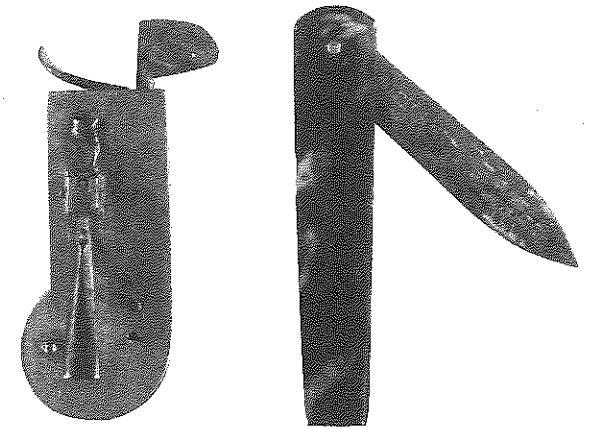

Fig. 1.7. Bleeding lancets, late 18th century. Mütter Museum, College of Physicians of Philadelphia.

These lancets were used to open a patient's vein for therapeutic bleeding. The blade of the lancet on the left, which is the type used by Benjamin Rush, was spring-loaded to speed the incision and thereby reduce its pain.

Whereas creative intuition remained raw in the deranged mind of the madman, the skilled artist refined passionate impulses into a complex work which manifested human and artistic maturity.

Nowhere is Enlightenment taste clearer than in eighteenth-century attitudes toward the academic sketch. Neoclassical painters, such as Philadelphia-born Benjamin West (1738–1820), were trained to begin any major work by making many spontaneous, rapid sketches to capture first impressions (see figs. 1.20–1.22). To complete a painting, the artist refined these raw impulses through increasingly tighter drawings and oil versions, until the overall composition was resolved and every detail painstakingly executed. Creative art began in the intuitive sketch, but finished art was adult, rational, and sane.

The rise of science in the eighteenth century slowly eroded the foundations of religion and ultimately led to the secular science of the modern world. But many physicians of the Enlightenment, such as Rush, sought to keep science consistent with

Christianity by claiming that the Newtonian universe was designed by God. Old beliefs that God or Satan intervened directly in human affairs were replaced by a conception of disease as a violation of natural law. God created humans with a certain physical and mental makeup; as long as they followed the principles of right living, they would stay healthy. But if individuals violated these laws, by either physical or ethical indiscretions, disease would inevitably follow. This revised religious outlook, together with the Enlightenment sense of personal freedom, led physicians to emphasize the individual's responsibility for his or her own health. Mental illness was seen as less a random form of supernatural punishment and more the product of individual action.

Reflecting Enlightenment faith in institutions to cure society's ills, the eighteenth-century American medical community followed British and European trends in establishing hospitals for the mentally ill. The gradual shift from the care of the insane by families and community to confinement in mental hospitals reflected the need for new forms of social control in times of rapid political and social change.

In colonial society, the family was the bedrock for the care of the sick and disabled; town officials expected, and if necessary compelled, relatives to provide for the support of their mentally ill kin. So long as they remained peaceable, the mad were left free to wander at will and to participate in daily life. Only when mad persons had no relatives or were completely impoverished did the community assume responsibility for them. In rural areas and small towns, the insane were boarded out in private households at public expense. In larger cities, they were sent to the poorhouse, or almshouse.

In retrospect, colonists appear surprisingly tolerant of the "distracted" ones in their midst. Colonial records are filled with examples of people who behaved in bizarre and disruptive ways yet were allowed to move about freely, and even to retain important positions of responsibility. During periods of madness, such individuals were watched and cared for, but as soon as they recovered, they rejoined the community. A striking example is the respect and forbearance shown James Otis (1725–1783), a prominent Boston lawyer who maintained his practice and a seat in the colonial assembly despite recurring periods of mad behavior (figs. 1.8, 1.9).

THE FOUNDING OF PENNSYLVANIA HOSPITAL

What quickly eroded familial or community tolerance toward the mad was violence. The founding of Pennsylvania Hospital, the first hospital in the original thirteen colonies, reflected this fear of the violent insane (fig. 1.10). In 1751 a group of prominent Philadelphia civic leaders, among them Benjamin Franklin, asked the colonial assembly to issue a hospital charter. Their petition, which Franklin wrote, began with a reference to the growing number of "lunatics" in the colony who "going at large are a terror to their neighbors, who are daily apprehensive of the violences they may commit" ("Petition for the Establishment of Pennsylvania Hospital," Archives of Pennsylvania Hospital). Although their first concern was the protection of society by confining this threat, the hospital's founders also hoped that medical treatment and decent care would restore reason to the insane.

During its first decades, the staff of Pennsylvania Hospital saw their patients more as animals than rational beings. (The association of madness with bestiality was so widespread that studio manuals for artists advised using an animal as a model for capturing the expression of a madman [fig. 1.11].) Kept separate from other hospital patients, lunatics were confined in barred cells in the basement of the building. Attendants, who were called "keepers," restrained particularly violent individuals using a "strait-waistcoat" or "mad shirt," or heavy arm and leg chains (figs. 1.12–1.14). Paintings such as Washington Allston's *Tragic Figure in Chains* accurately, if somewhat dramatically, represent the way eighteenth-century lunatics were enchained (fig. 1.15). Lunatic patients received medical treatment for their physical ailments, but little was done explicitly to restore their reason.

In 1773 the first American hospital devoted entirely to the confinement and care of mental patients was founded in Williamsburg, Virginia. Royal Governor Francis Fauquier, who, like Franklin, combined scientific and charitable interests, suggested a plan for the asylum in 1766 in a message to the House of Burgesses, an assembly elected by the colonists. He, too, prefaced his proposition with a reference to the threatening quality of the mad: "[They are] a poor unhappy set of people who are deprived of their senses and wander about the country, terrifying the rest of their fellow creatures"(speech to House of Burgesses, Nov. 6, 1766). The *Virginia Gazette,* a local newspaper, also characterized as dangerous the lunatics left free to roam the countryside.

Fig. 1.8. James Otis, 1765, engraving by A. B. Durand from a painting by I. Blackburn, frontispiece to William Tudor, *The Life of James Otis of Massachusetts* (Boston, 1823).

James Otis, a prominent Massachusetts lawyer and politician, played a leading role in mobilizing resistance to British imperial policies in the 1760s. John Adams recalled him as one of the most influential figures of the Patriot Party.

After publishing an outspoken newspaper article about a customs commissioner in 1769, Otis was caned by the official. Contemporaries attributed his subsequent erratic behavior to this severe beating; in the winter of 1770, Otis became raving mad. During a violent outburst, he broke out all the windows in Boston's Old State House and fired guns from the windows of his lodging house.

Friends took Otis to the country to convalesce. Within a year he returned to his law practice and was reelected to the colonial assembly. Over the next few years, Otis alternated between periods of derangement and sanity; each time he recovered, he returned to his professional status. Eventually his condition worsened, and he went to live with a farmer named Osgood who boarded mad people on his large farm. Otis died there in 1783 after being struck by lightning during a summer thunderstorm.
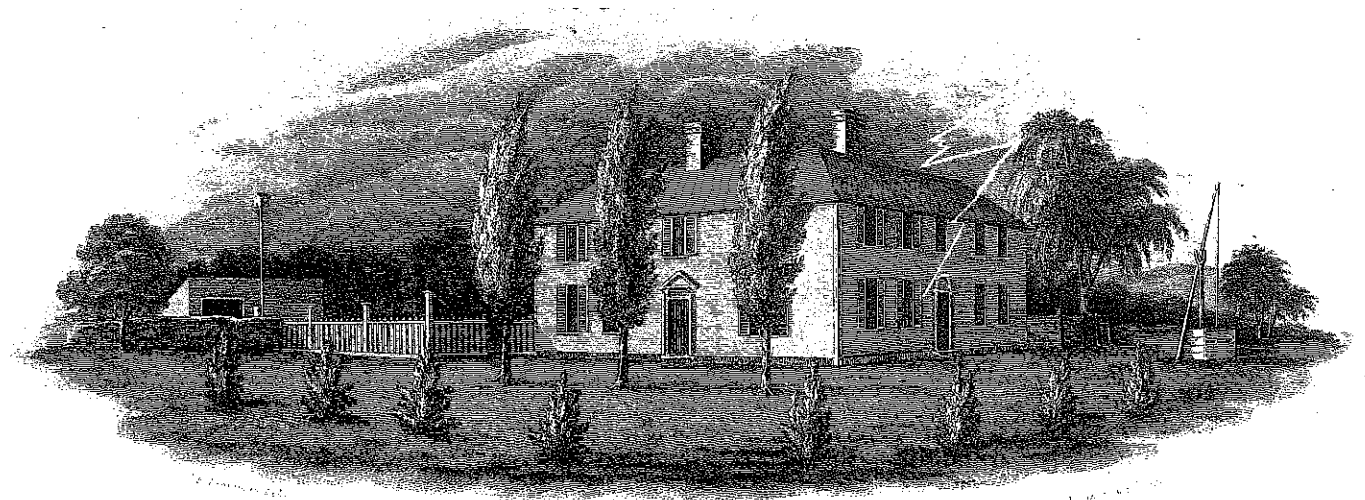
Fig. 1.9. "The Osgood Farm, Andover," in Tudor's *Life of James Otis.*
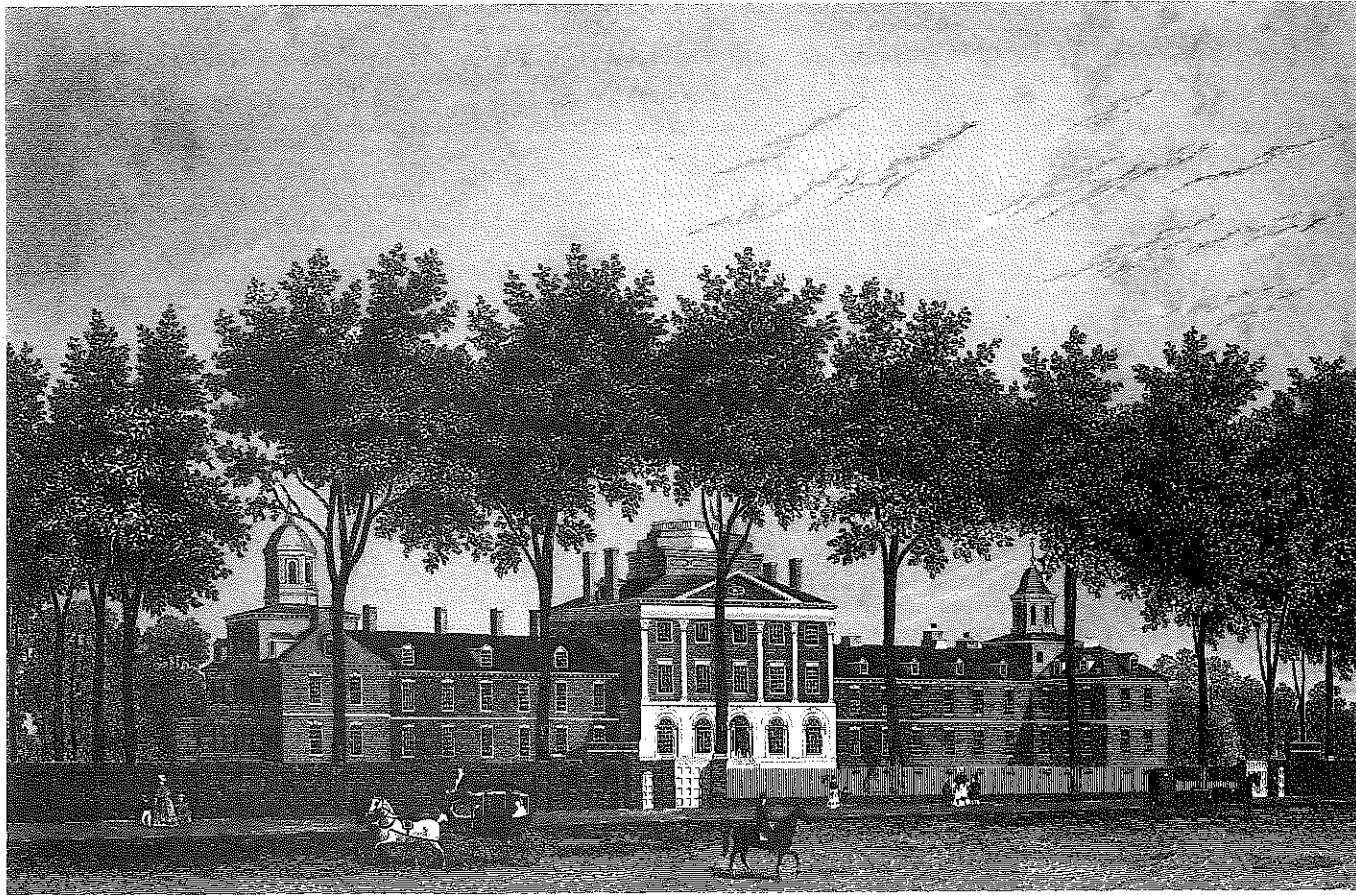
Fig. 1.10. "Pennsylvania Hospital," engraving by W. E. Tucker after a drawing by McArthur, in Thomas Morton, *The History of Pennsylvania Hospital* (Philadelphia, 1895).

Fig. 1.11. "Madness," in Charles Bell, *Essays on the Anatomy of Expression in Painting* (London, 1806). The Oskar Diethelm Library, History of Psychiatry Section, Department of Psychiatry, Cornell University Medical College and The New York Hospital, New York.

"To learn the character of the human countenance when devoid of expression, and reduced to the state of brutality, we must have recourse to the lower animals. . . . If we should happily transfer their expression to the human countenance, we should, as I conceive it, irresistibly convey the idea of madness, vacancy of mind and animal passion" (pp. 155–56).
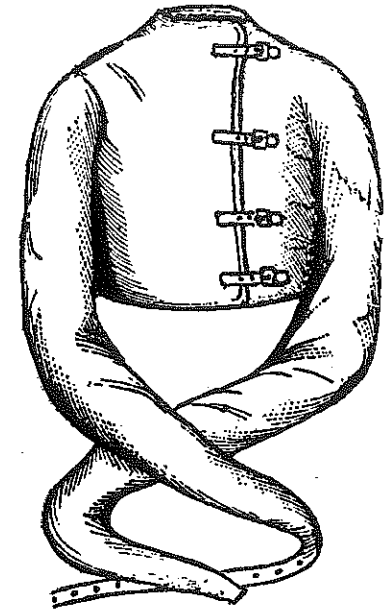
Fig. 1.12. Straitjacket, from a 19th-century catalogue of hospital supplies available from Walters Laboratories, New York. Library of the College of Physicians of Philadelphia.

Fig. 1.13. Chains, late 18th century. Archives of Pennsylvania Hospital, Philadelphia.

Fig. 1.14. Bill for chains, 1751. Archives of Pennsylvania Hospital, Philadelphia.

Fig. 1.15. Washington Allston, *Tragic Figure in Chains,* 1800, oil on paper mounted on wood, 12⅜ × 9½ in. Copyright Addison Gallery of American Art, Phillips Academy, Andover, Massachusetts (1941.24). All rights reserved.

American painter Washington Allston (1779–1843) was a key artistic link between European and American romanticism. Allston's sentimental, theatrical paintings on mythical and historical themes epitomized the burgeoning emphasis on feeling rather than reason and thought. Allston was inspired to create *Tragic Figure in Chains* when, in Boston in the 1790s, he saw a painting, entitled *Madness,* of a chained lunatic by British artist Robert Edge Pine (ca. 1760, known today only from an engraving by James McArdell).
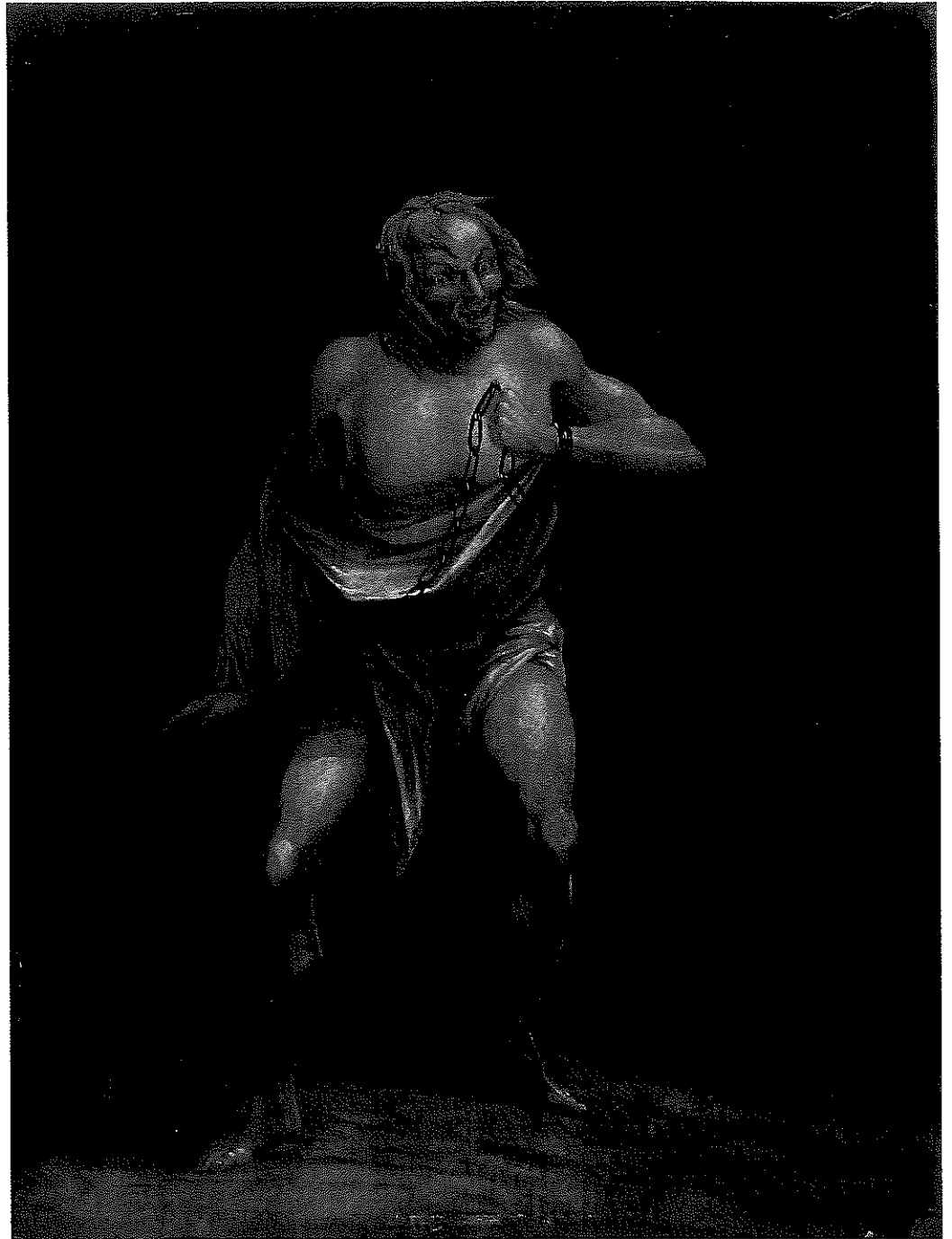
Profiles of Two Patients
at Pennsylvania Hospital

Known as the "Barn Burner," a farmer named George Kenton was admitted to Pennsylvania Hospital after he set fire to his barn to rid it of rats. An account of his condition was recorded in a casebook kept by Samuel Coates, a lay manager of the hospital from 1785 to 1825. Like many members of the hospital staff, Coates belonged to the Society of Friends, or Quakers, a religious sect that took seriously Jesus' injunction to care for the poor, the sick, and the imprisoned. Coates expressed his compassion by carefully recording the life histories and everyday activities of the lunatic inmates of the hospital.

About the "Barn Burner," Coates wrote:

"Burn down the barn and you'll have no more rats," so George said and was preparing to burn his dwelling down, but happily for his family, he was caught in attempting it and sent to the hospital; here he remained till he was greatly relieved. [After suffering a relapse, George voluntarily returned to the hospital, where he agreed to stay until he could catch a frigate to Mexico.] I queried with him, what was he going [to Mexico] for. He said to cut off the Spanish head and bring the ship full of dollars—a great voyage! I said; but, George, thy sword will not be wanted before the ship sails, let me have it till she goes. Well, you may take it Mr. Coates, till then it will do to cut off the

Fig. 1.16. "The Barn Burner," watercolor and ink on paper, in Samuel Coates, "Cases of Several Lunatics in the Pennsylvania Hospital," ca. 1785–1820. Archives of Pennsylvania Hospital, Philadelphia.

heads of turnip tops or weeds in the garden. Thus I possessed myself of George's sword (the very thing I wanted) which was a scythe, hung over his shoulders as appears in the picture with its wooden handle. George thus went quietly to his quarters for the remainder of his days. ("Cases of Several Lunatics in the Pennsylvania Hospital," ca. 1785–1820. Archives of Pennsylvania Hospital, Philadelphia, pp. 66–69)

Many of the stories Coates told reflect bonds of sympathy between the sane and insane; nearly all his characters were driven mad by human disappointments such as a love affair gone wrong or an "accumulation of trouble." Their lives continually reminded Coates of the "uncertainty and volatility of all human exaltation." In Coates's telling, even in the extremes of madness, the lunatics displayed admirable traits, such as scorn for pretension, devotion to art and poetry, and loyalty to friends and pets.

Richard Nisbett was treated at Pennsylvania Hospital by Benjamin Rush and physician John Parrish. Born in London and educated at Oxford, Nisbett practiced law in London for many years. An advocate for the humane treatment of African and West Indian slaves, he published a long treatise on the topic in 1779. Although respected in legal circles, Nisbett grew weary of law and emigrated from London to Philadelphia in the late eighteenth century, in search of a better life for his wife, Frances, and their six children. After a business venture failed, he made a final desperate attempt to support his family by working a tract of land in the woods near Philadelphia. Unaccustomed to manual labor and the hardships of farm life, he suffered a mental breakdown in the 1790s, which is described in an anguished letter from Frances Nisbett to her husband's physician.

In the bitterness of affliction I am permitted to take up my pen to my much valued friend John Parrish. Oh my friend! . . . my dear, dear Richard is insane. Alas! It is but too true, he is, my dear friend, gone, I fear beyond all hope of being restored to reason. . . . This afternoon he seemed the most sad desponding being in the world, which fit of despair has continued till the present moment. Think what a life I lead when I am constantly on the watch that he should not injure himself. . . . Nothing but total neglect has taken place among my poor helpless children. My neighbors are kind and I fear they neglect their own work for us. But alas! Nothing seems to bear one pleasing aspect. (undated letter, Historical Society of Pennsylvania, Philadelphia)

Samuel Coates described Nisbett's admission to Pennsylvania Hospital:

[Nisbett's] accumulation of trouble and distress he could bear no longer; his mental powers gave way; he grew low-spirited and finally became crazy and in this state, he was admitted into Pennsylvania Hospital [where] . . . I expect he will be likely to end his days. ("Cases," pp. 73–74)

On entering the hospital, Nisbett wrote a poem to his wife which contains the following lines:

Tho' great my errors, great has been my grief,
And Richard looks to Frances for relief.
Think then in pity, love and tender care
Upon the suffering, I am left to bear,
And seek to set a wretched husband free
Who loses but too much, in losing thee.
(Historical Society of Pennsylvania, Philadelphia)

Some of Nisbett's friends complained that such lucid writing proved his sanity, warranting release, but Coates astutely observed "that he did and could write well and compose well at all times is very evident, but it is no less true, that he has written some thousand folio pages of travels and voyages he made with Cook and others, around the world, not one of which he ever performed and all of them show the disturbed state of his mind" ("Cases," p. 76). Nisbett always appended the sobriquet "Mariner" to his signature, and he recorded his fanciful travels and universe in drawings, such as *Map of the World* (fig. 1.17).

The alternating mental states of this very intelligent and disturbed man are manifested in the style and appearance of his poetry, some of which, like "Tranquility: An Ode" (fig. 1.18), is written with impeccable penmanship. Other examples, such as "Origin of Quick-Silver and Quick-Sand" (fig. 1.19), are written in a crude hand.
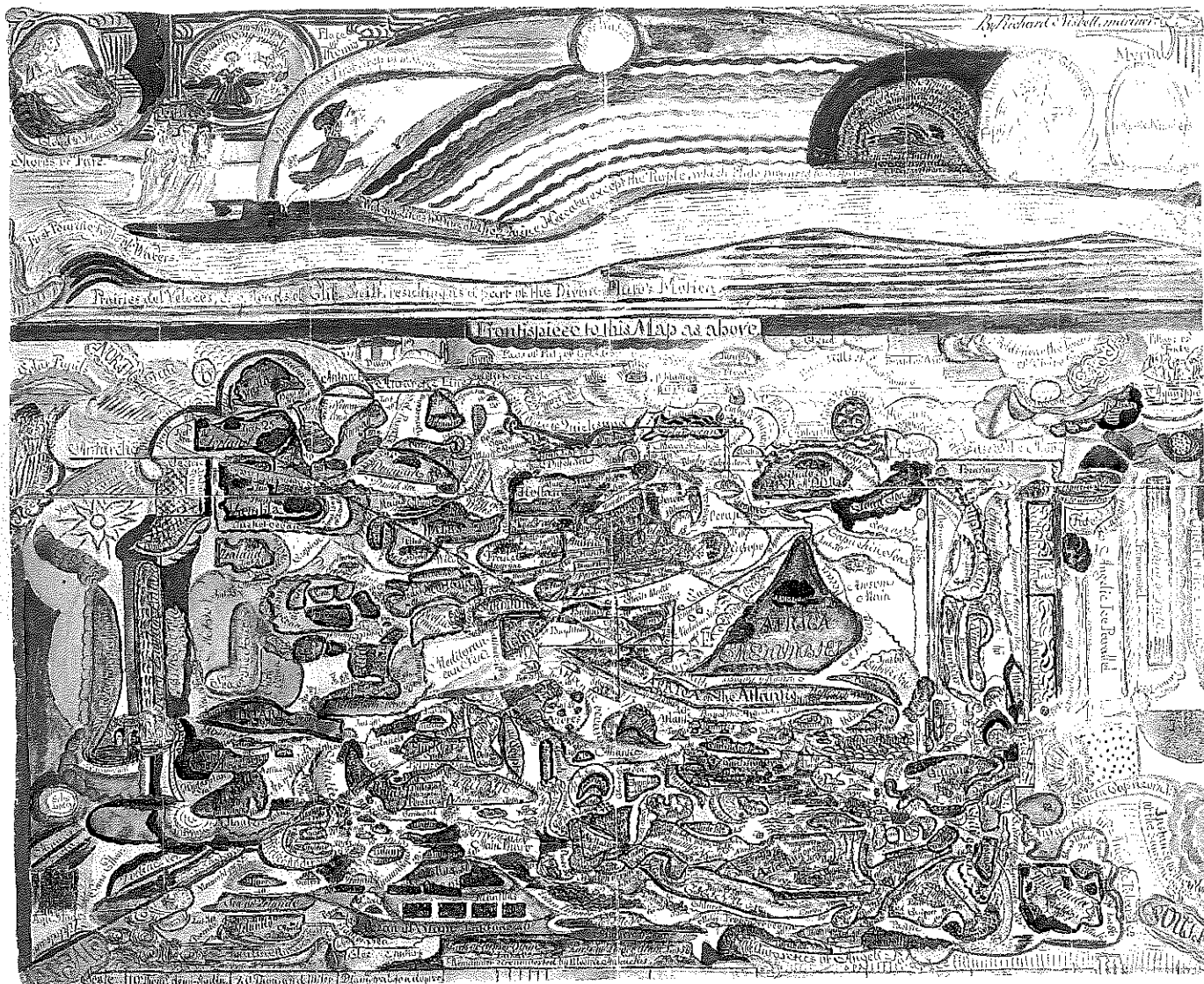
Fig. 1.17. Richard Nisbett, *Map of the World*, ca. 1815, watercolor, 19¼ × 24 in. The Historical Society of Pennsylvania, Philadelphia.

The upper portion of this map presents a realm of gods and wise men, ruled by the "Divine Pluto," and includes figures such as the Fates, Prometheus, and Confucius. Below, a map of the earth combines known and imaginary lands, including China, the "Antarctic of Angelic Polar Ice," Rhode Island, and "Zodiac Island." In re-sponse to a question about his birthplace, Nisbett stated, "There is no such place in my maps, which are admired everywhere to be the most correct of any in the known world. It is true there once was a little island, falsely called Great Britain, but the Divine Alma sunk it 60 fathoms deep in the sea" ("Cases," p. 70).

Fig. 1.18. Richard Nisbett, "Tranquility: An Ode,"
ca. 1815, black ink on paper, 9½ × 6⅝ in. The Library
Company of Philadelphia.

Fig. 1.19. Richard Nisbett, "Origin of Quick-Silver
and Quick-Sand," ca. 1815, red and blue ink on paper,
8½ × 5¼ in. The Library Company of Philadelphia.

A Painting for Pennsylvania Hospital

Native Philadelphian Benjamin West was the leading painter of colonial America before his immigration to London during the American Revolution. In 1800 the managers of Pennsylvania Hospital commissioned West to create a monumental painting for their building. The artist proposed the subject of Christ healing the sick, and acknowledging that the painting was destined for a hospital that treated lunatics, he included an insane boy among the afflicted.

Despite the increasingly scientific approach to the treatment of madness within the medical community, the religiously tinged sentiments of the early nineteenth century are tellingly revealed in a letter West wrote to the hospital managers: "I have introduced a demoniac with his attendant relations, by which circumstance is introduced most of the maladies which were healed by our Saviour" (March 10, 1816, Archives of Pennsylvania Hospital, Philadelphia). Christ cures the insane boy by casting out demons—the ostensible cause of his derangement. The hospital staff evidently saw no contradiction in the implicit comparison of the healing powers of the Son of God with those of science and medicine.

In a pamphlet printed for the hospital, the managers offered their own interpretation of the painting and enunciated reason as the factor differentiating humankind from other creatures:

> This boy appears intended to represent the worst case of the worst malady that afflicts the human being—the most affecting and humiliating to think of. Man is distinguished from all other animals by his reason; and when that is perfectly alienated . . . he becomes, indeed, in some of his paroxysms, the perfect image of a demon. ("The Picture of Christ Healing the Sick in the Temple,"

Fig. 1.20. Benjamin West, drawing for the demoniac boy in *Christ Healing the Sick*, 1815, ink and wash on paper, 6¼ × 5⅞ in. The Historical Society of Pennsylvania, Philadelphia.

Fig. 1.21. Benjamin West, drawing for the demoniac boy in *Christ Healing the Sick*, 1815, ink on paper, 5½ × 3¾ in. Delaware Art Museum, Wilmington, Samuel and Mary R. Bancroft Memorial.

Fig. 1.22. Benjamin West, drawing for the demoniac boy in *Christ Healing the Sick*, 1815, ink on paper, 10 × 6¾ in. Toledo Museum of Art, gift of Edward Drummond Libbey.

Fig. 1.23. Benjamin West, *Christ Healing the Sick*, 1815, oil on canvas, 10 × 15 ft. Pennsylvania Hospital, Philadelphia.

Philadelphia, 1818, text by John Robinson. Archives of Pennsylvania Hospital, Philadelphia)

A patient at the hospital, Richard Nisbett, recorded his own interpretation of the picture, which he saw in terms of the fanciful universe he illustrated in a map (see fig. 1.17):

> The idea it is grounded upon is Confucius . . . receiving an unfortunate and almost famished Pennsylvanian, who, by wandering from his boarder, had got lost in the woods of China. . . . The fair Fatima, or female figure, accosting at the edge of the shoulder of the Confucius, had a great regard for Nisbett, and they lived and travelled together so long as he remained in China. (In Samuel Coates, "Cases of Several

Lunatics in the Pennsylvania Hospital," ca. 1785–1820, pp. 115–20. Archives of Pennsylvania Hospital, Philadelphia)

Nisbett apparently identified Christ with Confucius, who appears as a deity in his imaginary universe, and the reclining man in the right foreground, to whom Christ opens his arms, with the unfortunate Pennsylvanian returned from China. Nisbett also seems to have taken the clean-shaven, long-haired man behind Christ's shoulder for a female, "the fair Fatima" who is "accosting," with overtones of sexual solicitation. Nisbett perhaps knew that Fatima was the daughter of the prophet Mohammed, and the sound of her name may have echoed that of his beloved wife, Frances.

When we learn that his fanciful voyages with this woman took place in China, one wonders if Nisbett also identified himself with the Pennsylvanian being received so warmly by the deity, especially when we are reminded that Nisbett also "got lost in the woods"— his mental breakdown occurred on a farm located in the woods near Philadelphia. If so, Nisbett's confused mind has taken a circuitous route to reach the same interpretation of the painting that a sane patient might make— identification with a sick person being miraculously healed.

Christ Healing the Sick was unveiled at Pennsylvania Hospital in 1815 and remains on public display to this day.
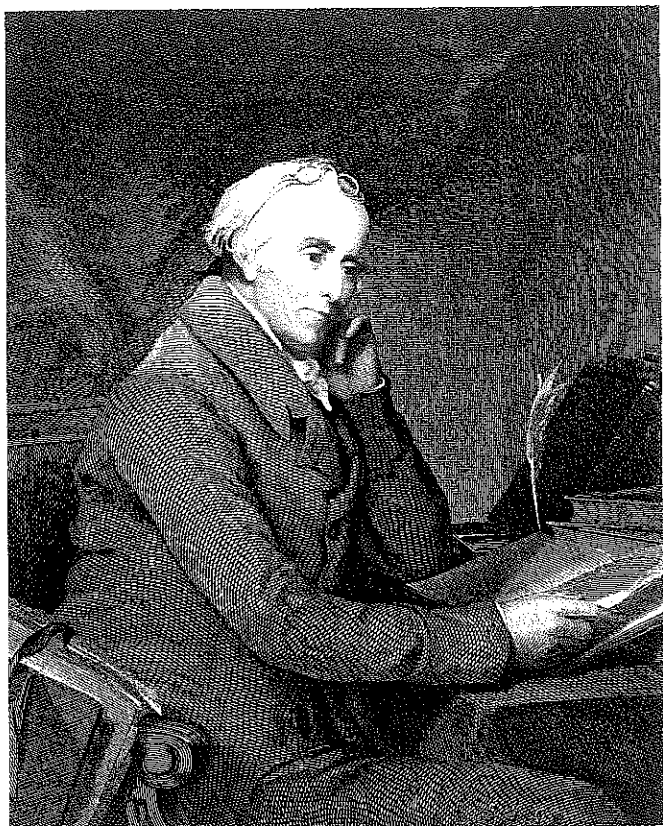
Fig. 1.24. Benjamin Rush, 19th century, engraving. The Oskar Diethelm Library, History of Psychiatry Section, Department of Psychiatry, Cornell University Medical College and The New York Hospital, New York.

After the American Revolution, the political and cultural leaders of the new nation agreed that a republican form of government depended upon the rationality and civic responsibility of each and every citizen. To that end, they set about refashioning family life and institutions such as schools, prisons, and hospitals to uphold republican virtues. Not surprisingly, madness —the ultimate loss of reason and self-control—was increasingly seen as a threat to social stability, and communities confined more and more lunatics to jails and almshouses. Several cities opened new hospitals with wards for the mentally ill; New York Hospital began to accept such patients in 1791, Maryland Hospital in 1798. In Boston, the McLean Asylum for the Insane, affiliated with Massachusetts General Hospital, opened in 1818.

Increased control of the insane through confinement was paralleled by growing confidence in science's ability to understand and cure insanity through more aggressive medical treatment. The career of Benjamin Rush, who was an attending physician at Pennsylvania Hospital from 1783 to 1813, exemplified this new impulse toward controlling and conquering disease (fig. 1.24). In this optimistic, postrevolutionary climate, Rush developed his "heroic treatment"; in addition, he designed a tranquilizing chair, to slow down fluid movement in hyperactive patients (fig. 1.25), and a gyrator, a horizontal board on which torpid patients were strapped and spun around to stimulate blood circulation. Rush also advocated recreation and amusements for patients on the theory that mental stimulation might help them recover their reason.

Under Rush's direction, the staff of Pennsylvania Hospital alternately viewed their patients as infantilized by their impaired minds or reduced to an animal-like state. Rush advised caretakers to try various psychological tactics to dissuade patients from their delusions and to compel them to behave. Institutional discipline was modeled on the parent/child relationship; the hospital was referred to as the "house" and all its patients as the hospital "family." Staff members would variously cajole, frighten, or punish the lunatics as if they were recalcitrant children. Rush also compared the maniacs to "the tiger, the mad bull, and the enraged dog." He wrote, "A man deprived of his reason partakes so much of the nature of these animals, that he is for the most part easily terrified, or composed, by the eye of the man who possesses his reason" (*Medical Inquiries*, p. 175). Some of Rush's tactics, such as
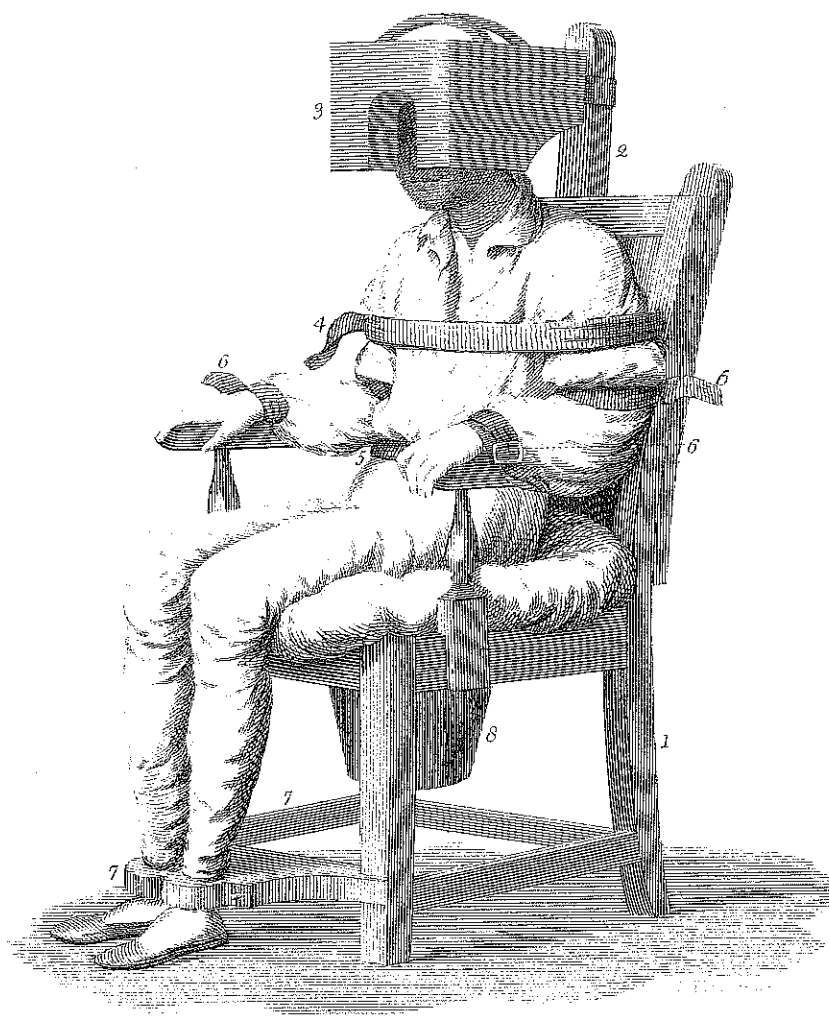
Fig. 1.25. "The Tranquilizing Chair," in Benjamin Rush, "Observations on the Tranquilizer," *The Philadelphia Medical Museum* (1811). Archives of Pennsylvania Hospital, Philadelphia.

Rush designed this chair to restrain and calm the patient without the jailhouse overtones of iron shackles. Fixed to the floor, the chair immobilized the patient with leather straps for arms and legs, and a headpiece stuffed with linen. A bucket for waste was placed under the chair.
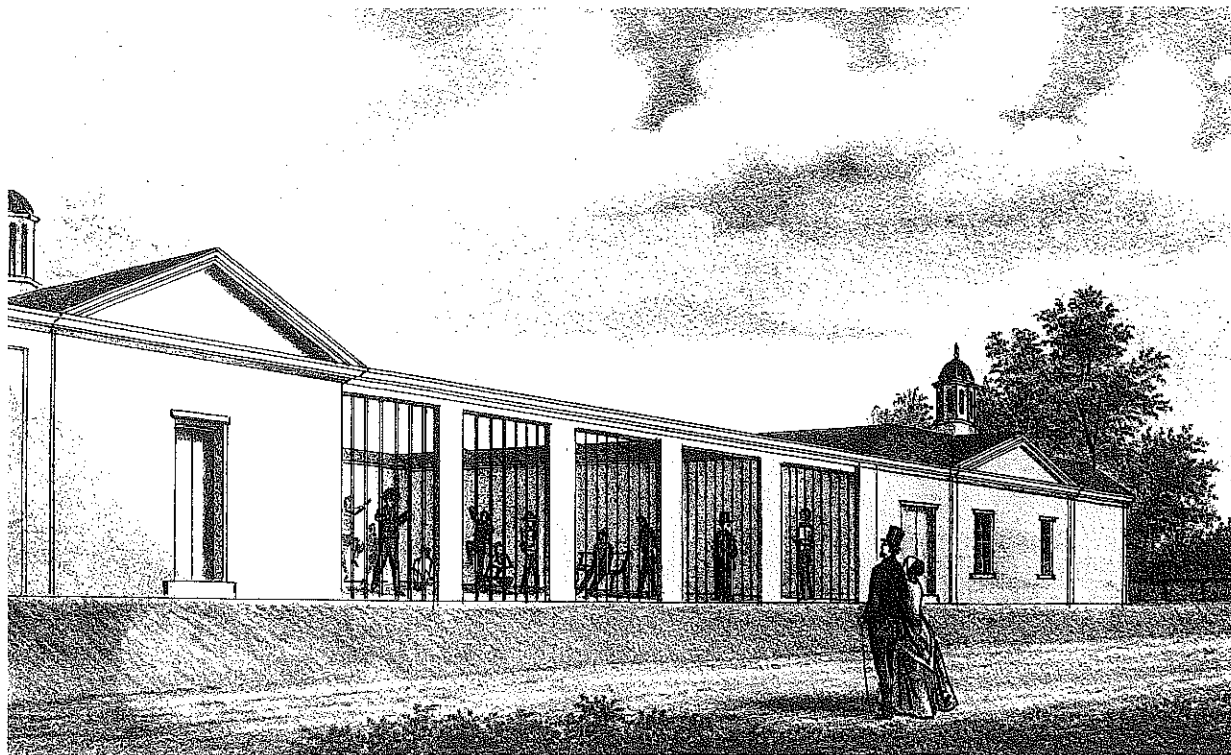
Fig. 1.26. A couple viewing the lunatics, in Ebenezer Haskell, *The Trial of Ebenezer Haskell* (Philadelphia, 1869). Archives of Pennsylvania Hospital, Philadelphia.

William Malin, a longtime clerk and librarian at Pennsylvania Hospital, took an intense interest in its mad patients. In an 1828 report to the hospital board, he noted: "The morbid curiosity displayed by a majority of the visitors to the hospital is astonishing, and their pertinacity in attempting, and fertility in pretexts and expedients, to gain admission to the 'mad people' is not less so. Even females who have tears to bestow on tales of imaginary distress are importunate to see a raving madman, and do not hesitate to wound the diseased mind by the gaze of idle curiosity, by impertinent questions, and thoughtless remarks."

To give mental patients more privacy, the Pennsylvania Hospital managers founded a separate asylum in 1840 in a semirural area of west Philadelphia. A patient released from the new asylum drew this picture to show the ward where he had been confined. Although the drawing was made in the 1860s, decades after the practice of charging admission to view patients had been discontinued, it suggests a continued public interest in viewing lunatics, as well as the patient's perception of being seen as a spectacle. (For further discussion of Ebenezer Haskell, see p. 62.)

the use of a fixed stare and the shower bath, which amounted to dumping a bucket of water on the head to startle a patient, cast the caretaker in the role of animal tamer. The staff of Pennsylvania Hospital intermixed familial terms with criminal and bestial metaphors, referring to the patients as "inmates" and their rooms as "cells."

The ascription of a bestial nature to the insane is nowhere more evident than in the hospital's custom of allowing outsiders to come and gape at patients as if they were animals in a zoo, a practice found at other hospitals of the day (fig. 1.26). Throughout its early years, managers and physicians of Pennsylvania Hospital complained that the public was determined to breach the institution's privacy to get a look at its mad inmates. Alleging that no amount of security was sufficient to keep interlopers out, the hospital board, apparently unaware of the sanction implicit in its gesture, decided in 1762 to charge admission to discourage such visits. The admission fee was charged sporadically, but the custom of public visits continued at Pennsylvania Hospital as late as the 1830s.

The great and lasting popularity of visits to Pennsylvania Hospital to see the lunatics suggests that, even in the formative years of a new republic founded on the authority of reason, the American public was very curious about the irrational world of madness. As the promises of the Enlightenment were repeatedly broken throughout the nineteenth century, however, some Americans increasingly were tempted not just to look into this forbidden realm from a safe vantage point, but to unlock the gates.
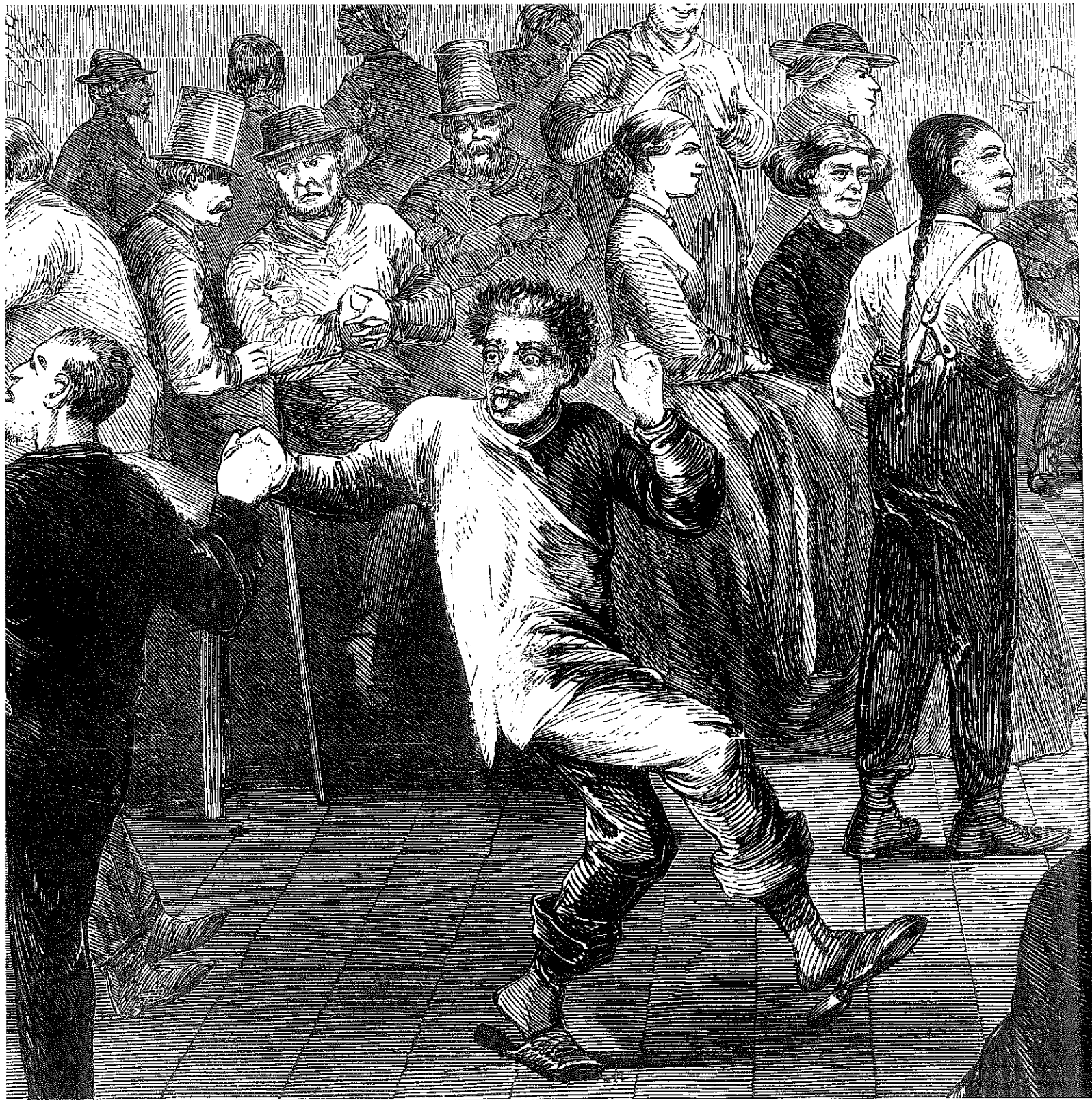
The Asylum in Antebellum America
The 1820s to the 1860s

ASYLUM REFORM

During the early nineteenth century, scientific understanding of the physical causes of insanity made little progress. The treatment of lunatics, however, improved dramatically as various reform movements swept Europe, Britain, and America in response to the social upheavals of the Industrial Revolution. Drawing on both secular and religious ideologies, a myriad of newly founded reform societies and social institutions—from temperance clubs to penitentiaries—attempted to strengthen individual discipline and to preserve social control. Asylums established throughout the West to provide humane treatment for the insane were based less on any medical advances than on simple Christian charity and common sense.

The most influential physician advocate of change was the Frenchman Philippe Pinel (1745–1826). In the wake of the French Revolution, Pinel sought to improve the institutional care of the insane in Parisian hospitals. Pinel emphasized the importance of the emotional causes of mental disease and called for more careful diagnosis and observation. Through his writings, particularly the *Traité médico-philosophique sur la manie* (1801), Pinel's arguments for reform became widely disseminated in England and the United States.

At the same time, several well-publicized exposés of English hospitals and almshouses generated public outcry; the chief target was the oldest insane asylum in London, Bethlem Royal Hospital, also known as Bethlehem Hospital and colloquially as "Bedlam." The infamous case of an American kept in chains there for more than ten years prompted demands for asylum reform (fig. 2.1).

Moral Treatment

The most fundamental and far-reaching reform of patient care developed in response to another case of abuse in England. A Quaker woman named Hannah Mills was admitted in 1790 to the Asylum for the Insane in York, England, where her fellow Quakers were not allowed to visit her. When she died six weeks later, they were profoundly troubled by suspicions of mistreatment. The incident prompted some Yorkshire Friends, chief among them William Tuke, to propose establishment of an asylum to care for Quakers. The York Retreat opened in 1796 under Tuke's guidance.

Although physicians looked after Retreat patients, Tuke believed that a purely medical approach to mental illness was doomed to failure. Recognizing insanity as a disruption of the mind and spirit, they supported treatment by psychological methods, or what the Quakers then called moral treatment. In the eighteenth and nineteenth centuries, the term "moral" referred to emotional and spiritual experiences, as opposed to sensory experience of the "material" world. The staff at the Retreat assumed that all mad persons retained their spiritual worth and some remnant of their reason; their "inner light" could be dimmed but never extinguished by disease. Asylum treatment needed first and foremost to appeal to and sustain the patient's essential humanity.

The Retreat staff dispensed with the frequent bleedings and purgings common to medical therapies in other asylums. Instead they instituted a regime of exercise, work, and amusements that treated patients like sane adults who were expected to behave

Fig. 2.1. "Norris in Chains," in William P. Letchworth, *The Insane in Foreign Countries* (New York, 1889). The Oskar Diethelm Library, History of Psychiatry Section, Department of Psychiatry, Cornell University Medical College and The New York Hospital, New York.

An American sailor, James Norris, was committed to London's Bethlem Hospital in 1800. He was restrained in an iron harness riveted to an upright bar by twelve-inch-long chains, which allowed him almost no movement. After spending some ten years in this device, Norris was discovered in 1814 by reformers who made his case a cause célèbre in both England and America. Norris was released the following year but died soon after from a lung disease contracted during his confinement.

according to basic societal norms. Patients were to remain neatly clothed, perform chores in a responsible manner, eat politely at a table, and sit quietly at religious services. The staff believed that this regimen would help disordered minds return to normal. But even when no cure was possible, the Quakers found a measure of success in using moral treatment to get asylum patients to live at the highest level of humanity possible for them.

Moral Treatment Comes to America

Through close connections between the English and American Society of Friends, accounts of the remarkable improvement in patients treated at the York Retreat soon reached the United States. *The Description of the Retreat near York*, written by Samuel Tuke, the founder's grandson, was published in both England and America in 1813. Several years later, in 1817, an American

counterpart to the York Retreat was established in Frankford, Pennsylvania, a few miles northeast of Philadelphia. The Asylum for the Relief of Friends Deprived of Their Reason, better known simply as the Friends Asylum, helped to introduce moral treatment to America, and over the next several decades, many more asylums adopted its principles.

In comparison to the almshouse, jail, or older-style asylums, the new hospitals provided a vastly superior form of confinement. Families and communities could hand over the care of troublesome individuals to such institutions with less guilt. At the same time, the new asylums held out the promise of a possible cure. Early advocates of moral treatment fervently believed that if the mentally ill were exposed to the asylum regimen early in their illness, they could be completely restored to health. The combination of relief from the responsibility of care for an insane relative and the potential for his or her cure was a powerful incentive for family members to consider asylum treatment.

Following the Quaker example, these early American mental hospitals adopted a daily course of exercise, work, and amusement which became the foundation of moral treatment in the United States. At the Pennsylvania Hospital for the Insane, for example, affluent patients typically rose at 6 A.M. and had breakfast; after physicians made ward rounds, patients went outside for a walk or amused themselves with books and games. A bowling alley, a calistheneum, a miniature railroad, and a little museum of "natural curiosities" were available for patient use. Lunch was followed by a similar period of light activity, including carriage rides around Philadelphia's city park, and attendants entertained patients with exercise classes and sporting events (figs. 2.2–2.4). At night, patients attended lectures, lantern slide entertainments, concerts, and dances, which became known popularly as "lunatic balls" (see pp. 42–45). Private hospitals tended to have far more elaborate programs and facilities for amusing patients than did their public counterparts. Few state hospitals could match the array of entertainments available at private hospitals, yet all but the poorest institutions tried to provide some program of patient activities.

Fig. 2.2. Nurses exercising on the steps of Pennsylvania Hospital for the Insane, Philadelphia, mid-19th century. Archives of Pennsylvania Hospital, courtesy Atwater Kent Museum, Philadelphia.

Fig. 2.3. Nurses' exercise group at Pennsylvania Hospital for the Insane, Philadelphia, mid-19th century. Archives of Pennsylvania Hospital, courtesy Atwater Kent Museum, Philadelphia.

Fig. 2.4. Asylum baseball team at State Homeopathic Asylum for the Insane, Middletown, New York, late 19th century. Courtesy Elizabeth Eckert, Middletown.

The Lunatic Ball

The image of the "lunatic ball" became associated with the nineteenth-century reformed asylum, much as the "madman in chains" had been linked with the early colonial hospital. Although male and female patients lived in separate wards, they came together to dance, an entertainment allowed within the regime of moral treatment (figs. 2.5, 2.6).

Perhaps the best-known description of a lunatic ball was written by Charles Dickens, who had a great interest in the vagaries of the human mind. (On a trip to the United States in 1842, he went to the Friends Asylum and the Pennsylvania Hospital for the Insane in Philadelphia, as well as asylums in Hartford, Connecticut, and on Long Island, New York.) On a visit to St. Luke's Hospital, London, in December 1851, he witnessed lunatics dancing around a Christmas tree. Dickens noted the improvements over the old days of chains and straitjackets:

> As I was looking at the marks in the walls of the galleries, of the posts to which the patients were formerly chained, sounds of music were heard from a distance. The ball had begun, and we hurried off in the direction of the music. . . . There were the patients usually found in such asylums, among the dancers. . . . But the only chain that made any clatter was Ladies' Chain [part of a square dance], and there was no straighter waistcoat in company than the polka-garment of the old-young woman with the weird gentility, which was of a faded black satin, and languished through the dance with a love-lorn affability and condescension to the force of circumstances, in itself a faint reflection of Bedlam. ("A Curious Dance Round a Curious Tree," London, 1860)

The lunatic ball offered rich metaphorical associations to the American public. Within Western tradition, fools and clowns, who are frequently portrayed as harmlessly deranged, are often dancers. Dancing is associated with certain mental illnesses, with the erratic movements of one possessed by a demon, and with
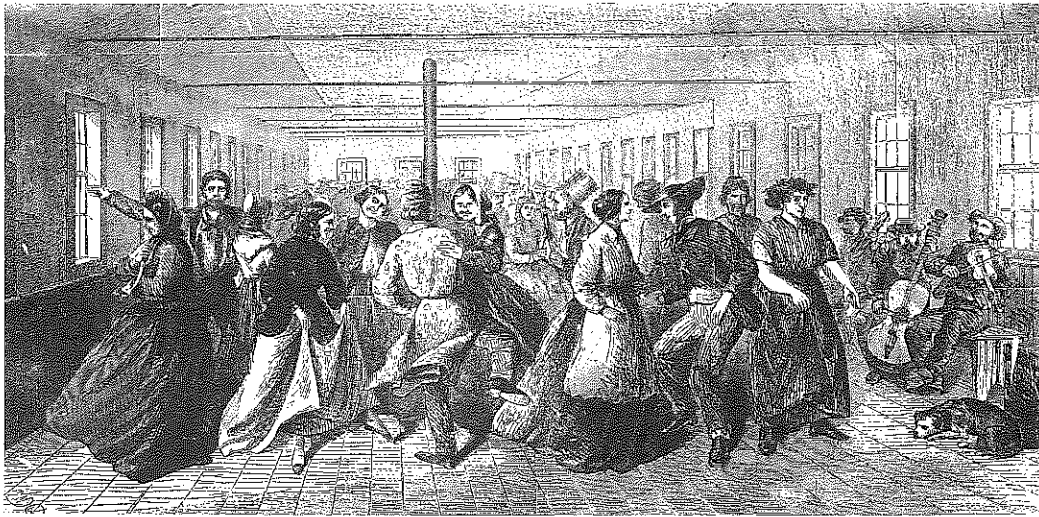

Fig. 2.5. "Dancing by Lunatics," *Harper's Weekly*, Dec. 2, 1865. The Oskar Diethelm Library, History of Psychiatry Section, Department of Psychiatry, Cornell University Medical College and The New York Hospital, New York.

The New York press reported that a lunatic ball took place at the New York City Lunatic Asylum on Blackwell's Island on November 6, 1865. "The patients of the asylum were the dancers, 'tripping the light fantastic toe' after a fashion even more fantastic than Milton dreamed of in 'L'Allegro.' . . . A prominent fiddler, himself a patient, is lost in ecstasy in the sounds which he produces" (p. 765).

Fig. 2.6. "Ball of Lunatics at the Asylum, Black-
well's Island," *Frank Leslie's Weekly*, Dec. 9, 1865.
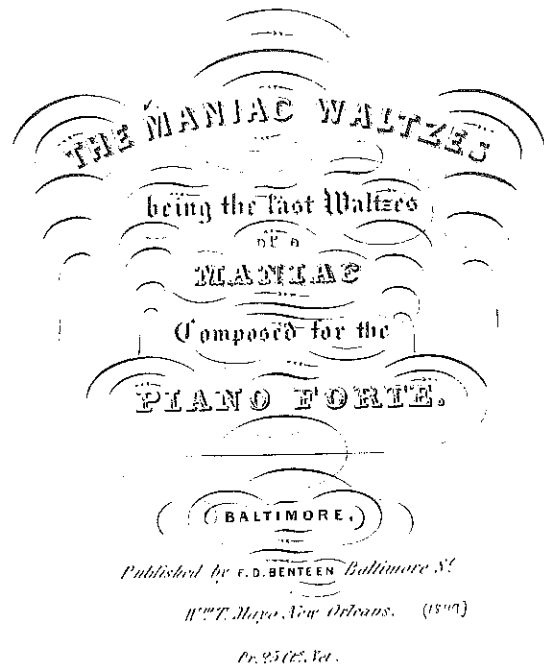The New York Academy of Medicine Library.

Fig. 2.7. Sheet music cover for "The Maniac Waltzes," 1849. Music Division, Library of Congress, Washington, D.C.

certain neurological conditions (such as chorea, or St. Vitus's dance) that produce spasmodic movement of the limbs. Dancing also occurs as therapy for mental duress. As American society moved away from an Enlightenment faith in reason, the public's imagination may have been captivated by the romantic notion of a ball—a formal event staged with strict social decorum—in which the dancers have abandoned their reason (fig. 2.7). Whereas most images associated with moral treatment (stately hospital facades, well-behaved patients) did not fire the public imagination, the dancing madman became a powerful metaphor for the nineteenth-century psyche.

The lunatic ball, where patients and staff sometimes danced together, offered an occasion to speculate on another common theme —the difficulty of drawing a line between the sane and insane. Edgar Allan Poe, who, like Dickens, followed the currents of asylum medicine, set his story "The System of Doctor Tarr and Professor Fethers" in an asylum in which the patients and staff reversed roles "after the superintendent . . . grew crazy himself, and so became a patient" (fig. 2.8). The employees of the New York State Lunatic Asylum in Utica regularly sponsored their own balls, to which some patients were invited, and a musical performance by attendants is

recorded in the 1844 annual report of the Eastern Lunatic Asylum of Virginia at Williamsburg: "We owe many thanks to the gentlemen composing the band of the 'Williamsburg Guards,' for the delightful musical entertainments which their kindness has given to the inmates of the asylum." Nineteenth-century observers noted the equalizing effect of the asylum dance floor, as in the allegory of the dance of death, in which king and pauper become equal partners.

Fig. 2.8. Illustration in Edgar Allan Poe, "The System of Doctor Tarr and Professor Fethers" (1845), *Nouvelles Histoires Extraordinaires* (Paris, 1884).

Debate over Restraints

In the 1830s some English asylum doctors began to renounce the use of physical restraints as inimical to moral treatment. The best-known advocate of nonrestraint was John Conolly, who in 1839 instituted a nonrestraint system at the Hanwell Asylum, outside London, which substituted calming measures such as isolation or sedation in place of straitjackets. Although some English physicians continued to believe in the value of physical restraints, Conolly's philosophy became the guiding principle of English asylum medicine in the nineteenth century.

At odds with mainstream English asylum practice, American doctors continued to use restraint in the context of moral treatment. If patients persisted in self-injury, violence toward others, or in what doctors referred to as "filthy habits," such as masturbation or feces-smearing, patients were likely to be physically restrained with straitjackets or other devices (figs. 2.9–2.12). In justifying the use of straitjackets, American doctors claimed that their patients were more difficult to control than their English counterparts; as the citizens of a republic, Americans simply did not obey orders as meekly as did the British. American doctors considered a straitjacket or muffs preferable to manual restraint, which could injure the patient or attendant; confinement in seclusion, where unsociable habits could be reinforced; or sedation with potentially dangerous drugs such as chloral hydrate, a derivative of chloroform.

This debate over restraints led to sharply critical exchanges between American and English specialists, whose thinking was otherwise very close in the nineteenth century. Some British critics speculated that the long practice of slavery had made Americans insensitive to the psychological damage done by physical bondage. John Charles Bucknill, a leading English authority on insanity, characterized the American argument as a "spread-eagle apology for the bonds of freemen" (*The Lancet*, March 25, 1876, p. 457). For their part, the Americans felt the British took too many risks with patient safety.

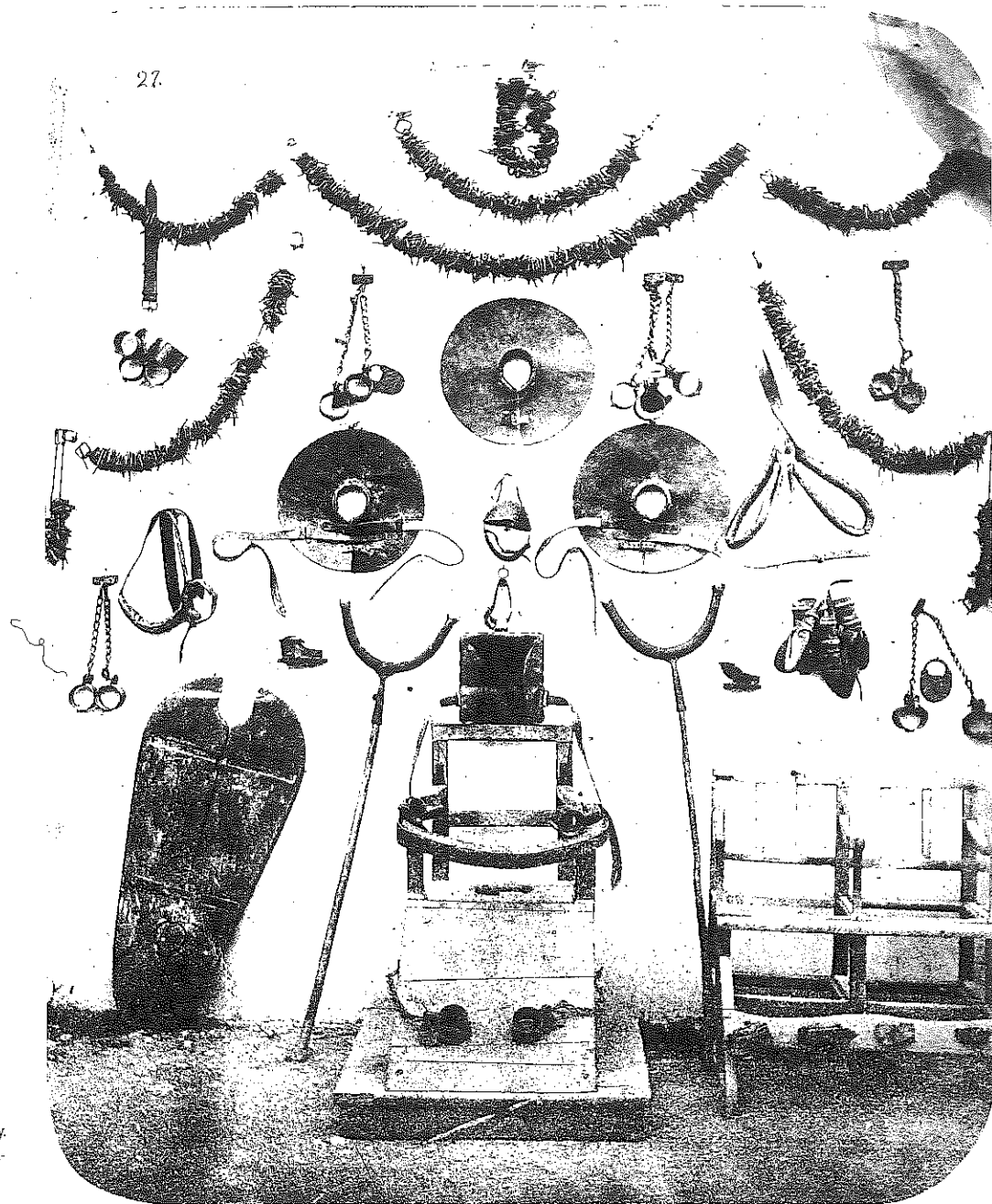Fig. 2.9. "Fisher's Restraining Apparatus for Insane Persons," 1840–60, broadside.

Fig. 2.10. Restraints, 19th century.
Archives of the American Psychi-
atric Association, Adolf Meyer
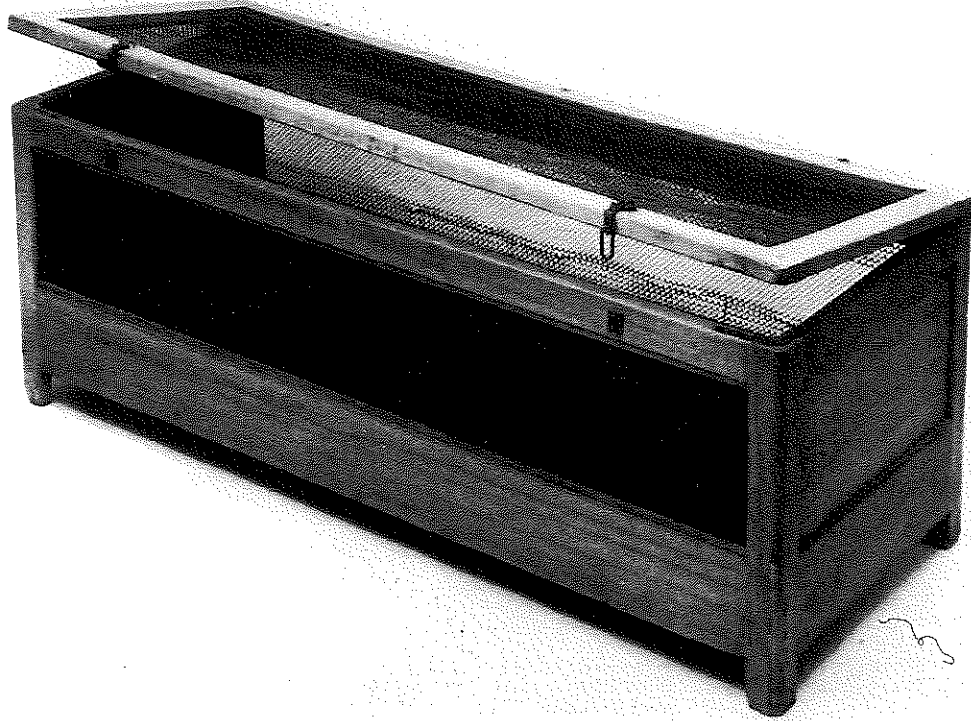Collection, Washington, D.C.

Fig. 2.11. Utica crib, ca. 1880. Archives of the Western Lunatic Asylum of Virginia, Staunton, courtesy Western State Hospital.

Patients who refused to stay in bed might be placed in a crib-bed. The first so-called protection bed was reportedly devised by a French physician named Aubanel in 1845. In the United States, the bed was known as the Utica crib because the New York State Lunatic Asylum at Utica used a version built with rungs, making it look like a child's crib. In the early 1880s, when the Utica asylum employed more than fifty such beds, superintendent John Gray was criticized by other asylum doctors for excessive restraint.
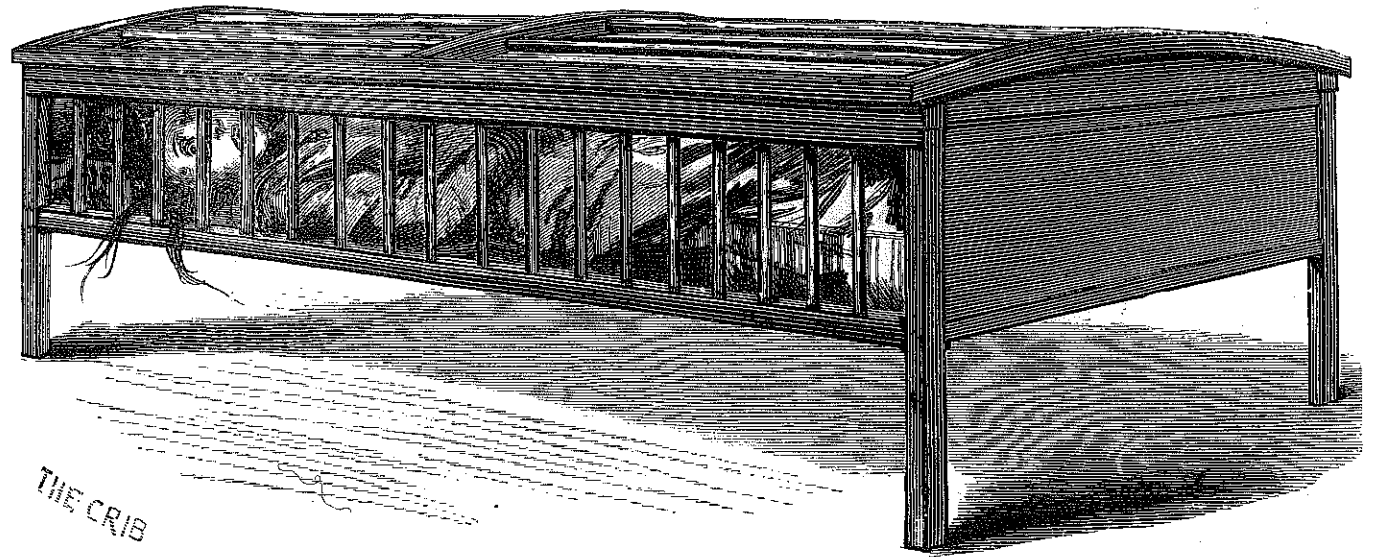
THE CRIB

Fig. 2.12. Cartoon of a patient in a Utica crib, detail of "Our Insane Asylums—
Glimpses of Life among Patients of a New York Institution," source unknown,
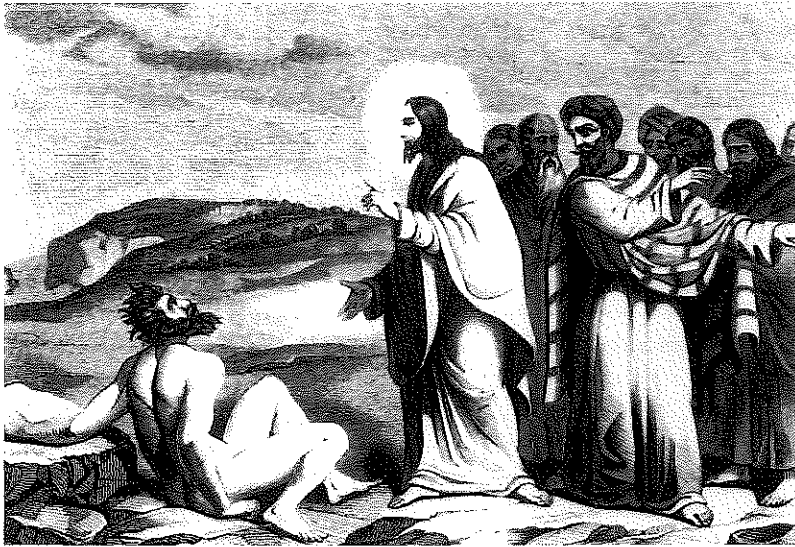1882, engraving on newsprint. Healy Collection, The New York Academy of
Medicine Library.

Fig. 2.13. "Christ Casting Out the Unclean Spirit," Mark 5:2–17, illustrated by John G. Chapman, *The Holy Bible* (New York, 1843). American Bible Society, New York.

Engraver John G. Chapman (1808–1889) designed 1,400 plates for Harper's great American family Bible of 1843. In this plate, he illustrated the New Testament story of Christ exorcising demons from a man who "always, night and day . . . was in the mountains, and in the tombs, crying, and cutting himself with stones." Christ commanded the devils to depart the afflicted man and allowed them to possess a nearby herd of swine. The possessed pigs "ran violently down a steep place into the sea, they were about two thousand: and they were choked in the sea."

The Role of Religion

Although asylum reform was strongly motivated by religious sentiments, most doctors were eager to establish a strictly secular, medical basis for moral treatment. These physicians, who embraced the Enlightenment worldview, wanted their new specialty of asylum medicine to have the same scientific status as other areas of medical practice, such as surgery.

Many in the general public, however, continued to believe that madness was symptomatic of possession by the devil. Most Christians, especially evangelical Protestants, took biblical accounts of Christ casting out demons as literal statements of fact (fig. 2.13). Also popular were fictional accounts of demoniac possession, such as Washington Irving's 1824 tale of the miser who sold his soul to the devil, "The Devil and Tom Walker" (fig. 2.14). Thus when citizens became deranged and were admitted to an asylum, it is not surprising that some believed they were possessed by a devil or being punished for their sins.

Asylum doctors disapproved of religious revivalism on the grounds that such excitement endangered the brain (fig. 2.15). In the mid-eighteenth century, America had been swept by recurring waves of revivalism, known as the First Great Awakening, during which traditions of Calvinism and Anglicanism, imported
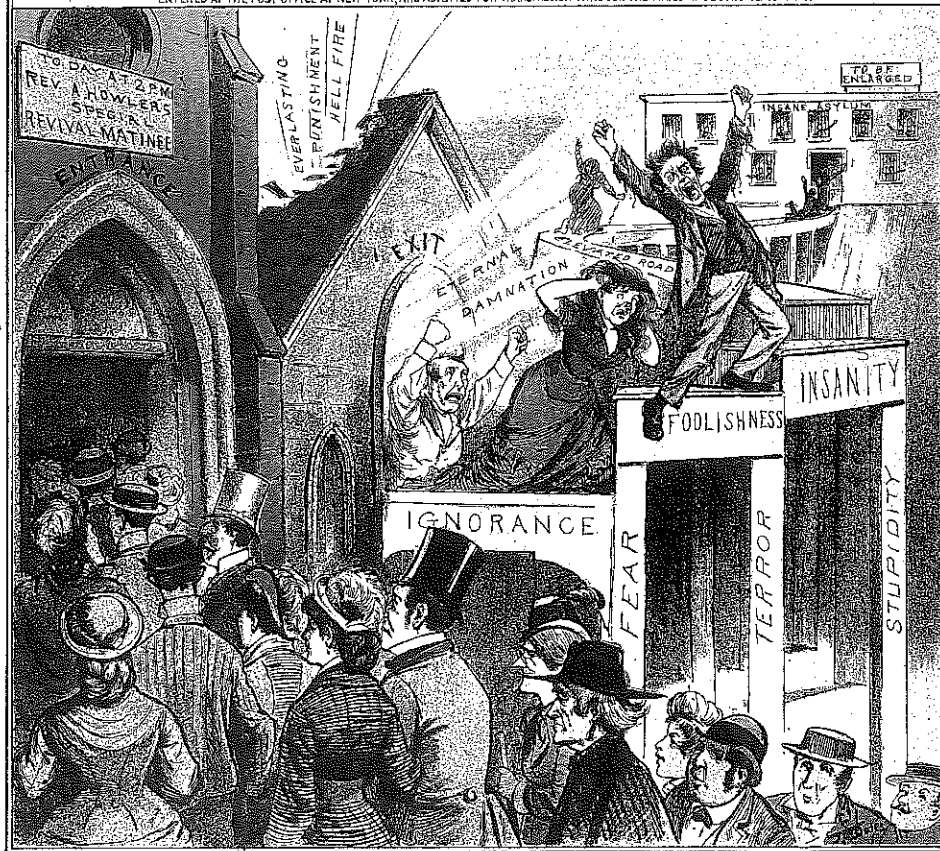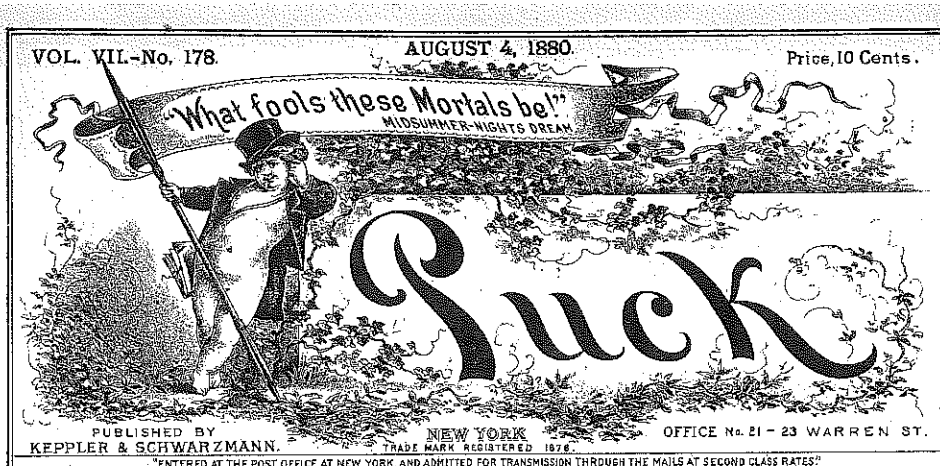
from England in the seventeenth century, splintered into various Protestant denominations. An upsurge of revivals in the 1820s, the Second Great Awakening, brought a new evangelical spirit to the fore in many congregations. In *Observations on the Influence of Religion upon the Health and Physical Welfare of Mankind* (1835), Amariah Brigham, superintendent of the New York State Lunatic Asylum, Utica, warned: "If a number of people be kept for a long time in a state of great terror and mental anxiety, no matter whether from a vivid description of hell and fears of 'dropping immediately into it,' or from any other cause, the brain and nervous system [are] . . . likely to be injured" (p. 269).

Partly from a desire to meet the religious needs of their patients, most asylums held nonsectarian church services. Patients were taught that they were ill, not sinful, and they were encouraged to view the deity as a nonjudgmental and loving parent. Although critical of revivalism, no asylum superintendent wanted to be considered an atheist in an era when a properly restrained religiosity was a requisite of respectability. Thus the regime at nineteenth-century mental hospitals incorporated a subtle mix of science and religion (figs. 2.16, 2.17).

Fig. 2.14. John Quidor, *Tom Walker's Flight*, ca. 1856, oil on canvas, 25 × 34 in. Rockefeller Collection of American Art, Fine Arts Museums of San Francisco.

John Quidor, a romantic painter with a theatrical flare, based his painting on Washington Irving's "The Devil and Tom Walker" (1824), the tale of a miserly broker who sold his soul to the devil. The story is set in colonial Boston, where people were "accustomed to witches and goblins and tricks of the devil in all kinds of shapes." Quidor depicted the moment when the devil claimed Tom's soul: "'Tom, you're come for.'. . . The black man whisked him like a child into the saddle, gave the horse a lash, and away he galloped, with Tom on his back, in the midst of a thunderstorm."

VOL. VII.-No. 178.   AUGUST 4, 1880.   Price, 10 Cents.

"What fools these Mortals be!"
MIDSUMMER-NIGHTS DREAM

Puck

PUBLISHED BY
KEPPLER & SCHWARZMANN.   NEW YORK   OFFICE No. 21 - 23 WARREN ST.
TRADE MARK REGISTERED 1876.
"ENTERED AT THE POST OFFICE AT NEW YORK, AND ADMITTED FOR TRANSMISSION THROUGH THE MAILS AT SECOND CLASS RATES."

FROM "REVIVALS" TO LUNATIC ASYLUMS IS BUT A STEP.

Fig. 2.15. "From 'Revivals' to Lunatic Asylums Is But a Step," cover of *Puck*, vol. 7, no. 178, Aug. 4, 1880. The Oskar Diethelm Library, History of Psychiatry Section, Department of Psychiatry, Cornell University Medical College and The New York Hospital, New York.

Fig. 2.16. "Dr. Mettaur's Headache Pills," with endorsements from the clergy, 19th century, chromolithograph. Bella C. Landauer Collection of Business and Advertising Art, The New-York Historical Society.

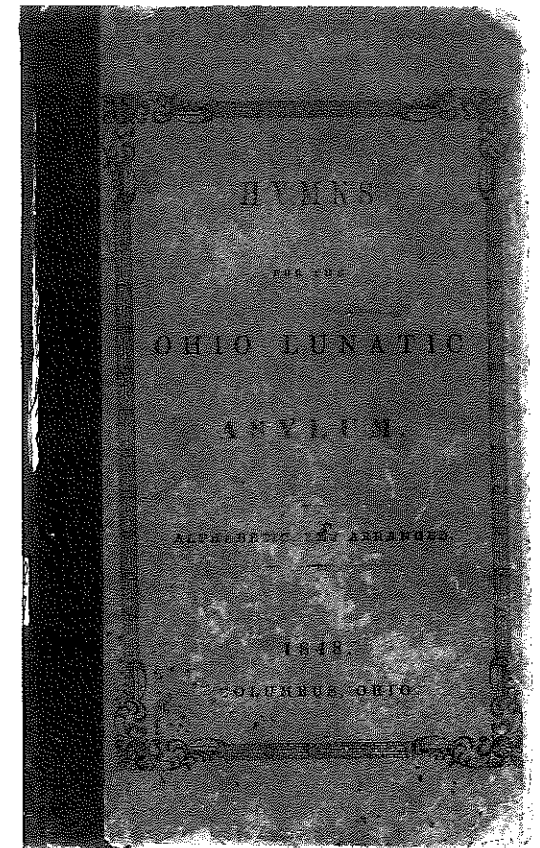Fig. 2.17. *Hymns for the Ohio Lunatic Asylum* (Columbus, 1848). Ohio Historical Society, Columbus.

Fig. 2.18. New York State Lunatic Asylum, Utica, mid-19th century, engraving.
Archives of New York State Lunatic Asylum, Utica, courtesy Mohawk Valley
Psychiatric Center.

The architecture of the Utica asylum, the first state mental hospital in New
York, was typical of the imposing neoclassical style of nineteenth-century
hospitals.

The Beginning of the State Hospital System

The earliest American asylums that provided moral treatment were private, nonprofit institutions similar to the Friends Asylum. The Connecticut Retreat for the Insane (known as the Hartford Retreat) opened in Hartford in 1817. Other early asylums were offshoots of general hospitals: Massachusetts General Hospital opened the McLean Hospital for the Insane in 1818; New York Hospital founded the Bloomingdale Asylum in 1824. Pennsylvania Hospital opened a new wing for lunatics in 1796 and eventually opened a separate asylum, the Pennsylvania Hospital for the Insane, on the outskirts of Philadelphia in 1841.

The managers of these early asylums, filled with optimism about the curative potential of moral treatment, boasted impressive, if overstated, cure rates: for example, the Hartford Retreat reported in 1827 that more than 91 percent of its recent cases had been discharged as cured; in 1843 the Ohio Lunatic Asylum in Columbus claimed that its cure rate had reached 100 percent. In the first flush of enthusiasm for moral treatment, such assertions were accepted with little skepticism, and annual reports painted a glowing picture of everyday life in the asylum.

The value of private institutions offering moral treatment seemed so obvious that reformers began to appeal to state legislators to build public hospitals based on the same therapeutic principles. Asylum supporters made a good case that such institutions were both economical and humane: cures based on moral treatment were less costly than the long-term care of chronic patients. The first state to be swayed by these arguments was Massachusetts, which opened the Massachusetts State Lunatic Hospital at Worcester in 1833. State hospitals were also founded at Augusta, Maine, in 1840, and Utica, New York, in 1843 (fig. 2.18). Considering that at the time state governments expended very little on public welfare, it is remarkable that some of their earliest and largest allocations were made to build and maintain mental hospitals. The expansion of the state hospital system was propelled by asylum reformers such as Dorothea Dix (1802–1887), who worked closely with the superintendents of the new asylums to persuade legislators to establish more public institutions (fig. 2.19).

Fig. 2.19. Dorothea Dix, 19th century, engraving. The Oskar Diethelm Library, History of Psychiatry Section, Department of Psychiatry, Cornell University Medical College and The New York Hospital, New York.

Dorothea Dix was the most influential asylum reformer of the antebellum period. A deeply religious woman who suffered herself from depression, Dix found her life's calling in improving the care of the insane poor. In 1843 she sent a message to the Massachusetts legislature in which she described her mission: "I come as the advocate of helpless, forgotten, insane, idiotic men and women; of beings sunk to a condition from which the most unconcerned would start with real horror; of beings wretched in our prisons, and more wretched in our almshouses" ("Memorial to the Legislature of Massachusetts 1843," *Old South Leaflets*, 6, no. 148, Boston, n.d., p. 2).

The Founding of the American Psychiatric Association

The first generation of asylum doctors came primarily from rural, Protestant backgrounds; few were wealthy, and most saw asylum work as a secure living, free from the competitiveness of private medical practice. American medical schools offered no specialized training in the treatment of mental illness, so asylum doctors acquired their knowledge and experience on the job. A number were members of the Society of Friends, reflecting the continued association between the Quakers and asylum reform.

In 1844 Samuel Woodward, superintendent of the Massachusetts State Lunatic Hospital at Worcester, invited the heads of the twenty-three existing American mental hospitals to attend a meeting in Philadelphia to form a new organization whose mission would be to improve the professional care of the mentally ill. The thirteen individuals who made the trip became the founders of the Association of Medical Superintendents of American Institutions for the Insane (AMSAII), later renamed the American Psychiatric Association (fig. 2.20). The *American Journal of Insanity (AJI)*, edited by Amariah Brigham, became AMSAII's official publication. Later renamed the *American Journal of Psychiatry*, it remains the official voice of American psychiatry to this day.

The Asylum as a Microcosm of Society

Although asylum doctors claimed that moral treatment was applicable to all human minds, their implementation of it varied according to a patient's gender, class, and race. Nineteenth-century medical theory uncritically incorporated and validated the social biases of the era which viewed male and female, rich and poor, white and black, as fundamentally different and unequal categories of humanity. As a result, the asylum community developed in mirror image to the social behavior, stratification, and prejudices of society at large.

Class and gender differences shaped the physical layout and daily schedule of the asylum. Men and women were housed in separate wings or buildings; wealthy patients were invited to bring furniture from home to decorate their rooms in the style to which they were accustomed. The day's activities varied according to the patient's class; lawyers and bankers were encouraged to read and play games, while farmers and laborers were assigned work in the kitchen, laundry, or gardens. Although women of all classes performed more similar household chores, differences in their rank and education were also accommodated.

To offset low government appropriations, state hospitals included more labor in the daily schedules of working class patients. But schemes to make patients pay their own way by working on the asylum farm or in its workshops met with limited success. Hospital superintendents complained that it was difficult to get a good day's labor from patients who were often too sick to work, or who resented having to labor while more affluent patients did not.

Class and gender distinctions in asylum treatment were slight in comparison to the racial divide that existed between white and black patients. Because medical authorities linked mental derangement with advanced civilization, they tended to assume that the more "childlike," dependent races, including Indians and African Americans, suffered less frequently from insanity and therefore did not need asylum care. When nonwhites did become mentally ill, they were not welcome in white asylums. With rare exceptions, both northern and southern asylum doctors regarded racial segregation as a mark of superior management. According to Thomas Kirkbride, superintendent of the Pennsylvania Hospital for the Insane, "The idea of mixing up all color and classes, as seen in one or two institutions in the United States, is not what is wanted in our hospitals for the insane" (*AJI*, 1855, vol. 12, p. 43).

Because the number of free blacks in the North was relatively small, northern asylums had few African-American applicants. Some private asylums, including the Friends Asylum, simply did not admit blacks, while others, like the Pennsylvania Hospital for the Insane, discreetly kept quiet about their admission. State mental hospitals accepted African Americans more openly, but placed them in segregated wards or separate buildings where they had fewer amenities than white patients. Most commonly, public officials assumed that the expense of hospital treatment was wasted on blacks, who were confined instead in jails and almshouses, where they received decidedly inferior care.

In the antebellum South, asylum superintendents had to confront issues of race and treatment more frequently and directly. Laws regarding the care of insane slaves date back to the early

The Thirteen Founders

The Association of Medical Superintendents of American Institutions for the Insane 1844-1891
American Medico-Psychological Association 1892-1919.

Fig. 2.20. Founders of the American Psychiatric Association, early 20th
century, photogravure. Archives of the American Psychiatric Association;
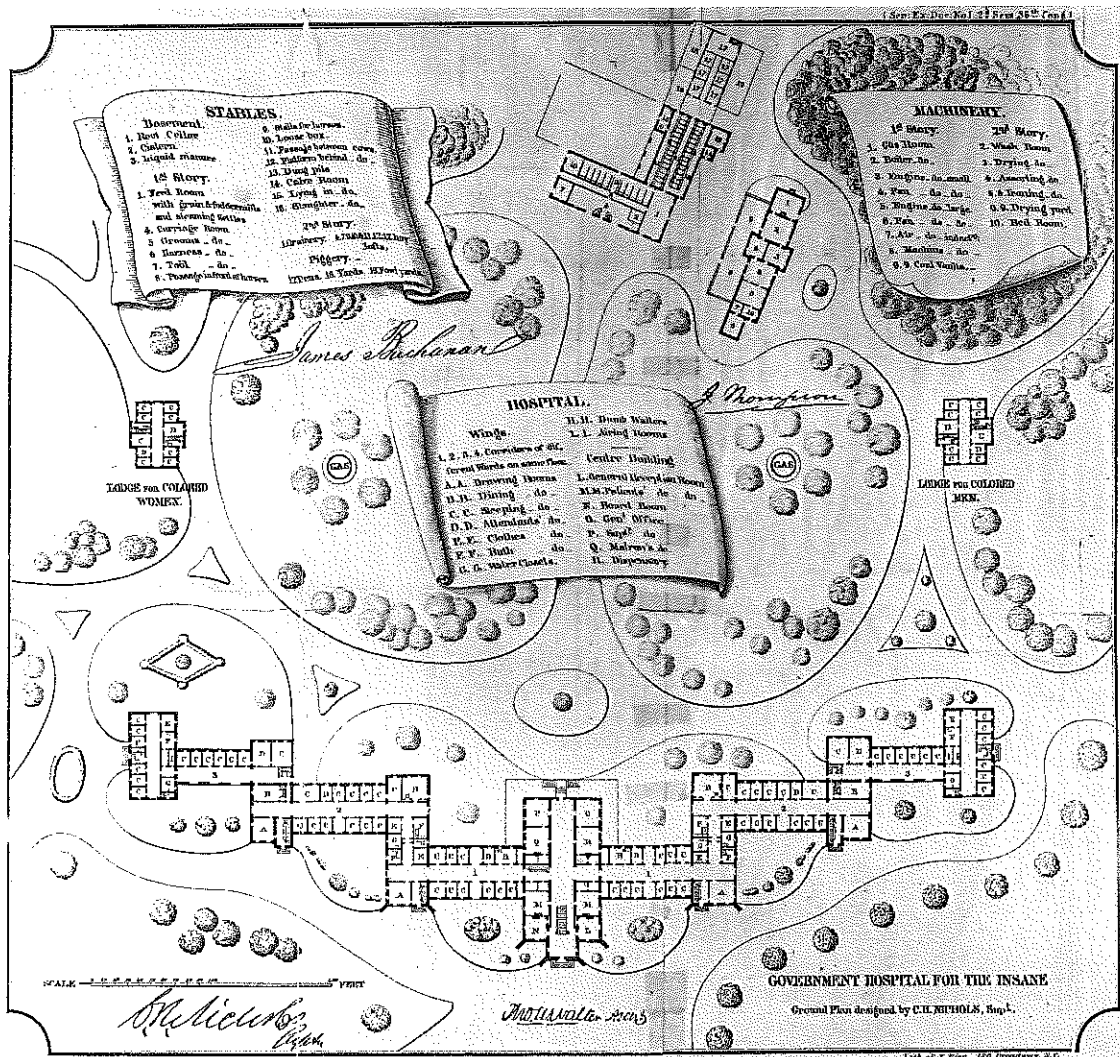Washington, D.C.

Fig. 2.21. Plan of the Government Hospital for the Insane, Washington, D.C., 1857. Archives of the Government Hospital for the Insane, courtesy St. Elizabeths Museum, Department of Health and Human Services, Washington, D.C.

The Government Hospital for the Insane, Washington, D.C., which opened in 1855, was the first federally funded mental hospital. This 1860 layout diagrams the separate buildings for "colored" men and women (upper right and left). The plan was signed by President James Buchanan and the hospital's designer and superintendent, C. H. Nichols. In the scientific spirit of the times, Nichols precisely specified the distance between buildings for patients of different races: "Lodges for the colored insane should not be less than two hundred nor more than four hundred feet from the main edifice. . . . Any distance within that range would exceed an objectionable proximity, but not the pale of an easy inspection" (C. H. Nichols, "Proceedings from the Tenth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane," *AJI*, 1855, vol. 12, p. 89). The Government Hospital (also called St. Elizabeths Hospital) maintained segregated wards until the Supreme Court desegregation rulings of the mid-1950s.

1700s and constitute some of the earliest legislation passed in the colonies. By the nineteenth century, the demand for institutional care for blacks was considerable. As in the North, the willingness to accept African-American patients in southern asylums varied from institution to institution. Some asylums refused all black patients; some would take free blacks but not slaves. Those asylums that did accept black patients tended, as in the North, to put them in segregated and inferior quarters (fig. 2.21). Likewise, many blacks suffering from mental disease were housed in jails or almshouses.

The Eastern Lunatic Asylum of Virginia in Williamsburg was a rare exception. The asylum admitted free blacks from its opening in 1773 and under John M. Galt, superintendent there from 1841 to 1862, integrated some of its wards. The state legislature consistently appropriated less support to Galt's biracial institution than to the Western Lunatic Asylum of Virginia in Staunton, which refused black patients and concentrated on an affluent white clientele. Outside the South, leaders of the profession also took a dim view of Galt's philosophy. When Thomas Kirkbride criticized Galt for allowing the races to mix at Eastern Lunatic Asylum, no colleagues came to Galt's defense.

Galt was in accord with other asylum doctors, however, in believing that the institution of slavery protected blacks from the mental pressures of freedom which could lead to insanity. In his 1848 annual report Galt noted:

> The proportionate number of slaves who become deranged is less than that of free coloured persons, and less than that of whites. From many of the causes affecting the other classes of our inhabitants, they are somewhat exempt; for example, they are removed from much of the mental excitement to which the free population of the Union is necessarily exposed in the daily routine of life; not to mention the liability of the latter to the influence of the agitating novelties of religion, the intensity of political discussion, and other elements of the excessive mental action which is the result of our republican form of government. Again, they have not the anxious cares and anxieties relative to property, which tend to depress some of our free citizens. The future, which to some of our white population may seem dark and gloomy, to them presents no cloud on the horizon. ("Report of the Eastern Asylum in the City of Williamsburg," Virginia, 1848, p. 25)

Irish immigrants also faced widespread prejudice in antebellum society. Arriving in American cities at a time when decent housing and well-paying jobs were already in short supply, they met with great hostility from native-born Americans of all classes. In an overwhelmingly Protestant society, their Roman Catholicism evoked particular suspicion. Because their families were either back in Ireland or desperately poor, immigrants who became destitute or ill often ended up in public welfare institutions. The high percentage of first- and second-generation Irish immigrants in public mental hospitals was often cited as proof of their social and biological inferiority.

Protestant asylum physicians and staff found the practice of moral treatment to be complicated by their religious and cultural differences from the Irish, whom they often characterized as particularly depraved and offensive. Echoing their sentiments about black patients, some asylum superintendents felt that the Irish should be cared for in separate wards to avoid distressing the "better class" of patients. Merrick Bemis, superintendent of the Massachusetts State Lunatic Hospital at Worcester, wrote of the Irish in the hospital's annual report for 1858: "Opposite in religion and all the notions of social life, it would not be well to class the two races in the same wards, where each must bear from the other what was considered troublesome and offensive while in health" (p. 57). Isaac Ray, superintendent of the Maine Insane Hospital, even proposed establishing an "Irish asylum," with all Irish patients and staff, as a way of addressing the needs of these new immigrants (*North American Review*, 1856, vol. 82, pp. 95–96).

PUBLIC REACTION TO THE REFORMED ASYLUM

The sheer size of asylums built during the nineteenth century, when large buildings themselves were still unusual, aroused public curiosity. Opinions of asylum reform were shaped not only by hospital annual reports, which sought to advertise an institution's virtues, but also by visitor and patient accounts, which did not always present asylum life so favorably.

On the positive side, asylum supporters stressed the improved, more sympathetic tone of moral treatment, which engendered a sense of superiority and progress over colonial-era confinement. An 1846 broadside, circulated to attract out-of-state customers to the Eastern Lunatic Asylum of Virginia, proclaimed: "Institutions for the insane were formerly little more than mere places of confinement . . . [however] the humane principles which modern science has revealed are now fully and entirely established." In
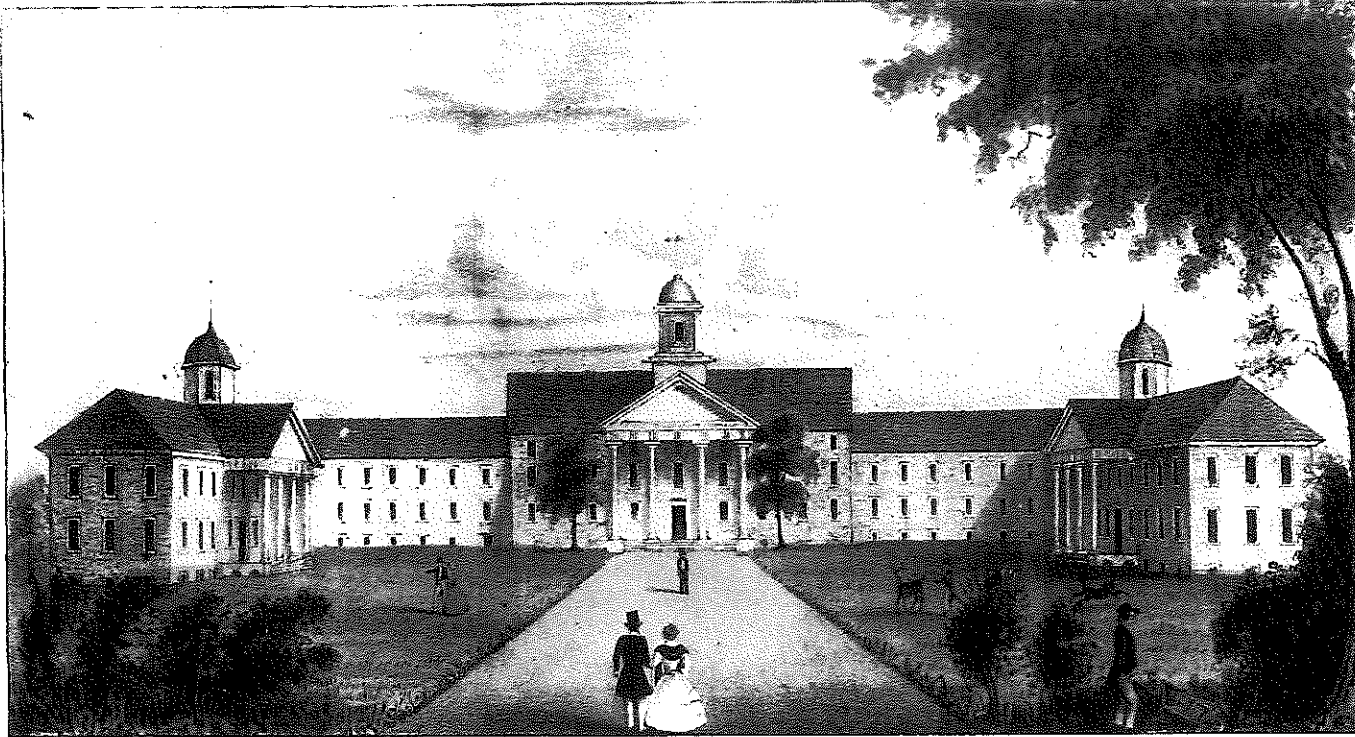
Fig. 2.22. Eastern Lunatic Asylum of Virginia, Williamsburg, 1846, broadside
illustration. Galt Papers, Swem Library, College of William and Mary,
Williamsburg, Virginia.

this advertisement (which does not mention that the hospital
was integrated), the hospital building is depicted as a pleasant
retreat surrounded by gardens through which well-dressed
couples stroll (presumably relatives visiting a loved one); a well-
behaved patient tends a flower bed (fig. 2.22). The facade of the
building follows the prevailing principles of asylum architecture
developed by Thomas Kirkbride at the Pennsylvania Hospital for
the Insane and widely copied in the United States. In an attempt
to make the asylum resemble a hotel, offering a comfortable,
domestic atmosphere for those far from home, the window bars
were made in ornamental, cast-iron designs, and the guard wall
was discreetly incorporated into the landscaping.

The reflections of a reporter who visited the New York
City Lunatic Asylum on Blackwell's Island in 1859 also stressed
improved care: "I remember, when a boy, having been taken
to visit an insane asylum, in which the patients groveled in filth,
darkness, and cold. . . . But the asylum on Blackwell's Island is,
throughout, perfect in respect of cleanliness, order and comfort"
("A Visit to the Lunatic Asylum on Blackwell's Island," *Harper's
Weekly*, March 19, 1859, p. 185). The reporter sympathetically
described the condition and delusions of several of the patients
(fig. 2.23). Unfortunately, conditions at the Blackwell's Island
asylum quickly deteriorated, and in the late 1880s, it was the
subject of a famous exposé by the reporter Nellie Bly (see p. 123).

THE MILLIONAIRE.   CRAZY MOTHER AND HER DAUGHTER.

Fig. 2.23. "The Millionaire" and "Crazy Mother and Her Daughter," in "A Visit to the Lunatic Asylum on Blackwell's Island," *Harper's Weekly,* March 19, 1859, pp. 184–85. The Oskar Diethelm Library, History of Psychiatry Section, Department of Psychiatry, Cornell University Medical College and The New York Hospital, New York.

Left. The Millionaire: "[This patient, who works as a boatman] is satisfied that Prince Albert of England is an impostor, and that he is the lawful husband of Queen Victoria, who, faithless creature, avails herself of certain legal quibbles to defraud him of his legitimate marital rights" (p. 184).

Right. Crazy Mother and Her Daughter: "Dr. Ranney [the ward physician] stated that the bulk of his female patients were immigrant girls (Irish), who had been deluded, seduced, cheated, and otherwise ill-used on arrival here; and who, on realizing their miserable condition, had gone mad from the shock of disappointment" (p. 185).

Patient Critiques of the Asylum

Despite numerous positive reports on asylum conditions, many citizens suspected that the new institutions hid terrible abuses behind their walls. Firsthand accounts published by disgruntled former patients fueled rumors of inhumane practices. Usually committed against their wishes, many patients did not believe they were insane and resented their treatment by relatives and physicians. In an account of his confinement at the Maine Insane Hospital, *Three Years in a Madhouse!* (Augusta, 1852), Isaac Hunt told of force feedings overseen by doctors he found sadistic (fig. 2.24). Ebenezer Haskell, a patient at Pennsylvania Hospital for the Insane, questioned his family's motives for committing him and, after escaping several times, sought a jury trial to determine his sanity and the legality of his commitment. Haskell won the case against the asylum in 1868. His memoirs documented what he perceived to be the horrors of the "Philadelphia madhouse," such as humiliating baths and abuses at the hands of attendants. The illustrations from his book, *The Trial of Ebenezer Haskell* (1869), suggest how the hospital looked to a patient unconvinced of its therapeutic purpose (figs. 2.25, 2.86).

Records left by patients describing their asylum experiences vary from letters expressing appreciation for the restoration of their sanity to bitter lawsuits against hospital and family. The complaints often centered around wrongful confinement: to commit a relative in the mid-nineteenth century, families needed only to obtain a certificate from one physician (in some states, two) testifying that the individual was insane. Patient-advocates such as Haskell, whose family got their dentist to sign his certificate of insanity, decried the ease with which families could dispose of unwanted kin and take their property.

The most famous wrongful confinement controversy in nineteenth-century America involved Elizabeth Packard, an Illinois woman committed in 1860 to an asylum in Jacksonville by her clergyman-husband. Packard insisted that her husband was only punishing her for holding unorthodox spiritualist views. Upon her release, she sued her husband for wrongful confinement and won. Packard also convinced the Illinois state legislature to investigate the asylum's superintendent, Andrew McFarland, whose dismissal was recommended. (The asylum's board of managers refused to comply.) Packard led a national
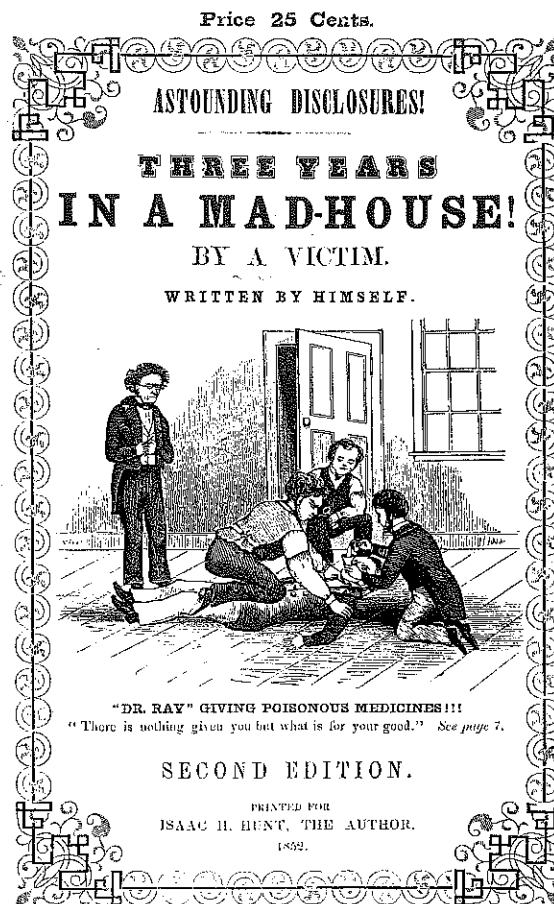

Fig. 2.24. "Dr. Ray Giving Poisonous Medicines!" cover of Isaac H. Hunt, *Three Years in a Madhouse!* (Augusta, 1852). The Oskar Diethelm Library, History of Psychiatry Section, Department of Psychiatry, Cornell University Medical College and The New York Hospital, New York.

The standing figure on the cover of this patient exposé is Isaac Ray, superintendent of the Maine Insane Hospital. The author admits that he was "a wild maniac" when he entered the asylum: "I was a perfectly deranged man, laboring under strong fever of the brain, or great and uncontrollable mental excitement, of which, under humane treatment, I should have recovered, and no doubt returned to my business in full possession of my mental and physical faculties" (pp. 4–5). But Hunt complained that he was forced to take medicines that weakened and worsened him.

Fig. 2.25. "The Spread Eagle Cure," in Ebenezer Haskell, *The Trial of Ebenezer Haskell* (Philadelphia, 1869). The Oskar Diethelm Library, History of Psychiatry Section, Department of Psychiatry, Cornell Medical College and The New York Hospital, New York.

Former patient Ebenezer Haskell claimed to have witnessed abusive treatment while confined to Pennsylvania Hospital for the Insane:

> The spread eagle cure is a term used in all asylums and prisons. A disorderly patient is stripped naked and thrown on his back, four men take hold of the limbs and stretch them out at right angles, then the doctor or some one of the attendants stands up on a chair or table and pours a number of buckets full of cold water on his face until life is nearly extinct, then the patient is removed to his dungeon cured of all diseases. (p. 43)
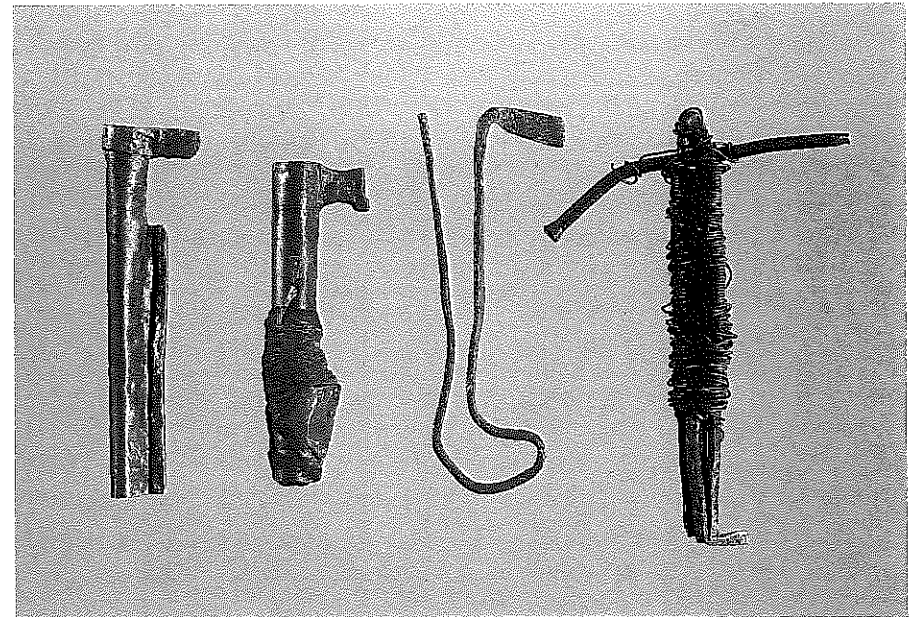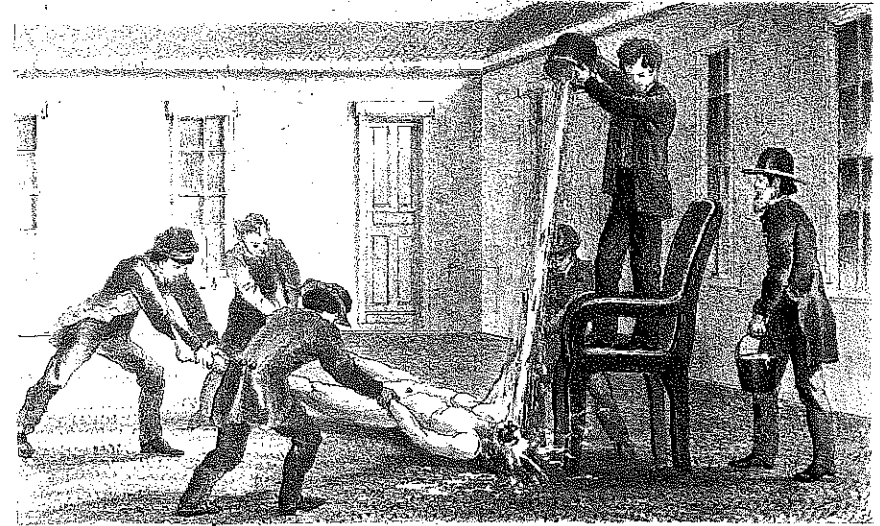

Fig. 2.26. Keys made by patients trying to escape the Winnebago State Hospital, Wisconsin, 19th century. Archives of the Winnebago State Hospital, courtesy Winnebago Mental Health Institute.

No. 1.   No.2.

No. 3.   No. 4.

"How can I Live without my Children!"   See page 85.

No. 1.—Abducting my Babe. See p. 48.	No. 2.—Abducting my Daughter. See page 40.
No. 3.—My Isaac's parting kiss. See page 50.	No. 4.—Abducting my George. See p. 50.

Fig. 2.27. "How Can I Live without My Children!" in Elizabeth Packard, *Modern Persecution, or Insane Asylums Unveiled* (Hartford, 1873). The Oskar Diethelm Library, History of Psychiatry Section, Department of Psychiatry, Cornell University Medical College and The New York Hospital, New York.

crusade to guarantee that commitment hearings took place before a jury and that patients could send and receive correspondence; these "Packard laws" were passed in several states in the 1860s and 1870s. Packard particularly criticized the legal disadvantages of married women, who could lose their children and their property if committed by an unscrupulous husband. Her crusade won support from the women's rights movement of her day (fig. 2.27).

THE SEARCH FOR CAUSES OF INSANITY

Nineteenth-century medical authorities sought both physical and behavioral causes of mental illness. If an asylum physician hypothesized that a patient's melancholy had a physical basis in, for example, weak nerve fibers, he then looked for behavioral causes of this weakness, such as a brain overtaxed by business worries, overindulgence in masturbation, or intemperance. Thus their theories about the underlying causes of insanity operated at two levels, the physical and the cultural. Modern psychiatrists continue to use such a multicausal model, differentiating among the physiological, psychological, and social precipitants of mental illness. For example, while today they think schizophrenia may originate in a hereditary defect in brain chemistry, they emphasize that other factors, such as work-related stress, pathological family dynamics, or dynamic abuse may trigger its onset.

Physical Causes of Insanity

Between the late eighteenth and the early nineteenth century, changing conceptions of nature had a profound impact on the medical sciences. The model of the universe as a static, inanimate clock gave way to the notion of nature as an organic, interconnected system. The change can be seen clearly in the contrast between Newtonian science, with its billiard-ball universe based in mathematics, and Darwinian science, with its evolutionary worldview based in biology. This shift, however, had limited effect on research on mental illness until late in the nineteenth century. Although patient care in reformed asylums vastly improved early in the century, asylum medicine produced few scientific insights into the causes of insanity.

Clinical research in the mid-1800s consisted primarily of linking bedside observations with autopsy reports. In other areas of medicine, correlating symptoms in life with pathological appearances after death produced dramatic new understandings of how specific diseases affect certain organs; for example, patients with consumption have characteristic tubercles in their lungs, and patients with typhoid develop distinctive lesions in their digestive systems. The search for similar physical correlations in the brains and nervous systems of insane patients, however, proved largely unsuccessful. In only a fraction of cases did postmortem examinations of the insane show signs of organic disease; for example, in the condition known as general paralysis or paresis, whose symptoms include slurred speech and a dragging walk, brain tissue showed striking pathological changes. (Not until the late nineteenth century was the underlying relationship between paresis and syphilis clearly established.) But in most cases of insanity, asylum physicians found that postmortem examinations revealed no pathological signs, and in general, the physical causes of insanity remained a mystery.

Brain Anatomy and the Nervous System

In the absence of pathological clues to insanity's nature, physicians drew upon what knowledge they had about the brain and nervous system to guide their treatments of mental illness. By the early 1800s, they had mapped the gross anatomy of the brain and understood the critical role the nervous system played in conveying sensory information to and from different parts of the body (figs. 2.28–2.30). Reworking the old humoral theory, doctors envisioned the nervous system as the connecting link between mind and body. The tension or laxity of nerve fibers gradually replaced the flow of bodily fluids as the key to maintaining health. Physicians suggested that too much or too little stimulation of delicate nerve fibers could derange the normal functioning of the brain. Both mental and physical disturbances could produce the same effect: for example, strong emotions could deplete the storehouse of nervous energy in the brain, or disturbances caused by a diseased organ, particularly the stomach, could be communicated to the brain.

In portraying the brain as the master organ of the mind, nineteenth-century medical authorities betrayed their social prejudices. The comparative study of brain anatomy was widely used in the era as a "scientific" proof of the superiority of white Euro-American culture. Anatomists routinely misinterpreted,
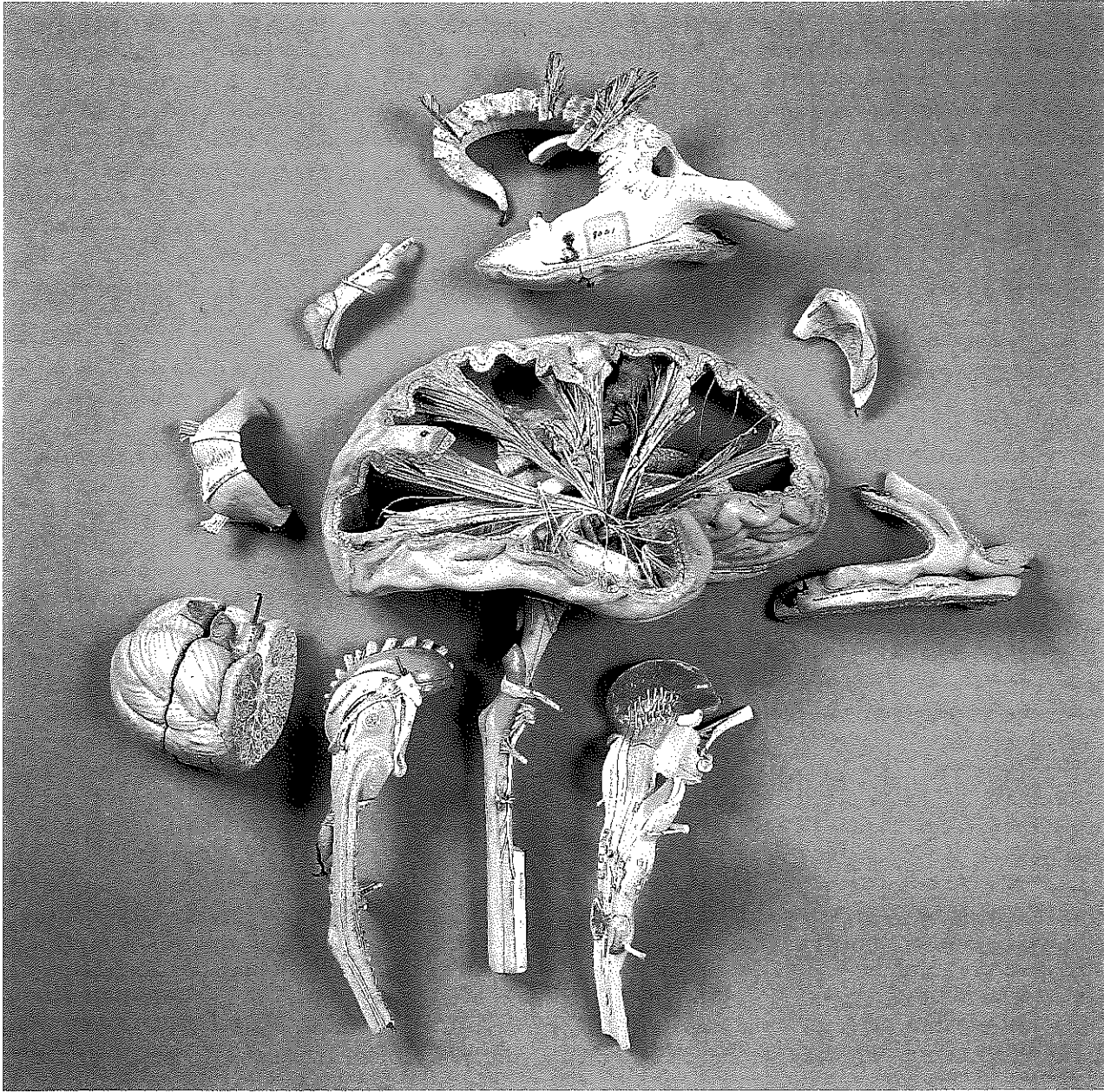
Fig. 2.28. Model of the brain, 19th century, House of Auzoux, Paris, painted
papier-mâché. Mütter Museum, College of Physicians of Philadelphia.

Fig. 2.29. Illustrations in Alexander Ramsey, *Description of the Plates of the Brain* (Edinburgh, 1812). Archives of Pennsylvania Hospital, Philadelphia.

Turning the pages of this book, one sees deeper into the brain, in some cases through holes (which appear black in these illustrations) cut through the pages to the next level.

Fig. 2.30. Vertical sections of the brain, by William Fuller, 19th century, painted wood and photographs, with removable sections. Mütter Museum, College of Physicians of Philadelphia.

The vertical sections of this carved wood model slide up to reveal photographs of the brain, which were made from corresponding slices of brain tissue.

TABLE,

Showing the Size of the Brain in cubic inches, as obtained from the measurement of 623 Crania of various Races and Families of Man.

RACES AND FAMILIES.	No. of Skulls.	Largest I. C.	Smallest I. C.	Mean.	Mean.
MODERN CAUCASIAN GROUP.					
TEUTONIC FAMILY.					
Germans,	18	114	70	90	
English,	5	105	91	96	} 92
Anglo-Americans,	7	97	82	90	
PELASGIC FAMILY.					
Persians,					
Armenians,	10	94	75	84	
Circassians,					
CELTIC FAMILY.					
Native Irish,	6	97	78	87	
INDOSTANIC FAMILY.					
Bengalees, &c.	32	91	67	80	
SEMITIC FAMILY.					
Arabs,	3	98	84	89	
NILOTIC FAMILY.					
Fellahs,	17	96	66	80	
ANCIENT CAUCASIAN GROUP.					
PELASGIC FAMILY.					
Græco-Egyptians,	18	97	74	88	
NILOTIC FAMILY.					
Egyptians,	55	96	68	80	
MONGOLIAN GROUP.					
CHINESE FAMILY.	6	91	70	82	
MALAY GROUP.					
MALAYAN FAMILY.	20	97	68	86	} 85
POLYNESIAN FAMILY.	3	84	82	83	
AMERICAN GROUP.					
TOLTECAN FAMILY.					
Peruvians,	155	101	58	75	
Mexicans,	22	92	67	79	
BARBAROUS TRIBES.					} 79
Iroquois,					
Lenapé,	161	104	70	84	
Cherokee,					
Shoshoné, &c.					
NEGRO GROUP.					
NATIVE AFRICAN FAMILY.	62	99	65	83	
AMERICAN-BORN NEGROES.	12	89	73	82	} 83
HOTTENTOT FAMILY.	3	83	68	75	
ALFORIAN FAMILY.					
Australians,	8	83	63	75	

The "From the Catacombs" bracket spans the Ancient Caucasian Group rows (Græco-Egyptians and Egyptians).

Fig. 2.31. Chart comparing skulls of different races, in Samuel George Morton, *Catalogue of Skulls of Man and the Inferior Animals* (Philadelphia, 1849). Archives of Pennsylvania Hospital, Philadelphia.

The profound racism of Samuel George Morton, professor of anatomy at the prestigious Philadelphia Medical College and president of the Academy of Natural Science, Philadelphia, was not unusual; he concluded discussion of this table with the remark that the Caucasian brain was, on average, at least nine cubic inches larger than that of the Negro.
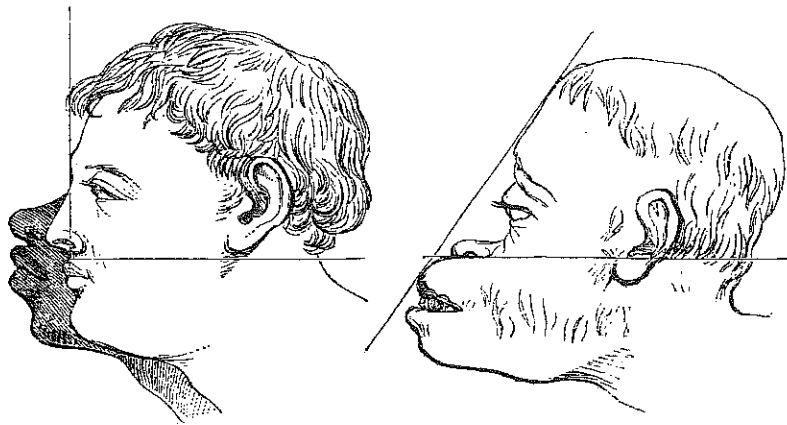
Fig. 2.32. "Profile of Negro, European, and Oran Outan," in Robert Knox, *The Races of Man* (London, 1850). National Library of Medicine, Bethesda.

Physician Robert Knox used calibrations of facial angles to argue that the Negro skull was anatomically more similar to an ape (here the anthropoid orangutan of Borneo) than a Caucasian skull.

Fig. 2.33. Comparison of an Irishman with a terrier, in James Redfield, *Comparative Physiognomy* (New York, 1852). New York Academy of Medicine Library.

Physician James Redfield extended physiognomy to animals. He expressed his prejudice against the Irish by comparing them to dogs: "Among the Irish, the community takes to dirt-digging more naturally than to anything else" (p. 264).

and even falsified, data on brain size and capacity to justify the subordination of certain ethnic groups, nonwhites, and women (figs. 2.31–2.33). This distasteful tradition of "mismeasuring" the brain only ended in the present century, when researchers conclusively showed that brain size is determined by overall body size, not gender or race, and has no direct relationship to intelligence.

Physiognomy and Personality Types

Swiss theologian Johann Kasper Lavater (1741–1801) formulated the rules of physiognomy, whereby a person's character and personality were evaluated on the basis of facial features. Always of more general than medical interest, physiognomy became especially popular in the early nineteenth century in combination with phrenology, a new theory of brain anatomy which extended the evaluation of character from the face to the shape of the entire head (see pp. 183–90). Drawing on the humoral theory, physiog-
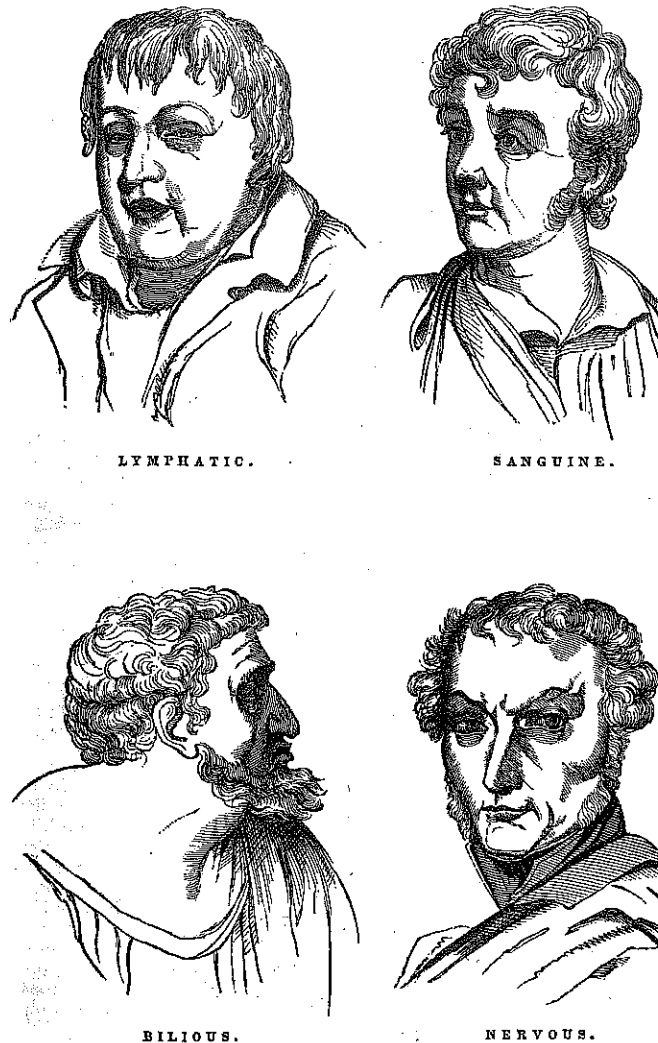
LYMPHATIC.   SANGUINE.

BILIOUS.   NERVOUS.

Fig. 2.34. "Lymphatic, Sanguine, Bilious, Nervous," in George Combe, *Outlines of Phrenology* (Boston, 1838). General Research Division, The New York Public Library, Astor, Lenox, and Tilden Foundations.

nomists distinguished four facial types associated with the traditional temperaments: nervous (melancholic), bilious (choleric), lymphatic (phlegmatic), and sanguine (fig. 2.34). Complex charts were produced as guides to reading the subtle contours of the human face (figs. 2.35, 2.36).

Reading the patient's facial expression and overall appearance was an important part of the diagnostic process. Physicians differentiated the three main forms of insanity recognized in the early to mid nineteenth century—mania, melancholia, and dementia —on the basis of physiognomy as well as behavior (fig. 2.37). When derangement was manifested as excitement and marked delusions, and the patient's face appeared vibrant and lively, the illness was termed mania. A nervous temperament and a downcast expression coupled with extreme dejection and passivity signaled melancholia. Patients suffering from mania or melancholia sometimes deteriorated even further into dementia, an unresponsive state in which the face was empty of expression.

Using a patient's appearance as a diagnostic guide, which was common to physiognomy, phrenology, and all versions of the humoral theory, led to the popularity of illustrated guides for physicians which, after the 1830s, were enhanced by the invention of photography. The lithographs in Allan MacLane Hamilton's *Types of Insanity* (1883), showing typical maniacs, melancholics, and demented patients, were based on photographs of patients (fig. 2.38).
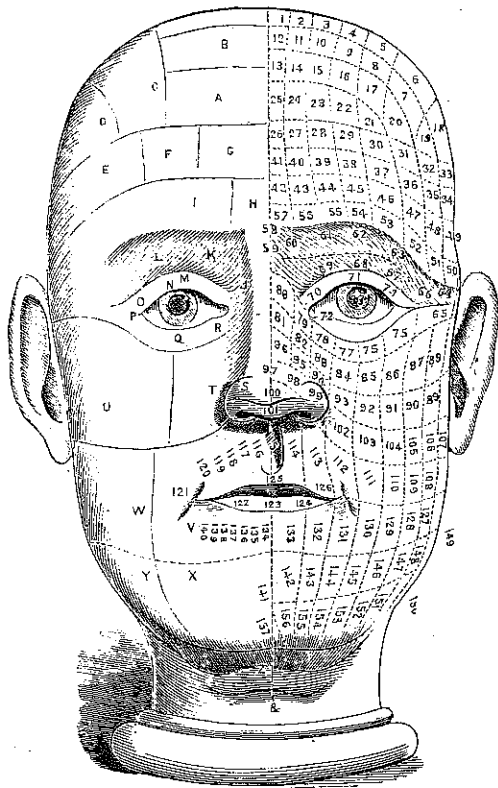
The cast of characters from the humoral theory—especially the raving maniac and the depressed melancholic—continued to appear in nineteenth-century popular settings. Although the accepted etiologies for these disorders changed over the years, the basic personality types embodied in the humoral theory were transposed to new contexts, much as in the retelling of an ancient myth. Sophisticated urban audiences of the mid nineteenth century viewed colonial-era practices and notions, such as the chaining of maniacs or possession of melancholics by the devil, as outmoded and comic. For example, the sheet music for the 1840 song "The Maniac" bears the illustration of an agitated, wild-eyed fiend; the music itself is a frenzied rage (fig. 2.39). The melancholic depicted by satirist George Cruikshank in *The Blue Devils* is tormented not by ravages of depression but by a demoniac, Dickensian cast: a bill collector, a pregnant woman, an attorney, a physician, and an undertaker (fig. 2.40).

Fig. 2.35. "Names of the Physiognomical Signs," in James Redfield, "Physiognomical System," in S. R. Wells, *New System of Physiognomy* (New York, 1866). New York Academy of Medicine Library.

DR. REDFIELD'S NOMENCLATURE.

NAMES OF THE PHYSIOGNOMICAL SIGNS

ACCORDING TO DR. REDFIELD'S SYSTEM.

[*The Numbers refer to corresponding ones on the diagrams.*]

1. Benevolence.
2. Kindness.
3. Gratitude.
4. Respect.
5. Immortality-Belief.
6. Romance.
7. Poetry.
8. Enthusiasm—Hope.
9. Sublimity.
10. Imitation.
11. Example.
12. Discovery.
13. Analysis.
14. Metaphor.
15. Analogy.
16. Causality *a priori.*
17. Wit.
18. Imagination.
19. Resemblances.
20. Contrast.
21. Association.
22. Induction *a posteriori.*
23. Correspondence.
24. Comparison.
25. Combination.
26. Time.
27. Events.
28. Duration.
29. Velocity.
30. Prevision.
31. Plan.
32. Eloquence.
33. Somnambulism.
34. Repulsiveness.
35. Activity.
36. Instinctiveness.
37. Expressiveness.
38. Attractiveness.
39. Memory.
40. Consciousness.
41. Voluntariness.
42. Place.
43. Direction.
44. Distance.
45. Momentum
46. Colors.
47. Order.
48. Music.
49. Reaction.
50. Lightness.
51. Numbers.
52. Shape.
53. Fluidity.
54. Weight.
55. Size.
56. Forms.
57. Consistence.
58. Command.
59. Nouns.
60. Adjectives.
61. Substitution.
62. Climbing.
63. Enjoyment.
64. Participles.
65. Medicine.—65, A. Wave motion.

66. Conjunctions.
67. Contest.
68. Resistance.
69. Subterfuge.
70. Adverbs.
71. Sympathy.
72. Verbs.
73. Interjections.
74. Prepositions.
75. Construction.
76. Shadow.
77. Machinery.
78. Molding.
79. Weaving.
80. Architecture.
81. Attack.
82. Clothing.
83. Water.
84. Leaping.
85. Watchfulness.
86. Protection.
87. Hurling.
88. Whirling.
89. Sleep.
90. Repose.
91. Rest.
92. Caution.
93. Suspicion.
94. Gain.
95. Economy.
96. Relative Defense.
97. Self-Defense.
98. Confiding.
99. Concealment.
100. Correspondence.
101. Discovery.
102. Inquisitiveness.
103. Responsibility.
104. Concert.
105. Politeness, Simulation.
106. Surprise.
107. Exclusiveness.
108. Love of Life.
109. Rapacity.
110. Resistance.
111. Subterfuge.
112. Destructiveness.
113. Filial Love.
114. Parental Love.
115. Concentration.
116. Comprehension.
117. Application.
118. Gravity.
119. Magnanimity.
120. Precision.
121. Cheerfulness.
122. Ostentation.
123. Envy.
124. Hatred.
125. Adhesiveness.
126. Approbation.
127. Preserving.
128. Enjoyment.
129. Climbing.
130. Substitution.
131. Equality.

132. Fraternity.
133. Sociality.
134. Travel.
135. Home.
136. Patriotism.
137. Philanthropy.
138. Jealousy.
139. Meanness.
140. Sadness.
141. Congeniality.
142. Desire to be Loved.
143. Desire to Love.
144. Violent Love.
145. Ardent Love.
146. Fond Love.
147. Love of Beauty.
148. Faithful Love.
149. Republicanism.
149a. Responsibility.
149b. Caution.
150. Resolution.
151. Perseverance.
152. Severity.
153. Abstraction.
154. Self-Control.
155. Determination.
156. Willingness.
157. Engrossment.

———

A. Parental Love.
B. Self-Love, Supercilliousness.
C. Fatuity, Filial Love.
D. Reform and Triumph.
E. Faith and Immortality.
F. Hope and Enthusiasm.
G. Charity.
H. Justice, Arbitration.
I. Conscience.
J. Eminence, Gratitude, and Kindness.
K. Penitence.
L. Confession.
M. Historical Truth.
N. Prayer.
O. Rapture.
P. Collating and Punctuality.
Q. Mathematical Truth, Humility, Apology.
R. Fiction, Wonder, Self-Justification.
S. Example and Influence.
T. Admiration.
U. Sleep.
V. Excursiveness.
W. Hospitality.
X. Buoyancy.
Y. Acquisitiveness.
Z. Economy, Submission, Subserviency.
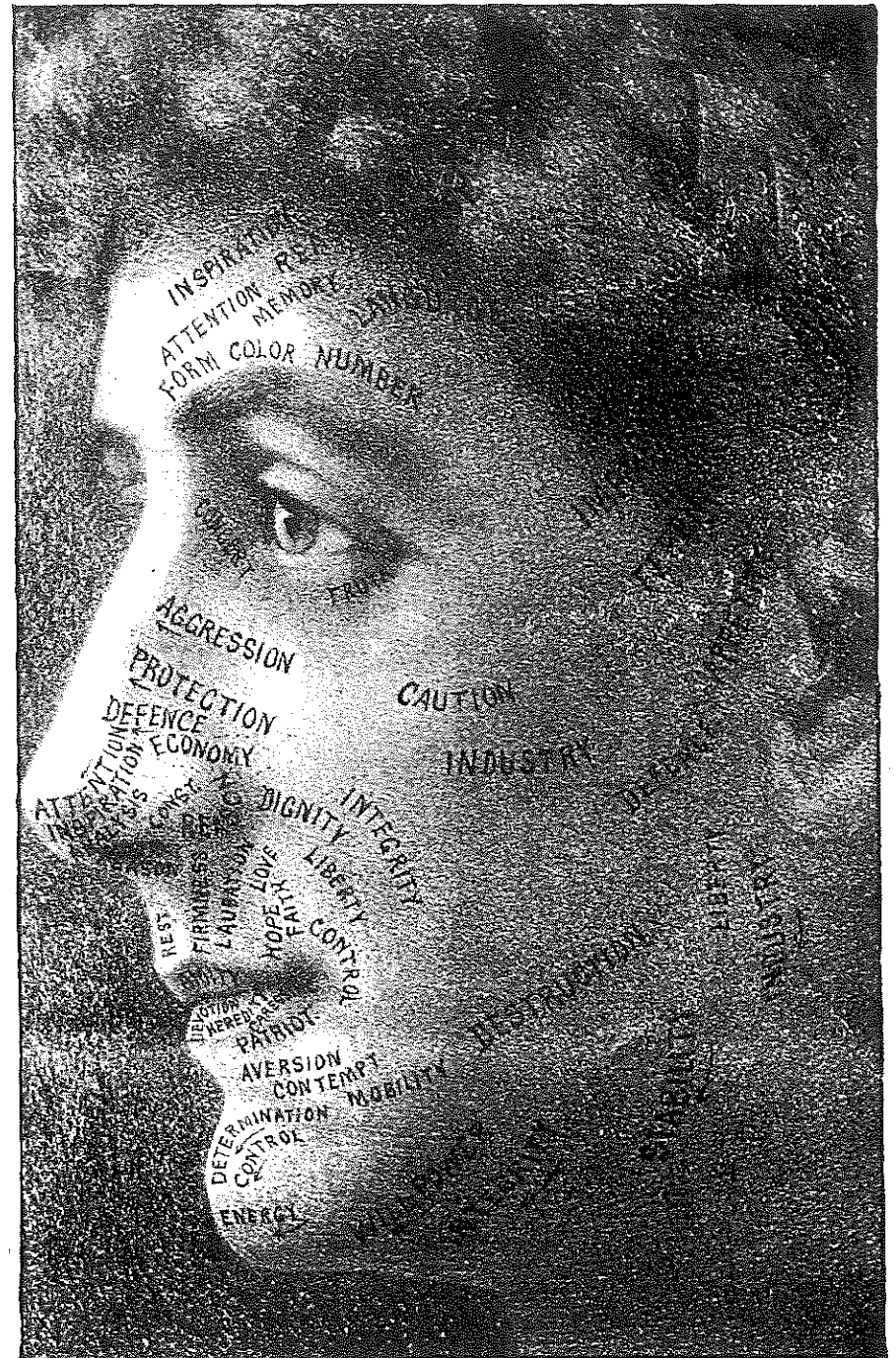&. Independence and Firmness.

Fig. 2.36. Face of a woman with physiognomical regions indicated, in Holmes W. Merton, *Descriptive Mentality* (Philadelphia, 1899). Ohio Historical Society, Columbus.

Fig. 2.37. Frontispiece illustrating diagnostic categories, in John Charles Bucknill and Daniel H. Tuke, *A Manual of Psychological Medicine* (London, 1858). Archives of Pennsylvania Hospital, Philadelphia.

Intended to aid doctors in diagnosing mental patients, these illustrations manifest (from the top and clockwise): "acute mania, acute suicidal melancholia, secondary dementia, congenital imbecility, primary dementia, general paralysis," and "monomania of pride" (center).

Fig. 2.38. "Mania," "Melancholy," and "Dementia," lithographs after photographs in Allan MacLane Hamilton, *Types of Insanity* (New York, 1883). The Oskar Diethelm Library, History of Psychiatry Section, Department of Psychiatry, Cornell University Medical College and The New York Hospital, New York.

Illustrated diagnostic guides were used throughout the nineteenth century. Physician Allan MacLane Hamilton prepared these typical cases, based on photographs of particular patients at Ward's Island Asylum, New York:

Left. Mania: "[He] has been on Ward's Island eleven years. He is incoherent and excitable, but quite tractable. . . . [He] is clownish in his behavior, and sings at the top of his voice."

Center. Melancholy: "Duration of insanity seven months. She hears voices commanding her not to eat, and it is often necessary to feed her with the tube. . . . There is rarely any play of facial expression and she takes no notice of those about her."

Right. Dementia: "He is profoundly demented, and is dirty, stupid, and careless. His disease has lasted nineteen years, and followed melancholia."
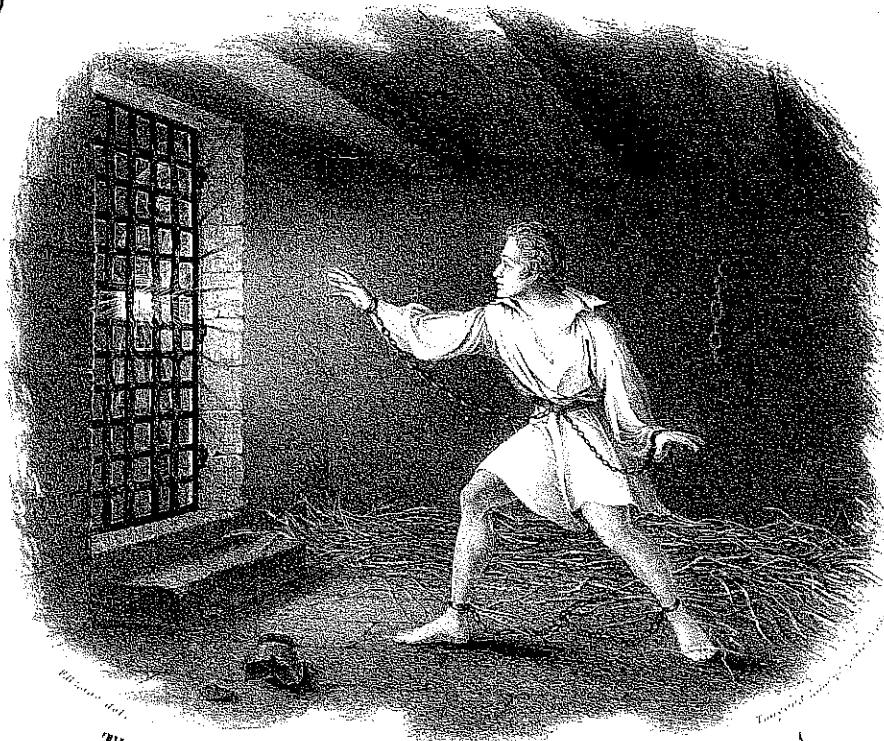
Fig. 2.39. Fitz Hugh Lane, sheet music cover for "The Maniac," by Henry Russell, 1840. The Music Division, The New York Public Library for the Performing Arts, Astor, Lenox, and Tilden Foundations.

The Blue Devils ——!!

Fig. 2.40. George Cruikshank, *The Blue Devils*, 1835, etching. National Library of
Medicine, Bethesda.

Fig. 2.41. "King Lear," in *The American Shakespeare* (New York, 1878).

Fig. 2.42. "Hamlet," in *The American Shakespeare* (New York, 1878).

The first great American-born Shakespearean actor, Edwin Forrest, poses here as King Lear in a mad rage. A contemporary who saw Forrest perform Lear described the actor's melodramatic mania:

> His eyes flashed and faded and reflashed. He beat his breast as if not knowing what he did. His hands clutched wildly at the air as though struggling with something invisible. Then, sinking on his knees, with upturned look and hands straight outstretched towards his unnatural daughter, he poured out, in frenzied tones of mingled shriek and sob, his withering curse half adjuration, half malediction. (William R. Alger, *Life of Edwin Forrest, The American Tragedian,* Philadelphia, 1877, vol. 2, p. 786)

Typical of educated men of their day, asylum doctors were well versed in art and literature, especially the British tradition. The works of Shakespeare, with their insightful focus on extreme and bizarre mental states, had a particular appeal. Amariah Brigham, editor of the *American Journal of Insanity*, expressed a view common to his asylum colleagues when he remarked that he had seen all the characters in Shakespeare in the wards of the New York State Lunatic Asylum (*AJI*, 1859, vol. 16, p. 415). Like the medi-cal materialist Benjamin Rush before him, Brigham was echoing the traditional association of madness and genius, which the Bard himself expressed in *A Midsummer Night's Dream*:

> Lovers and madmen have such seething brains,
> Such shaping fantasies, that apprehend
> More than cool reason ever comprehends.

Between 1844 and 1865, the *American Journal of Insanity* published no fewer than twelve articles in which member physicians discussed and "diagnosed" mad characters in Shakespearean plays. All concurred that King Lear (fig. 2.41) was a maniac, "driven to madness by the unexpected ingratitude of his daughters," and displaying "maniacal wildness and disorder" (Isaac Ray, "Shakespeare's Delineations of Madness," *AJI*, 1847, vol. 3, p. 291). Hamlet (fig. 2.42) was a complex case of "melancholic madness, of a delicate shade, in which the reasoning faculties, the intellect proper, so far from being overcome or even disordered [were] rendered more active and vigorous, while the will, the moral feelings, the sentiments and affections, [were] the faculties which seem alone to suffer from the stroke of disease" (A. O. Kellogg, "William Shakespeare as a Physiologist and Psychologist," *AJI*, 1859, vol. 16, p. 414). Shakespeare's many fools, such as Bottom, who wears "an ass's head" and is "crowned the king of donkeys" in *A Midsummer Night's Dream*, or Simple, Feeble, and Touchstone (fig. 2.43), were all mentally deficient persons presented for the entertainment of their more intelligent brethren. While condemning the once-popular practice of viewing asylum patients as a form of entertainment, physicians joined the audiences entranced by theatrical presentations of maniacs, melancholics, and fools (A. O. Kellogg, "Shakespeare's Delineations of Mental Imbecility, as Exhibited in His Fools and Clowns," *AJI*, 1861–63, 4-part series, vols. 18–19).

Fig. 2.43. "Touchstone" from *As You Like It*, in *The American Shakespeare* (New York, 1878).

This fool's socially degraded position and mental peculiarities make him an impartial judge who acts as a touchstone of the qualities of men.

Moral Insanity

A new diagnostic category that gained widespread use in the nineteenth century illustrates the widening scope of behaviors and ideas labeled as insane. Patients who behaved sanely most of the time but became irrational and obsessive on specific subjects, usually politics or religion, were called "monomaniacs." Because their insanity was related to only one topic, they were considered only partially insane. In 1835 the English physician James Prichard invented the term "moral insanity" to describe a form of monomania in which people recognized the difference between right and wrong yet lacked the will power to resist their evil impulses.

Political foes adopted monomania and moral insanity as weapons in their abolitionist battles. John Brown was viewed by his contemporaries as a rational man maddened by the existence of slavery. When Brown was brought to trial for one of his violent abolitionist acts, his attorney offered an insanity defense based on monomania. Meanwhile, some commentators in the popular press tried to undermine Abraham Lincoln's opposition to slavery by dismissing the president as "insane" (see pp. 81–82).

A fictional example of monomania is Herman Melville's portrayal of Captain Ahab in *Moby Dick* (1851). An otherwise intelligent sailor, Ahab went "crazy" and was overcome by "frantic morbidness" whenever he saw the white whale. Using Ishmael as his mouthpiece, the author revealed Ahab's obsession: "The White Whale swam before him as the monomaniac incarnation of all those malicious agencies which some deep men feel eating in them" (fig. 2.44).
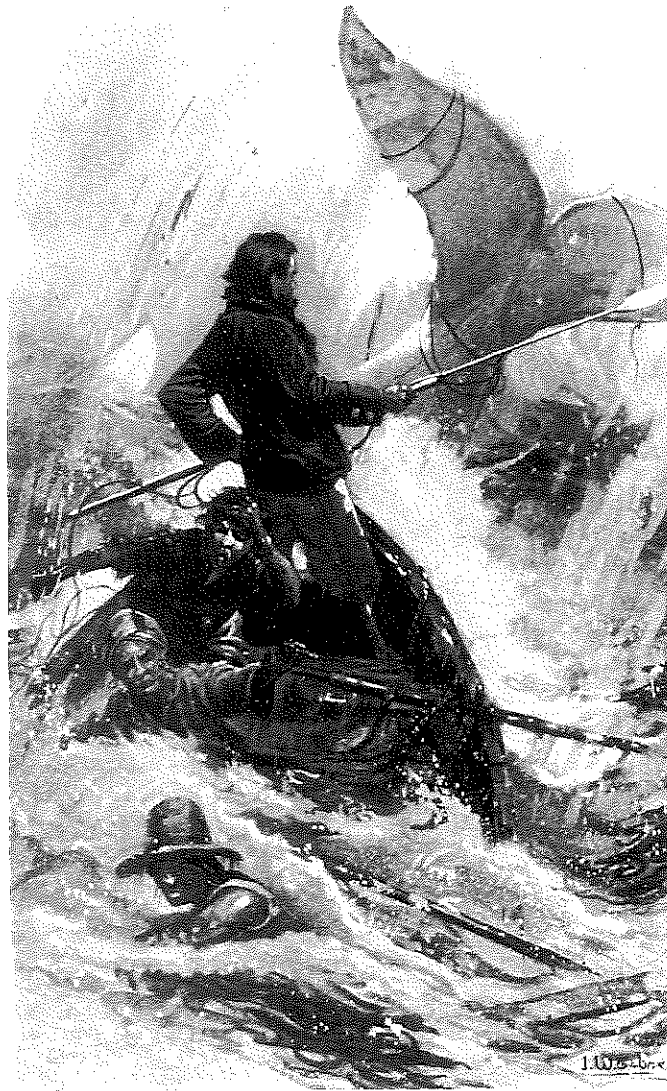

Fig. 2.44. Ahab and Moby Dick, etching by I. W. Taber, in Herman Melville, *Moby Dick* (New York, 1899 edition). Department of Rare Books and Special Collections, Princeton University Libraries.

The Abolitionist as Madman

By the 1850s the debate over slavery had become increasingly acrimonious and violent. Moderates in both the North and South often blamed popular unrest on radical abolitionists whom they considered to be mentally unstable fanatics. The case of the white abolitionist John Brown brought the linking of insanity and political extremism to national prominence.

In 1859 Brown instigated an armed slave insurrection in Virginia. He planned to seize weapons from the federal armory at Harper's Ferry and to create a revolutionary army composed of black slaves and white abolitionists. On October 16, Brown led a small biracial band in an attack on the armory, which they held for less than two days before surrendering to a company led by Colonel Robert E. Lee. Brown and six of his men were captured; the rest died in the attack or escaped.

Although Brown insisted he was sane, many observers felt his actions were prima facie evidence of madness. For example, Amos Lawrence, a New England philanthropist, pleaded clemency for Brown with the governor of Virginia, Henry A. Wise, on the grounds that Brown was a monomaniac and totally deranged on the subject of slavery.

Radical abolitionists challenged the assertion that Brown was a madman, pointing out that those fighting injustice were often judged insane by the complacent and corrupt. In a speech entitled "The Lesson of the Hour," Boston abolitionist Wendell Phillips noted that many northerners shared Brown's antislavery convictions. "Call them madmen if you will," he concluded, but in a nation tainted by the sins of slavery, it was "[h]ard to tell who's mad" (reprinted in James Redpath, *Echoes of Harper's Ferry*, Boston, 1860, pp. 57–58).

Fig. 2.45. Thomas Hovenden, *Last Moments of John Brown*, 1884, oil on canvas, 77⅜ × 63¼ in. The Metropolitan Museum of Art, New York, gift of Mr. and Mrs. Carl Stoeckel, 1897 (97.5).

Brown himself refused to plead insanity to save his own life. Convicted of murder, treason, and conspiring with slaves, he was sentenced to death. In a desperate effort to save him, one of his lawyers, George Hoyt, collected legal affidavits from Brown's relatives and friends certifying that insanity ran in his mother's family, and that Brown himself

LUNATIC ASYLUM.

THE REPUBLICAN PARTY GOING TO THE RIGHT HOUSE

Fig. 2.46. "The Republican Party Going to the Right House," cartoon by Nathaniel, 1860, lithograph. Museum of American Political Life, University of Hartford, Connecticut.

Drawn during the presidential campaign of 1860, this cartoon shows Lincoln going not to the White House, but to the "right" house for an abolitionist—a lunatic asylum. He is followed there by his mad supporters: a suffragette, a free black, and a drunken Irishman.
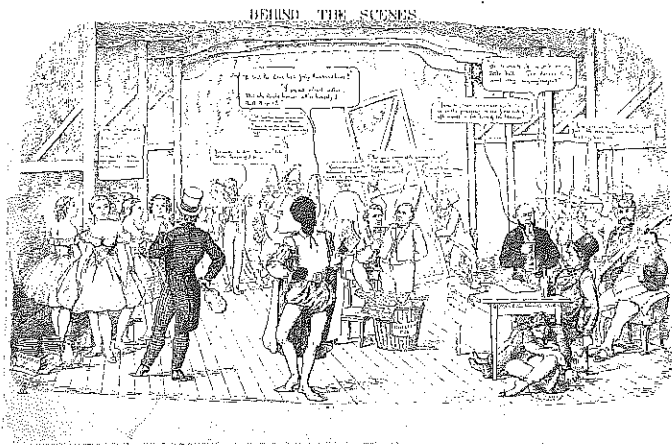

Fig. 2.47. "Behind the Scenes," cartoon by Adalbert Volck, ca. 1860, engraving. Museum of American Political Life, University of Hartford, Connecticut.

In this rare Confederate cartoon, President Lincoln prepares to go on stage as a black Othello, "the mad Moor."

had shown signs of mental disease. A brother-in-law testified that his pursuit of "wild and desperate projects" was evidence of "an unsound mind" (affidavits for insanity plea, John Brown Papers, Library of Congress).

Hoyt and leaders of the Republican Party hoped that the madness plea, besides saving Brown's life, would calm the fears of southerners. If Brown's acts were viewed as the result of insanity, rather than his abolitionist convictions, the South might be less likely to secede from the Union. Acceptance of the insanity plea also might discredit Brown and minimize the abolitionists' efforts to make him a martyr. Governor Wise drew up orders for Brown to be examined by the superintendent of the state lunatic asylum but then countermanded them. Ultimately Wise ruled that Brown was sane, and his execution was carried out on December 2, 1859.

John Brown went to his death composed and confident. In a letter to a well-wisher, written a few days before his execution, he observed: "I may be very insane . . . but if that be so, insanity is like a very pleasant dream to me. I am not in the least degree conscious of my ravings, of my fears, or of any terrible visions whatever; but fancy myself entirely composed, and that my sleep, in particular, is as sweet as that of a healthy, joyous little infant" (*Life and Letters of John Brown*, ed. F. B. Sanborn, Boston, 1885, p. 609).

Compared with John Brown, Abraham Lincoln was a conservative on the subject of slavery. Lincoln did not believe in racial equality or immediate emancipation, but he did oppose further expansion of slavery into the western territories. Still, in the heat of the 1860 presidential election, which was dominated by the slavery debate, many southerners were convinced that Lincoln's election would result in at least partial emancipation. Thus they proclaimed Lincoln to be as "mad" on the subject as more radical abolitionists.

Phrenology

Moving beyond physiognomy's vague association of facial types with humoral dispositions, phrenology gained enormous influence in both medical circles and popular culture because it provided a direct causal link between brain anatomy and particular human behaviors. Phrenology claimed that the cerebral cortex is divided into discrete regions, each linked to a specific personality trait, emotion, perception, or form of reasoning. Ever since the late-seventeenth-century philosopher John Locke proposed that humans were born with a mental tabula rasa, or blank slate, epistemologists and physicians had debated the connection between sense perception and the structure of the brain. Does sensory experience of events over time create the mental category of time? Are infants born with an innate faculty that causes certain sensations to be perceived as temporal? In the late eighteenth century, the so-called Scottish common-sense school of philosophy argued persuasively that humans were born with an innate brain structure containing certain mental faculties, such as language and reasoning, which were gradually developed through experience and education, much as muscles are strengthened through exercise.
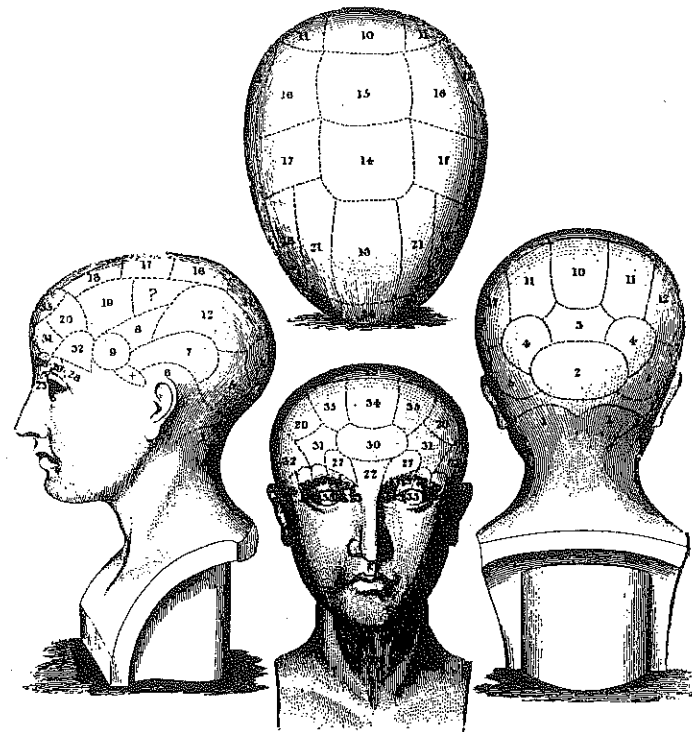
The anatomical investigations of the Austrian physician Franz Joseph Gall (1758–1828) confirmed the common-sense school theory by mapping the location of different mental faculties in specific regions of the cerebral cortex. The emotional regions included propensities to be loving as well as destructive, and the sentiments of self-esteem and hope. The perception of time, language learning, and the reflective comprehension of causality resided in the intellectual region. Gall's student Johann Casper Spurzheim (1776–1832) expanded the therapeutic possibilities of the theory, for which he invented the term "phrenology," derived from the Greek word for mind. He stressed that repeated exercise of a mental faculty, such as self-esteem or language, could alter the size and strength of the corresponding areas of the brain, not only improving human character and intellect but literally changing the shape of the skull. Although Gall and Spurzheim were at pains to disassociate themselves from physiognomy, which they felt was unscientific, the popular practice of phrenology usually included visual analysis of the subject's facial features.

In America, phrenology was popularized by the brothers Orson S. and Lorenzo N. Fowler, and the writer George Combe.

Orson Fowler founded the publishing house of Fowler and Wells in New York; he became editor of the *American Phrenological Journal* in 1841. The Fowlers coedited the *Water-Cure Journal* and helped promote the work of Combe, author of several widely read books including *A System of Phrenology* (1834; fig. 2.48) and, for the art lover, *Phrenology Applied to Painting and Sculpture* (1855; see also fig. 2.49). The Fowlers produced phrenological busts as a diagnostic tool for physicians and as a prop for lay practitioners, who held public lectures followed by skull readings (figs. 2.50, 2.51). Many phrenological pamphlets were aimed at a general audience. With the *Self-Instructor in Phrenology*, for example, the user could chart his or her own skull dimensions and related character traits (fig. 2.52). One could even get phrenological advice on how to select a dog according to the shape of its skull (fig. 2.53).

Nineteenth-century American literature reflects the enormous influence of phrenology. Edgar Allan Poe expressed his enthusiasm for the topic in reviewing a phrenological publication: "Phrenology . . . has assumed the majesty of a science; and, as a science, ranks among the most important which can engage the attention of thinking beings" (review of L. Miles, *Phrenology*, 1835, in *Southern Literary Messenger*, 1835–36, vol. 2, p. 286). In "The Fall of the House of Usher," Poe used notions from physiognomy and phrenology to characterize Roderick Usher. According to George Combe, the physiognomy of the melancholic—"nervous temperament is indicated by fine thin hair, small muscles, thin skin, paleness of countenance, and brightness of eye" (*Lectures on Phrenology*, New York, 1839, p. 113)—and a large phrenological region of ideality (located near the temples) indicated fine intellectual, especially poetic, ability (*System of Phrenology*, pp. 303–306). Poe described Usher as having "a cadaverousness of complexion; an eye large, liquid, and luminous beyond comparison; lips somewhat thin and very pallid but of a surprisingly beautiful curve; a nose of a delicate Hebrew model, but with a breadth of nostril unusual in similar formations; a finely molded chin, speaking, in its want of prominence, of a want of moral energy; hair of a more than web-like softness and tenuity;—these features, with an inordinate expansion about the regions of the temples, made up altogether a countenance not easily to be forgotten" (fig. 2.54).

Herman Melville was more skeptical of popular science, yet in *Moby Dick* his writing reflects a familiarity with both phrenology and physiognomy, which he often used for comic effect, as

Fig. 2.48. "Names of the Phrenological Organs," frontispiece in George Combe, *A System of Phrenology* (Boston, 1834).
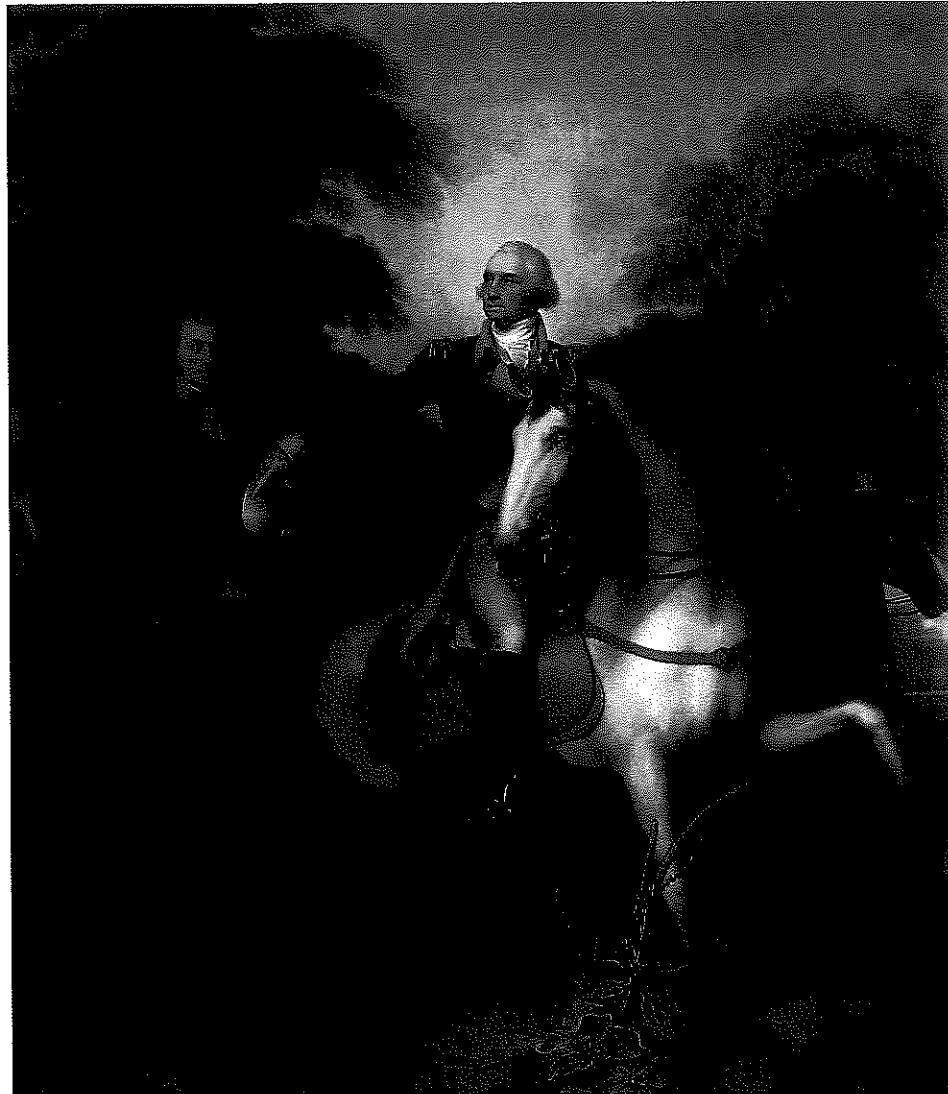
Fig. 2.49. Rembrandt Peale, *Washington before Yorktown*, 1824–25, oil on canvas, 139 × 121 in. Corcoran Gallery of Art, Washington, D.C., gift of the Mount Vernon Ladies' Association.

During a trip to America in 1839–40, phrenologist George Combe visited Rembrandt Peale's studio and viewed the artist's portrait of George Washington. He later analyzed the first president's skull:

> The picture appeared to me to possess much merit as a work of art; and the likeness has been pronounced to be faithful. Washington's head as here delineated, is obviously large; and the anterior lobe of the brain is large in all directions; the organ of Benevolence is seen to rise, but there the moral organs disappear under his hair. The temperament is bilious-sanguine; the action of the muscles of the mouth strongly express Secretiveness and Firmness, and the eyes bespeak these qualities combined with Cautiousness. The general expression of the countenance is that of sagacity, prudence and determination. (*Notes on the United States of America during a Phrenological Visit*, Edinburgh, 1841, p. 339)
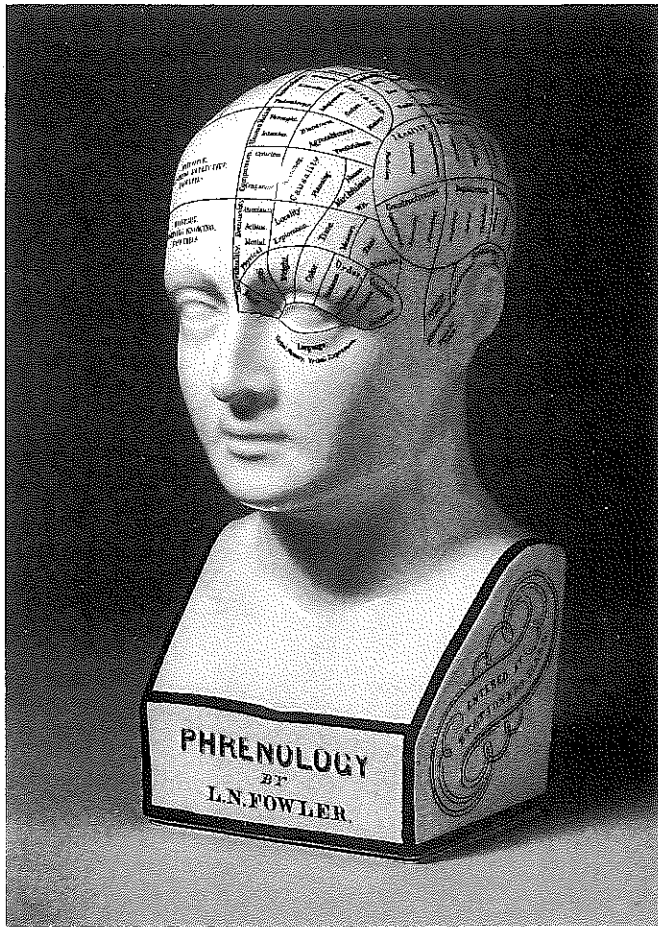
Fig. 2.50. Phrenological head, by L. N. Fowler, mid-19th century, porcelain, 11 in. high. Courtesy Mrs. Eric T. Carlson.

Fig. 2.51. Phrenological head, ca. 1900, earthenware, 13⅛ in. high. Courtesy Mrs. Eric T. Carlson.

Fig. 2.52. Phrenological chart, in O. S. Fowler and L. N. Fowler, *Self-Instructor in Phrenology* (New York, 1857). The Oskar Diethelm Library, History of Psychiatry Section, Department of Psychiatry, Cornell University Medical College and The New York Hospital, New York.

In a spirit of self-improvement, members of the general public went to phrenologists for skull readings. Participants paid a small sum for a pamphlet such as this in which to record and interpret their skull dimensions.

Domestic (or Improved) Dog, with Benevolence, &c

Fig. 2.53. Comparison of canine skulls, in F. Coombs, *Popular Phrenology* (1841). Library of the College of Physicians of Philadelphia.

Dog lovers were advised to select a pet with a large region of benevolence, which is located at the top of the skull.
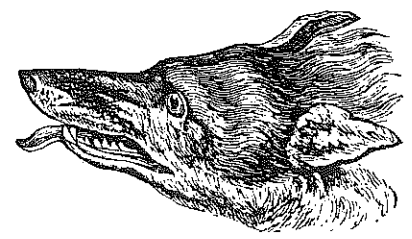
Wild Dog or Wolf—no Benevolence, &c.

Fig. 2.54. Illustration in Edgar Allan Poe, "The Fall of the House of Usher"(1839), *Nouvelles Histoires Extraordinaires* (Paris, 1884).

Roderick Usher responds in disbelief at the sight of his sister, Madeleine, whom he had "put too early in her tomb." At this moment his "mind began its rapid descent."

in this analysis of the features and skull of the great white whale (here referred to as the leviathan):

> To scan the lines of his face, or feel the bumps on the head of this leviathan; this is a thing which no physiognomist or phrenologist has as yet undertaken. Such an enterprise would seem almost as hopeful as for Lavater to have scrutinized the wrinkles on the rock of Gibraltar. . . . Therefore, though I am but ill qualified for a pioneer, in the application of these two semi-sciences to the whale, I will do my endeavor. . . . In the great sperm whale, this high and mighty god-like dignity inherent in the brow is so immensely amplified, that gazing on it, in that full-front view, you feel the deity and the dread powers more forcibly than in beholding any other object living in nature. . . . In profile, you plainly perceive that horizontal, semi-crecentric depression in the forehead's middle, which, in man, is [a] mark of genius.

Walt Whitman had a phrenological analysis done by Lorenzo Fowler in 1849, when the poet was twenty-nine years old; Whitman was so proud of the flattering analysis that he had it reproduced in the second edition of *Leaves of Grass* (1859). After assigning numerical dimensions to regions of his subject's brain, along with a summary of corresponding character traits, Fowler expanded on the young poet's personality: "You can easily pass from one thing to another and you prefer short comprehensive speeches to long yarns. . . . You are no hypocrite but are plain spoken and are what you appear to be at all times." In *Leaves of Grass,* Whitman included these lines:

> Who are you indeed who would talk or sing to America?
> Have you studied out the land, its idioms and men?
> Have you learn'd the physiology, phrenology, politics,
>   geography, pride, freedom, friendship of the land?

What is striking about these examples from the popular writings of Poe, Melville, and Whitman is that the authors felt confident that their readers knew enough about phrenology and physiognomy to understand their references. Such literary allusions, along with the frequent use of phrenology in cartoons and other popular contexts, suggest that its principles were widely known to nineteenth-century American audiences (figs. 2.55, 2.56).

Although asylum doctors distanced themselves from popular applications of phrenology, they were quick to appreciate the causal link phrenology provided between brain anatomy and behavior. The theory allowed a role for both heredity and experience in explanations of insanity: individuals were endowed at birth with a certain store of emotional and intellectual faculties,
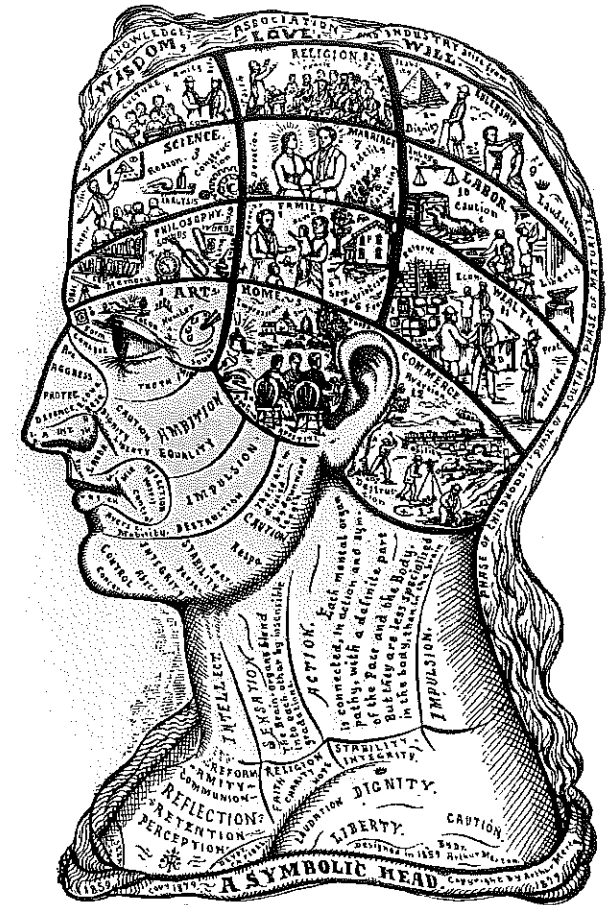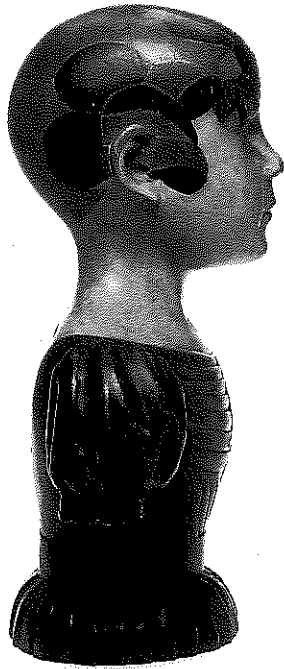

Fig. 2.55. "A Symbolic Head," in Holmes W. Merton, *Descriptive Mentality* (Philadelphia, 1899). Ohio Historical Society, Columbus.

but they could increase the size of a specific brain region through mental exercise and education. Phrenology also provided physicians with an explanation for certain abnormal behaviors: excessive aggression was put down to a large region of destructiveness, incoherent speech was linked to a small region of language, the inability to understand cause and effect was attributed to a small region of causality, and so on. Amariah Brigham, superintendent of the New York State Lunatic Asylum, went so far as to commission a "phrenological hat"—a device that outlined the circumference of a patient's skull (fig. 2.57).

Social Causes of Insanity

Civilization

Nineteenth-century doctors repeatedly cited the pressure of civilization, specifically the stress of life in burgeoning American cities, as a social cause of madness. City life was thought to break the individual's bond with nature and to overtax a nervous system bombarded by jarring stimuli. In response to the relentlessly rational, competitive, conflict-ridden world of nineteenth-century capitalism, Americans sought to escape the city and to reconnect in nature with the more passionate, intuitive, primitive parts of the mind. Especially as negative aspects of the new nineteenth-century political and industrial order became manifest—growing poverty, urban pollution, class and racial conflicts—the middle class, wishing to throw off the constraints of society, developed a longing for nature and sought to transcend reason. This cluster of attitudes is at the core of romanticism, a literary, artistic, and philosophical movement that originated in the eighteenth century and dominated the arts and culture of the 1800s until mid-century.
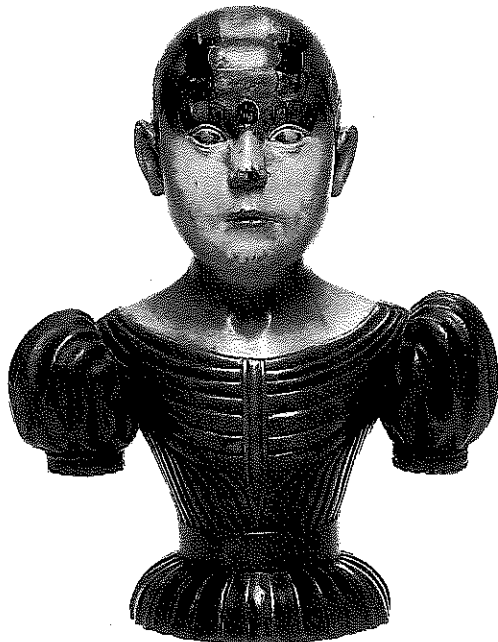
Fig. 2.56. Phrenological head, by Asa Ames (attrib.), 1847–50, polychromed pine, 16⅜ × 13 × 7⅛ in. Museum of American Folk Art, New York, bequest of Jeanette Virgin.

Asa Ames (1824–1851), from the upstate New York town of Evans (near Buffalo), sculpted portraits with stark expressions and precise, linear patterns of hair and drapery in the American shipcarving tradition. Ames may have carved this phrenological bust of a girl for Dr. Harvey Martin, who, according to town legend, cared for Ames before his death from tuberculosis at age twenty-seven.
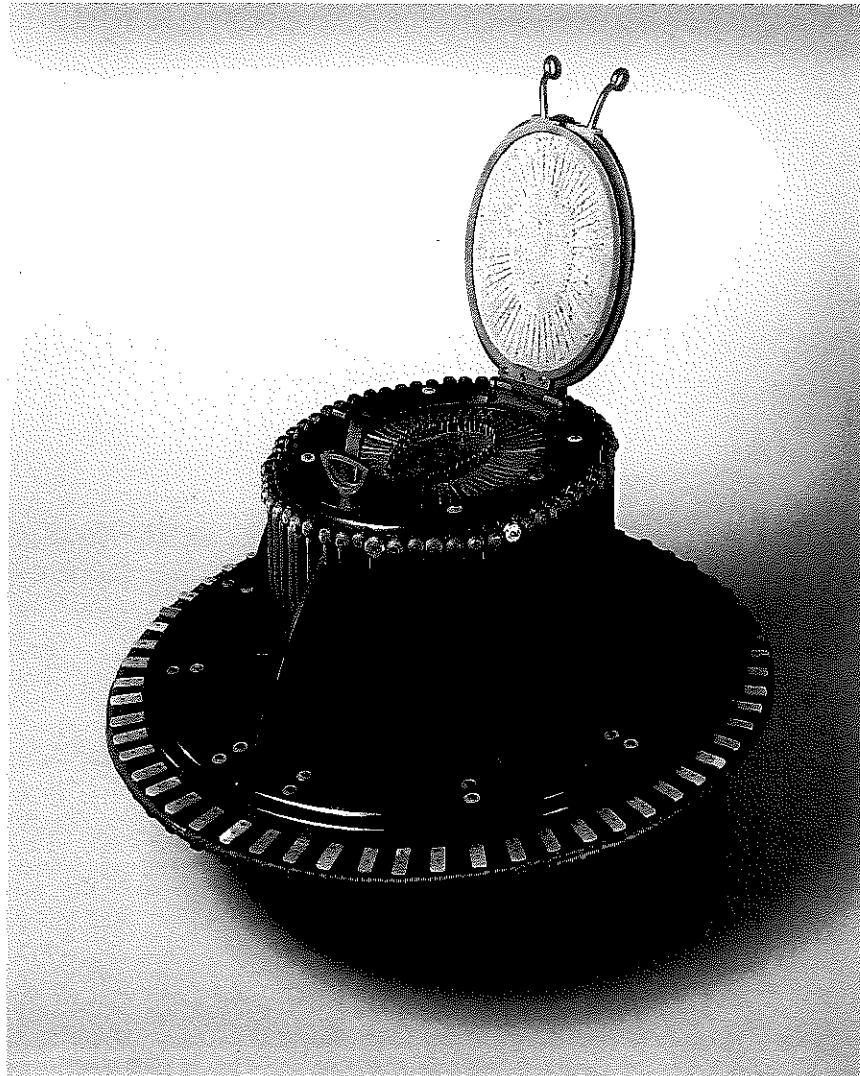
Fig. 2.57. Phrenological hat, mid-19th century. Archives of the New York State Lunatic Asylum, Utica, courtesy Mohawk Valley Psychiatric Center.

Superintendent Amariah Brigham commissioned a Parisian hatmaker to construct this device as an aid in phrenological diagnosis. Based on an adjustable hatmaker's mold, the "hat" conformed to the shape of a patient's head. The tiny prongs of a complex lever system beneath the lid outlined the circumference of the head onto tracing paper. Brigham regularly placed these tracings, along with his diagnoses, in the New York State Lunatic Asylum casebooks.
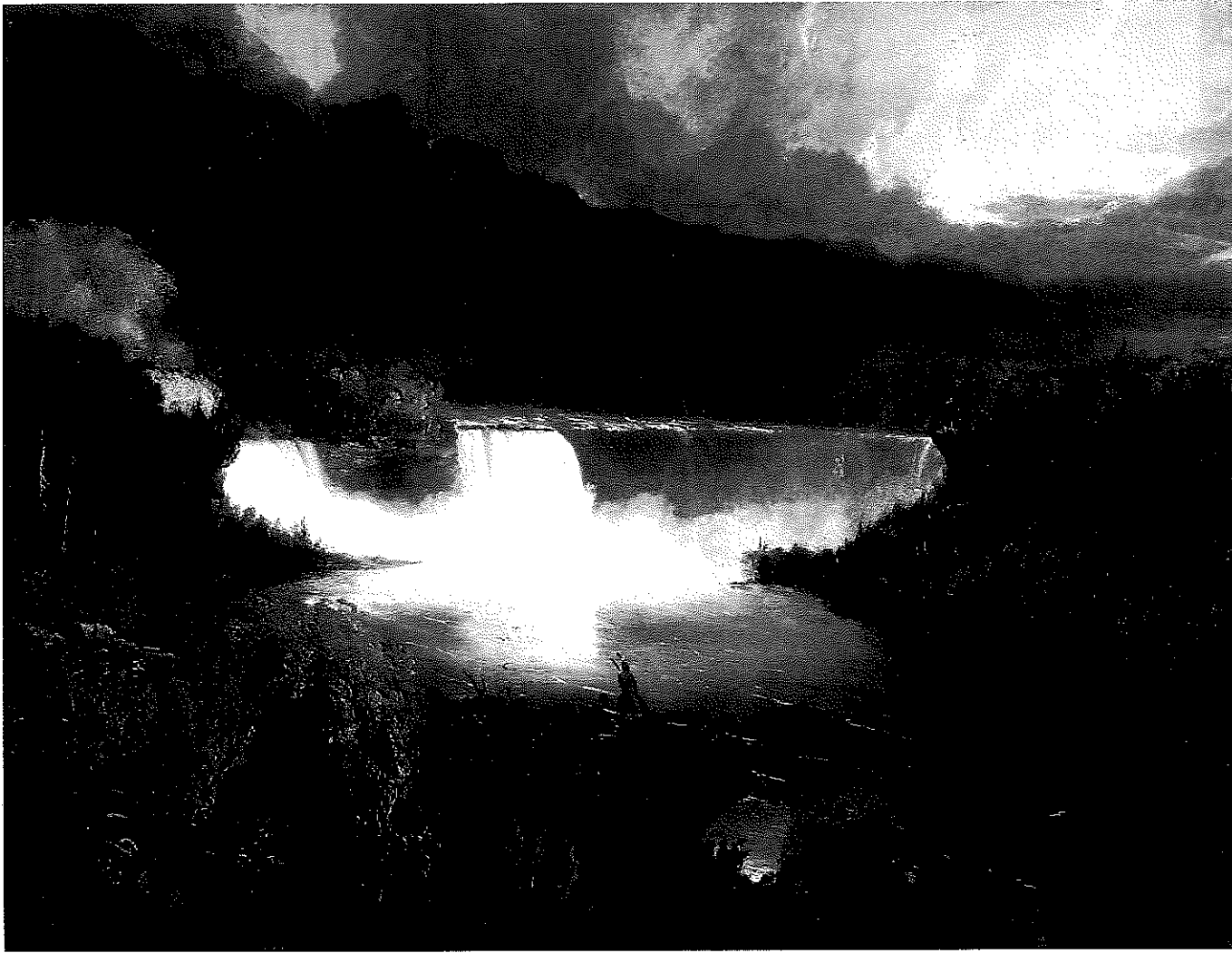
Fig. 2.58. Thomas Cole, *Niagara Falls*, 1830, oil on panel, 18⅞ × 23⅞ in. The Art Institute of Chicago, Friends of the American Art Collection, 1946.396.

The questioning of religious authority during this era by both revivalists and secular humanists left many Americans in a state of spiritual confusion. For some, the deification of nature provided an alternative to the organized church. Nature came to be worshiped as sublime by romantic poets, as the source of grandeur by American landscape painters, and as the truth beyond reason of transcendental philosophers. American poet William Cullen Bryant (1794–1878) addressed the Almighty in "A Forest Hymn"(ca. 1821–25):

> Thou art in the soft winds
> That run along the summit of the trees
> In music: thou art in the cooler breath
> That from the inmost darkness of the place
> Comes, scarcely felt; the braky trunks, the grounds,
> The fresh moist ground, are all instinct with thee.
> Here is continual worship;—Nature, here,
> In the tranquility that thou dost love,
> Enjoys thy presence.

In 1836 landscape artist Thomas Cole (1801–1848) described Niagara Falls, which he had painted some years earlier (fig. 2.58):

> Niagara! That wonder of the world!—where the sublime and the beautiful are bound together in an indissoluble chain. In gazing on it we feel as if a great void had been filled in our minds—our conceptions expand—we become part of what we behold! . . . In its volume we conceive immensity; in its course, everlasting duration; in its impetuosity, uncontrollable power. ("Essay on American Scenery," 1836)

In his seminal essay "Nature" (1836), Ralph Waldo Emerson (1803–1882) described a moment in the woods as a religious experience:

> Standing on the bare ground,—my head bathed by the blithe air, and uplifted into infinite space,—all means of egotism vanishes. . . . I am nothing. I see all. The currents of the Universal Being circulate through me; I am part and parcel of God.

The word "romanticism" is not literary in origin, as is often claimed, but was first introduced in connection with English-style informal gardens designed in reaction to the geometric regularity and strict decorative rules of French landscaping. The English garden evolved with an irregular, picturesque, "unplanned" appearance, in which man was free to relate to nature spontaneously, a viewpoint reflected in the romantic landscapes of English painters John Constable (1776–1837) and J. M. W. Turner (1775–1851).

The concept of the therapeutic landscape guided early asylum design. Nineteenth-century physicians believed that the transition from rural to urban life exacerbated mental distress, and in the new asylum they tried to counter the effects of such adversity by incorporating the curative aspects of nature into moral treatment. Designers of American asylums adopted the English style in landscaping their hospitals (fig. 2.59). Thomas Kirkbride described the therapeutic value of such extensive, informal pleasure gardens in his annual report for 1842:

> It should never be forgotten, that every object of interest that is placed in or about a hospital for the insane, that even every tree that buds, or every flower that blooms, may contribute in its small measure to excite a new train of thought, and perhaps be the first step towards bringing back to reason, the morbid wanderings of the disordered mind. (p. 47)

Kirkbride also tried to strengthen his patients' bonds with nature by showing them lantern slides of landscape scenes during the asylum's evening entertainments (figs. 2.60, 2.61). Isaac Ray, superintendent of Butler Hospital for the Insane in Providence, Rhode Island, described the beneficial effects of landscape in 1846:

> Grounds thus arranged are capable, if anything in nature is, of arresting the attention of the violent and excited, diverting the melancholic from their distressing fantasies, furnishing inexhaustible occupation and delight to the convalescent, and touching, in all, even the least cultivated and refined, that strong feeling of sympathy with nature, which often survives the wreck of all other feelings. ("Observations on . . . Insane Hospitals," AJI, 1846, vol. 2, p. 312)

A similar attitude toward nature prompted the planning of large urban parks to combat the stress of life in mid-nineteenth-century American cities. The country's leading landscape architect, Frederick Law Olmsted (1822–1903), who together with Calvert Vaux designed New York's Central Park in the late 1850s, extolled nature's therapeutic effects: "The enjoyment of scenery employs the mind without fatigue and yet exercises it, tranquilizes it and yet enlivens it and thus, through the influence of the mind over the body, gives the effect of refreshing rest and reinvigoration to the whole system" (The Papers of Frederick Law Olmsted, ed. Victoria Post Ranney, Baltimore, 1990, vol. 5, p. 504). Besides public parks, Olmsted's distinguished career included several commissions for asylum grounds: the Connecticut Retreat for the Insane, Hartford (1860), which was featured in an 1870 book
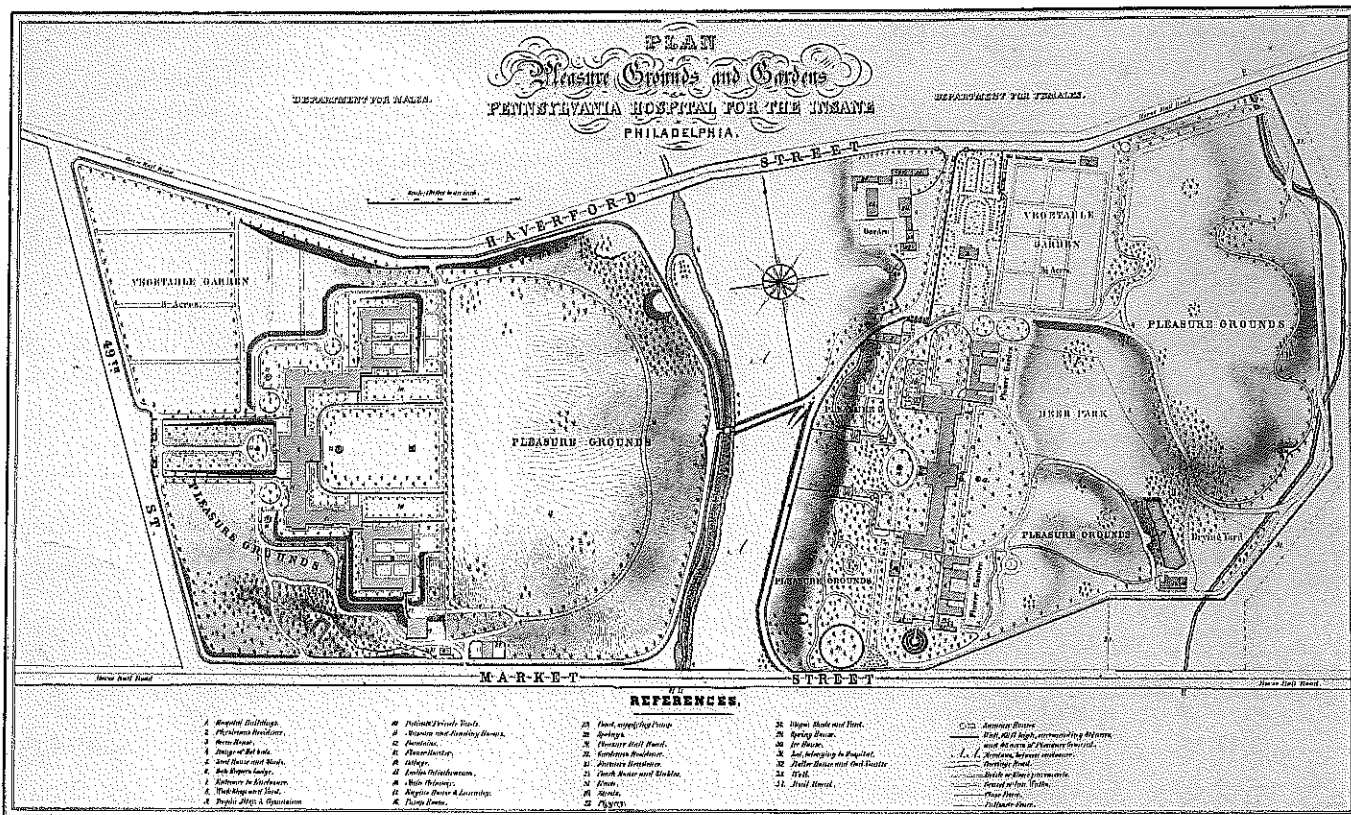
Fig. 2.59. Plan for the grounds and gardens of Pennsylvania Hospital for the
Insane, ca. 1860, lithograph. Archives of Pennsylvania Hospital, Philadelphia.

The superintendent of the Pennsylvania Hospital for the Insane, Thomas
Kirkbride, was the acknowledged American authority on asylum design.
His linear layout for the building, which in this plan is shown surrounded
by informal gardens, was widely copied in asylum construction during the
mid-nineteenth century.

Fig. 2.60. *Niagara Series—Winter under the Banks,* ca. 1875, American
Photo-Relief Publishing Company, Philadelphia. Atwater Kent Museum,
Philadelphia.

Fig. 2.61. *Mt. Watkins, Yosemite, California,* ca. 1874, M. M. Hazeltine
(attrib.), Kilburn Brothers, Littleton, New Hampshire. Atwater Kent
Museum, Philadelphia.

On a typical evening in an asylum practicing moral treatment, patients
were invited to view lantern slides of landscape photography. Pro-
duced on glass plates, the images were projected onto a wall using a
lantern, a precursor of modern slide projection, which reportedly
delighted its audiences.
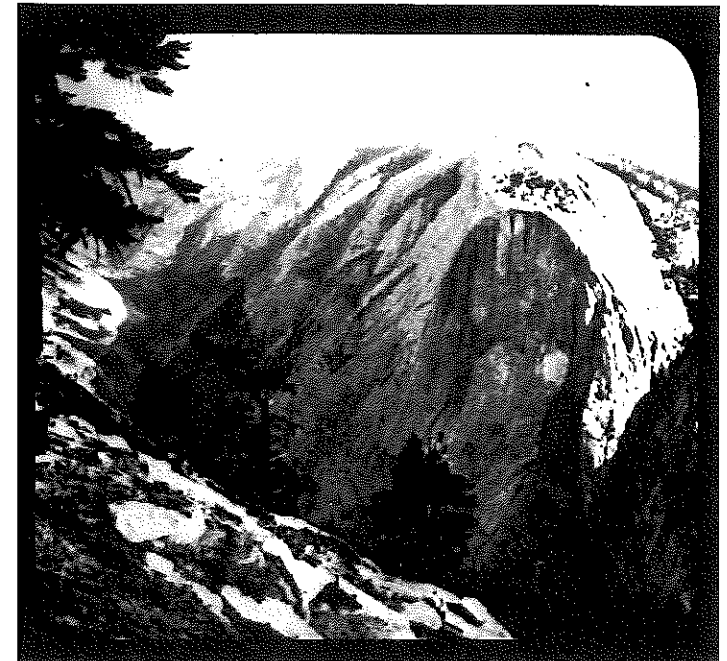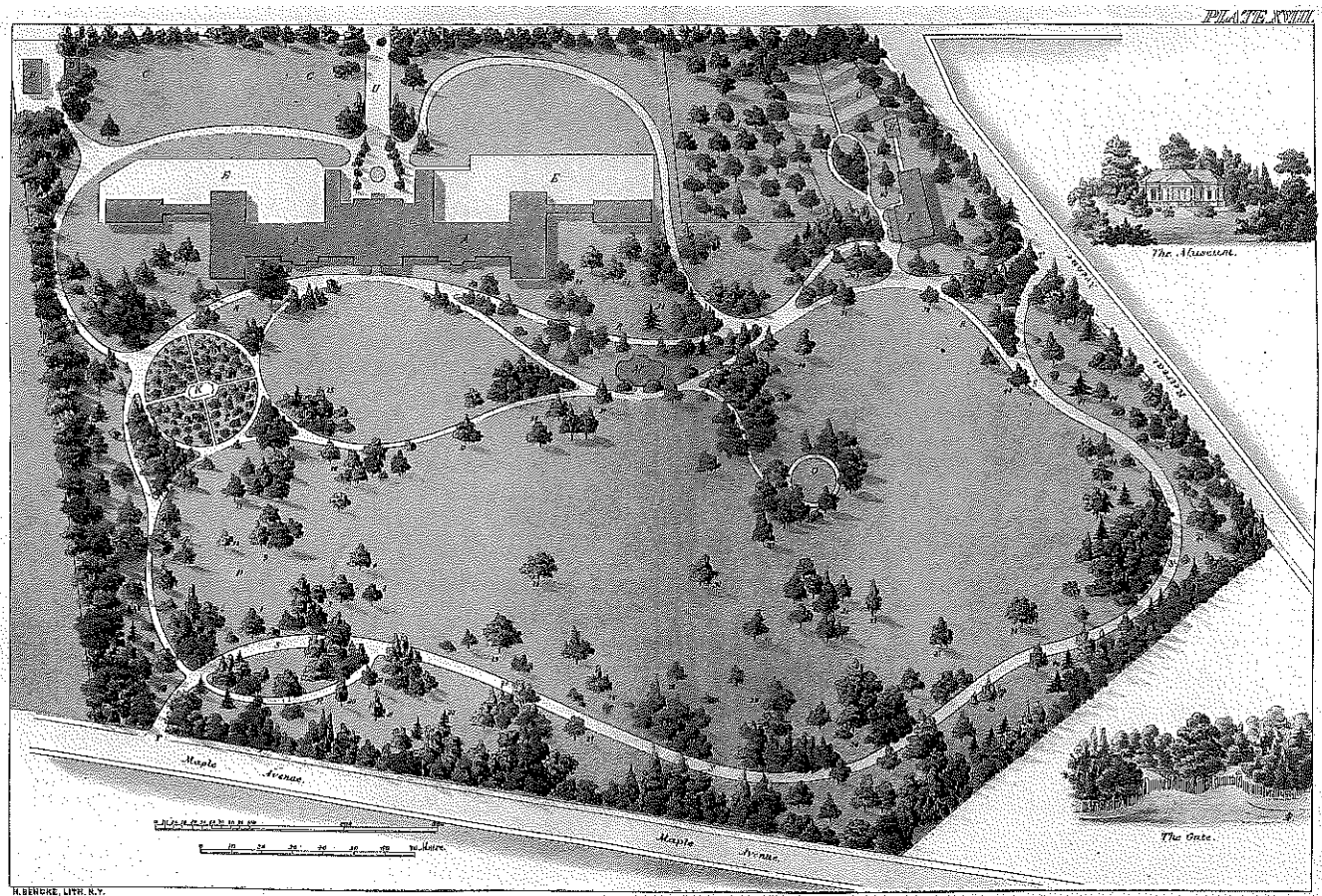
Fig. 2.62. "Retreat Park, Hartford, Connecticut," in Jacob Weidenmann, *Beautifying Country Homes: A Handbook of Landscape Gardening* (New York, 1870), pl. 18. Olin Library, Cornell University.

Remarks by John S. Butler, superintendent of Hartford Retreat, accompany this illustration of Frederick Law Olmstead's landscape design:

> As the genius of the sculptor brings out the graceful statue from the shapeless block, so here has the same artistic power produced from the small meadow a combination of beautiful effects, whose existence was unknown, and of which we may well be proud. The drive which gives the public an opportunity of observing these pleasant changes without exposing ourselves to interruption or intrusion, is exerting a happy influence abroad, in making it evident that the externals of a lunatic asylum need not be repulsive, and may lead to reflection that its inner life is not without its cheerful, home-like aspects.
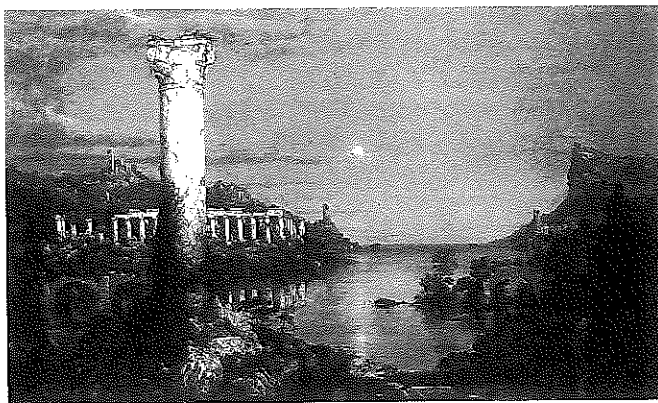
Fig. 2.63. Thomas Cole, *The Course of Empire: Desolation*, 1836, oil on canvas, 39¼ × 63¼ in. The New-York Historical Society.

on Victorian gardens (fig. 2.62); the Bloomingdale Asylum, New York City and White Plains, New York (1860–61, 1894); Hudson River State Hospital, near Poughkeepsie (late 1860s); and the Buffalo State Hospital, New York (early 1870s).

At certain extremes of romanticism—especially in the visual and performing arts—communing with nature loses its spiritual and therapeutic overtones and assumes a decidedly destructive edge. A longing to annihilate civilization seems to seethe just below the surface, especially in French romanticism, which developed during the long period of relative peace between Waterloo and the First World War, but less in American romanticism, which was interrupted by the real destruction of the Civil War. In painting, this menacing attitude toward civilization, especially the city itself, is signaled by the presence of ruins in certain American landscapes. A dramatic example is Thomas Cole's "The Course of Empire," a series of five monumental paintings that ends with *Desolation* (1836), in which crumbling buildings are not charmingly picturesque, but ominous and threatening (fig. 2.63).

Creativity and Madness

Paralleling this nihilistic attitude toward civilization, in certain quarters a destructive attitude toward rationality itself emerged. One sees this trend in the romantic notions of the "sublime" and the "mad genius" which began to emerge in the eighteenth cen-

tury during the height of severe rationalism. Certain English authors, such as Edmund Burke, advocated a new sensibility based in intuition, and a new sublime art that would overwhelm reason and "fill the spirit with an agreeable horror" (*A Philosophical Enquiry into the Origins of Our Ideas of the Sublime and Beautiful*, London, 1756). British author Frances Reynolds, sister of painter Joshua Reynolds, defined the sublime as the "pinnacle of beatitude, boarding on horror, deformity, madness! an eminence from whence the mind, that dares to look forward, is lost!" (*Enquiry Concerning the Principles of Taste and the Origin of Our Ideas of Beauty*, London, 1785). By the early nineteenth century in England and America, the transition from an aesthetic position of rigid materialism to a mystical communion with nature, tinged with visions, magic, and other irrational impulses, is represented by romantic personalities such as Edgar Allan Poe. In the fictional voice of the narrator of the 1842 short story "Eleonora," Poe described the importance of exalted moods verging on madness for those seeking insight into irrational realms, where the "light ineffable" burns.

> I am come of a race noted for vigor of fancy and ardor of passion. Men have called me mad; but the question is not yet settled, whether madness is or is not the loftiest intelligence—whether much that is glorious— whether all that is profound—does not spring from disease of thought— from moods of mind exalted at the expense of the general intellect. They who dream by day are cognizant of many things which escape those who dream only by night. In their grey visions they obtain glimpses of eternity. . . . They penetrate, however rudderless or compassless, into the vast ocean of the "light ineffable."

Despite the predominantly rationalistic approach of asylum medicine, many doctors viewed their patients' creativity through this romanticizing prism. Pliny Earle, superintendent of Bloomingdale Asylum, wrote in "The Poetry of Insanity": "It is well known that insanity not infrequently develops, or gives greater activity to powers and faculties of the mind, which, prior to its invasion, had remained either dormant or but slightly manifested. . . . Wonderfully exemplified as is the power of imagination in the annals of poetry, it is no less so in the records of insanity" (*AJI*, 1844–45, vol. 1, pp. 197, 208). This article, published in the first volume of the *American Journal of Insanity*, was part of an ongoing discussion of patient writing and artwork, especially their therapeutic uses. Creative writing by patients was commonly published, and the New York State Lunatic Asylum,

Fig. 2.64. *The Opal*, published by the patients of the New York State Lunatic Asylum, July 1859. The Oskar Diethelm Library, History of Psychiatry Section, Department of Psychiatry, Cornell University Medical College and The New York Hospital, New York.

Fig. 2.65. Diversions and handicrafts made by patients at Pennsylvania Hospital for the Insane, mid-19th century. Archives of Pennsylvania Hospital, Philadelphia.
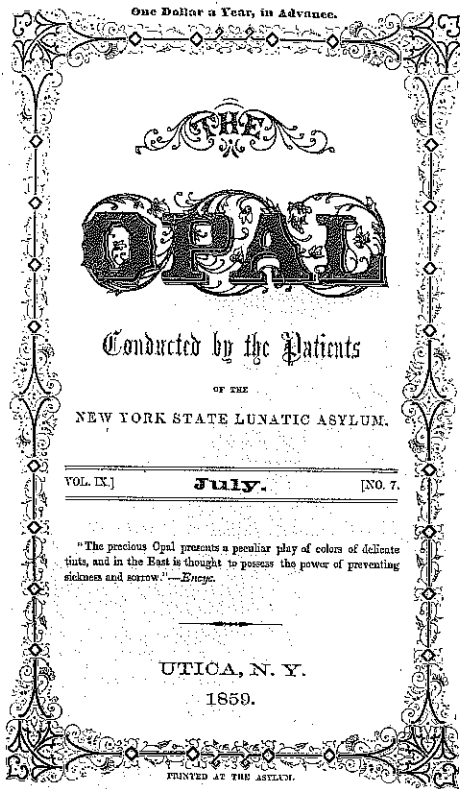
Utica, even produced a patient-edited literary journal, *The Opal*, in the 1850s (figs. 2.64, 2.65). Physicians strongly encouraged patient writing because they felt this creative output was a vestige of the patient's humanity. As Earle described it: "In the bosom of the maniac, still burns the beacon-fire that lights him onward to his home in heaven, bright as the flaming pillar, which through Egyptian darkness, led Israel's children to the promised land" (p. 194).

Asylum doctors and lay phrenologists also expressed their opinions of the psychological peculiarities of creative artists. For example, the *American Journal of Insanity* published several articles on the psychology of genius (e.g., A. Brigham, "Insanity Illustrated by Histories of Distinguished Men and by the Writings of Poets and Novelists," 1844–45, vol. 1), and phrenological studies of artists and writers commonly appeared in professional journals (fig. 2.66). Edgar Allan Poe himself described his working habits in terms that associated his most creative moments with periods of mania:

> I am excessively slothful, and wonderfully industrious—by fits. There are epochs when any kind of mental exercise is torture, and when nothing yields me pleasure but solitary communion with the "mountains & the woods"—the "altars" of Byron. I have thus rambled and dreamed away whole months, and awake, at last, to a sort of mania for composition. Then I scribble all day, and read all night, so long as the disease endures. (letter to James Russell Lowell, June 2, 1844)

Today there is powerful evidence that the link between certain mental disorders and artistic achievement is real. Many recent studies by psychiatrists and neurologists have shown that professional artists suffer disproportionately high rates of mood disorders, especially manic depression and severe depression.

The writing and artwork of mentally ill patients continue to be of interest to psychiatrists, especially in diagnosis and what is today called art therapy. Recent attempts to present examples of the so-called art of the insane in art museums and publications have, however, only underlined their novelty value in the art world. Lasting artistic productions result from the interaction of irrational impulses with rational, historically conscious style, not blind emotion alone.

Fig. 2.66. Edgar Allan Poe, illustration accompanying an anonymous analysis, *Phrenological Journal* (March 1850).

> His phrenological development, combined with the fiery intensity of his temperament, serve to explain many of the eccentricities of this remarkable man. . . . He inherited in sublimated embodiment all of organization that his mother possessed, together with all that unearthly intensity and ethereality which her profession as an actress awakened. . . . He was from the very nature of his organization a wandering star, which could be confined to no orbit and limited to no constellation in the sphere of the mind. (pp. 87–89)
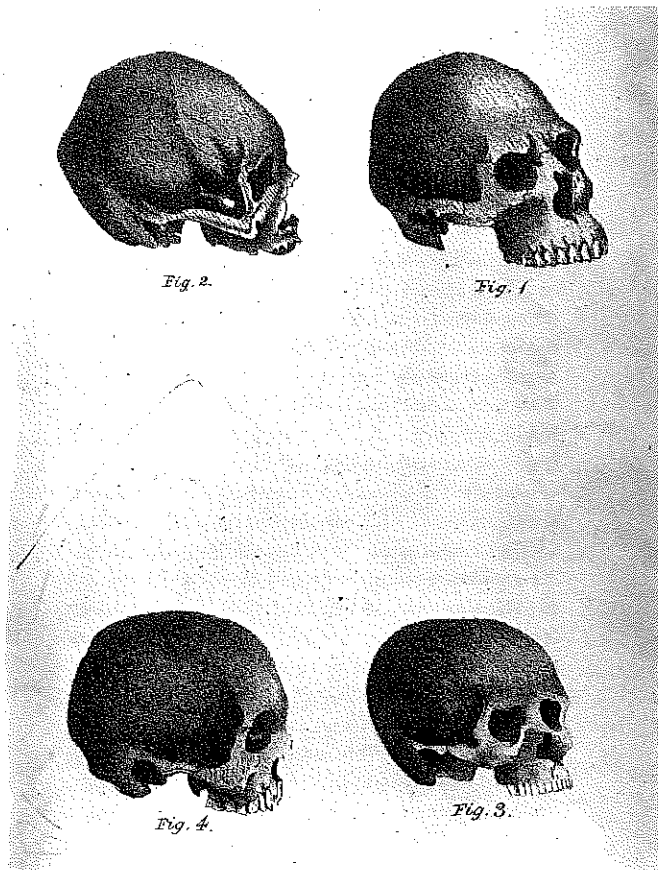
Fig. 2.67. Illustration of skulls, in J. C. Spurzheim, *Phrenology, in Connection with the Study of Physiognomy* (Boston, 1836), pl. 13. General Research Division, The New York Public Library, Astor, Lenox, and Tilden Foundations.

The author, a physician associated with the Royal College of Physicians in London, described these skulls: 1) a "cannibal of Brasil" with a very low frontal region; 2) a member of the "savage tribe of Wabash in North America," whose "forehead, strictly speaking, is very small"; 3) a "Hindoo" skull; and 4) an ancient Greek, "certainly a nation, the greatest number of whose inhabitants were endowed with such a cerebral organization [that it] would excel in many ways, and become the model for other nations to imitate" (p. 122).

Freedom

A desire to recapture the uncivilized, natural dimensions of the human spirit—those attributes stunted by an overly rational, industrial society—precipitated the romantic attraction to primitive cultures and far-off lands. American landscape paintings that include Indians as "noble savages" are prime examples of this phenomenon (see fig. 2.58). Whites, who believed themselves to have greater intellects than savages, longed in vain to merge with nature; their "superior" minds, paradoxically, would deny them full understanding of the exotic wilderness. This conflict was the inevitable result of a model of society and brain anatomy based on simplistic oppositions—civilization/wilderness, citizen/savage, intellect/passion, male/female—a paradigm that appeared throughout cultural productions and medical literature of the time. For example, romantic landscape paintings were typically done from a distant, elevated perspective, from which the viewer could never enter the faraway wilderness.

In medical and popular literature, comparative brain anatomy invariably presented intellectual faculties as being in inverse proportion to animal drives; Caucasians were dominated by intellect, savages by passion (fig. 2.67). Economic and political motivations for annihilating Indians and enslaving Africans are not enough to explain the extremely brutal suppression and segregation of these groups, or the lack of resolve among white reformers to combat acknowledged oppressions. Psychologically, nonwhites came to represent for many nineteenth-century Americans the repressed primitive regions of the mind—their withered passions—which were antithetical to Western civilization. The yearning of whites to attain the spirit of the noble savage, by definition, could not be satisfied; many Anglo-Americans instead developed a mixture of arrogant superiority and jealous loathing.

Reflecting racial attitudes found throughout nineteenth-century American society, practitioners of asylum medicine repeatedly claimed that political freedom caused insanity in primitive peoples. Many asylum doctors, who associated civilization with higher intellect, argued that savages could not become free citizens of a democratic society without becoming deranged. It followed, then, that society should guard against unleashing these irrational forces—in the case of African Americans, by the institution of slavery, and for Native Americans, by confinement to reservations.

The 1840 Census

In 1840 the United States government, alarmed by the growing number of destitute and disabled citizens needing public assistance, began to record the number of Americans with physical and mental infirmities, including insanity. The census, conducted by the office of the Secretary of State, John Calhoun, revealed a strange fact: there were almost no insane slaves in the South, but as one moved north, the rate of insanity among free blacks increased dramatically. Pro-slavery advocates seized upon this data to argue that emancipation would harm African Americans and American society. According to Calhoun, an ardent defender of slavery from South Carolina: "The data on insanity revealed in this census is unimpeachable. From it our nation must conclude that the abolition of slavery would be to the African a curse instead of a blessing" (letter to J. W. Jones, Speaker of the House, Feb. 8, 1845).

Although physicians were as divided over abolition as the rest of the country, Calhoun could certainly find medical confirmation of his opinions. Samuel A. Cartwright, a professor of medicine specializing in "diseases of the Negro" at the University of Louisiana (now Tulane University), argued that slavery was justified on both anatomical and biblical authority. In 1851 the Medical Association of Louisiana commissioned Cartwright to prepare a report on African Americans, in which he stressed what he termed "the great primary truth, that the Negro is a slave by nature, and can never be happy, industrious, moral or religious, in any other condition than the one he was intended to fill." Cartwright went on to claim that several forms of mental illness were peculiar to blacks, including an obsessive desire for freedom—a "flight-from-home madness"—for which Cartwright invented the

Fig. 2.68. James McCune Smith, 19th century photograph. Photographs and Prints Division, Schomberg Center for Research in Black Culture, The New York Public Library, Astor, Lenox, and Tilden Foundations.

Fig. 2.69. Frederick Douglass, frontispiece to
Frederick Douglass, *My Bondage and My Freedom*
(New York, 1855). General Research Division, The
New York Public Library, Astor, Lenox, and Tilden
Foundations.

term "drapetomania," from the Latin *drapeta*, meaning fugitive. According to Cartwright, any slave who attempted to run away more than twice was insane ("Report on the Diseases and Physical Peculiarities of the Negro," *The New Orleans Medical and Surgical Journal*, 1851, vol. 7, pp. 707–708).

Two northern physicians, Edward Jarvis of Massachusetts and James McCune Smith of New York, challenged the accuracy of the 1840 census. They pointed out that eight towns in Maine were listed as having both all-white populations and twenty-seven free black residents, all of whom were counted as insane. The census also recorded 133 insane black patients at the all-white Massachusetts State Lunatic Hospital in Worcester (Jarvis, "Statistics of Insanity in the United States," *Boston Medical and Surgical Journal*, 1842, and Smith, "Memorial to the United States Senate," 1844).

By 1844 evidence of fraud had become so embarrassing that John Quincy Adams, then a member of the House of Representatives, chaired a congressional investigation of the census results. In a gesture remarkable for either its cynicism or naiveté, Adams charged Calhoun's staff with the responsibility of carrying out the investigation; not surprisingly, they confirmed their original findings. Despite the protests of Jarvis, Smith, and many others in the medical community, the bogus figures remained the official tally of the 1840 census and perpetuated false insanity rates for free blacks for decades to come. In 1851, for example, the *American Journal of Insanity* published an article whose author relied on the spurious data to decry: "Who would believe it without the facts in black and white, before

his eyes, that every fourteenth colored person in the state of Maine is either an idiot, or lunatic?" ("Startling Facts from the Census," *AJI*, 1851, vol. 3, p. 154).

James McCune Smith led the challenge against the 1840 census findings and summarized the fraudulent data in his "Memorial to the United States Senate" of 1844. The son of a New York merchant and a runaway slave, Smith attended the African Free School until he was eighteen years old. Barred from entering an American university because he was black, Smith sailed to Scotland and enrolled at the prestigious University of Glasgow, where he received B.A. and M.D. degrees, and then returned to New York to practice medicine. In a letter to the editor of the *New York Tribune*, Smith wrote about the 1840 census: "Freedom has not made us 'mad.' It has strengthened our minds by throwing us upon our own resources."

The black abolitionist Frederick Douglass (1818–1895) offered a slave's perspective on the psychological impact of bondage and freedom in his autobiography. He described being beaten by his cruel owner, Covey:

> I was broken in body, soul and spirit. My natural elasticity was crushed, my intellect languished, the disposition to read departed, the cheerful spark that lingered about my eye died, the dark night of slavery closed in upon me; and behold a man transformed into a brute! . . . I was sometimes prompted to take my life, and that of Covey, but was prevented by a combination of hope and fear. (*My Bondage and My Freedom*, New York, 1855, p. 219)

In striking contrast to the opinion of white politicians and physicians that freedom would overtax and damage the black brain, Douglass wrote a dramatic account of the exhilarating psychological impact of resistance and freedom. One day, when Covey picked up the whip to flog him, Douglass hit his master and the two men fought hand-to-hand.

> He only can understand the effect of this combat on my spirit, who has himself incurred something, hazarded something, in repelling the unjust and cruel aggressions of a tyrant. Covey was a tyrant, and a cowardly one, withall. After resisting him, I felt as I had never felt before. It was a resurrection from the dark and pestiferous tomb of slavery, to the heaven of comparative freedom. I was no longer a servile coward, trembling under the frown of a brother worm of the dust, but, my long-cowed spirit was roused to an attitude of manly independence. I had reached the point at which I was not afraid to die. (p. 247)

After later escaping to the North, Douglass came to know many prominent abolitionists, including James McCune Smith, who would write the introduction to his autobiography. Fifteen years after he led the fight against the 1840 census, Smith expressed a deep optimism about American society: "The son of a self-emancipated bond-woman, I feel joy in introducing you to my brother, who has rent his own bonds. . . . It is an American book, for Americans, in the fullest sense of the idea. It shows that the worst of our institutions, in its worst aspect, cannot keep down the energy, truthfulness, and earnest struggle for the right" (p. xxxi).

The Trail of Tears

The idea that freedom causes insanity among primitive people led to the corollary that as long as primitive people were "protected" from civilization—either in slavery or on a reservation—they were immune to insanity.

In 1845 the editor of the *American Journal of Insanity* described "the exemption of Cherokee Indians and Africans from insanity": "Dr. Lillybridge, of Virginia, who was employed by the government as the medical officer to superintend the removal of the Cherokee Indians, in 1827–8 and 9, and who saw more than twenty thousand Indians, and much inquired about their diseases, informs us he never saw or heard of a case of insanity among them" (Amariah Brigham, vol. 1, pp. 287–88). The "removal" of the tribe from the Gulf States to Oklahoma occurred along the infamous "Trail of Tears," the winter route along which four thousand Cherokee died.

Phrenologist George Combe provided an anatomical rationalization for relocating Indians from tribal lands without fear of mental distress: *"Concentrativeness:* Observation proves that this is a distinct organ [of the brain which] . . . is large in those animals and persons who are extremely attached to their country, while others are readily induced to migrate. Some tribes of American Indians and Tartars wander without fixed habitation" (*A System of Phrenology,* 5th ed., Edinburgh, 1843, p. 211; fig. 2.70).

CONCENTRATIVENESS.

ROBERT BURNS.
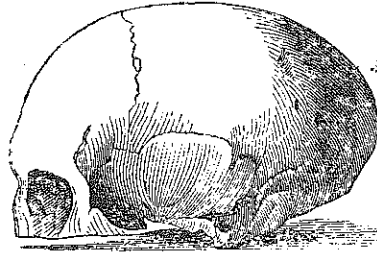
N. AMERICAN INDIAN.

3. Concentrativeness, large.
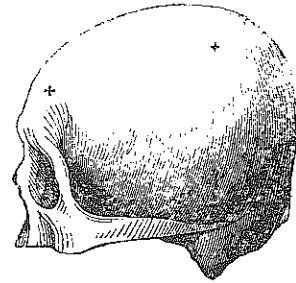
3. Concentrativeness, small.

Fig. 2.70. "Concentrativeness," in George Combe, *A System of Phrenology,* 5th ed., Edinburgh, 1843. National Library of Medicine, Bethesda.

This illustration compares the large region of "concentrativeness" in the skull of a European, Scottish poet Robert Burns, with the "small concentrativeness" of an unidentified Indian, who was thus "induced to wander."

Passion

As urbanization and industrialization transformed the traditional family economy of white rural America, early nineteenth-century men and women took on unaccustomed roles. Among the business and professional classes, men went out to work while their wives remained at home. A new cult of domesticity emphasized a woman's responsibility for the emotional and moral nurturance of her husband and children. Middle-class male/female relationships came to be defined within the framework of romantic love, in which the heroic male strove to conquer business and professional foes, while the queen of his heart remained in his castle. In contrast, among the working classes, whole families entered factories or turned their homes into sweatshops; thus for working-class women, economic survival rather than domesticity or romance dictated their roles as wives and mothers.

Religious and scientific authorities sought to uphold the new middle-class family by portraying its structure as biblically and biologically preordained. A carefully ordered family life was seen as the social ballast needed to stabilize the greater political and social fluidity of democratic society. The increased attention given to equality among white men stood in sharp contrast to the heightened paternalism toward women. Both sexes were taught that God had decreed men's hegemony over women, and that transgressions of appropriate gender roles would lead to physical and mental illness.

Physicians followed these definitions of gender roles in ascribing different causes for mental illness in male and female patients (fig. 2.71). Men's illnesses were thought more likely to be brought on by intemperance, prolonged study, intense application to business, or sexual indulgence (masturbation), all dangers associated with the competitive, uncertain world of mid-century capitalism (figs. 2.72, 2.73). A woman's mental illness was more typically attributed to domestic difficulties, the physical stresses of childbirth and nursing, intense emotions (fright, grief, nostalgia), uncontrolled passion, or even tight lacing of her corset (figs. 2.74, 2.75).

Uncontrolled passion as a cause of insanity had a supposedly higher incidence in female patients. Its diagnosis mirrored prevailing gender roles in several ways. Victorian women were often portrayed as the passive objects of aggressive male sexual desire; many medical authorities described excessive passion in a woman

TABLE VIII.—*Showing the supposed causes of insanity in 2207 cases.*

	M.	F.	T.		M.	F.	T.
Ill health of various kinds	183	166	349	Nostalgia	—	3	3
Intemperance	135	12	147	Stock speculations	2	—	2
Loss of property	69	23	92	Want of employment	25	2	27
Dread of poverty	2	—	2	Mortified pride	2	1	3
Disappointed affections	17	20	37	Celibacy	1	—	1
Intense study	21	5	26	Anxiety for wealth	1	—	1
Domestic difficulties	16	45	61	Use of opium	3	5	8
Fright	10	17	27	Use of tobacco	5	—	5
Grief, loss of friends, &c.	35	68	103	Puerperal state	—	85	85
Intense application to business	17	—	17	Lactation, too long continued	—	3	3
Religious excitement	44	38	82	Uncontrolled passion	4	7	11
Political excitement	5	—	5	Tight lacing	—	1	1
Metaphysical speculations	1	—	1	Injuries of the head	17	3	20
Want of exercise	5	2	7	Masturbation	20	—	20
Engagement in a duel	1	—	1	Mental anxiety	56	59	115
Disappointed expectations	4	5	9	Exposure to cold	3	1	4
				Exposure to direct rays of the sun	18	—	18
				Exposure to intense heat	—	1	1
				Unascertained	490	423	913

Fig. 2.71. Table showing supposed causes of insanity by sex, in *Report of the Pennsylvania Hospital for the Insane* (Philadelphia, 1853). Archives of Pennsylvania Hospital, Philadelphia.
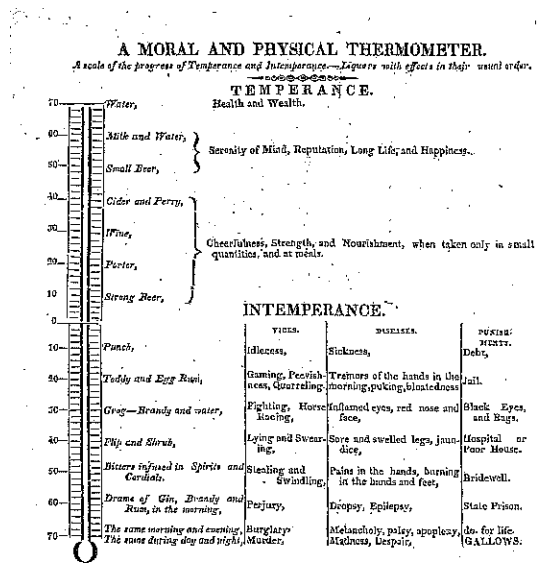
Fig. 2.72. "A Moral and Physical Thermometer," in Benjamin Rush, *An Inquiry into the Effects of Ardent Spirits upon the Human Body and Mind* (Exeter, 1819). The Oskar Diethelm Library, History of Psychiatry Section, Department of Psychiatry, Cornell University Medical College and The New York Hospital, New York.

Fig. 2.73. "The bottle has done its work with the Latimers; it . . . has left the father a hopeless maniac," in T. S. Arthur, *Six Nights with the Washingtonians* (Philadelphia, 1871). The Oskar Diethelm Library, History of Psychiatry Section, Department of Psychiatry, Cornell University Medical College and The New York Hospital, New York.

The temperance movement developed as a nonmedical way to confront alcohol abuse. It produced popular novels such as *Six Nights with the Washingtonians,* which warned against overindulgence with images such as this.

Fig. 2.74. "Remarks on Tight Lacing," in L. N. Fowler, *The Principles of Phrenology and Physiology Applied to Man's Social Relations* (New York, 1842). The Oskar Diethelm Library, History of Psychiatry Section, Department of Psychiatry, Cornell University Medical College and The New York Hospital, New York.

On the left is an outline of the Venus de Medici, according to L. N. Fowler a timeless beauty with a natural waist; on the right is "a modern exquisite, fashionable, tight-laced lady . . . an unnatural monstrosity" (p. 102).
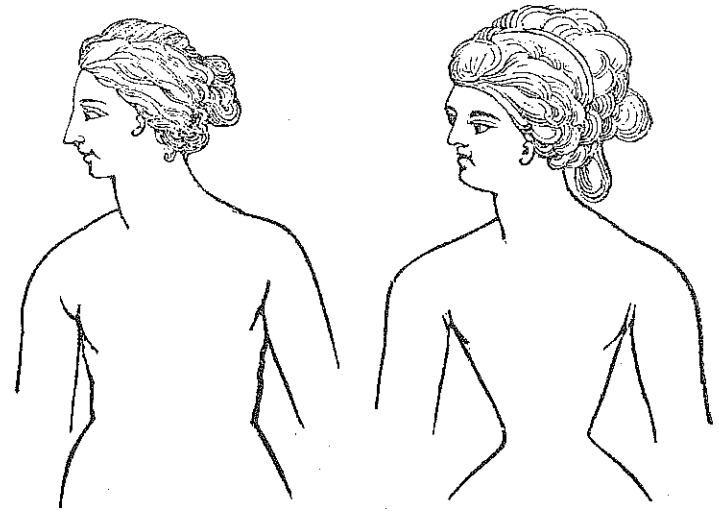
Fig. 2.75. "The American and French Fashions Contrasted," in *The Water Cure Journal*, vol. 12, Oct. 1851, p. 91. New York Academy of Medicine Library.

Women's rights advocates, who linked the corset with social bondage, supported dress reform. Amelia Bloomer, editor of the temperance journal *Lily*, popularized the short skirt with pantaloons shown on the left. "Bloomers" were introduced at water cure establishments, where they could be worn in the company of other women.

OUTLINES OF SARCOGNOMY.

Fig. 2.76. Illustration of a woman's body, showing her "region of insanity," in Joseph R. Buchanan, *Outlines of Lectures on the Neurological System of Anthropology* (Cincinnati, 1854). The Oskar Diethelm Library, History of Psychiatry Section, Department of Psychiatry, Cornell University Medical College and The New York Hospital, New York.

In this diagram, Buchanan identified a woman's "region of insanity" in the area of her reproductive organs, which he described as follows: "The selfish or evil propensities are located below the waist. . . . The organ of baseness lies along the posterior margin of the abdomen, and between the ribs and ilium, connecting above with irritability and below with melancholy, through which it approximates the region of mental derangement." In a jarring anachronism, the illustrator imposed his medical map on a lithograph of Praxiteles' Aphrodite of Knidos (ca. 350 B.C.).

No.2.

The Affectionate Female.
No. 3

Fig. 2.77. "The Affectionate Female," in O. S. Fowler, *Matrimony: or Phrenology and Physiology Applied to the Selection of Suitable Companions for Life* (New York, 1842). The New York Academy of Medicine Library.

In addition to the region of "amativeness," Fowler advised suitors to pay special attention to a woman's region of "domestic propensity" (the back of the skull).

as both physiologically and psychologically dangerous. An illustration in a mid-nineteenth-century medical text labels a woman's reproductive organs as her "region of insanity" (Joseph R. Buchanan, *Outlines of Lectures on the Neurological System of Anthropology*, Cincinnati, 1854; fig. 2.76). Another medical man traced one cause of insanity in women to the onset of puberty (M. S. Pallen, "Some Suggestions as Regard to the Insanities of Females," *American Journal of Obstetrics*, 1877, vol. 10). While stereotypes of Victorian society have popularized this image of the passionless woman, the historical reality was far more complex. Both medical authorities and popular writers continued to portray female sexual drives as normal. Phrenologist Orson Fowler insisted that "amativeness is created in the female head as well as in the male" (*Sexual Science*, 1870, p. 680), and he published a guidebook to help men find an "affectionate female" (*Matrimony: or Phrenology and Physiology Applied to the Selection of Suitable Companions for Life*, New York, 1842; fig. 2.77). Enough evidence of marital pleasuring exists in the private diaries and letters of middle-class couples to suggest that the advice of Fowler and others fell on receptive ears.

Still, female sexuality, particularly when unconstrained by the marital authority of the male, remained a source of anxiety in nineteenth-century society. A strong religious dimension colored the changing attitudes toward female sexuality. In earlier eras,

women—from Delilah to Lady Macbeth—often were seen as extremely passionate creatures, using their treacherous charms to wield extraordinary power over men. Nineteenth-century Protestantism relied on women to be moral exemplars and stressed female moral and spiritual endowments. Religious texts commonly suggested that Christianity had raised the status of women from mere sexual objects to a higher spiritual plane. Christian women were "exalted above human nature, raised to that of angels" (*The Female Friend, or the Duties of Christian Virgins*, Baltimore, 1809, pp. 40–42). The exaltation process, however, entailed an implicit disarmament of women's primitive, sexual power over men. Many women embraced a disinterested modesty for a gain in self-respect. Once that modesty was cast aside, female passion was described by both medical and religious authorities as a dangerous threat to a woman's mental health.

In the delineation of gender roles, women were thought to be governed more by sentiment and emotion than rational men, and to be more prone to emotional breakdown. Elihu Vedder's personification of madness as a beautiful, barefoot woman wandering in the wilderness captures this romantic ideal of the fragile female psyche (fig. 2.78). In the new middle-class family ideal, a woman was considered incomplete without her children and husband, on whom she was totally dependent; their loss could bring on uncontrollable grief and drive her insane. In popular

Fig. 2.78. Elihu Vedder, *The Lost Mind*, 1864–65, oil on canvas, 39⅛ × 23¼ in. The Metropolitan Museum of Art, New York, bequest of Helen L. Bullard, in memory of Laura Curtis Bullard, 1921 (21.132.1).

Fig. 2.79. Fitz Hugh Lane, sheet music cover for "The Mad Girl's Song," by Henry Russell, 1840. The Music Division, The New York Public Library for the Performing Arts, Astor, Lenox, and Tilden Foundations.

The lyrics tell of a young woman whose lover has died on a distant, snowy battlefield. Mad with grief, she sings a song to her new love, the North Wind, which carried away her lover's last breath. Now she only finds comfort in clutching the cold wind to her breast.

presentations of romantic love, the character of the love-crazed, self-sacrificing woman, who goes mad with grief without her man, played well to nineteenth-century audiences (fig. 2.79).

Masturbation

The conviction that masturbation caused insanity in men (many physicians assumed women did not indulge in the "secret vice") provides a striking example of the medical establishment's endorsement of a moral prohibition. In 1766 Swiss physician S. A. A. D. Tissot's *Onanism, A Study of the Illnesses Caused by Masturbation* was published in English. This study (named for Onan, who sinned by "spilling his seed," according to the biblical story in Genesis) promoted the idea that masturbation caused everything from adolescent acne to adult insanity. Benjamin Rush's dire pronouncement on the topic, published in 1812, was typical of views held by American asylum physicians throughout the century: "When indulged in an undue or a promiscuous intercourse with the female sex, or in onanism, [the sexual appetite] produces seminal weakness, impotence, dysury [difficulty in urination], tabes dorsalis [uncoordinated movement], pulmonary consumption, dyspepsia, dimness of sight, vertigo, epilepsy, hypochondriasis, loss of memory, manalgia [dementia], fatuity, and death" (*Medical Inquiries and Observations upon the Diseases of the Mind*, Philadelphia, 1812, p. 347).

Nineteenth-century medical case books and professional journals frequently cited masturbation as a cause of insanity. In a discussion of a young man who had experienced a general loss of muscle control, seizures, and periods of delirium, one physician concluded:

I was at no loss to ascribe all the symptoms to the habit of masturbation. On requesting a private interview, I drew from the unfortunate young man a full confession, which completely confirmed my diagnosis. . . . This was the first moment in his life that he had thought of harm or danger in the indulgence! While conversing with him, he seemed convinced of the cause of his ill health, and expressed, with a sort of despairing madness, his resolution to "go and sin no more." In view of the imbecile and delirious state of his mind, I expressed to his father my opinion of the cause of his sickness, and advised his immediate removal to the lunatic hospital. (A. Hitchcock, "Insanity and Death from Masturbation," *Boston Medical and Surgical Journal*, 1842, pp. 285–86)