
Chapter Title: MADHOUSES AND MAD-DOCTORS

Book Title: Madness in Civilization

Book Subtitle: A Cultural History of Insanity, from the Bible to Freud, from the Madhouse to Modern Medicine

Book Author(s): Andrew Scull

Published by: Princeton University Press

Stable URL: <https://www.jstor.org/stable/j.ctvc77hvc.8>

JSTOR is a not-for-profit service that helps scholars, researchers, and students discover, use, and build upon a wide range of content in a trusted digital archive. We use information technology and tools to increase productivity and facilitate new forms of scholarship. For more information about JSTOR, please contact support@jstor.org.

Your use of the JSTOR archive indicates your acceptance of the Terms & Conditions of Use, available at <https://about.jstor.org/terms>



Princeton University Press is collaborating with JSTOR to digitize, preserve and extend access to *Madness in Civilization*

JSTOR

Chapter Five

MADHOUSES AND MAD-DOCTORS

Changing Responses to Madness

The images are arresting: three faces at the windows of their cells, staring, agitated, dishevelled; a young man, a simpering fool, peering from his hiding place behind one of two massive figures in the foreground, furious maniacs, one of whom is busy gnawing on his own flesh, while both are evidently oblivious of the other and of the world in front of them. The panel was carved by Peter van Coeverden in 1686, and erected in front of the *dolhuis* (madhouse) that had been constructed to contain half a dozen lunatics in the Dutch town of 's-Hertogenbosch more than two centuries earlier. Across the North Sea, Robert Hooke's grand design for a palatial new Bedlam (the original now decayed and inadequate) had been completed in 1676 in Restoration London, constructed on a suitably liminal site in Moorfields, just beyond the old city wall (PL. 22). Over its gates were erected two even more impressive and enormous sculptures, by the Danish artist Caius Gabriel Cibber. To the left, near-recumbent on a bed of straw, face vacant, sprawled the figure of a melancholic. On the opposite side lay a menacing, chained figure of a maniac, fists clenched, muscles tensed, agitated, writhing, with his head tilted back and his face deformed into a near bestial look. Asylums in the late seventeenth century thus began to advertise their presence in novel ways, as institutions to confine the mad and the morally disreputable assumed a more prominent place in many European societies.

To be mad is to be idle, or at least generally incapable of productive labour. Until the modern age, that meant that those who had lost their wits formed a part of the much larger group of the poor, the morally disreputable, the crippled, the orphaned, the aged and the maimed. All manner of



A relief panel depicting inmates of the 's-Hertogenbosch lunatic asylum, carved by Peter van Coeverden (1686). Three mad faces peer out through openings to their cells, while two other madmen and a young boy grimace and posture in front of us.

dependent folk were lumped together, and seldom carefully distinguished from one another. Of course, on some levels, no one confused the blind and the mad, the young and the old, the dissolute and the depraved. But socially speaking, it was mostly their shared incapacity and poverty that mattered, not the disparate sources of their dependency.

In the seventeenth century, things began to change. The impetus for this varied. In northern Europe, the revival of trade, the expansion of towns and the spread of market relations seem to have prompted a more secular and sceptical attitude towards the poor, especially the idle and the vagabond. In the United Provinces (the area we now know as the Netherlands), in Britain and in other parts of the region, there were intermittent attempts to confine people of this sort in a new kind of institution, a bridewell or house of correction, where it was hoped they might be disciplined and taught to labour. The first Dutch madhouses, or *dolhuizen*, had begun to appear as early as the fifteenth century. They were tiny affairs, with room for fewer than a dozen patients, but by the late sixteenth and early seventeenth centuries, several were experiencing pressure to expand, as families and communities sought ways to dispose of threatening madmen. In a move characteristic of the entrepreneurial Dutch, their expansion was often funded not through



Melancholy and raving madness (c. 1676): these two massive figures by Cibber loomed over the entrance to Bedlam. John Keats, who grew up in their shadow, surely had them in mind when describing the ‘bruised Titans’ in his epic poem ‘Hyperion’.

charitable giving but by setting up lotteries, with attractive prizes, to extract the necessary sums from the burghers. In Amsterdam, tickets were sold for a year prior to the grand drawing in 1592, and so numerous were the prizes that it took sixty-eight days and nights to complete the process. (The Amsterdam Dolhuis had been founded in 1562 in a bequest from Hendrick van Gisp, whose pregnant wife had been attacked by a madwoman.) The proceeds of the lottery funded an impressive expansion of the building that was completed in 1617. Leiden (1596) and Haarlem (1606–07) soon followed suit, though their prize-drawings lasted a mere fifty-two days and nights each.

The absolutist monarchies of Catholic Europe, disinclined to such commercial expedients, nonetheless viewed the idle and social misfits as a political threat and a potential source of tumult and disorder. Here, too, efforts were under way, using taxes extracted from the peasantry, to sweep up the poor from the streets and neutralize the danger they represented. Beggars, vagrants and prostitutes found themselves incarcerated, along with others whose connections to the stable world of work and employment were suspect. Large numbers of them were thrust into new institutions, the most famous being the *Hôpitaux généraux* and *dépôts de mendicité* that pock-marked seventeenth- and eighteenth-century France. Neglected no



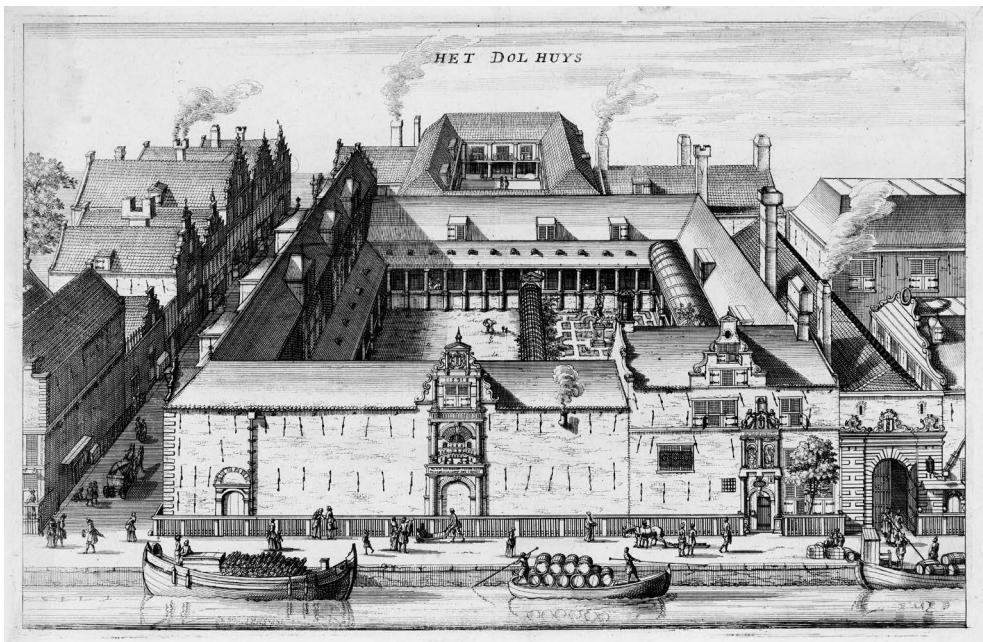
more, the idle and dependent poor were to be forced to work – or at least that was the theory.

Even in medieval times, a variety of expedients had been employed to remove the most violent and menacing of the mad, locking them up and chaining them to mitigate the threat they represented. It would be surprising, therefore, if some of the insane were not now to be found amid the licentious and the lazy newly subject to discipline and constraint. But the mad were not the primary target of those bent on building the new houses of correction. Indeed, in the Netherlands in particular, efforts were made to exclude the sick and the crazed from such establishments. Their presence was scarcely compatible, after all, with a stress on hard labour, discipline and order. Hence Dutch preference, where the threat was severe enough, for putting the mad in institutions of their own, the *dolhuizen*, of which the institution at 's-Hertogenbosch had been the very first.

The Salpêtrière, the first and grandest of the French general hospitals, founded in 1656 by royal decree and built on the site of an old gunpowder factory in Paris, did house a number of lunatics – perhaps a hundred or so at first, rising to ten times that number by the outbreak of the French Revolution, though by then it had for many years confined mostly women. But the insane were always a small fraction of the whole. In 1790, for example, they made up no more than a tenth of the total number confined there, which then exceeded ten thousand souls. All sorts of socially disruptive and

troublesome people crowded the vast establishment's halls ([PL. 23](#)). When the French surgeon Jacques Tenon (1669–1760) issued his critical report on Paris hospitals in 1788, he provided a concise summary of its heterogeneous demography:

The Salpêtrière is the largest hospital in Paris and possibly in Europe: this hospital is both a house for women and a prison. It received pregnant women and girls, wet nurses and their nurslings; male children from the age of seven or eight months to four and five years of age; young girls of all ages; aged married men and women; raving lunatics, imbeciles, epileptics, paralytics, blind persons, cripples, people suffering from ringworm, incurables of all sorts, children afflicted with scrofula, and so on and so forth. At the centre of this hospital is a house of detention for women, comprising four different prisons: *le commun*, for the most dissolute girls; *la correction*, for those who are not considered hopelessly depraved; *la prison*, reserved for persons held by order of the king; and *la grande force*, for women branded by order of the courts.¹



The Amsterdam Dolhuis or madhouse after the completion of its renovation and extension in 1617. The engraving is possibly by J. van Meurs, and appeared in 1663.

As this recital suggests (lunatics being relegated to the status of an after-thought), the notion once propagated by Michel Foucault that the seventeenth and eighteenth centuries saw a ‘Great Confinement’ of the insane vastly overstates the true state of affairs – something that becomes even clearer when one looks beyond the crowded French capital.

In Montpellier in the south of France, for example, an *Hôpital général* had been built by the provincial authorities in the last decades of the seventeenth century, which did not stop complaints in the early eighteenth century about ‘des gens qui roulent la ville et commettent plusieurs désordres se trouvant dépourvus de raison et du bon sens’ ('people who rove through town deprived of reason and common sense, committing a whole series of outrages'). Eventually, one of these incidents, in which a madman first killed his wife and then burned down his own and his neighbours' houses, forced the authorities to act: the town's officers arranged with the local hospital for the construction of twelve cells, or *loges*, in which the violently mad could be safely confined. Over the course of the century, a handful more cells were added under various auspices, until by the outbreak of the Revolution there were twenty-five, together containing barely twenty mad folk – this in a city of some 30,000 people.²

Montpellier was a major centre of medical learning; its medical faculty ranked only behind that in Paris in prestige and renown.³ But the fact that these cells were located on the grounds of the hospital should not mislead us: there was little or no medical involvement or interest in the treatment of the insane.⁴ The handful of patients locked up in the cells for lunatics seem to have been those who posed an obvious threat to the community – a man who ran about at night trying to set fire to the neighbourhood, another who attacked and injured numerous people, a third who entered the local church and began smashing religious images and ornaments – or whose actions threatened embarrassment or scandal to a family, a pretext also used to confine ‘dissolute’ young women whose sexual proclivities (and perhaps prostitution) placed family honour in jeopardy. Their care, such as it was (inmates were locked up in small barred cells that measured about eight feet square), was delivered by the Catholic sisters, Les Filles de la Charité, a reflection of the fact that their problems were seen as being social rather than medical.⁵

As the small number of lunatics locked up at the local hospital makes clear, most of the mad were dealt with elsewhere. As in centuries past, the primary burden fell upon families, and given the poverty and poor living

conditions of the lower orders the expedients employed were rough and ready. Chained in attics or cellars, or in outbuildings, the lot of these sufferers was still less enviable. If family could not be found, some of the insane poor might be locked up in a jail or placed in the local *dépôt de mendicité* or poor-house, alongside other members of the disreputable classes. For the better-off, an alternative to the strains of managing lunacy in the home was provided by placing their relatives in religious institutions, a form of confinement often officially licensed by a royal *lettre de cachet*, or warrant bearing the king's signature, which authorized the indefinite detention of the individual it named. Perhaps the most famous figure locked up in this fashion was the Marquis de Sade (1740–1814). *Lettres de cachet* closed off all access to the courts or grounds of appeal, and Sade's repeated sexual escapades had prompted his mother-in-law, Madame de Montreuil, to obtain the warrant. She may have been driven to this expedient by Sade's affair with a second daughter of hers, not to mention his frequent recourse to prostitutes of both sexes and seductions of all and sundry around him. If so, she did so against the wishes of Sade's wife, long his accomplice. But having lured him to Paris on a pretext, she secured his imprisonment, first in the Château de Vincennes, and then in the Bastille, from which he was removed to the insane asylum at Charenton just ten days before the revolutionary mob stormed the Parisian prison and released its inmates.⁶ After a period of liberty Sade was returned to Charenton in 1803 and remained there until his death in 1814.

France also had its private madhouses by the early eighteenth century, euphemistically called *Maisons de santé*.⁷ A formal (and expensive) legal process existed to legitimize the dispatch of lunatics to such places. A hearing before a magistrate, the *interdiction*, was usually initiated by the family, though occasionally by the royal authorities. The magistrate heard evidence and often spoke to the insane person before deciding whether to authorize his or her incarceration. Such proceedings were also designed to protect the individual's property. But besides their considerable expense, these occasions were seen as a threat to 'family honour' and reputation, so many shied away from using them. More frequently, the all-purpose *lettres de cachet* were used to license consigning the mad relation to these establishments. That approach, too, was not without its drawbacks. In particular, the looseness of the criteria on the basis of which these warrants were granted helped to immerse the reputation of the *Maisons de santé* in scandal and fear.⁸ That these instruments were simultaneously being used to silence the king's political adversaries

and critics, and to shut up (in multiple senses) the high-born whose antics caused disquiet among their relations, did not go unnoticed. Not for the last time, stigmatizing an inconvenient person as mad had obvious attractions, but falling prey to the temptation to do so tainted the confinement of the mentally ill with the odour of tyranny. Under Louis XVI, the suppressed but simmering discontent with this arbitrary means of silencing and imprisoning people spilled out into the open, and from the 1770s protests against the practice were repeatedly voiced by the *parlement* of Paris, its provincial counterparts and eventually by the Estates-General. This led to its abolition in the immediate aftermath of the Revolution by the Constituent Assembly on 27 March 1790 – a decision which complicated the problem of how to dispose of threatening madmen, and produced difficulties that would not be fully resolved until the passage of a new law regulating the confinement of the mad in 1838.

Representations of Madness

If suspicions about false confinement in French madhouses were closely bound up with a broader fear of royal tyranny and arbitrariness, across the English Channel they were linked to quite another set of fears. Private, profit-making madhouses had begun to emerge in England perhaps as early as the late seventeenth century, as the wealthier sought a means to relieve themselves of the burdens and troubles associated with managing the lunatic in domestic surroundings. The eighteenth century witnessed the birth of a consumer society, as the market and trade grew apace, and a growing middle class began to enjoy a measure of affluence.⁹ More and more goods and services became objects of commerce, from which the entrepreneurial classes might seek to earn a living. Etiquette and dancing classes, music lessons and instruction in how to paint provided opportunities for many as a source of income.

As literacy spread, the market for pulp fiction grew, and the hacks of Grub Street (a London street famous for such writers) provided titillating tales for the masses, even as at the upper end of the literary marketplace more ambitious writers found a larger audience for their wares. So too in art, with astute practitioners such as William Hogarth (1697–1764) exploiting the new commercial opportunities by selling expensive paintings to an aristocratic clientele, and mass-produced engravings of the same images to

parvenus seeking to emulate their betters. Among Hogarth's subjects, alongside the usual portraits of the rich and consequential, were novel sorts of social commentary: a picture of a starving writer in a Grub Street garret, and a whole series of satirical images lambasting the sins of eighteenth-century London – 'modern moral subjects' as Hogarth called them – that included such topics as *Marriage à-la-mode*; *Industry and Idleness*; the *Four Stages of Cruelty*; *Gin Lane*; and *A Harlot's Progress*.

Arguably, the most famous of them all was *A Rake's Progress*, eight paintings depicting the downfall of young Tom Rakewell, who inherits a fortune from his rich and miserly merchant father and proceeds to squander it on riotous living, drink, gambling and whores. In the final scene, near-naked and chained, Tom lies on the floor of Bedlam, driven mad by his life of excess, and surrounded by a cast of the crazy, all under the inspection of two finely dressed fashionable women – either aristocratic voyeurs or tarts, we are left to wonder which. Bars, chains, nakedness – the stereotypical accompaniments of lunacy – and a ward crowded with such figures as a mad Papist with mitre and Trinitarian staff, a crazed astronomer, a love-sick melancholic, a deluded snake-charmer, a deranged musician and a would-be king, naked save for his mock-crown and urinating on to the straw: here is a pathetic parade of irrationality in a multitude of guises, madness as the wages of sin. The paintings were completed in 1733, and Hogarth began to accept subscriptions for the engraved versions towards the end of the year. Prudently, however, he delayed publication until 25 June 1735, the day the new Engravers' Copyright Act became law: Hogarth was thus able to charge two guineas per set, and when that market was exhausted, he produced a smaller and cheaper line that he sold for a mere 2s. 6d.

The same mix of aristocratic patrons and members of the aspiring merchant class who were the primary consumers of Hogarth's work also formed the bulk of the audience for another form of artistic endeavour. Opera, combining poetry, dance, drama and music, is conventionally held to have originated in Renaissance Florence at the very end of the sixteenth century, and represented an effort to revive Greek drama. Originally mostly staged for audiences at court (where extravagance of all sorts was seen as a positive virtue, for it provided a suitable occasion for the untrammelled display of wealth and power), operas subsequently began to be performed for a paying, if still well-to-do, audience – first in Venice (with works by Monteverdi), and soon all over Italy, before spreading to the rest of Europe.



The final scene of A Rake's Progress shows Tom's fate: the wages of sin and dissipation are madness and confinement in Bedlam; an engraving after the original painting.

By Hogarth's time, it was a genre attracting major composers and its appeal to the affluent was increasingly established, an association that would persist all the way down to the present, to both its advantage and its detriment.

Opera involved spectacle, on-stage drama and plots that deliberately employed exaggeration almost to the point of the excessive and the absurd, involving heightened emotions, love, betrayal, grief, vengeance, violence and death. As such, its composers and audiences were almost immediately attracted to the melodramatic possibilities madness presented, and the way the passions, aroused to fever pitch, might border upon and then tip over into insanity. If operatic performers could sing long arias while confronting grief, suffering agonies, dying, then assuredly they could also give voice to madness.¹⁰ In its ability to make use of poetry's potential to bend and stretch the limits of language and to combine those attributes with expressive dramatic action, scenery and costumes, opera had enormous advantages as a form with which to capture Unreason – to display it, to place it under a magnifying glass, perhaps even to domesticate it in some senses, and

most certainly to illuminate the breakdown and fragmentation of the world through the contrivances of art. And that leaves aside one even more salient aspect. Opera had a second ‘language’, one that could amplify, illustrate and even act as a counterpoint to the verbal and visual: the musical idioms and sounds that could be exploited by a composer of sufficient skill to delineate character, mood and situation.

Handel’s *Orlando* (a reworking of *Orlando furioso*) had first been performed in London on 27 January 1733, while Hogarth was at work on *A Rake’s Progress*. Working within the usually stately and ordered musical idioms of the Baroque period, Handel nonetheless took full advantage of the opportunity to bring together acting, words and music to render Orlando’s disintegration and madness in the long scene that ends Act Two. He makes use of a variety of clever musical devices to signal the outbreak of disorder and the loss of Orlando’s hold on reality. What begins as a simple, rhythm-based orchestration becomes more frenzied as the scene develops. While the string section begins by playing together, the violins subsequently take a higher-pitched, melodic line, as the underlying rhythm increases. Chords are played in an increasingly frantic fashion. Recorders and violas d’amore provide unusual colours, signalling Orlando’s flight from reality. Seven different tempi and five shifts in time signature add to the musical twists and turns. The most fraught thematic element is repeated several times, and eventually returns again, underpinned at the last by a much more frenzied and complex instrumental accompaniment. Here is music gone awry, symbolizing a world that has lost its compass. (Handel even resorts to a few bars in 5/8 time in the accompanied recitative that precedes the aria, a rarity in Baroque music, and one that must have added to the contemporary audience’s sense of unease).¹¹ Finally, the demented Orlando thinks he has boarded the boat of Charon, the ferryman across the Styx, launching him on a journey to the underworld. ‘Già solco l’onde nere’ (‘Already I am cleaving the black waves’) sings Orlando, descending into madness.

Handel’s was only the first of many borrowings from literary forms by other composers of opera.¹² Almost a half a century later, in 1781, in the Classical period, Mozart’s *Idomeneo*, set in Crete in the aftermath of the Trojan Wars, combines orchestral colour, libretto and dramatic action more richly still. Mozart’s music differs markedly from Handel’s, its rhythms more complex, its dynamic range greater, its instrumentation more varied, its orchestration strikingly different, as is Mozart’s use of multiple melodic

lines. The opening overture already heralds the menace that is to come, the swirling sea, the sense of an angry god, of forces threatening to break order down. As the drama unfolds, we witness Elettra, racked with jealousy towards her rival for Prince Idamante's hand, the captured Trojan Princess Ilia, calling on the Furies to take revenge on her rival and then, when thwarted, slowly dissolving into the raging madness of her final aria. The music acquires a furious intensity. Elettra gives expression to her despair and her anger, her voice soaring, then dissolving into fragmentary hysterical cries, while the agitated orchestral accompaniment mixes syncopation and harmonically unstable elements with dissonance, an explosive combination that evokes her raging, tormented soul.¹³ Handel had used repetition in *Orlando*, perhaps to suggest the compulsions of madness, and Elettra's aria is notable too, as Daniel Heartz has emphasized, both for stammering repetitions in Elettra's singing, and for 'a turning figure, repeated incessantly in the strings like a haunting obsession'.¹⁴ Like *sommeil* or sleep scenes (and the links between the world of dreams, with its loosened restraints and grasp on reality, and the dislocations of madness scarcely need labouring here), the madness scene would become a recognized set piece, a familiar part of the opera-going experience for those who regularly made up the audience.¹⁵

Shutting People Up

If art and writing now began to offer new ways to earn a living – perhaps even a fortune – from a wider clientele than the traditional patrons among church and aristocracy, more mundane matters could also be turned into sources of profit. Dealing with life's less agreeable aspects was assuredly one of those. Corpses, for example, were increasingly handed over to a new group of specialists, the undertakers, who took an unpleasant task traditionally handled domestically, elaborated upon it, and sold their services to the bereaved.

So too with madness, a sort of legal and moral death-in-life, whose depredations and disturbances laid waste to private life. The presence of a disturbed relation threatened the social fabric and domestic peace. The manic and the moping provoked upheaval and uncertainty at every turn; they created a host of practical problems, and all sorts of commotion and disarray. Neither property nor persons seemed safe in their presence. Social embarrassment and scandal were an ever-present danger, as was the looming financial disaster that might result from the unwise expenditure of material

resources and the dissipation of the family's wealth. Often themselves in great distress, the mad simultaneously inflicted great stress on those who surrounded them, and for relief from these travails, many respectable citizens were increasingly willing and able to pay.

Here was the structural underpinning of the new trade in lunacy, as eighteenth-century Englishmen increasingly came to call it. As an ever-larger segment of the population was in a position to pay handsomely for discreet aid, advice and reassurance, and for a practical solution to the problems that the presence of a lunatic posed, so an informal network of madhouses arose to cope with the most severely disturbed. These places of confinement provided families with a mechanism for removing their mad relatives from the prying eyes of others, and thus also a measure of insulation from the shame and stigma that threatened their social standing. The most severe forms of mental alienation were a human catastrophe, and for a (still relatively small) fraction of the mentally ill, being shut up in one of the new madhouses was the answer.

Neither licensed nor regulated to any significant degree throughout the century, and in the business of purveying tactful silences, madhouses were often isolated and sinister spaces. Those speculating in this particular variety of human misery were a motley crew, drawn from a wide variety of social backgrounds – a reflection of the extraordinarily fluid and innovative society from whose ranks they came. Clergymen, both orthodox and non-conformist, saw part of their task as ministering to sick and troubled souls, and a number of them began to take an interest in managing the mad. Joseph Mason, for example, a Gloucestershire Baptist preacher, established a small madhouse in Stapleton, near Bristol, in 1738 (it later moved to Fishponds, a village nearby), that remained in the family for generations. (His grandson, Joseph Mason Cox, see below, would obtain a medical degree from Leiden in 1788, and was the third of five generations of family members to own the business.) But businessmen and speculators, widows seeking to supplement their meagre incomes, and those with a variety of claims to medical knowledge, from illiterate self-taught apothecaries to classically trained physicians such as Anthony Addington (1713–90) of Reading, all made their living in this fashion.

And sometimes it was a very good living indeed. The pioneering (and appropriately named) Sir William Battie (1703–76), author of *A Treatise on Madness* (1758), grew rich and prominent enough to earn a knighthood, become president of the Royal College of Physicians and rise from



Whitmore House in Hoxton: a watercolour of one of London's largest private madhouses in the eighteenth and early nineteenth century. It was acquired in 1800 by Thomas Warburton, a former butcher's apprentice who had served as a keeper there, by the shrewd, if unoriginal, ploy of marrying the previous owner's widow.

near-poverty to leave a fortune of between £100,000 and £200,000 – tens of millions in modern money. Addington's wealth from his establishment launched his son Henry's political career, which culminated in three years as Prime Minister (1801–04) and elevation to the peerage. Not all fared anything like so well, of course. Most eked out a far more modest living, and perhaps handed over their business to the next generation. Inheritance, keeping the lucrative trade and its secrets within the family, was early on established as a feature of the mad-doctoring trade.

Businessmen know to go where the money is, and so for the most part the entrepreneurs entering the trade in lunacy sought patients from the wealthier classes. But some of the poorer sort also found themselves for the first time in these more specialized surroundings. Parish authorities occasionally concluded that the particularly troublesome who were without family to keep them confined and controlled might best be disposed of by being removed to one of the new establishments. With the rise of wage labour, increased geographical mobility and the separation of work from household,

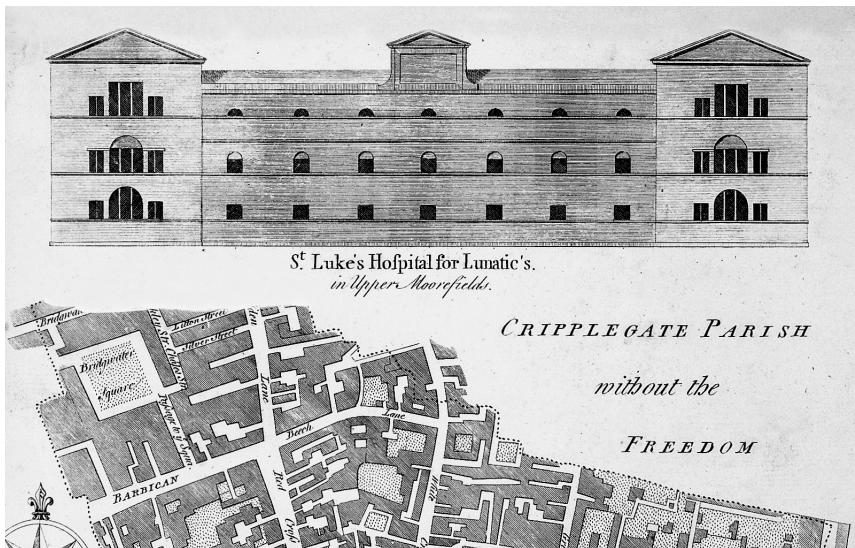
working-class families were finding it increasingly difficult to cope with the mad at home, a problem felt with particular acuteness among those drawn to London, who were highly vulnerable to economic misfortune. The rise of a market-orientated society may well also have effected a subtle change in world view. As more calculative attitudes to existence took hold, so kinship and family solidarities may have weakened, augmenting the number of lunatics thrown on the public charge. Certainly, while most provincial madhouses remained small affairs, taking in perhaps a dozen or so patients at most, in London their counterparts sometimes swelled to a quite remarkable size. By 1815, the two madhouses owned by Thomas Warburton in Bethnal Green, the White House and the Red House, contained 635 patients between them, and Sir Jonathan Miles' establishment at Hoxton as many as 486. (Miles had secured lucrative contracts with the Admiralty to confine sailors who had gone mad during the war against Napoleon.)

A few hundred lunatics of the poor and middling sort also found themselves confined in the growing number of charity asylums that materialized from the mid-eighteenth century onwards. The new Bedlam (completed in 1676) had added more accommodation for chronic patients in 1728, and acquired a competitor in 1751, when St Luke's Hospital opened its doors on the other side of Moorfields. Plain where Bedlam was ornate, it soon gave birth to provincial imitators, often constructed – as at Leicester or Manchester – as part of, or alongside the new general hospitals that the charitably inclined began to underwrite in the eighteenth century.

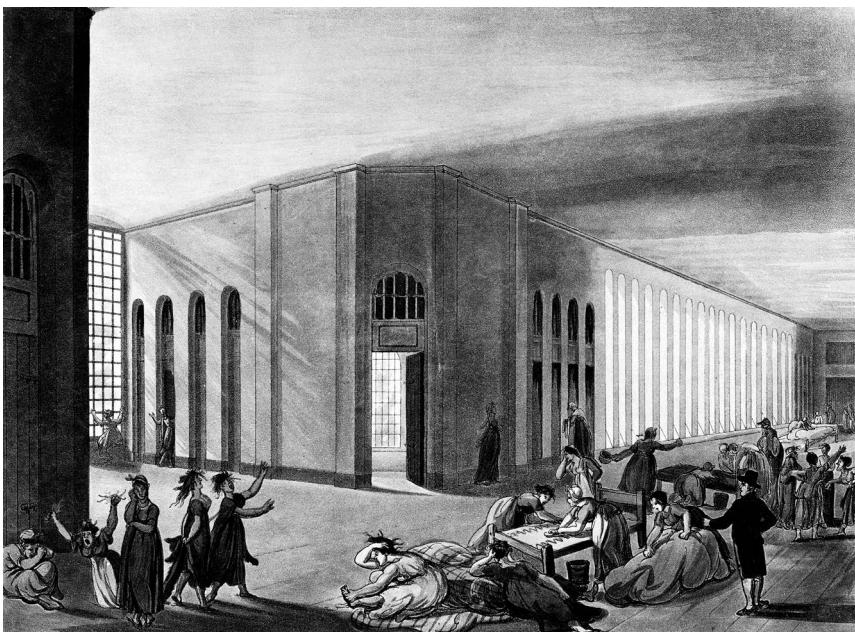
Built as part of the reconstruction of London after the great fire of 1666 that had consumed so much of the city's fabric (though its existing building had not been destroyed in the conflagration), Bedlam had also been a celebration of the Restoration of the monarchy, a delivery of the English from the madness of Cromwell's Commonwealth, with its assaults on hierarchy and the divinely ordained social order. But the new Bedlam's ostentatious exterior and its opulent ornamentation that had once served to advertise the benevolence of the London rich were in many quarters by the mid-eighteenth century seen as useless vanity and extravagance. Its ostensible grandeur was somewhat undercut by its insalubrious location, for Cripplegate and Moorfields, the neighbourhoods it abutted, were marshy and unhealthy slums, the haunt of the idle, the outcast, criminals and miscellaneous vagrants – and ironically the site also of gibbets from which the corpses of those hanged dangled and rotted.

The promoters of St Luke's had insisted by contrast that 'Plainness and simplicity are [to be] commended in buildings intended for charitable purposes'.¹⁶ It was a sentiment echoed by their contemporaries across Europe. The Austrian physician Johann Peter Frank (1745–1821), for example, proclaimed that a healthy, airy site and efficiency were the 'best and only ornaments' of a hospital; while in Paris, the scientist Jean-Baptiste Le Roy (1720–1800) complained that 'People always prefer things that are flashy and frivolous to those that offer only miserable utility' and contended that 'great, extreme cleanliness, as pure an air as possible – one cannot say it too often: this is the true, the only magnificence that one seeks in these buildings'.¹⁷

Whether their exteriors were plain or decorated, however, and even though they were newly built to contain small numbers of the lunatic, these charitable asylums paid little attention to the special needs of the mad they shut up. Patients were indiscriminately mixed together. Even the sexes were not necessarily separated. Accommodation was in large galleries as well as individual cells, where the more obstreperous were unceremoniously chained to the walls. The lack of a distinctive architecture was even more marked in the profit-making trade in lunacy, whose entrepreneurial owners disdained the expense of building from scratch – to what purpose? – and instead crudely adapted and renovated existing buildings, often decaying mansions



St Luke's Hospital for Lunatics, founded in 1751. In sharp contrast to the ornamental exterior of Bedlam, just across Moorfields, St Luke's was deliberately plain.



Thomas Rowlandson's acquatint of the interior of St Luke's Hospital (1809) exaggerates the height of the women's ward, but contains a host of mad figures, hair and clothing askew, in largely bare surroundings.

in once-fashionable areas that could be cheaply fitted up to contain their charges. A century later, enthusiasts for the reformed asylum would come to consider a moralized, purpose-built architecture to be a vital component of their schemes to manage those in the grip of Unreason and return them to the ranks of the sane. But the first madhouses embodied no such conceits, even as their invention marked the dawning acceptance of the notion that lunacy was a condition perhaps best treated away from the home. So it was that a new geography of madness first began to emerge.

If security and isolation from society were among the central advantages the madhouse offered its clientele – for patients' families and perhaps the local community more broadly, if not the patients themselves – the need to adapt old spaces for new purposes for which they were ill-suited led to a variety of expedients that emphasized their custodial function: high walls and bars on the windows to guard against escape; and often chains and manacles to facilitate the task of the daily management of people who by definition were generally disinclined or unable to adhere to the norms of polite social intercourse. Asylums and madhouses were in the business of

offering discretion, and their overtly prison-like features, plus the separation these created between the world of the mad and the sane, helped to spawn and exacerbate the fears and rumours that soon swirled around them.

Bitter complaints began to emerge from patients that they had been confined by family members in league with corrupt keepers. If the French worried about the abuses of royal power associated with the infamous *lettres de cachet*, their British counterparts spoke scathingly of the trampling on the rights of free-born citizens. Alexander Cruden (1699–1770), mainly remembered these days as the author of the first Concordance (1737) to the King James edition of the Bible (a book still in print and in use), spoke bitterly of his confinement in a madhouse, one that had left this ‘London citizen exceedingly injured’. It was, he averred (and for a devout Calvinist like Cruden, the image was particularly awful) nothing less than a ‘British Inquisition’.¹⁸ Daniel Defoe (1660?–1731), always alive to new ways of producing prose for profit, authored a pamphlet condemning

the vile Practice now so in vogue among the better Sort, as they
are called, but the worst sort in fact, namely, the sending their
Wives to Mad-Houses at every Whim or Dislike, that they may
be more secure and undisturb'd in their Debaucheries...Ladies
and Gentlewomen are hurried away to these Houses...[and]
if they are not mad when they go into these cursed Houses, they
are soon made so by the barbarous Usage they there suffer.¹⁹

And a variety of lawsuits, a number of them successful, suggest that these claims had some substance. Men as well as women could find themselves locked away in this fashion. William Belcher, who had been confined for seventeen years (1778–95) in a Hackney madhouse from which he was eventually liberated with the assistance of one of London’s most famous mad-doctors (Thomas Monro, the physician to Bedlam), spoke publicly of being ‘bound and tortured in a strait-waistcoat, fettered, crammed with physic with a bullock’s horn, and knocked down, and declared a lunatic by a Jury that never saw me....’ Locked up in ‘that premature coffin of the mind’ he had long despaired of his freedom.²⁰ The trade in lunacy thus always operated under a cloud. The eighteenth-century physician William Pargeter (1760–1810), who wrote on madness but did not own a madhouse of his own, was scathing about the reputation of such places:

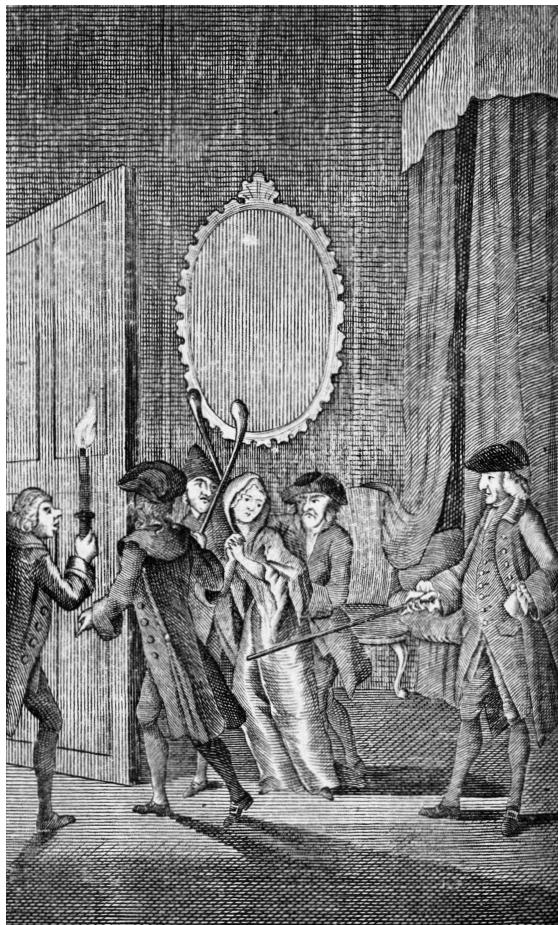
The idea of a *mad-house* is apt to excite, in the breasts of most people, the strongest emotions of horror and alarm; upon a supposition, not altogether ill-founded, that when once a patient is doomed to take up his abode in these places, he will not only be exposed to very great cruelty; but it is a great chance, whether he recovers or not, if he ever more sees the outside of the walls.²¹

Novel Predicaments

Writers of fiction, for whose wares a burgeoning market was now emerging, were not slow to seize upon the dramatic possibilities the madhouse presented. As respectable a writer as Tobias Smollett arranged for the eponymous hero of his *The Life and Adventures of Sir Launcelot Greaves* (1760), a mock-heroic English Quixote, to be seized and carried off to a madhouse run by the villainous Bernard Shackle. Further down-market (and often finding a secretive and unacknowledged following among those protesting their disdain for this low-class stuff) madness was exploited in a cruder fashion. The frisson that could be aroused by wild imaginings about life amid the lunatic proved irresistible to hack writers. The setting provided salacious entertainment as well as a pleasing sort of terror for their readers. The pages of the gothic and sensational novels were soon replete with madhouse scenes – titillating episodes in which helpless heroines found themselves shut up and cut off from civilized society, their chastity and their very sanity threatened by the pitiless ruffians who held them captive. A few whippings and some chains added a little sado-masochistic colour.

There was perhaps a touch of irony in the fact that Grub Street, synonymous with this sort of sensationalist writing, lay almost in the shadow of Bedlam.²² Far from that hospital's walls, however, the French developed their own novels of horror, diabolism and debauchery, the genre known there as *romans noirs* (black novels); while the Germans, not to be outdone, created something they called *Schauerroman* (shudder novels).

Eliza Haywood provided an early example of the genre. She originally published her novella *The Distress'd Orphan, or Love in a Mad-house* anonymously in 1726. So popular was her tale of the virtuous Annilia, nefariously confined by her scheming uncle Giraldo and then spirited off to a madhouse, that it stayed continuously in print throughout the century, in both authorized and pirated editions. The orphaned girl, made the ward of her uncle, has



'Annilia at the dead of Night hurried away to a Mad-house by the orders of her Great Uncle.' The frontispiece to the 1790 edition of Eliza Haywood's *The Distress'd Orphan*.

inherited a fortune, and Giraldo decides to seize it by forcing her to marry his son. She demurs. He locks her up until she changes her mind, then arranges for her to be carried off in a hackney coach, in the dead of night, 'under the Guard of two or three Men belonging to the Keeper of the Lunaticks', her protests silenced by 'stopping her mouth'. Readers were titillated by the image of a confinement so harsh as to threaten the heroine's sanity: 'The rattling of Chains, the Shrieks of those severely treated by their barbarous Keepers, mingled with Curses, Oaths, and the most blasphemous Imprecations, did from one quarter of the House shock her tormented Ears; while from another, Howlings like that of Dogs, Shoutings, Roarings, Prayers, Preaching, Curses,

Singing, Crying, promiscuously join'd to make a Chaos of the most horrible Confusion' – a confusion from which she is providentially rescued by the man with whom she has previously secretly fallen in love, Colonel Marathon, who steals upon her disguised as a melancholy country gentleman named 'Lovemore', and scales the high walls of the madhouse with his 'trembling' sweetheart over his shoulder. In the end, love receives its just reward, and the perpetrators of Annilia's false confinement are punished by banishment and premature death.²³

It was a plot-line that would be endlessly recycled through the century, all the way down to Mary Wollstonecraft's *Maria: or, the Wrongs of Woman* (1798).²⁴ Indeed, it would find its echoes as late as the early Victorian age (albeit in a scene of domestic confinement) in Charlotte Brontë's *Jane Eyre* (1847). Madhouses and mad-doctors were absent here, but ancient stereotypes about madness and animality most certainly were not. Mad Bertha Mason lurks in the attic, while the oblivious Jane Eyre, in another wing of the mansion, seeks to keep her erotic longings for the handsome Mr Rochester in check. But Jane's blissful ignorance does not last. Abruptly, she is introduced to the sequestered Mrs Rochester, a woman of untamed appetites:

In the deep shade, at the farther end of the room, a figure ran backwards and forwards. What it was, whether beast or human being, one could not, at first sight tell: it grovelled, seemingly, on all fours; it snatched and growled like some strange wild animal; but it was covered with clothing, and a quantity of dark, grizzled hair, wild as a mane, hid its head and face.

Here was madness, shrieking, violent, dangerous and destructive. Here was the madwoman as fiend.

Sir Walter Scott's *The Bride of Lammermoor* (1819) had provided an earlier nineteenth-century portrait of a violent madwoman, Lucy Ashton. Pushed by her scheming mother into an unwanted marriage (having been wrongly persuaded that her betrothed has jilted her), she learns the truth on her wedding night, stabs her new husband, descends into madness and kills herself. Scott's novel in turn was the inspiration for Donizetti's opera, *Lucia di Lammermoor* (1835), which alters the plot in a variety of ways, but keeps the central elements of betrayal, madness and murder. After stabbing her husband to death, in the climactic scene the crazed Lucia emerges on stage in her blood-stained wedding dress, sings one last vocally demanding aria



In this scene from a production of Donizetti's opera Lucia di Lammermoor the maddened Lucia, having killed her husband Arturo on their wedding night, enters in blood-stained white dress to sing the aria 'Il dolce suono', in which she imagines her forthcoming marriage to her real love, Edgardo.

and dies. The story has all the dramatic elements opera feasts upon, and Donizetti has the distinct advantage of being able to combine acting, singing and his instrumentation of the score to heighten the tension, the violence and the horror of the madness around which the plot ultimately turns. Perhaps not surprisingly, the opera has outlived the novel. It remains a standard part of the operatic repertoire, and the title part was performed on multiple occasions by the great twentieth-century divas, Maria Callas and Joan Sutherland. As Donizetti's example shows (and mad scenes of a less violent sort are a feature of several of his other operas), gothic novelists were not alone in exploiting madness; nor, as we shall see, did tales of false confinement vanish in the nineteenth century, as the asylum became a brooding, unmistakable presence.²⁵

Another group of eighteenth-century writers, the so-called sentimental novelists, aimed their work squarely at those who sought to be seen (and to see themselves) as the genteel. Particularly in a fluid society such as Britain, where social status no longer seemed immutable, differences of taste and sensibility provided an invaluable opportunity to mark status boundaries and to create distinction. Here was a chance for a certain class of readers to emphasize the distance between polite and popular culture and to put on display through their literary choices their superior refinement, rationality and sensitivity. For these were the qualities that served to distinguish people like themselves from the unwashed masses, those inferior beings who continued to wallow in mindless superstition, depraved attitudes and moral coarseness.²⁶

Among the most successful at exploiting this mawkish but lucrative sector of the literary marketplace was Henry Mackenzie, whose *The Man of Feeling* is a classic example of the genre. Published in April 1771, it had sold out by June, and a sixth edition was printed in 1791. In one of the key episodes in the novel, the hero, Harley, visits Bedlam, where, so he is assured, he will be mightily entertained by the antics of the patients. To the contrary, the sight and sounds – ‘the clanking of chains, the wildness of their cries, and the imprecations which some of them uttered, formed a scene inexpressibly shocking’. The sight of the mad kept as ‘wild beasts for show’ provokes a flood of crocodile tears and a rapid exit. The masses might react with mirth and mockery; the man of feeling knew better: ‘I think it an inhuman practice to expose the greatest misery with which our nature is afflicted to every idle visitant who can afford a trifling perquisite to the [Bedlam] keeper; especially as it is a distress which the humane must see, with the painful reflection, that it is not in their power to alleviate it.’²⁷

Melodramas of these various sorts should not be taken as balanced or accurate representations of the fate of the mad in confinement. Global indictments of the trade in lunacy would be used by nineteenth-century lunacy reformers, for whom painting the *ancien régime* madhouse in the darkest of hues would prove a vital weapon in stirring the moral consciences of their contemporaries and persuading them of the need for change. Horrors certainly existed, and the reformers would delight in rehearsing them. But from another perspective, the unregulated state of the mad-business did at least allow for the growth of experience in the handling of the insane in an institutional setting, and for experimental approaches to their treatment.



15 ABOVE *Portrait of Richard Napier (1559–1634)* by an unknown artist. Napier was the Rector of Great Linwood in Buckinghamshire, England, and an astrologer, alchemist, magician and mad-doctor. Nervous and distracted patients came from great distances to be treated by him with priest craft and physick administered at astrologically propitious moments.



16 TOP *Don Quixote*, lance lowered, charges a flock of sheep he believes in his delusional state to be a troop of his enemies, as Sancho Panza sits on his weary donkey; an oil sketch by Daumier (1855).

17 ABOVE *Ophelia* (1851–52), by John Everett Millais. The meticulously recorded background for the tragic figure of Ophelia, driven out of her mind, cost Millais endless hours of work and observation.



18 ABOVE The Miracles of St Ignatius (c. 1617–18), by Peter Paul Rubens. Its huge scale and rich detail were designed to impress the devout with the powers of the saintly in the service of the Counter-Reformation. In the foreground lies a near-naked possessed man. Other sufferers crowd the picture, and above them stream small airborne devils, fleeing to escape from Ignatius's exhortations.



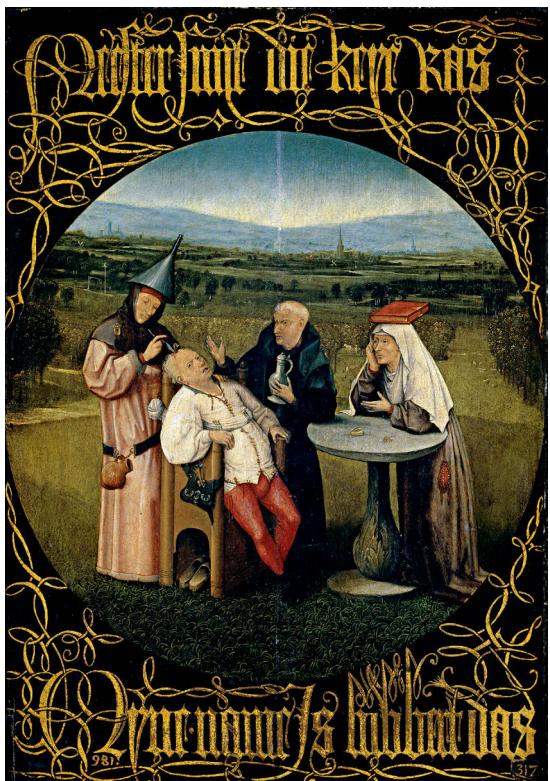
19 ABOVE *Organ cover painted by David Colijns in c. 1635–40, originally for the Nieuwezijds Kapel in Amsterdam, showing David playing his harp in an attempt to soothe the troubled soul of King Saul – on this occasion without success, as Saul throws a spear at him. Dutch Calvinists were deeply hostile to anything that smacked of idolatry so this painted screen was an unusual object.*

20 RIGHT Hieronymus

Bosch's *The Cure of Folly: The Extraction of the Stone of Madness* (c. 1494). A doctor, or possibly a quack, uses a scalpel to remove the supposed cause of madness from the head of a patient. The popular belief in 'the stone of madness' was widespread.

21 BELOW Two Madmen

(*Twee kranksinnigen*), a terracotta statue of 1673 by Pieter Xavery, probably designed for a madhouse. Like many of Xavery's works, this is a small piece, but filled with telling detail and movement.





L. Maurer Delin

Published according to Act of T

The Hospital of Bethlehem

Printed for John Bowles

22 ABOVE An engraving of The Hospital of Bethlehem. Bedlam, as it is usually known, was rebuilt in 1675–76, its opulence designed to show off London's charity, and to advertise the restoration of the monarchy and the rule of reason after the turmoil of the English Revolution and the Commonwealth.



carliam.
L'Hôpital de l'ou

at the Black-Horse in Cornhill.

T. Bowles sculp.



23 TOP *La Conduite des filles de joie à la Salpêtrière*, or Transporting Prostitutes to the Salpêtrière (1755), by Étienne Jeaurat. Many kinds of morally suspect and disruptive people were deposited in this enormous establishment, which housed mostly women.

24 ABOVE *Philippe Pinel releasing lunatics from their chains in the Salpêtrière in 1795*, by Tony Robert-Fleury (1876) – a famous event though in fact a myth created decades later.

Disciplining the Unruly

In many quarters, the overthrow of Reason, ‘the sovereign power of the soul’,²⁸ is seen as unleashing the appetites and the passions in their full fury: ‘Fancy gets the ascendant,’ said John Brydall (c. 1635–1705?), author of the first English treatise on the jurisprudence of insanity, published in 1700, ‘and Phaeton-like, drives on furiously’,²⁹ stripping away the veneer of civilization, effacing all that is distinctively human. Pascal (1623–62), the French philosopher and mathematician, had spoken of what it meant to lose one’s reason:

I can easily conceive of a man without hands, feet, head (for it is only experience which teaches us that the head is more necessary than the feet). But I cannot conceive of a man without thought; that would be a stone or a brute.³⁰

And that, for those who thought about the ontological status of the mad, seemed to be the inescapable conclusion. Preaching a Spital sermon in 1718 – an annual appeal for charity for London’s poor – on behalf of ‘those unhappy People, who are bereft of the dearest Light, the Light of Reason’, the cleric Andrew Snape (1675–1742) spoke of how

Distraction...divests the rational soul of all its noble and distinguishing Endowments, and sinks unhappy Man below the mute and senseless part of Creation: even brutal Instinct being a surer and safer guide than disturb’d Reason, and every tame Species of Animals more sociable and less hurtful than humanity thus unmann’d.³¹

For those who accepted this portrait, madness required a firm hand. Discipline should therefore accompany the traditional medical remedies of depletion, evacuation and bleeding. So far as we know, Thomas Willis (1621–75), who pioneered research into the anatomy of the brain and nervous system (and coined the term ‘neurologie’), had no clinical contact with the mad during his years at Oxford, but he was emphatic about what treatment of their condition required:

To correct or allay the furies and exorbitancies of the Animal Spirits...requires threatenings, bonds, or strokes as well as Physick. For the *Mad-man* being placed in a House convenient for the business must be so handled by the *Physician*, and also by the

Servants that are prudent, that he may be in some manner kept in, either by warnings, chidings, or punishments inflicted upon him, to his duty, or his behaviour, or manners. And indeed for the curing of Mad people, there is nothing more effectual or necessary than their reverence or standing in awe of such as they think their Tormentors.... Furious Mad-men are sooner and more certainly cured by punishments and hard usage, in a strait-room, than by *Physick*, or Medicines.³²

Willis's work and the implication of the nervous system and the brain in the aetiology of madness marked the beginnings of a move away from the humoral explanations of madness that medical men had embraced since Hippocrates and Galen, and his views would be promulgated and elaborated by those who followed after him in the early eighteenth century. His ideas were widely embraced by the society physicians who sought a lucrative new market in the treatment of 'nervous' patients, those whose uncertain mental states others were tempted to dismiss as *maladies imaginaires*³³ – and though these men too seem to have had little interest in treating the Bedlam mad, they confidently repeated their master's injunctions about what ought to be done for and to them:

It is Cruelty in the highest Degree [the prominent physician and governor of Bedlam Nicholas Robinson assured his readers], not to be bold in the Administration of Medicine. [Only] a Course of Medicines of the most violent Operation [would suffice] to bring down the Spirit of Stubborn Persons [and] reduce their artificial Strength by compulsive Methods.³⁴

Such thinking was not without its influence on those who actually *did* take charge of the crazed. Madhouse keepers were not keen to advertise their skills as whip-masters; it was scarcely an attractive way to drum up custom. But harsh treatment was commonly meted out in many a madhouse, and even so august a personage as the English king George III (1738–1820) was subjected to beatings and intimidation. Francis Willis (1718–1807), who kept a madhouse in Lincolnshire, was summoned to treat the monarch in 1788, when the royal physicians despaired of curing his lunacy. Willis was clear about how he intended to proceed:

As death makes no distinction in his visits between the poor man's hut and the prince's palace, so insanity is equally impartial in her dealings with her subjects. For that reason, I made no distinction in my treatment of persons submitted to my charge. When, therefore, my gracious sovereign became violent, I felt it my duty to subject him to the same system of restraint as I should have adopted with one of his own gardeners at Kew: in plain words, I put a strait waistcoat on him.³⁵

Willis was dissembling somewhat. His treatment went much further than the application of a strait-jacket. He boasted elsewhere that

The emotion of fear is the first and often the only one by which they can be governed. By working on it one removes their thoughts from the phantasms occupying them and brings them back to reality, even if this entails pain and suffering.³⁶

And he suited his actions to his words. The Countess Harcourt, who served as Lady of the Bedchamber to the Queen, gave a fuller account of the King's treatment:

The unhappy patient...was no longer treated as a human being. His body was immediately encased in a machine which left no liberty of motion. He was sometimes chained to a stake. He was frequently beaten and starved, and at best was kept in subjection by menacing and violent language.³⁷

The king duly recovered (only temporarily, as we shall see in [Chapter Seven](#)), and Willis was rewarded with a substantial pension for his troubles.

To some extent, Francis Willis's interventions were idiosyncratic, but the underlying logic of his approach to the problems of managing and curing mad patients – he sought to break them in, like 'Horses in a ménage' as one close observer put it³⁸ – was one broadly shared among many in his trade, and not just in England. New machinery was invented to stimulate fear and shock patients back to reality. One of the most formidable examples was presented by Joseph Guislain (1797–1860), who ran an asylum at Ghent. His *Traité sur l'aliénation mentale*, published in Amsterdam in 1826, included detailed drawings of a device he dubbed 'The Chinese Temple'. The famous Dutch physician Herman Boerhaave (1668–1738) had suggested that the

sensation of near-drowning might have therapeutic uses in recalling the mad from their distraction. Guislain proudly put on display his improved method for achieving this effect:

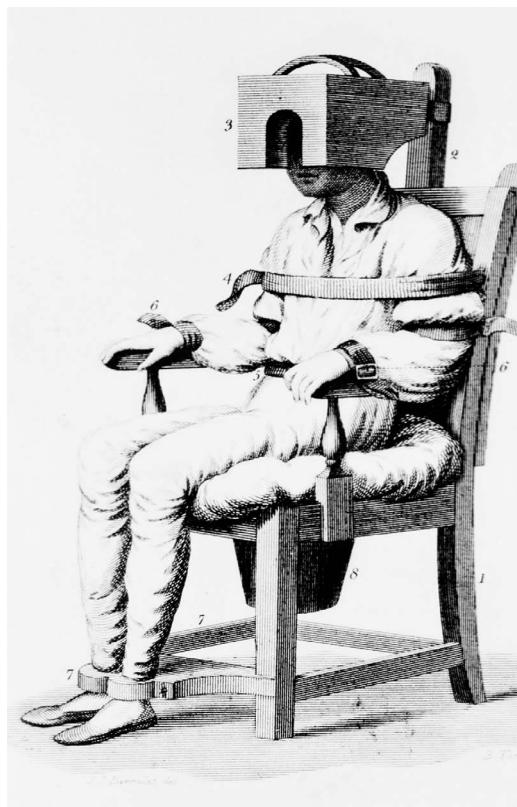
It consists of a little Chinese temple, the interior of which consists of a movable iron cage, of lightweight construction, which plunges down into the water descending in rails, of its own weight, by means of pulleys and ropes. To expose the madman to the action of this device, he is led into the interior of this cage, one servant shuts the door from the outside, while the other releases a brake which, by this manoeuvre, causes the patient to sink down, shut up in the cage, under the water. Having produced the desired effect, one raises the machine again.

Somewhat superfluously, he commented: ‘Toute fois ce moyen sera plus ou moins dangereux’ ('this is always a more or less dangerous procedure').³⁹

Perhaps marginally less terrifying was the machine invented by the American mad-doctor, Benjamin Rush (1746–1813), who dubbed his contraption ‘The Tranquillizer’, and promised similarly salutary effects:

I have contrived a chair and introduced it into our [Pennsylvania] Hospital to assist in curing madness. It binds and confines every part of the body. By keeping the trunk erect, it lessens the impulse of blood toward the brain. By preventing the muscles from acting, it reduces the force and frequency of the pulse, and the position of the head and feet favors the easy application of cold water or ice to the former and warm water to the latter. Its effects have been truly delightful to me. It acts as a sedative to the tongue and temper as well as to the blood vessels. In 24, 12, 6, and in some cases in 4 hours, the most refractory patients have been composed. I have called it a *Tranquillizer*.⁴⁰

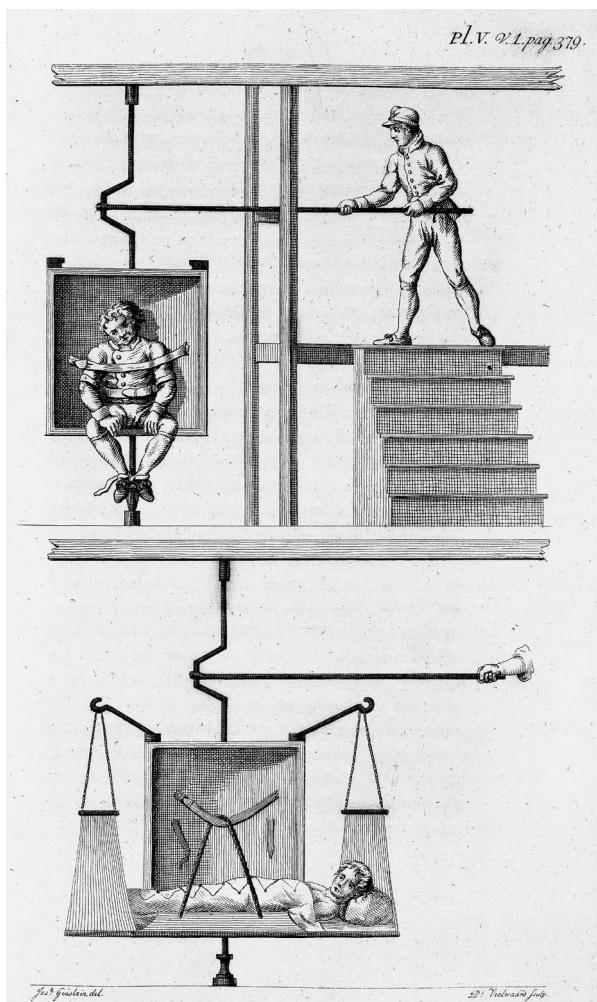
Erasmus Darwin (1731–1802), Charles Darwin’s grandfather, had suggested a slightly different approach, drawing upon some hints from Classical antiquity: perhaps a swinging motion might break through the barriers put up by the mad and bring them back into contact with the world of common sense. The suggestion was enthusiastically taken up in both England and Ireland, and soon spread to the rest of Europe. Joseph Mason Cox (1763–1813), proprietor of a madhouse near Bristol, was first with a workable



'The Tranquillizer', 1811. Its inventor Benjamin Rush boasted that: 'Its effects have been truly delightful to me.' His patients' reactions are not recorded.

design. He proudly promoted the remarkable ability to bring both moral and physiological pressures to bear on those strapped into his swinging chair. It provided a clever way of exploiting 'the sympathy or reciprocity of action that subsists between mind and body'. Each of these acted 'in its turn [as] the agent, and the subject acted on, as when fear, terror, anger, and other passions, excited by the action of the swing, produce various alterations in the body, and where the revolving motion, occasioning fatigue, exhaustion, pallor, horripilatio [the hairs of the body standing up on end], vertigo, etc., effect new associations and trains of thought.' Everything could be varied with extraordinary precision. Acting on the stomach, one could produce 'either temporary or continued nausea, partial or full vomiting'. Pressing matters further still could induce 'the most violent convulsions...the agitation and concussion of every part of the animal frame'. For those who still

remained obstinate, the swinging chair could be 'employed in the dark, where, from unusual noises, smells, or other powerful agents, acting forcibly on the senses, its efficacy might be amazingly increased'.⁴¹ More ingeniously still, by 'increasing the velocity of the swing, the motion be[ing] suddenly reversed every six or eight minutes, pausing occasionally, and stopping its circulation suddenly: the consequence is, an instant discharge of the stomach, bowels, and bladder, in quick succession'.⁴²



More elaborate versions of Joseph Mason Cox's original swinging chair were soon developed. The first one above provided better support for the patient's spinal column while he was whirled about; the second allowed the treatment of a recumbent patient.

What greater refinement could possibly be added to such a marvellous device? The Dublin mad-doctor William Saunders Hallaran (c. 1765–1825) almost immediately devised one: he designed a safer version, the seat that ‘supports the cervical column better, and guards against the possibility of the head in the vertiginous state from hanging over the side’.⁴³ He could personally testify to the powers of the device: ‘since the commencement of its use, I have never been at a loss for a direct mode of establishing a supreme authority over the most turbulent and unruly’.⁴⁴

Notwithstanding such encomiums, and the rapid initial spread of these curative machines across Europe and North America, they enjoyed only a brief period of popularity. The Berlin Charité hospital, for example, which had quickly imported Cox’s swing, had banned its use by the 1820s. Public and professional opinion had swung in a contrary direction almost as violently as Cox’s device, and what had once seemed a logical and sensible set of interventions to treat the mad was now viewed by many with incomprehension and outrage.

For if some of those dealing with the small fraction of the mad now confined in asylums and madhouses sought to control them through fear and intimidation, others had drawn different lessons from a closer encounter with the problems of managing the mad. Not for them the external imposition of order on the disorderly, if necessary by force. These men (and the occasional woman) learned through trial and error to regard their charges as not necessarily completely deprived of their reason. On the contrary, those who adopted this alternative viewpoint saw not creatures but fellow creatures, people who, if dealt with in a more nuanced, skilful fashion, could be induced to behave, to curb their madness, to resume a life that had some semblance of normality.

Kindness and Humanity?

Significantly, the central features of this new approach emerged independently and almost simultaneously in various settings, and eventually also found a receptive audience among the public – in Italy, France, Britain, the Netherlands and North America. Living in a world seemingly being transformed before their eyes by human action – canals cut, rivers straightened, whole new towns conjured out of the ground almost overnight, new breeds of animals and plants created by selective breeding on an unprecedented scale – old notions of an immutable nature, even an immutable human nature,

were coming to be questioned. If Enlightenment thinkers saw man as born a *tabula rasa*, on whom experience then imprinted its lessons, what might not be achieved by the rational application of human skill? In the classic dictum of the eighteenth-century philosopher Helvétius, 'l'éducation peut tout'.

Child-rearing, initially among the upper classes, had begun to break away from an older notion that it consisted primarily in 'the suppression of evil, or the breaking of the will'.⁴⁵ The Enlightenment thinker John Locke had formulated the rationale for the change in 1693:

Beating is the worst, and therefore the last Means to be used in the Correction of Children.... The Rewards and Punishments then, whereby we should keep Children in order are of quite another kind.... Esteem and Disgrace are, of all others, the most powerful incentives to the Mind, when once it is brought to relish them. If you can once get into Children a Love of Credit, and an Apprehension of Shame and Disgrace, you have put into them the true principle.⁴⁶

Little more than a century later, in 1795, this was almost precisely the language and approach the proponents of what came to be called 'moral treatment' began to use. 'The first salutary operation on the mind of a lunatic', said John Ferriar (1761–1815), the physician to the Manchester Asylum, lay in 'creating a habit of self-restraint', something that required 'the management of hope and apprehension.... Small favours, the show of confidence, and apparent distinction' rather than the use of coercion.⁴⁷ Thomas Bakewell (1761–1835), keeper of a provincial madhouse in Staffordshire, likewise stressed the need to rouse the madman's 'moral feelings' and use them as a sort of 'moral discipline':

Certainly, authority and order must be maintained, but these are better maintained by kindness, condescension, and indulgent attention, than by any severities whatsoever. Lunatics are not devoid of understanding, nor should they be treated as if they were; on the contrary, they should be treated as rational beings.⁴⁸

As for the fiercer approaches in vogue elsewhere:

[by terror lunatics] may be made to obey their keepers, with the greatest promptitude; to rise, to sit, to stand, to walk, or run at their

pleasure; though only expressed by a look. Such an obedience, and even the appearance of affection, we not infrequently see in the poor animals who are exhibited to gratify our curiosity in natural history; but, who can avoid reflecting, in observing such spectacles, that the readiness with which the savage tiger obeys his master, is the result of treatment at which humanity would shudder.⁴⁹

The two men most commonly associated with the new approach were the Quaker tea and coffee merchant William Tuke (1732–1822) – whose grandson Samuel is quoted above – who founded a madhouse called the York Retreat in 1792; and the physician Philippe Pinel (1745–1826), who supposedly liberated the insane in 1795 at the Salpêtrière ([Pl. 24](#)) and the Bicêtre, respectively the main receptacles for female and male pauper lunatics in Revolutionary Paris – developments we shall return to in [Chapter Seven](#). But Tuke was only one of a number of figures arguing for a new way of handling the insane: John Ferriar, the Manchester physician, and Edward Long Fox (1761–1835), proprietor of the private madhouse Brislington House, near Bristol, were urging a similar set of ideas – and indeed Tuke recruited the matron for the York Retreat, Katherine Allen, from Fox's establishment.

As for Pinel, whose unchaining of the insane was a myth created decades after the event – what some have called a ‘fairy tale’⁵⁰ – his version of moral treatment was learned at the feet of the lay administrators of the wards for the insane at the Bicêtre and the Salpêtrière, Jean-Baptiste Pussin (1746–1811) and his wife Marguerite Pussin (1754–?), who had the extensive practical experience of managing the insane that Pinel at first lacked.⁵¹ Nevertheless, it was Pinel who ‘theorized’ the changes, and provided the first systematic published account of the French version of moral treatment, and in the process helped to institutionalize the new approach. And it was the utopian optimism that moral treatment gave rise to – the sense that a new, more humane and effective form of therapy had been found, one inextricably linked to a reformed version of the madhouse – that gave birth to the age of asylumdom. Here was the true Great Confinement of the insane, one that materialized in the nineteenth century all across Europe and the North American continent, and eventually spread, through the imperial efforts of the European powers, to other countries and continents as well. We shall return to the rise of the empire of asylumdom in [Chapter Seven](#).