A Brief History of Psychiatry and the Mental Health System

By Emil Colangelo

"Dedicated to Dr.Iyer
A psychiatrist who lets me talk"...

Did you ever wonder how psychiatry began? Did you ever wonder when people began seeing psychiatrists or were they in existence since people organized themselves? Did you ever wonder how the mentally ill were treated in the dim past, in more enlightened times or even in our more modern times? Did you ever ponder how the entire mental health system developed or, was there always a mental health system even in the antique past? I will try in this small work to tell the story of psychiatry, psychiatrists, how the mental health system developed and the mentally ill were dealt with. The treatment of the mentally ill throughout time is not generally a pretty picture. For a long time people considered the psychiatrically disabled much like they thought of and treated animals. They were isolated, caged, made to sleep on hay or cold earth; often they were chained and shackled to the ground or walls. They were poorly fed and often died from malnutrition and exposure. They were frequently placed in shoddy shack-like accommodations where they were exposed to the extremes of cold and heat, because their keepers did not believe the mentally ill were quite human and had no sense of heat and cold. The conditions the mentally ill had to suffer through had only gradually gotten better, due to the efforts of some enlightened and sensitive people such as the American school teacher Dorothea Dix. Only gradually, did physicians begin to think of mental illness as real, separate illness rather than some mystical spell put on them by the Gods. In antiquity, mental illness was largely viewed as a matter of superstition, in that the ill had spells cast upon them. Demon possession continued for decades and still exists today but even in religious terms is quite rare.

In ancient times physicians did not believe there was a difference between physical and mental illness. They thought that it was some vile curse from the Gods to whom they fell into disfavor. Mental illness was a matter of demonic possession. Incantations were often repeated to the ill person often times with no successful results. Even the bible states in Mathew, viii, verse 28: "Jesus casting out the devils from two possessed men, and causing the evil spirits to enter a herd of swine, which forthwith plunge headlong over a cliff to their destruction." Often times death itself was a cure for mental illness. They reasoned that if incantations or potions or exorcism could not cure the ill person, he or she had no favor with the Gods and deserved to die. Frequently, a temple authority would dress up as a demon such as the one afflicting the ill person and touch the person and perform an exorcism. The ill person would be made to sleep inside or around the temple for the entire night. This was supposed to cast out the demons. But

often the afflicted person awakened in the same condition. If the patient did not respond to the Temple God "he was unceremoniously cast out from the temple as one accursed and unworthy of cure, since the gods, in failing to expel the disease from his body, had unmistakably signified their displeasure with him…" The ancients had a saying: "Whom the God would destroy, they first made mad." This meant that if a person offended the Gods in a destructive way, he was made "mad" and was a preliminary to the state of death. The ancients believed that the first stage of death was becoming mad.

The physical treatments of the ancients were balms and ointments and oils. However, they did use a drug called "hyoscyamus." This was a powerful psychedelic drug much like LSD is today. They reasoned that the visions and sensations produced by this drug might snap the mentally ill person out of his delusions. Music might have played a role in the curing or alleviation of depression. The Bible states that King Saul had a long, anguished bout with depression. In order to help him out, David just kept playing on his harp until the King's depression was lifted. Music is used in the alleviation of depression today and might have had its roots in the ancient times of the Bible.

Many of the mental illnesses were really physical ones such as epilepsy. Everyone knows that bouts of epilepsy vividly mimic a mad person. People were often forced to undergo harsh treatments because of a pure physical illness. The great physician Hippocrates(460-370BC) however refused to think of mental illness in the same terms of physical illness. He reasoned that epilepsy is an affliction of the body and not the mind. He thought that illnesses were caused by malfunctions of the four humors, that is: black bile, yellow bile, phlegm and blood. He was shocked and disgusted by the superstitions of physicians and the people regarding mental illness. Unfortunately, the blood aspect of disease let to the dangerous and often fatal practice of "blood letting." This mean letting out the bad blood so as to affect a cure for ill persons. Bloodletting continued well into the 19th century, which is a long time to use such a useless and dangerous practice.

The ancients began to notice to divisions in mental illness: those symptoms that form mania and those than form melancholia. Even for such an ancient period, some physicians began to see that there was a "connection" between them. One physician that described it many centuries later later called this connection "circular insanity". However, a Roman observer in regard to the keepers of the insane can sum up the brutal mistreatment of the mentally ill. "However, the mistreatment and brutality practiced as "treatment" for mental illness is illustrated here by the "They seem mad themselves, [the keepers] rather than dispose to cure their patients, when they compare them to wild beasts, to be tamed by deprivation of food and the tortures of thirst. Doubtless led by the same error, they want to chain them up cruelly, without thinking that their limbs may be bruised or broken, and that it is more convenient and easier to restrain them by the hand of man that by the often useless weight of irons. They go so far as to advocate personal violence, the lash, [italics in statement] as if to compel the return of reason by such provocation." The keepers were themselves sadistic. They had no tolerance for ideas on

how to handle the mentally ill so they resorted to sheer brutality. It is a wonder how many mentally ill were tortured to the point of death during these episodes. It is no random guess that thousands or more might have died as a result of this astonishing brutality. How well can a person be treated when they are considered "wild beasts?"

The working people of ancient times were invariably slave labor. If a person could not work he was considered a useless burden. Thus, the functioning mentally ill was made into slave labor. Most workers did not receive any "treatments" at all and their mental illness made forcing them into slave labor much worse. In the more enlightened centuries that followed towns and villages still considered the mentally disabled a burden and horrific things were done to them. Celsus, a Roman man of enlightenment otherwise "advocated chains, flogging, semi-starvation diet and the application of terror and torture as excellent therapeutic agents." Mental illness was considered more of a punishment than a sickness. As one-author states: "Among the Roman slaves and general populace "mentally diseased persons were frequently put to death as undesirable or intolerable burdens, in the absence of public provision for their care."

The Middle or Dark Ages brought no better relief or treatments for the mentally ill. There was no "science" or reason, as we know it today. There was only religion. Priests thought of illness still in terms of possession and evil demons. They also used cruel, unimaginable torture and lashings in attempts to drive out the demons of the poor distressed person. ." A typical treatment for insanity in the Tenth Century consisted of: "In case a man be lunatic; take a skin of mere swine (sea-pig) or porpoise, work it into a whip, swinge the man therewith, soon he will be well. Amen." This certainly was a medieval cure. Physical treatments consisted of the usual beatings and lashings and a menagerie of concoctions and treatments with live or dead animals. Later, in the "Age of Reason" the famous author and philosopher Sir Thomas more was once merely annoyed at the ravings of a mentally ill man outside his door. Instead of calling upon his reason in handling the situation with sympathy and science he had the man publicly humiliated and gloated afterwards. " I caused him to be taken by the constables and bound to a tree in the street before the whole town, and there striped him till he waxed weary. Verily, God be thanked, I hear no harm of him now." But again, throughout the Middle Ages treatments for mental illness were in the pale of demonic possession and the distressed were treated with brutality and cruelty. It seemed if a disturbed person could not be whipped, chained, beaten and starved he would not be worth any type of salvation or cure.

Then came more "enlightened and scientific" times. The period was called the Age of Reason or the Age of Enlightenment. In 1752 the "lunatick" hospital was opened. It was called the Pennsylvania Hospital. The unmistakable authority and chief physician at the hospital was a man called Benjamin Rush. He was the superintendent at the hospital for over 30 years. He was also chief physician for United States and knew famous leaders like Thomas Jefferson and Benjamin Franklin. Thus, he wielded much power and influence. At first the Pennsylvania Hospital was more of a poor house than a place that

took in sick people. But in 1752 the first lunaticks were admitted and relegated to some spare basement or ward. As was observed at the time, the physical treatments of these poor mentally ill people was not much better than those of earlier times: "Their scalps were shaved and blistered; they were bled to the point of syncope; [heart failure] purged until the alimentary canal failed to yield anything but mucous, and in the intervals, they were chained by the waist or the ankle to the cell wall. The attendants carried whips and resembled and behaved more like prison guards." Other observers of the time tell us: " the insane were often chained to iron rings to the floor or wall of their cells, or were restrained in handcuffs or ankle irons, and the strait waistcoat, or "Madd-shirt"[precursor of the straitjacket] was a much used appliance…."

The Pennsylvania Hospital was patterned after the famous Bethlehem Hospital in England, other wise known as "Bedlam." A cruel aspect of both hospitals is that the mentally ill had placed on them the added embarrassment of being of being poked fun at and used for the amusement of the people. Actual admission charges were sold to anyone who sought the amusement of the mentally ill while they suffered. This helped pay for their upkeep and that of the hospital. People paid a sum of money to see the ranting and ravings of the lunaticks. Later, the hospital authorities realized that this was a cruel act of embarrassment to the inmates so they erected fences and walls to keep the amusement seekers out. However, this did not seem to work very well as the thrill seekers found ways to scale the walls and fences to see the distressed in all their sufferings. The famous painting of Bedlam Hospital called "The Rakes Progress" shows vividly how the shackled mentally ill were used for the visual pleasure of the people. But for the most part the first hospital in the states did not take in many lunaticks. The Pennsylvania Hospital was really a half-state almshouse in that it took in the vagrants, criminals, the sick, and the frail elderly along with the mentally ill. The very first hospital in the states devoted to caring for the mentally ill exclusively was the built at Williamsburg, Virginia in 1753.

In the early 19th Century progress was slow if any at all for the mentally ill. As early as 1817 one observant politician notes: "There is nothing so shocking as madness in the cabin of the Irish peasant "When a strong man or woman gets the complaint, the only way they have to manage is by making a hole in the floor of the cabin, not high enough for the person to stand up in, with a crib over it to prevent him from getting up. The hole is about five foot deep, and they give this wretched being his food there, and there he generally dies." The early 19 Century was a time cruelty and mistreatment of the insane. A distressed individual was buried in a hole not large enough to completely bury his head. His head stuck out and was covered with a cage. There in all sorts of foul weather he was fed some form of scraps which one would give an animal. He either died of malnutrition or exposure to the elements or both. Also, the almshouses or prisons, again, did not distinguish between people with mental illness or the simply dependent. The almshouses were built before the movement toward mental hospitals or madhouses. The mentally ill were not the only inhabitants of the almshouses. Mixed in with the mentally

ill were criminals, prostitutes, the dependent elderly or children and the just plain physically ill. Still, in this period the mentally ill were looked upon as victims of dependency rather than having any special needs of their own. If the ill person strayed away from the routine or mores of the then existing family life, he would most likely end up in some sort of almshouse. The family was embarrassed to have the disturbed person living at home. However, treatment at an almshouse or one of the few mental institutions would not be any better. The mentally ill person was most likely to be mistreated and beaten at the institution as well as being viciously maltreated at home. However, a private physician might treat those that could afford it or payment could be made to the local community for the treatment of the distressed or prominent members of the community might take in the ill person. But, by and large, most that could not afford treatment privately could expect nothing but pitiful cruelty being treated at home. An early psychiatrist notes the conditions of an unfortunate distressed person being brought to an early asylum after being treated at home: "A youth of sixteen, who for years has lain in a pigpen in the hut of this father, a shepherd, had so lost the use of his limbs and his mind that he would lap the food from his bowl with his mouth just like an animal". The same physician noted: " Dr. Muller repeatedly found that most patients admitted to his asylum with backs beaten blue, with bloody wounds. As far as stigma and poking fun at the mentally ill; whenever a patient was discharged he was often met with derision from the local children with phrases such as: "Looky looky, there goes the kooky." Of course, calling an mentally ill person "kooky" can still be heard today, in the 21st Century just as it was heard way back in the 19th.

The horrible conditions that the mentally ill had to endure persisted well into the nineteen Century. If they were in an institution, it most probably was a workhouse or almshouses. Before the asylum era, if they lived at home, the mentally ill were often seen: "lain upon straw in their own feces, their faces covered with flies." Dr. William Perfect was called upon the scene in a workhouse to witness a man: "secured to the floor by means of a staple and an iron ring, which was fastened to a pair of fetters about his legs, and he was handcuffed." Visitors continually pointed at the suffering patient, ridiculing him and making light of his plight. Somehow this seems to be the same behavior practiced today by ignorant people. It was a Massachusetts schoolteacher named Dorothea Dix that that became incensed over the plight of the poor and mentally ill in these shanties and almshouses. She wielded a tremendous influence over state legislatures all over the land to improve the wretched plight of the mentally ill by demanding better, more scientific treatments of the disturbed and more asylums to be built specifically for the cure of the horrible illnesses that plagued people. She was born in 1802 and died in 1887 and for most of her life she devoted her tireless energy to working to better the lives of the mentally ill and the poor. First called upon to take a teachers job in a prison for women, she instead encountered prostitutes, the mentally ill, the retarded and the lame all lumped in the same squalid conditions. Again, the mentally ill were not separated from any one else that was a criminal or dependent. For the poor mentally ill, the families of had built a seven by ten feet shanty house about the size of a

modern jail cell. They were chained in these little shacks often poorly fed, left to the heat and cold of the elements for years and sometimes until they died. She felt outrage and did her best to unshackle these unfortunate people and place them in more humane housing. In Medford Massachusetts she describes " one idiotic subject chained, and one in a closed stall for 17 years." In Dedham she sees "the insane disadvantageously placed in the jail. In the almshouse two females in stalls, situated in the main building; lie in wooden bunks filled with straw; always shut up…." It seemed that everywhere Dorothea Dix traveled she seen the same disgusting plight repeated. The insane in little shanty stalls lying in filth and chained to the walls or floors or she observed the almshouses filled with all types of people: the insane, the poor, prostitutes, criminals, the elderly, the retarded and even the physically ill such as those with cerebral palsy or epilepsy. Thus Miss Dix embarked on many a session with state legislatures to help solve the problem of the mentally ill and it took her entirely life to finally bring some relief from those who suffer from psychiatric illnesses.

In the Middle Ages there were almshouses and work houses rather than asylums that catered to the mentally ill exclusively. As was already mentioned Bedlam grew out of Bethlehem Hospital that later became know as Bedlam. William Hogarth's painting of "The Rakes Progress" shows how people were amused at the suffering antics of The Rake in the throes of his illness. Again, people were charged admission to see the mentally ill further causing them the embarrassment and pain of being derided and ridiculed. As was observed by an onlooker: ". "Admission fees were charged to see the hapless and suffering Rake, naked and head shaven, being tendered to by a physician, all to the delight and pleasure of paying onlookers." However, the well off were able to send their distressed persons to private institutions with private physicians. The physicians commanded a good deal of money to take care of their patients but the physical and moral treatments were not any better. Families sent their ill relatives to these private physicians more to get rid of them than to have them cured. Two great and long lasting institutions were created in France in 1656. They were the Bicetre for men and the Salpetriere for women. Still, however, these institutions were custodial in nature and frequent beatings and floggings were the rule. They were ruthless in the treatment of the mentally ill. Also, again, non-mentally ill people were housed there including the beggars, the "ideots," and criminals, organically ill, elderly and the epileptic. Therapy of any sort was virtually non-existent and merely custodial. In the American Colonies the same situation existed. The mentally ill were often put up in little houses or small shanties. They were usually 5 feet by 7 feet in space. Dorothea Dix describes them in her state of Massachusetts. Colonial men usually paid for unruly wives by having them shackled in such deplorable spaces. The two noteworthy madhouses established in the Colonies were The Pennsylvania Hospital opened in 1752 and The New York Hospital established in 1791. However, they admitted non-psychiatric people along with truly disturbed persons. The first American Psychiatric Hospital exclusively for the mentally ill was created in Williamsburg, Virginia in 1773 to make provision for the "Support and Maintenance of Ideots, Lunatics, and others Persons of Unsound Minds."

As far an unruly wife were concerned there was a famous case of illegal admission to an institution because of a poor marriage. In the mid-19th Century there was a woman called Elizabeth Packard. She was married to a strict Calvinist husband. They had tremendous fallout. It seems that Mrs. Packard was not as strict as her husband in her personal beliefs and behavior. She liked to dance, sing and have a bit of entertainment at times. However, her husband violently objected to her beliefs and behavior. He became so incensed at her that he had her involuntarily committed to the State Mental Hospital in Illinois. Her husband actually sent physicians to her home and literally dragged her into the institution. But Miss Packard did not take this action easily. She objected all the way to the Illinois State's Legislature on the grounds that she was illegally confined against her will. She brought up the vital issue of illegal incarceration stating that any husband or anyone could have someone committed for frivolous reasons. She wrote a book about her experiences and spent the rest of her life fighting against illegal, frivolous incarceration in mental institutions. Her battles and book brought worldwide attention to the idea that people can be committed for reasons other than mental illness. Later, some laws were instituted and guidelines were created to prevent illegal incarceration and the idea that everyone cannot be committed to an institution just because they are an annoyance to a family member or husband.

During the Age of Enlightenment or the Age of Reason new ideas about treating the mentally ill were introduced. Physicians actually thought that the act of confinement in an institution went far to a cure for the illness. One physician observed: "management did much more than medicine; and repeated experience has convinced me that confinement alone is oftentimes sufficient, but always necessary that without it every method hitherto devised for the cure of madness would be ineffectual." This meant keeping the patients in isolation because they thought that interaction with friends and relatives only caused or greatly enhanced their agitation. One great exponent of this form of therapy was a French physician named Philip Pinel. He believed that mental illness stemmed from some agitation of the nerves. The nerves in some people were receiving too much stimulation. He also advanced the precursor of modern psychotherapy. This was called "moral therapy." Moral therapy involved actually talking to patients, taking a little bit of their life's history and comforts like warm baths. His counterpart in the American Colonies was the famous and influential Benjamin Rush. He also believed that mental illness stemmed from the nerves or "passions" affecting the nervous system. This, we might say, was the beginning of the idea of a biologically based psychiatry. He espoused the idea that the mentally ill were suffering from a congestion of blood in the brain. He explains: ": "The cause of madness seated primarily in the blood-vessels of the brain, and it depends upon the same kind of morbid and irregular actions that continues other arterial diseases." However, Dr. Rush had a dark side. He not only believed that confinement inside the walls of the institution was therapeutic, he also believed that instilling terror and authority over the patients was an integral part of therapy. He believed that if a patient knew that a physician could hold absolute power over the patient

it would serve as some sort of role model on how to behave. Dr. Rush also used violence against patients, especially the agitated ones, as a normal part of his therapy. At this time physicians of the mentally ill were not called "psychiatrists" as we know them today. They were called "alienists. They were named this because, presumably, doctors viewed the mentally ill as alienated from themselves.

Thus the 18th Century brought us two theories of mental illness, particularly espoused by the two great physicians on both continents. Benjamin Rush in the Colonies and Philip Pinel in France. The one theory was biological as noted again by Benjamin Rush: "" the cause of madness is seated in the blood vessels of the brain and was part of the disease pattern part of the unity of disease, particularly of fever, of which madness is a chronic form, affecting the part of the brain which is the seat of the mind." The other theory was more psychosocial or passions or nervousness stemming from life's events. It was often thought that bad or unclean living could cause illnesses. If one led a clean, pure life one would be least likely to attain a mental illness. Both Pinel and Rush believed in both aspects of the causes of mental illness; that is the biological and the psychosocial, the latter probably stemming from childhood. The psychosocial aspects that these men thought about was certainly the precursor of Sigmund Freud's theories as child hood neurosis playing a huge part in patients and their complaints. Dr. Rush and Dr. Pinel began to see something interesting in their observations of depressed patients. Taking the histories of the depressed they noted that patients told them that the ancestry of the patients also suffered from depression. This led them to believe, for the first times, the genetics and heredity may be playing a role in the onset of depression. Pinel noted:" "Heredity is the commonest predisposing cause of madness." Thus the 18th Century physicians, for the first time, began viewing mental illness in both biological and psychosocial terms. However, the biological explanations still took center stage at this time. It took more than a century before Sigmund Freund put biological psychiatry into the realms of the back rooms.

Later, as the asylum system grew physicians and others began to realize that mere confinement in asylums was not the curative method that was successful. The 19th Century was one of great asylum building. Asylums sprung up all over the country and in many states. Now, as yet, these were not government-funded asylums. The asylums were private endeavors to take care of people that were mainly a burden to society especially financially. With the help of people like Dorothea Dix, gradually the government played a greater role in the funding of institutions. However, these private asylums were no crueler than the future government funded ones. It was observed: "In 1806 a physician assigned to the newly evolving asylum system found "a mix of curable and incurable mental patients, epileptics the physically handicapped of every description, orphaned children, and criminals of the most diverse kinds in a chaotic mish-mash." Privately funded or not the asylums were places of great pain and squalor. The mentally ill were still not separated from the criminals, the sick of all types, the retarded and the elderly and orphaned children. Also the 19 Century saw the general rise of populations.

Immigrants were entering the country in historic numbers. Some physicians began to see the rise of mental illness as a direct result at the rise of population. The great majority of immigrants were poor and if they were sick and could not adjust to the new country they often could not work and ended up in one of these atrocious almshouses or workhouses. An observer around 1837 describes a little concerning what went on in one of these workhouses: "Like any hospital it had to posses a medley of therapeutic interventions, going beyond medications to include baths of all kinds, electricity, galvanism, and so forth." It is interesting to note that electricity was used at this early date. This was a precursor of what we call today ECT or Electro convulsive Therapy. The general mode of therapy was still what was called "moral therapy" and physicians thought it worked quite well. Some doctors reported a great percentage of cures through the use of this therapy and also their belief that mental illness was completely curable. But for historical purposes, the first public asylum was founded in Colonial Williamsburg in 1773. It took decades after this to create an asylum at Worcester, Massachusetts, largely by the petitioning of the great reformer Horace Mann. The aim of these asylums was not mere custodial confinement but the curative effects of moral therapy. By the mid 19th,century therapeutic asylums were scattered over America and all seemed to be progressing well.

However, the asylum system fell into the same wretched conditions of the very first almshouses and workhouses. The mentally ill were not being cured or cared for; they were just being warehoused. The population due to immigration was increasing rapidly and the asylums were having a difficult time in keeping up with the distressed. The attention they received was purely on the custodial level. The hopes and dreams that mentally illness can be cured by confinement and moral therapy were being dashed to the rocks. As far as inmate population went a statistic was compiled:" In England, asylum inmates had more than doubled from 1.6 per 1,000 populations in 1859, to 3.7 per 1,000 in 1909. Warehousing of patients became the rule and norm. One physician lamented: "Our asylums detain but they certainly do not cure. Or if they cure, it is only by accident, so to speak, and in spite of the system, not as a result of it." The patient overflow was unbearable.

Some physicians believed that the great spurt of people into the almshouses and asylums was due to the fact that the types of populations were sick and unclean. As noted, the asylums were populated with criminals, prostitutes, beggars, the retarded, the homeless and others who were not considered being "clean" and leading clean and mainstream lives. However, some physicians believed it was the change between a purely agrarian life style where people mainly worked on farms to a capitalistic, factory system with its stresses due to the division and labor and separation from the family. At this time, factory workers did not work a normal eight-hour day. They worked from sun up to sun down and paid low wages with no such things as vacations. Thus, some believed this put undue stress on many individuals and compromising their mental health. Still some believed that the increase in the population of the mentally ill was due to hereditary and biological reasons, despite the growing industrial revolution and the poor working

conditions. The very idea of "nature vs. nurture" was debated throughout the 19th Century just like it still is today! Another explanation for the spurt in the populations of asylums was that there is evidence that people with alcoholism were admitted for the first time as being in the mental illness category. This population would certainly swell the ranks of the asylums. There is still a more interesting reason why the inhabitants of asylums increased during the 19th century. This era was called the "Victorian Age." This was the age where good morals were the rule of the day and any deterring away from them could turn one into a pariah. Especially, sexual morals were to be absolutely clean. However, experience has shown that in any age this is not always possible and people strayed from their good morals. Young men, some with families, often visited prostitutes. From their associations with them they often came down, shamelessly, with sexually transmitted diseases. One of these horrendous and at the time fatal diseases was syphilis. Then it was called "Tabes Dorsalis." Syphilis, in its final stages, results in the complete destruction of the brain and nervous system. The symptoms include depression, hallucinations and others that mimic those same symptoms of mental illness. Thus the physicians now believed more that serious mental illness was INDEED biological! This, of course, was a mistake because syphilis is purely a sexually transmitted physical disease! After the syphilitic person died the researchers often cut off sections of the brain. In doing so, of course, they found lesions. This tended to prove that lesions on the brain and nervous system played a role on mental illness. Thus, the swell of syphilis individuals sought relief in the asylums and was one prime reason the populations of the asylums increased. But more importantly, the physicians were treating an illness that was not "mental" in any way, but purely physical and sexual in nature. Also, the end stages of alcoholism similarly show neurological lesions in the brain after death. Again, lesions were offered as proof that mental illness was a biological affair and had little to do with the growth of capitalism and the movement from the farm to the factory.

As the newly created asylums filled there was less need for almshouses or workhouses. Families thought of putting a member in an asylum with more ease now rather than in a workhouse.

As early as 1809 Philip Pinel and others began to notice a serious mental illness that seemed to strike at teenagers and young people. Of course today it is noted as schizophrenia. It was virtually unknown before 1800 and generally classified under some form of mania. The Pennsylvania Hospital was one of the first institutions to notice its symptoms. Some physicians noted:" "The symptoms were disordered thinking, delusions, illusions, and hallucinations. The sensibility appears to be considerably blunted; they do not bear the same affection toward their parents or relations." Also doctors noted about the schizophrenic individual: "As their apathy increases they are negligent of their dress, and inattentive to personal cleanliness." One doctor commented: "I have painfully witnessed this hopeless and degrading change, which in short time has transformed the most promising and vigorous intellect into a slavering and bloated idiot." Schizophrenia as we know it today was virtually unknown before 1800. However, most

likely there was schizophrenia and its symptoms but the doctors at the time did not have the knowledge and terms for it that we have today. Some historians believe schizophrenia developed "separately" as a mental illness and was new to psychiatry. This is often know as the "the recency hypothesis" in that schizophrenia developed later because of the stresses of daily life.

By 1900, the asylum system was just about useless as functioning institutions. No one was being care for. Patients were just warehoused and mistreated in the institutions and no one seemed to care. Superintendents of asylums were not even perceived as healers or physicians. They were looked at as farmers who had some political influence to retain such a position and command a good salary. One physician noted: " One former superintendent wrote: "Between 1860 and 1930 British asylums became backwaters." The profession of psychiatry had at this time lost all respect. The superintendents were viewed as poor souls who could not be at all successful in the field of psychiatry. When the question was then asked: "Why does someone become a psychiatrist? The answers went something like this: A cynical physician at the time answers: "physicians who fear of failing the psychiatric examination or those who are physically inadequate, having rheumatism or a heart problem (those that are not up to the strains of ordinary medical practice.) Or those who are plainly intellectually inadequate who would stand out less there and who later became the superintendents." Carl Jung (a former partisan of Freud) said of psychiatry: "psychiatry is the stepchild of medicine, not classified as being in the physical science category." Psychiatry was not thought of as a branch of medicine as today many people still considered only an off shoot of the medical sciences.

Since psychiatry was a dead field in which no one really believed in, something had to be done to try to revive this failing specialty. Doctors and researchers began talking about mental illness in more biological terms. They also began to think more in terms of heredity and genetics in playing a role in the development of mental illness. This meant the asylum played less a role in the research of mental illness than did the University laboratories. Studies began on the central nervous system and the brain itself. Students took their knives in hand and began to cut slices of brains at post mortem in a frenzy of activity. One physician states: "patients with so-called mental illnesses are really individuals with illnesses of the nerves and brain." Thus, mental illness became more and more "medicalized" in order to show that it stemmed from lesions on the brain and nervous system rather than the indulgence in "unclean living" or excessive passions and stress or the hocus pocus of the demons and their possessions.

A physician named Theordore Meynert spent his entire career in the laboratory cutting out slices of brain tissue after a mental patient died. He believed that mental illness was incurable. He isolated himself in his laboratory almost by night and day and never even saw a patient. As a matter of fact, Dr. Meynert was exceptionally shy when it came to actually seeing and talking to a patient. He would become awkward and confused. He mainly cut slices out of brains at post mortem as a deli person would cut

cheese. He saw no social aspects of mental illness at all. He was the complete opposite of Sigmund Freud, who studied under him for a time. Again, importantly, the slices of brains that Dr. Meynert and his students found these "imperfections" or lesions on were the product of acute alcoholism and also of the rapid and decimating syphilis. It is usual to find lesions in the neurons of the brains of people who died of acute syphilis or alcoholism. But some could not be convinced. They thought these lesions on the brain tissue were the cause of mental illnesses and there was not to be a cure. Yet, syphilis was purely a physical disease and the advent of penicillin in the 1940's brought syphilis into the curable stage. Today, alcoholism can be treated with a high percentage of success. Meynert and his associates' sorely mistook mental illness for purely physical ones.

Psychiatry still had to be revived. A reliance of slices on brains showing lesions was not enough to prove mental illness and advance psychiatry. But a famous man named Jean-Martin Charcot(1825-1893) came up with a more psychosocial view of mental illness. He presented a slant of psychiatry that would try to explain the theory of mental illness and also advance the specialty of psychiatry itself. He virtually ignored the major mental illnesses such as schizophrenia and paranoia and such and focused more on the child hoods and history of the patients. He concentrated more on patients who suffered from other disorders such as anxiety, nervousness, and obsessive compulsiveness and shied away from the major illnesses. He even gave a name to people who suffered from anxiety, nervousness and the stresses of life. He called the new slant on illnesses "hysteria" or "neurosis." He reasoned he could get more paying patients into his offices because anxiety and stresses could command more patients than the more serious illness such as schizophrenia. He could make psychiatry a very lucrative endeavor. Charcot was known as a dreamer. But his famous pupil Sigmund Freud, who brought psychiatry to new levels of popularity and financial advancement, further, expounded his dreams. Charcot was an icon of his age, almost like Dr. Benjamin Rush. "Charcot is described by an historian as: "quite lacking in common sense and grandiosity sure of his judgment, it harbors it harbors the potential for calamity."

There was no formal training for psychiatrists at the turn of the century (1900.) Physicians usually received training by listening to lectures or going to somewhat would be called today a "trade" school. In Europe, especially Germany, researchers continued to use the microscope to examine lesions on the brain cells as the cause of mental illness. However, in America, famous doctors like Adolph Meyer began more researching into the psychosocial causes of illnesses. He abandoned the microscope in favor of the pen and pad. He was also a contemporary of Freud. He began more observational techniques of patients, talked to them and took extensive histories.

However, doctors were still trying to find a link between heredity and genes as passed from generation to generation as the cause and progression of mental illness. Physicians began to believe even physical diseases like epilepsy would "degenerate" from generation to generation and eventually progress into psychosis! One physician who

believed in this theory of progressive degeneration from family member to family member was Benedict-Augustin Morel. He actually believed that people who are lame or retarded would automatically pass their genes to successive members of the family. He even based his theory on the fact that retarded people "look different" and this was the result of generations of bad heredity and genes. Morel did not at all believe that mental illness might have a psychosocial contributing factor or of the theories that the squalor people were forced to live in during this industrial revolution period were valid. He wrote of the individual caught in the family tree of degeneration as: "The degenerate human being, if he is abandoned to himself, falls into progressive degradation. He becomes not only incapable of forming part of the chain of transmission of progress in human society; he is the greatest obstacle to this progress through his contact with the healthy portion of the population. Happily, the span of his existence is limited as of all monstrosities." It is interesting to note that he thought mentally ill and retarded people in terms of not human beings, but of "monstrosities!" Again, he believed that a common affliction like tuberculosis would degenerate into psychosis as the family tree expanded. His ideas were widely read and dangerous because he advocated for the forced sterilization of the degenerates. This eventually led to the rise of Hitler and his mass exterminations of people with disabilities and mental illnesses. He thought the rise of crime and immoral living resulted from the degeneration of the physically sick and mentally ill and not for any economic, social or for any other reason whatsoever.

Another professor who staunchly believed in the theory of degeneration was named Richard von-Krafft-Ebbing. He believed that excess sexuality was the cause of mental illnesses and their subsequent degeneration from generation to generation. Like Benjamin Rush, he was an avid believer that masturbation was a prime cause of insanity. He held that immoral and unclean living including extra marital affairs; excessive indulgence and drinking played a major role in the formation of mental illness. He was truly a precursor of Sigmund Freud when it came to sexuality, especially since he believed that sexual malfunctioning and desires in child hood led to mental illnesses. He also wrote a highly influential book caused "Psychopathia Sexualis" in which he spoke of the immoral evil of masturbation and unclean living in general. He believed that homosexuality were also the product of degeneration as were transvestites. He says in his book: "In degeneration it is specially frequent for sexual functioning to be abnormal, in so far as there is either no sexual drive at all, or it is abnormally strong, manifesting itself explosively and seeking satisfaction impulsively, or abnormally early, stirring already in early childhood and leading to masturbation. Or, it may appear perversely, meaning that the kind of satisfaction is not oriented to reproduction."

The believes of thinkers like Morel and Von-Ebbing were and indication of what one historian said "Of psychiatry run of the rails." We know today that there is no such things as degeneration except in a few illnesses such as what is called the "fragile X syndrome" and in some illnesses like Huntington's chorea. However, preposterous as

these theories were, they did point the way to sexuality as playing a role in psychiatry with the teacher Charcot and later with his famous pupil, Sigmund Freud.

Another famous and influential physician was Emil Kraepelin. He also abandoned the microscope for the more talking to patients and taking their life and psychosocial histories. He despised the incessant searching for lesions on the brain. Dr. Kraepelin did his work largely by placing the histories of his patients' on tiny cards and then studying them. He would first see a patient and write down on his cards the extensive history of him and then take then home to study. He saw mostly psychotic patients and did not really take care of the neurotics like Freud later and Charcot. He would take thousands of patient's histories over the course of his career. He would then follow the progress of the patient throughout the course of his illness. He was the first doctor to think of a prognosis of a patient or how one became more ill or stayed the same or became better with time.

While studying extensively the histories of his patients on his cards and notes he discovered something striking. He noticed that some patients were manic for a time and then later showed signs of depression. He saw a link between mania and depression. He first called this "circular insanity" and later it was to become know as bi-polar or manic depressive illness. But mainly, he was noted for wanting to study groups of people over long periods of time and then generally come up with a prognosis, meaning, whether the patients might become better or worse with time. He also noticed that among his younger patients an illness that struck in the teen years and a little beyond. He called this "new" illness "dementia praecox." Praecox meaning symptomatic at a younger age. He did not realize it at the time, but he was describing the most scurrilous mental illness of yesterday and today. Today we know his illness as schizophrenia. He believed that dementia praecox was biological in nature and did not attempt to research a cure.

It was in 1893 that he discovered the name for schizophrenia. His many cards and notes and books resulted in the beginnings of the statistical manual of psychiatric disorders of today. We know this today as the Diagnostic and Statistical Manual of Mental disorders. He saw the need for ordered manual or disorders rather than a mish mash of symptoms and vague names for afflictions. He stated himself: "As long as we are unable clinically to group illnesses on the basis of cause, and to separate dissimilar causes, our views about etiology will necessarily remain unclear and contradictory." The manual was revised several times over the years as more and more illnesses and symptoms were being observed.

Kraepelin divided his first manual into thirteen distinctive disorders. They generally revolved around those symptoms of mania and those involving the loss of contact with reality or problems in the thought processes. Unfortunately, he saw no successful prognosis for dementia praecox. He thought it was a degenerative illness that could not be cured and eventually resulted in death.

However, it was left up to a physician named Eugene Bleuer to actually coin the dementia praecox of Kraepelin the name we know it as today: "schizophrenia." Unfortunately, he described it in terms that today are erroneous. He was the physician to describe schizophrenia as the "splitting of the personality." This idea caused problems for decades to come. Schizophrenia is NOT the splitting of the personality or the involvement of many personalities. It is more the disintegration of the personality and has nothing to do with splitting or splitting the conscience.

However, in the second half of the 19th century psychiatrists began to think of mental illness as having a more psychosocial origin. People were afraid of asylums and there mistreatments and disliked and distrusted psychiatry in general. The idea that mental illness was a result of lesions on the brain was rapidly replaced with "nerves" or stress or as the term was coined "hysteria." Women were more often chosen as the victims of hysteria than men because doctors thought that the malfunctioning stemmed directly from the uterus. As was already stated that by 1900 psychiatry as a viable resource for the cure of mental illness was dead. Hence, psychiatrists had to couch even serious mental illness in terms such as hysteria and nerves. Before 1860 multiple sclerosis was considered a mental illness, as was other neurological illnesses were. But now they were considered the victims of hysteria and psychogenic neurosis. Psychiatrists had to put mental illness into more acceptable terms. One acceptable made up term was called "neurasthenia." Now, people who suffered from anxiety, chronic fatigue syndrome, obsessive-compulsive disorder and the like now suffered from the symptoms of neurasthenia. It was a sweeter term than madness or lunatick. Doctors often began to see a cure, not only in the authoritarian methods of confinement and isolation as treatments but also what was known then as the "rest cure." Patients were isolated in cells without any contact, except for the attendants and were give mild baths and diets. However, those diagnosed with neurasthenia and given the rest cure were only those that could afford these treatments. They were not available in asylums or to the poor. Private neurasthenic clinics began to proliferate. This might be said to be the very beginning of the clinics that we have today. But again, the rest cure involved the use of the physician as the force behind the therapy. One physician noted: "The central component of the rest cure was isolation from the outside world, for the conferral of psychological force against psychological forms of neurasthenia." The use of force was still rapid in psychiatry. Doctors noted at the time that by force the patients became better. But it is a wonder if they became better by the force or was it that they became better and more silent because "they were frightened by the force used against them!" But the verbal types of force might be considered the beginnings of what we call psychotherapy today.

Since people distrusted psychiatry and asylums, much of the work of the psychiatrists fell on the neurologists. They are the doctors that first deal with the so-called neurasthenic conditions. Psychiatry did not really come into full swing until just before and after WW11. Despite this, the new "psychotherapy" or power of suggestion

began to be heralded as a viable method to treat mental illness. In the 18th century, a famous physician named Francis Anton Mesmer developed a way to hypnotize people into getting better. He and others believed that if some form of suggestion made some people mentally ill, then some form of suggestive psychotherapy could make them better. Charcot was also a firm believer in these powers of suggestion. The psychotherapy could be both in its hypnotic forms or non-hypnotic forms. They experimented with both. Physicians began to use this new idea in the 1890's and hypnotized to the greatest excesses. They even used hypnotism to peer into people's private lives, including their sexual ones. For the non-psychotic patient the power of suggestion or psychotherapy seem to work because of its calming effect. However, for the more seriously mentally ill both the hypnotic and non-hypnotic forms of this suggestion led to less successful results. Thus, the neurologists had to handle these new methods of treatment because the psychiatrists were shunned and feared. Psychiatrists wanted to enhance their profession by making it viable and lucrative, so they had to develop or create ways to bring patients to them. This dream came in the form of a man named Sigmund Freud.

Sigmund Freud was born of humble beginnings in Vienna, Austria and lived from 1857 to 1939. He made the practice of psychiatry more profitable and viable by developing theories of the unconscious and various sexual theories. Again, people grew tired of theories involving dissecting brains and looking for lesions. He was Jewish by religion and many of his patient's were Jewish. He was first trained as a neurologist but did not establish a career for quite a while. He was too poor to marry. His studies initially began with biology and the study of lower sea life. He has not as yet developed the wide and voluminous theories of the causes of hysteria. So, in the meanwhile, in order to make a living he used hypnotism on hysterical patients and some used mild electric shock, which was then called "faradization." He still could not make an adequate living. But his mind went to work. He also attended lectures by his mentor Charcot and another of his contemporaries, a man named Joseph Breuer. Freud began to notice that his patient' were unashamed to speak of their sexual lives, both in early childhood and a present. They spoke about sex in the form of traumas during child hood, illicit affairs, and their desires in general and of course about masturbation. Again, his patients' were primarily young Jewish women who did not seem to mind revealing the sexual side of their inner lives. It was the Victorian Era, and it was safe to talk about sex to a therapist. Freud began to think that sexual incest played a part in hysteria, especially in women. Before long Freud had a thriving practice of young, well-to-do Jewish women and they flocked to him more than any other therapist. His fees were enormous for his time and his delving into the sexuality of his patients was to the point of extreme excessiveness. One contemporary of Freud observed: ": "Freud pressed his patients very hard, to the point of suggesting them into recalling events that may not have occurred or of vastly exalting the importance of trivia." He "pressed" his patients so hard that they became sexually aroused by the process. After a while, Freud began to become absorbed in his own praise of his theories of dreams, fear of castration, homosexual longings, penis envy, incest, ego, superego, and id. He began to behave more as a monarch than a scientist. Freud

thought his psychoanalytical theory were law as Marx saw his theory of history as such. Nerves ruffled. His esteemed fellow analysts feel away. He broke ties with Carl Jung because Jung was not Jewish. He broke with Alfred Adler for the same reason. He alienated even Eugen Bleuler who helped him by procuring patients for him. Freud saw himself as the dictator of psychoanalysis that could do no wrong. His theories were the Bible. A clear insight into the nature of this man could be ascertained in his own words: "I am actually not at all a man of science, not an observer, not an experimenter, not a thinker. I am by temperament nothing but a conquistador-an adventurer, if you want it translated-with all the curiosity, daring, and tenacity characteristic of a man of this sort." A conquistador? An adventurer? I say he was that and also the best pipe dreamer psychiatry can produce. Freud made other psychoanalysts dependent on him for patients. As far as religion was concerned there is ample evidence that he wanted to keep his great biblical theory Jewish only.

Psychoanalysis began in earnest around 1890 and lasted well into the 1960's. It was the only therapy around. It also, more importantly paved the way for the first time the movement from the mental institution to office based psychiatry. Psychiatrists sensed patients and certainly smelled profits. Not only did Freud delve deeply into the sexual aspects of patients, he had been known to actually arrive at their homes practicing as a home call psychiatrist. Some historians observed: "Freud interrogated his patients into revealing their sexual desires and thoughts and often to his patients homes, socializing with them, and indulging in behavior that would later have been considered unconventional, and his method was a thorough grilling on such matters as coitus interruptus, masturbation, and early memories of sex and desire. Certainly, not all doctors embraced Freud's psychoanalysis and his theories on unconscious or conscious sex. They thought of him as a charlatan, obsessed with his own ego and money conscious. They also knew that he was really obsessed with sex and desires and that is why some consider him the first sex researcher. Other physicians disliked the idea that he thought the uterus was the center of hysteria and how hard he came down on the sessions with women. Modestly paid asylum superintendents and others immediately jumped on Dr. Freud's bandwagon. Why be a superintendent languishing in an asylum when you can have your own office and cure people by placing them on a couch?

During WWII psychoanalysis was banned in Europe as was evident by the rise of Fascism. Many psychoanalysts fled Europe for the freedom of America. It was not long before analyst's offices sprung up all over America. This was the real beginning of office practice psychiatry and outpatient treatments. The American Psychiatric Association became enwrapped into the American Psychoanalytic Association. Also, it was decided that if a student wanted to become a psychoanalyst he first had to undergo analysis him self and also become a physician. Freud created a system called psychoanalysis that would rapidly become a medical specialty. If one was not a devotee of psychoanalysis he was not a part of the club. One-historian states: "by 1953, 82 percent of the members of the American Psychoanalytic Association were simultaneously members of the American

Psychiatric Association." Again, psychoanalysis was also a money deal. It was very time consuming and well to do could afford it. There is a story of a young woman who could find no cure for her unhappiness. So she decided to try what every one was raving about, after all other techniques and treatments failed her. Her analyst told her: "no permanent of a neurosis could take place, until each unconscious cause of each neurotic symptom had been discovered and brought up into the patients consciousness; not only brought up into consciousness, but discussed, examined, appraised, and finally understood and recognized by the patient for what it was: infantile, regressive stuff that blocked a progressive, adult living of life." I will bet the analyst learned more about her sexuality and sexual life than about her problems with hysteria!

Thus, before WW1 the causes of mental illness were thought to be more of a biological nature. Now, after the war psychoanalysis took hold with such strength that some physicians were admonished from holding differing positions than those in the Holy Bible of psychoanalysis. Psychoanalysis became so strong in American that a physician noted: "Psychoanalysis in the United States has not descended to the status of serving maid of psychiatry, as Freud feared it might but instead has tended to become psychiatry's highly respected pathfinder." A few physicians were even evicted from their laboratories while still doing research on the biological aspects of psychiatry refusing to tow the psychoanalytic line. A famous analyst named William Menninger was so sure psychoanalysis was the panacea of cures for mental illness, that he created a society of analysts called The Group for the Advancement of Psychiatry. Suddenly a branch of medicine forced its way into the medical mainstream by actually forming a cheerleading group! Menninger and his followers thought that psychoanalysis was the only method to approach mental illness and would prove to be the future of all psychiatry. Meanwhile, since psychoanalysis was the way to go for the unhappy and irritated, the fees for the lengthy technique rose accordingly. For the first time it became profitable to become an analytical psychiatrist. The Group for the Advancement of Psychiatry (GAP) arrogantly noted: "GAP was writing for the whole country when it said in 1955, at present the prestige value of being a psychoanalyst is high, and it appears to offer greater financial rewards." Moreover, by the 1960s the practice of psychiatry was one and the same as the practice of psychoanalysis. No one in American could escape the fact the Freudian Psychoanalysis ruled the day.

But psychoanalysis had one major flaw. It proved somewhat successful in treating the mild forms of stress and anxiety and the various neuroses, but failed dismally in treating the mass psychoses. Psychoanalysis left schizophrenia and the serious reality tested illnesses out of the picture. However, there were attempts to treat the major psychoses through psychoanalysis. A physician named Harry Stack Sullivan came up with the idea that schizophrenia was just an excessive form of neurosis and could be treated with psychoanalysis. He worked for St. Elizabeth's State Hospital in Washington, D.C. He was largely responsible for bringing psychoanalytic theory into the asylums. No wonder, however, he did not meet with much success in treating the psychosis with

psychoanalysis. Another doctor named Freida Fromm-Reichmann thought that disordered thought processes, hallucinations and delusions were the result of the mothers training of the child. She thought that the parents created traumas is schizophrenics and noted in her writings: "The schizophrenic is painfully and resentful of other people due to the severe early warp and rejection he encountered in important people of his infancy and child hood, as a rule, mainly in a schizophrenogenic mother." One can't fail to notice how psychiatry tends to medicalize symptoms of illness and certainly the compact and "psychiatric" term "schizophenogenic" mother seems to bare this out. Now mothers were responsible for their children's suffering due to purely bad parenthood.

Historians believe the rise in the seeking of psychoanalysis for the cure of symptoms of neurosis was due to the general rise in income. People flocked to Freud and other psychoanalysts because of the religious question also. Again, psychoanalysis was banned in Europe due to the rise of the Fascist states and their dislike of the Jewish population. The Jewish people found an icon in Freud in that here was someone who developed an entire system of therapy. This meant that the Jewish people could contribute to the wellness and general health of society. Freud was actually an answer to the anti-Semitism of the day. Freud wanted zealously to keep psychoanalysis a Jewish proposition. He even broke relations with a famous follower and friend. His name was Carl Justav Jung. Dr. Jung was a Christian and this did not way well with Freud. In a very telling letter to a fellow Jewish analyst Freud states: "Please be tolerant, and don't forget that it is actually easier for you than for Jung to follow my ideas because you stand closer to me as a result of racial affinity, while he, as a Christian and son of a pastor, finds the way to me only in the face of great inner resistance." It seems to me this statement would make Freud somewhat of an anti-Christian and a racist. He did not trust anyone not of the Jewish Faith. The first half of the 20th century still did not find any cure for the hard-core psychoses. Psychoanalysis served the distressed and stressed well enough, but again stood away from the more serious illnesses such as schizophrenia. The asylums for the hardcore psychotics started to burst at their seams. It is noted that between 1903 and 1933, the number of patients in asylums doubled from 144,000 to 366,000 in the United States. There was a screaming need for a therapy and this came in the form of drug therapy. The asylums became not only more crowded but also still retained in ways of cruelty and harsh treatments. By the 1930's they were not more than custodial warehouses for those who suffered from the hellish symptoms of psychosis.

A physician named Julius Jauregg came up with the idea that inducing high fevers in psychotic patients might help them. Taking the vaccine that was created for tuberculosis called tuberculin, he injected it into his patients, most of who suffered from the tertiary stages of syphilis. The high fevers did help the symptoms somewhat but it did nothing for the syphilis and the patients ended up dying. He did not stop at inducing fever by the use of tuberculin only. He even went so far as injecting patients with the disease malaria. But again, the high fever did relieve some symptoms but did nothing to cure the mental illness. Finally, there was a breakthrough in the treatment of syphilis. A doctor

named Dr. Paul Ehrlich synthesized a drug called salvarsan. It has an arsenic base and it wiped away the symptoms of syphilis, even in its tertiary stages. Also, in the late 1920's Dr. Alexander Fleming noticed that certain molds could destroy bacteria and believed that some may be used in the treatments of mental illness and psychoses. This mold later was developed into what we called penicillin today and is a widely used antibiotic. The psychiatrists dreamed that someday these substances could be used to cure mental illness, however, the dream never came to fruition.

However, there were many more drug therapies that followed tuberculin and salvarsan. The most common drugs used in the first half of the 18th century were all types of laxatives. Physicians then thought that mental illness was caused by congestion in the intestines. The ingesting of laxatives would empty the bowls of all the bad material that were left there. They also made great use of opium to calm the symptoms of mania and psychosis. In 1833 the new Merck drug company began a wide dispensation of a drug called "hyoscyamus." It was a hallucinogen and acted like LSD does today. At this early juncture the pharmaceutical companies were getting into the profit act in the frenzied search for an alleviation of cure for mental illness. Bayer Aspirin Company was the first to synthesize choral hydrate in its expanded operation in 1888. Choral hydrate was used extensively. Even in the movies of the 1920s and 1930s depicted patrons of bars having sprinkles of chlorate hydrate pills into their drinks. Humphrey Bogart mentions himself or others slipping a Mickey Finn to render them sleepy and unconscious. However, chloral hydrate does not work quite as fast as the movies depict them to. A drug similar to chloral hydrate was synthesized. It was called apomorphine. Then along the way came the drug bromide. The drug companies dispensed this as Potassium Bromide. It was made from seaweed and was known to induce deep sleep in patients; especially the most agitated and disturbed ones. It was much less expensive than chloral hydrate and the asylums used them without abandon. An historian observes that by 1891: "the Paris asylums were using over a thousand kilos of potassium bromide a year." Bromide can be such a strong sedative that in successive doses can prolong sleep, sometimes for weeks. The "bromide sleep" as it came to be called was used on psychotics, especially those suffering from manic and extreme agitation. Previously, physicians discovered that prolonged sleep seem to alleviate the problem of addictions to the opiates. Early attempts were met with successes but the failure rate was too high. One success was noted by a physician in 1897 when the sleep lasted for twenty-three days: "Twenty-third day: a good night; the faintest trace of mental disturbance. From this day, no departure from the normal mental state could be detected; walking in the garden and downstairs, meals as usual.". Bromides side effects proved to be too dangerous as a long lasting cure for psychosis; however, it did point the way in the direction of drug therapy for psychiatry's future. Around 1903, chemists began to further experiment with hypnotics and sedatives. As the story goes a chemist synthesizing a new drug named it after his lady friend named Barbara. Thus the group of barbiturates was born. The first name for this sedative was called barbital. The Bayer Pharmaceutical Company wasted no time is marketing this drug as Veronal and sometimes called Medinal. These

medications were very expensive; however, they were an improvement over bromide. During this explosion of drugs came Luminal, commonly called Phenobarbital. It was and is still used in the treatment for epilepsy. Drug companies strived to create more cheaper drugs because they tended to be at first expensive.

Not much later the benzodiazapines began to surface. The chief among them were Valium. But the fact remained that these medications were for the inducement of sleep in sleep therapy. One physician called sleep therapy: "the one treatment we had in the early thirties, which was of any avail with acute psychotic illnesses.". Some patients slept for entire days only to be awakened to eat, drink and place upon the commode. The aforementioned Harry Stack Sullivan would actually have his patients drink alcohol, without regard to the danger levels, in order to produce the sleep necessary to alleviate psychotic symptoms. Drug therapy certainly began in a brutish and brutal way.

Sleep therapy and shocks to the brain and nervous system was the wave of drug therapy for mental illness. A physician named Manfred Sankel proposed the idea that insulin could play of role in the cure of psychotic symptoms. He actually injected huge doses in insulin into the patients, which proceeded to place them in a deep coma. Insulin is an important hormone in that it helps transform sugar into the body's cells. If too much is given to a patient he immediately deteriorates into a deep sleep or a coma. Although this was a dangerous treatment, some patients seemed to find relief from their symptoms. However, some patients died from strokes or heart attacks because the shocks were much too strong. Some died in fits of convulsions. However, insulin therapy was still in use as late as the 1960's because it did show some successful results. But the risks were too great and there were other treatments that were coming into being.

Some physicians sought ways to alleviate the symptoms of agitation and psychoses without inducing the deep sleep and comas of bromides and insulin therapy. One of these doctors was named Ladislas von Menduna. He found a use for another drug that produced convulsions but without the deep sleep comas. The drug was called camphor. The drug companies manufactured it as Metrazol. However, it induced terrible convulsions and presented a great danger to patients. It also produced excruciating muscle aches, vomiting and epileptic seizures. This method met with some successful outcomes but was still too dangerous as a cure for mental illness. What success can be attributed to Metrazol was that it was the first drug technique to pave the way for treatments that produced convulsions in the nervous system. It was really a precursor of the most famous use of convulsive therapy that is still in use today: that is electro-convulsive therapy using electricity to induce convulsions.

The origins of electro shock therapy were very interesting. The credit for first experimenting with electro convulsions belonged to three Italian physicians. The major player was a physician named Ugo Cerletti in 1938. He worked almost in separately with two other physicians. Their names were Ferdinando Accornerno, Luicio Bini and

Lamberto Longhi. They sought to further the convulsive treatments but wanted to go a bit further. They knew that even Freud used shock treatments, only mildly, but with some results. Ugo Cerletti believed that a more extreme use of electroshock might be better than a milder use and achieve more fruitful results. How did he initially get his idea? He visited a slaughterhouse where they prepared pigs for market. He observed the convulsions of the pigs and wondered if this could have a beneficial effect on people who suffered from severe depression, bi-polar or agitated psychosis. He could not experiment electrically on patients because, obviously, if the experiments went wrong, he could be held liable. So he used dogs for his electro convulsive experiments. He would place one electrode in the dog's mouth and another one in the canine's anus. He observed the dog convulse violently. But he had no way of knowing that the voltage was a success. For that he needed a human patient. On April 18th in an isolated room in a hospital the three Italian investigators prepared the patient. They even had the temerity to have one keep watch in the quiet hospital corridor so that none could spy or interfere with them. Recall, the patient had no idea what they were about to do with him, let alone ask his permission. They first shot a pulse of voltage into the temples of the young man. He showed no response but was still conscious. They then shot a full 80 volts into his brain for a tenth of a second, and still no response. Cerletti gave the order to step up the voltage to 90, as the cracks of electricity were more audible as the voltage increased. The patient did spasm more than the lesser shocks but the convulsions Cerletti was looking for still did not materialize. Frustrated, he stepped up the voltage as far as his electrical machine would crank. Finally, the patient went into classic tonic-clonic convulsions to the point where he was not breathing and turning blue. For a moment they thought they had killed him. Cerletti began counting the seconds of no respiration until he reached about a minute when the patient began breathing again. The patient was asked what happened to him. The patient answered: I don't know. Maybe I was asleep. After repeated shocks, the patient began to lose his hallucinations and delusions and later returned to work with all his faculties intact. The first electro shock was history. Electro shock was mainly used for severe suicidal depression and it often worked. Obviously, it conflicted heavily with the psychoanalysts who believed mental illness was not at all organic or brain oriented. A battle began. By 1959, a doctor wrote:"ECT had become the treatment of choice for manic-depressive illness and major depression. "

The problems with this early electro shock treatment was that the patient flared about during the voltage discharge which often resulted in injured muscles and broken bones. At first the muscle relaxant curare was used to stabilize the patient during the shocks and convulsions, but this was really a muscle relaxant for animals and thus harmful to humans. At about the same time a better muscle relaxant was used to prevent the violent flaring convulsions during and after the shock. This new drug was called succinylcholine. ECT was not a cure for mental illness but it did succeed to alleviate the suicidal depressed and those suffering from some forms of schizophrenia. More importantly, it advanced the specialty of psychiatry that was just about dead around the turn of the 20th century. As one physician stated it:" One may question whether shock

treatments do any good to the patients but there can be no doubt that they have done an enormous amount of good to psychiatry."

In the continuing frenzied search for an alleviation and cure for the hardcore psychosis still another technique was developed. It was called the lobotomy. A physician named Dr. Freeman first performed it in 1936. It was called a "transorbital lobotomy." It did not involve much shock or bromide sleep therapy, but it did involve the actual cutting off brain tissue in the frontal lobes of the brain. Dr. Freeman developed the technique of taking a sharp, regular pick and inserting it into brain through the top of the eyeball. He would take a hammer like tool and drive the pick into the brain and begin to swish and cut the brain tissue in the frontal lobes. Dr. Freeman became a sort of snake oil salesman for the technique. He would get into a station wagon and travel all over the country carrying patients names, histories and the lobotomy tools. One historian notes: "He traveled around the world, heralding this new technique that would cure psychosis and do away with psychoanalysis and the other techniques. His travels were only surpassed by his enthusiasm. Another historian records: "On one five-week summer trip that year, he drove 11,000 miles with a station wagon loaded, in addition to camping equipment, with an electro convulsive shock box, a Dictaphone, and a file cabinet filled with patient records, photographs, and correspondence; his surgical instruments were in his pocket. The surgical instruments included a simple ice pick."

Cutting brain tissues in agitated psychotic patients did cure the agitation part. However, the missing brain tissue also rendered the patient extremely docile and socially inept and devoid of any semblance of person hood. Lobotomy made them into docile or ill-tempered children and otherwise totally useless to themselves and society. One psychiatrist gave a fine lay description of the transorbital lobotomy technique to a colleague: "Nothing to it. I take a sort of medical ice pick, hold it like this, bop it through the bones just above the eye ball, push it up into the brain, swiggle it around, cut the brain fibers like this, and that's it. The patient doesn't feel a thing." The colleague was about to go to breakfast; however he seemed to have lost his appetite. By 1951 an historian writes: "By 1951, no fewer than 18,608 individuals had undergone psychosurgery since its introduction in 1936." The emerging antipsychotic drugs put a merciful end to this barbaric procedure.

However less drastic therapies began to enter the scene as early as the late 18th century. We can observe it today as what we call community psychiatry and social psychiatry. Hospitals began to build outpatient clinics where patients could mingle with others with the same concerns. Doctors recognized that the environment of isolation played a good part in their illness. If they could interact with other patient's maybe there symptoms could be lessened. Psychotherapy groups were formed and also entire meeting clubs were created. Groups of patients would form clubs where they were the leaders and set the rules of the club. A newspaper might have been published and group meetings concerning behavior and mental health may be set up. The groups tended to be that are as

self regulated as they could be. Today, we still have such psychosocial clubs for the mentally ill. Such clubs are now called "Clubhouses" and they are much improved from the beginning clubs formed in the late 18th century. Patients are put to work on projects and food in usually served in the kitchens. Statistics show that these psychosocial groups do help patients in that they have place to go to achieve self-confidence and support from others in the same boat. However, for the psychotic patients the clubs or groups might not be a good idea. They were mainly treated with physical techniques such as drug therapy and individual therapy.

During the greater part of the 18th century physicians saw mental illness in more of a biological or hereditary phenomena. If you recall what I have written previously about the cutting of brain sections at post mortem always-seeking lesions. Also, in the 17th and 18th centuries some physicians theorized concerning personal behavioral causes or excited passions being playing a role in mental illness. Now as we approached the late 20th century until the present we have begun to think of mental illness in biological terms again. However, for a while now we have been delving deeply into the hereditary causes and especially the parts that genes or genetics plays. Researchers began to study the genes of people with psychotic illnesses. No real research into genes was undertaken until modern times because scientists did not know much about genes and how they operated. Geneticists began to study the twins of parents especially in monozogotic twins (those with the same genes) they tried to ascertain if the parents spread their psychoses through the hereditary family tree. It was found that a good percentage of monozogotic or maternal twins were the victims of the disease of schizophrenia. The question was raised, however, as to what percentage of mental illness would be present if dizotic or fraternal twins were tested. Dizotic or fraternal twins do not share the same gene pool. The percentage of schizophrenia in fraternal twins was just a might lower than those of maternal twins. What geneticists wanted to know if there was a direct link between hereditary and genes as opposed to various environmental factors, which could have played in role in their psychosis. One earlier study in 1928 a German psychiatrist studies 211 twins out of thousands of patients. Of the 211 maternal twins the study found the percentage of schizophrenia in them to be high. Also, there was evidence that in maternal twins the rates of bi-polar depression were quite high.

One question still remained unsolved. What about maternal twins or fraternal twins that did not grow up with the biological parents and lived in an orphanage or with others such as relatives? A researcher and physician named Seymour Kety provided a solution to the dilemma. How? He studied the adopted twins in foster homes. Thus the family environment, concerning the biological parents factor, was eliminated. Dr. Kety embarked on a study of Danish children who lived with non-biological healthy parents. In Denmark the records of biological parents are not sealed as in America. So he compared the mental status of the children with that of the biological parents. In 1968 Kety published the results of this famous Danish Adoption Study. Included were 5,483 adopted in Copenhagen. The study revealed: "From this group, 507 adoptees were later

admitted to a psychiatric hospital. Independent observers reviewed their case histories and identified 33 of them as schizophrenics. These patients and their families were then compared with an age-matched control group of adoptees never admitted to a psychiatric hospital. Within the biological families of the adopted schizophrenics, about 10 percent of the close relatives had schizophrenia; within the families of control groups there was very little schizophrenia. Nature and not just nurture had contributed to making these adopted children ill." Kety and colleagues concluded cautiously genetic factors are important in the transmission of schizophrenia. In 1977 a further Danish study produced similar results concerning manic depression. Further, studies in the later 1980s produced similar results for illness such as agoraphobia, anxiety, and panic disorder.

Genetics studies became the wave of psychiatric research just as dissecting brains was the mode earlier and psychoanalysis took to the stage. Now geneticists can locate precisely where the mutant gene is located and identify them with the numbers of those of the forty-six pairs of genes. Following 1995, geneticists had marked a gene or genes associated with schizophrenia on chromosome 6. The gene or genes implicated on manic depression was located on chromosome 18 and 21. When Drs. Watson and Crick discovered the DNA gene in 1945, it marked the advent of genetic psychiatry that was never even dreamed of in the 18th and 19th Centuries. Psychoanalysis and couches were now in the dustbin of history.

Much like psychiatry always maintained some focus on the inheritance aspect or genetic aspect of mental illness, so the same focused interested was maintained in the organic brain connection. The actual chemicals of the brain were largely unknown until recent times. However, in 1926 a brain researcher discovered a chemical that helps other chemicals across the infinite synapses (molecular junctions between neurons) and he called this chemical acetylcholine. It would later be called a neurotransmitter. In the 1930s psychiatrists began to inject acetylcholine into psychotic patients. The results were poor. Psychotic symptoms remained. The frenzy to find relief for the suffering psychotic involved injecting patients with all types of substances, not only acetylcholine. This quote by an historian best describes the drugs used: "So I did all kinds of things, always convinced that psychotic conditions and the major affective disorders had some sort of biological substrate. I kept experimenting with all kinds of drugs, for instance, large doses, very large doses of caffeine, I remember, in one or two stuporous catatonic schizophrenics-of course, with no results. He injected sulfur suspended in oil into his patients, which was painful and caused a fever. He injected typhoid antitoxin to produce fever analogous to the malaria therapy. Nothing helped; I even injected turpentine into the abdominal muscles which produced-and was supposed to produce-a huge sterile abscess and marked leucocytosis [raising white count] Of course, that abscess had to be opened in the operating room under sterile conditions. None of this has any effect, but all of this had been proposed in, mostly European work as being of help in schizophrenia." In their attempts to alleviate the suffering of the sick, it seemed more like psychiatrists inflicted it!

Surgeons at the same time were researching medications that would be more affective in sedating patients. As a result the first anti-psychotic medication was born. A chemist working for the French drug company Rhone-Poulenc synthesized a drug he called 4560RP. He gave it the name Chlorpromazine and it was the greatest drug advance to psychiatry to date. It was first injected into the muscle tissues before surgery. Surgeons found that it was a supremely affective anesthetic; however they also found that it calmed down agitated patients and gave them a better sense of well-being. Not much time passed before the drug was used in hospitals as an anti-psychotic. The medication is well known today as the drug Thorazine. Most patients improved after a dose of thorazine and some could even return to work and led somewhat normal lives.

Chlorpromazine or Thorazine was not the cure for mental illness. However, if did relieve the symptoms enough where restraints and straight jackets became less necessary. There was a major problem with the drug however. If taken regularly it led to sporadic facial and bodily movements that resembled those movements of Parkinson's. These involuntary movements were called tardive dyskinesia and caused many problems. However, the physicians were not concerned with these spastic side affects. They only knew that they calmed agitated and psychotic patients and heralded the drug a success. Success also came from the drug companies like Smith & Kline(known as Smith Kline & Beechem today) as they were in a frenzy to profit over the newly created anti-psychotic drugs. The deluge of drugs that were created continued.

The one major winner, again, in the creation of psychiatric drugs was, of course, the drug company. Each company usually had a psychiatrist on staff ready to sniff out any possible chemical that alleviated depression, mania, anxiety, or schizophrenia. The story of Lithium, the medication of choice for mania and manic depression is one of pure accident. Around 1950 researchers began injecting urine from manic patients and injecting them in laboratory animals. In order the make the urine injections feasible some used a mix of lithium with it. Laboratory animals like guinea pigs and mice can be very difficult to handle. Researchers noticed that after injecting the animals with the urine and lithium the creatures became lethargic and unmovable. When placed on their backs they would struggle or not at all to right themselves up. Psychiatrists and drug companies took notice. Lithium Carbonate was then injected into patients with depression, schizophrenia, and mania. It was observed that the lithium produced virtually no results in the depressed or schizophrenic patients; however, it did have a remarkably positive affect on the manic patients. Further studies of Lithium that followed found that it provided symptomatic relief of mania, meaning that when the treatment stopped, the patient relapsed. Interesting to note, Lithium was not used in America until the 1960s. Why was this? It was this way because the issue became more a matter of economics than medicine! Lithium is found naturally in some rivers and streams, especially in the southern areas of the United States. If one could drink of the waters of these areas they would receive a dose of Lithium. Hence, the American drug companies balked at

expending money to produce what was already produced in nature. The drug corporations really are not concerned with the suffering of mental patients. However, the drug cartels finally collapsed under the pressure of psychiatry to produce Lithium Carbonate.

Thorazine and the other drugs took care of the agitated psychotics and schizophrenics, but the doctors yearned for a drug that would alleviate painful, but simple depression. These drugs were synthesized in the form of what we call the tricyclics. The tricyclics were defined by their chemical structures. The very first tricyclic to be tried on melancholic or depressed patients was called imipramine. Now we know the drug as Tofranil. It was heralded as a success because the symptoms of depression like moodiness; irascibility and crying would soon be alleviated after taking the medication.

Later the Merck Company chemists synthesized the compound amitryptiline or Elavil for specific use in cases of depression. One historian notes: "By 1980 American physicians were writing 10 million prescriptions a year for antidepressants alone, the great majority of them tricyclics. There would be several dozen brands to choose from." Along with the general successes with Lithium and the tricyclics, came the thirst for knowledge concerning the exact mechanism of chemistry in the brain that made these medications work. Physicians did not still have the grasp of brain chemistry we have today. Around 1952, two neurotransmitters were discovered that implicated a possible mechanism for depression, schizophrenia, and all other mental illnesses. These new discoveries were dopamine and serotonin, which were found in the human brain. Through extensive research on animals, biochemists discovered that the removal of serotonin and dopamine rendered the animals exhibiting abnormal behavior. This lead to the idea that the neurotransmitters like serotonin exists in certain delicate balance that must remain stable. The natural course is for the serotonin to be removed or up taken only to be replenished again. However, in depressed patients it was speculated that the serotonin was not being adequately replaced. The drugs imipramine and amitryptiline aided in serotonin being taken up too suddenly therefore keeping it in balance in the brain cells. Thus, even today, the serotonin theory still is preferred among physicians and biochemists. By the mid-1990s biochemists speculated that: "As more and more neurotransmitters were identified-over 40 by the mid-1990s-it became apparent that dopamine and serotonin were only two of many transmitters involved in these complex psychiatric disorders and probably did not play a master role." Also, technology played a major role in the study of brains. In the 1970s MR (magnetic resonance) and PET (positive-emission-tomograpy) made it possible to image brains on a screen. It was found that schizophrenics have certain anomalies in the imaging views than non-schizophrenics. Hence, schizophrenia is now widely accepted as an organic brain disease.

I would like to explore a little more about the man who started the mental health movement in America, that is, Dr. Benjamin Rush. He was the most influential physician of the time and served as the surgeon general of the Continental Army and later as chief physician of the newly created America. He knew nothing about mental illness except

that it was curable and biological in nature. He speculated that mental illness:" I infer madness to be primarily seated in the blood vessels, from the remedies which most speedily and certainly cure it, being exactly the same as those which cure fever or disease in the blood-vessels, from other causes, and in other parts of the body." He believed that the mentally ill were the victims of some "congestion" in the blood vessels and this blocked up the brain. The most important contribution Dr. Rush gave to psychiatry is the beginning of the medicalization of mental illness or deviant behavior. He believed that if a man took of even occasional drink, that this was the pathway to mental illness. He was more religious that medical. In 1812 he published his great book: Medical Inquiries and Observations upon the Diseases of the Mind. In this work he defines sanity and insanity in terms of conformist behavior. He writes, "Sanity-aptitude to judge things like other men, and regular habits, etc. Insanity a departure from this." Dr. Rush seemed to have no tolerance for simple individuality. He even considered crime a disease in itself; that is NOT even a possible manifestation of an illness. The same held true with lying. Lying is a form of concrete illness. He wrote: "For lying as a disease he prescribes a remedy its only remedy bodily pain, inflicted by the rod, or confinement, or abstinence from food." If someone smoked, he considered that an illness also. Dr. Rush began what we know today as authoritarian control over the patient. He felt that only force and control would not only cure the patient but was necessary in itself. He was one of the first to believe that just confinement was part of the cure. His counterpart in France, Philip Pinel wrote: "If the [madman is] met, however, by force evidently and convincingly superior, he submits without opposition or violence." Psychiatry to Rush and Pinel meant force, and often physical, painful force. Rush himself wrote: " It will be necessary to mention the means of establishing a complete government over patients afflicted with it [madness], and thus, by securing their obedience, respect, and affections, to enable a physician to apply his remedies with ease, certainty, and success." Benjamin Rush compared madmen to animals and he treated them so. Among his treatments include: "confinement by means of a strait waistcoat, privation of their customary food, pouring cold water under the coat sleeve, bloodletting, solitude, and darkness-an erect position of the body." Believe it or not Dr. Rush implemented these treatments by observing the taming of horses. He writes: "There is a method of taming refractory horses in England, by first impounding them, as it is called, and keeping them from lying down or sleeping, by thrusting sharp pointed nails into their bodies for two of three days and nights. The same advantages, I have no doubt, might be derived from keeping madmen in a standing posture, and awake, for four and twenty hours, but by different and more lenient means." Dr. Rush was noted for his fiendish inventions in the treatment of mental illness. He was the inventor of the infamous Tranquilizer Chair. An historian describes this device: "the tranquilizer consisted of a chair to which the patient was strapped hand and foot, together with a device for holding the head in a fixed position. This mechanism was intended to reduce the pulse through lessening the muscular action of the patients body" Another of his fiendish invention was named the gyrator. It was describes as a "rotating board to which patients suffering from torpid madness were strapped with the head furthest from the center. It could be rotated at terrific rates of speed, causing the blood to rush to the head"

Just think of it as the roundabout ride one often sees at a children's playground. Another dubious accomplishment of Dr. Rush was his insistence that being a Negro or being black was actually a disease. He faced the dilemma that in the Constitution he himself signed that proposed, "All men are created equal." He was opposed to slavery and felt compelled to create an excuse for the maintenance of it. Around 1792 a Negro slave named Henry Moss developed white spots on his face and body. The white spot spread rapidly that within a short time he was completely white! Dr. Rush and countless others were both amazed and puzzled. Eventually Mr. Moss passed for white and bought himself out of slavery. Dr. Rush's brain went on over gear! He proposed that black people were not really black but white, just like every one else bearing no inferiority. Importantly, Mr. Moss, the Negro, was not suffering from a disease. He had a skin condition prevalent in both black and white people. It was called vitiligo. There is a loss of any skin dark skin pigmentation, similar to albinism. Now, Dr. Rush thought of Negroes as having actual leprosy, which, in Mr. Moss's case underwent a spontaneous cure! He postulated that black people wanted to be white, because white was better. He thought then that blackness was the disease. He himself writes: "toward the conclusion that the so-called black color of the Negro was the effect not of any original difference in his nature, but the affliction of his ancestors with leprosy. This disease, he noted, was accompanied in some instances by a black color of the skin." The big lips and flat nose typical of Negroes were actually symptoms of leprosy, which Rush himself had more that once observed Thus, the Negroes suffered from hereditary leprosy that sometimes occurs to cure Negroes of the curse of the blackness of their race. These were the actions and beliefs of the most influential and widely read Dr. of his times. His works and writings were read all over the world.

One physician quotes in 1880: "It is safe to say, that in the present state of psychiatry in America, to be pronounced insane by physicians, by a judge, or by a jury, means imprisonment for months, for years, or for life. To put it another way, there is a disease, which reduces its victims to a level with persons accused of crime, and exposes them to loss of liberty, property and [to] unhappiness." Mental hospitals were nothing more than prisons for labeled insane people. During the 17th and 18th centuries the mentally ill were seen more as a poverty problem, subsisting under the poor laws of the time. Mental illness was not seen as a medical problem as more than an economic and social one. The 19th century began to see the medical problem in mental illness. However, mental hospitals were in charge of the elderly, the poor and the general unwanted. During the Colonial Period, the family was the primary caregivers for the mentally ill. If the family could not care for them, the community was obliged to because the ill could not work. In order that they "doe not Daminfy others," the property of the mentally ill was often used as payment for their care. By the end of the 18th century laws in Massachusetts directed that prison was the place for those: "Lunatic & so furiously mad as to render it dangerous to the peace of the safety of the good people, for such lunatic person to go at large." Prior to the 18th century the mentally ill were not perceived as a great problem because of the as yet low population. They were concerned

only if the individual presented a clear danger to the society. When the population rose in the late 18th century, the poor, aged, infirm and the mentally ill were confined to newly built almshouses. In Boston, the first almshouse was built in 1662 with private funding. Later, workhouses were built to accommodate the dependent. In 1821, a House of Industry was created in Boston. It was meant to serve the unemployed; however it created provisions for the insane. The insane were quartered with every other type of dependent people. Again, no real distinction was made for the mentally ill. They generally thought that mental illness was caused by bad, or unconventional or unhealthy lifestyles; it was more of a character problem than a medical one. A workhouse in Charleston, South Carolina was so deficient in human needs that it declared: "The existing quarters were insufficient, and a very improper receptacle for the poor, being crowded with criminals, vagrants, sailors, and Negroes." Then began the separation of the insane from the other dependent people. There was never a clear, workable policy toward mental illness. As the population increased, dependence and poverty increased. Mental illness became more noticeable. The sake of security from the mad had to be maintained. Also, immigration increased by the early 1800s. These were mainly Irish impoverished immigrants. Hence, this tended to increase dependency. The general classifications of mental illnesses were mainly four: melancholia, mania, dementia, and idiotism. Unhealthy living, drinking, immorality, and excessive passions were thought to cause mental illness. Pinel's approach to moral treatment was the atmosphere created by fear of the physician. Pinel says himself says about the authoritarian influence in treating mental illness: "happy effects of intimidation, without severity; of oppression, without violence; and of triumph without outrage.". This is an indication of the beginning of the authoritarian fear factor in traditional Dr. patient relationships. A famous physician (William Tuke) founder of the York Retreat said: "There is much analogy between the judicious treatment of children, and that of insane persons." Dr. Tuke also believed in the instillation of religion in patients for the immoral behavior that made them mentally ill. Most hospitals were funded privately and not by the state. That came much later. Many patients came from wealth. An observer noted that paying patients demanded: "not only comfortable rooms, kind attendants, wholesome food, pure air and skillful treatment, but also a degree of the elegance and luxury to which they were accustomed in health was a natural and proper desire that should be satisfied." Privately funded hospitals were not workable as the population expanded by the mid 19th century. They were institutions of neglect and mistreatment. It seems that the paying patients in private institutions faired no better. However, it became clear that there should be a move toward public hospitals because the families of the mentally ill or the communities in which they lived could not afford to care for them. Again, in the beginning to mid-19th century mental illness was not differentiated from pauperism and poverty. Authorities still saw no need for public mental hospitals. However, they thought that poverty caused insanity when the reverse is most often the contributing factor. Mental illnesses caused entire families to undergo the stress of lost income due to a distressed family member. The lower working classes and immigrant groups were of specific concern. The predominant theories of the early to mid-19th century was again linked to bad living: "filth, immorality, and improper living

conditions" led to mental illness. "Health, on the other hand, was synonymous with virtue and order this helped produce the authoritarian rule over patients and treating them like children with a system of rewards and punishments. Religion played an important role in moral treatment and management. Poor houses were created to serve the growing population of paupers, criminals, and the mentally ill. An historian quotes: "By 1824 Massachusetts had 83 almshouses; fifteen years later the number had increased to 180, and by 1860 the total had risen to 219." Interesting to note, prisons increased along with mental facilities at the same time. The mixing in people with various causes of dependency continued; however, authorities began to question the reasoning in this. A vivid example of the mixing and messing of various dependent groups is illustrated in this description of Philadelphia's Blockey Almshouse. It housed: "1,588 inmates in 1848. Of these, 111 were in the children's asylum, 718 in the hospital and lunatic asylum, 188 in the old men's infirmary and incurable section, 79 in the male working wards, 42 in the mechanics ward, 256 in the old women's asylum and incurable section 71 in the women's working ward, 21 in the nursery, and 23 children. The black population, housed separately, had 3 women and 10 children in the nursery, and 66 others in the colored working and incurable ward. The situation was much the same elsewhere." Gradually, the mentally ill were given specific attention. A precious few states had public institutions before 1830. Dorothea Lynde Dix (1802-1887) was the most influential activist for the improved treatment of the mentally ill and her inexhaustible efforts helped to create public hospitals in this country and abroad. She was born in Hampden, Maine. Her childhood was not happy. Her farther was an alcoholic and her mother was a poor role model. She traveled to Boston to live with her well off grand parents. However, when her grandparents could no longer care for her she trained for a teaching career in Boston. Living on a modest income left to her from her grandparents, she began to think in terms of care and improving conditions for the mentally ill. As chance had it a minister asked Dix if she knew of a qualified teacher to teach women prisoners in a jail in Massachusetts. She answered that she would volunteer to teach. As the author describes it, Dix walked through the jail after classes: "After classes she walked through the jail and to her horror found a group of insane persons confined with hardened criminals and suffering from years of neglect." Dorothea Dix was known for her "memorials" to state legislatures. That is, mere statements were not enough for her. She delivered more of "fire and hell" observations on the conditions of the mentally ill, especially in prisons. She became so influential that asylum superintendents were appointed to their jobs because of her suggestions and influence. The more romantic and altruistic among people insisted that reform was the answer to all social problems. "Mental hospitals, they argued, would diminish or eliminate mental illness; schools and houses of refuge would train children to become moral and productive adults; penitentiaries would reform criminals; and almshouses would alleviate poverty." Later, this idealist portrait would turn into a monster. With the increase in public mental hospitals, came a huge increase in the number of admitted patients. Many came from the almshouses where they suffered the degradation of poor living conditions for many years. Prisoners, the poor from the almshouses and correctional facilities swelled the wards of the newly built mental

hospitals. The hospitals began to resemble almshouses. Also, in order to save money on qualified attendants, hospitals used prison convicts as attendants from New York City prisons.

With the proliferation of mental hospitals came the professionalism of psychiatry. It was these institutions that created and fostered this medical specialty. In the light of caring for dependent groups, psychiatry reflected the role that was expected of it by society at large. In the mid-19th century people still looked at mental illness from the standpoint of welfare and dependency. Also, there was in the minds of authorities that crime and mental illness were really one and the same. Mental illness caused crime and crime caused mental illness. However, some physicians rebelled against these ideas. One said: "I cannot say, I like the commingling of the insane and the criminal and to be catalogued with Sing Sing [prison] and Auburn [hospital]…It tends to keep up a notion we strive to do away-that Asylums and Prisons are alike." The Journal of Prison Discipline and Philanthropy quoted: "that criminal and insane behavior were subsumed under the same general scientific laws." Naturally, psychiatrists disliked the association of mental illness and crime not because it was true or false but because it lowered their professional status.

During the first half of the 19th century superintendents claimed high curability rates among those admitted. This idea is very misleading. Incurable or psychotic (in today's terms) were eliminated from the statistics and considered incurable. The curable patients were probably those who suffered from lesser painful mental illnesses and also statistics considered the ill aged and merely deviant as cured. Those supposedly "cured" by physicians also were readmitted in a relatively short period of time. The "chronic" category often represented the aged senile. A great deal of the complaints that public hospitals were turning into cruel institutions maltreating the mentally ill stemmed from the attendants hired to care for them. At a lunatic asylum in New York City a physician in 1843 complained: "that the keepers and attendants were criminals and vagrants, who have neither character nor discretion to take care of themselves. The bad effects of this system in the introduction of vulgarity and profanity into our halls, is painfully evident. Many of the patients are well aware of their character. Instead of respecting and loving their attendants, they become embittered against them, and consequently irritable and fretful-of course much too their prejudice…" One could use only the slightest imagination of how patients were treated if criminal and vagrants were in charge of their care.

The ideal of the past vanished. The goal of moral treatment delivered in a humane way had disappeared and more and more custodial care was facing the future of mental hospitals. There were other problems surrounding the creation of public institutions besides the funding and personnel and administrative problems. The second quarter of the 19th (1825 on) century witness a huge increase in the number of immigrants. Most of these immigrants were of Irish Catholic descent and were overwhelmingly poor. Even

psychiatrists had difficulty in interacting with immigrant groups because the former usually came from the higher classes. The prejudices in society began to rear its ugly head in the institution. The middle class mentally ill was cared for much better than the lower immigrant poor. "The private paying American born poor were treated better than the mere non-paying American poor. The indigent immigrant poor were treated badly. The worst treatment of all was given the blacks." The mental hospital and its therapeutic moral treatments were gradually becoming a refuge house for poor people of all mixtures: the criminal, the sick, the elderly demented, and the mentally ill. Poverty was what they had in common. Among the paying patients they had more freedom and privilege in the hospital. Also, having an abundance of paying patients tended to prevent the institutions from becoming glorified almshouses. The potato famine of the 1840s caused thousands of poor and malnourished Irish Immigrants to America. This caused a class clash. The immigrants were most exclusively Catholic while the predominant religion in America was Protestant. A vivid portrait of the view toward the Catholic Immigrants can be seen as early as 1827 when a welfare official retorted: "One of the greatest burthens that falls upon this corporation, is the maintenance of the host of worthless foreigners, disgorged upon our shores. The proportion is so large, and so continually increasing, that we are imperatively called upon to take some steps to arrest its progress. It is neither reasonable nor just, nor politic, that we should so heavy an expense in the support of people, who never have, nor never will contribute one cent to the benefit of this community, and who have in many instances been public paupers in their own country…" Again, psychiatrists themselves had difficulty in therapeutic terms with immigrants with different values, culture, language and traditions alien to their own. Since immigrants were in the divide between cultures, many psychiatrists saw that the newly arrived mentally ill were incurable. They believed their culture had something to do with their illnesses. In 1857, a superintendent of The Maine Insane Hospital observed: "It is the experience of all who have had the care of the Insane Irish in this country, that they, form some cause or another, seldom recover." One physician noted that the mentally ill Irish could not gain insight into their conditions because they were "among the lower class Irish." Another physician went overboard when he said: "The majority of such patients, are of a low order of intelligence, and very many of them have imperfectly developed brains. When such persons become insane, I am inclined that the prognosis is peculiarly unfavorable." How did he know about the structures of brains? I feel no need to dwell on the facts concerning how black men and women were treated in hospitals during the first half of the 19th century. Blacks were slaves and if they became mentally ill, their masters would not pay for their hospital care. Some superintendents believed that the "constitutional cheerfulness" of blacks made them immune to illness. Some believed they were too dumb and uneducated to be insane. Said another superintendent blacks were "less educated and it might be said less civilized." The white inmates refused to be in place with the black slaves or freed blacks. The creation of separate facilities offered a solution to the problem. However, an observer at the New York City Almshouse observed the conditions in which the black lived: "In the Building assigned to colored subjects, was an exhibition of squalid misery and its concomitants,

never witnessed by your Commissioners of Public Receptacle, for even the most abandoned dregs of human society. Here, where the healing art had objects for its highest commiseration was a scene of neglect, and filth, and putrefaction, and vermin…". This vivid description certainly describes where the colored stood on the scale of care. Theoretically, especially after the Civil War, there was an "equality of races" however, in fact, superintendents were just as prejudices as the society at large. To conclude, the level of care was dictated by ability to pay, one's ethnic background, and one's race. By the 1850s, authorities began to realize that the scattered nature of welfare institutions and mental hospitals could not serve the mentally ill or poor adequately. Still, during this period work houses and almshouses were created with greater speed than mental hospitals. The movement to centralization of welfare institutions began in earnest. Also, jails, schools, or corrective institutions did not solve the problems of poverty, crime and education of the youth. Officials still thought in terms of mental illness and poverty being the exclusive fault of the individual for not living the God fearing moral life. A vivid example of how officials viewed mental illness and poverty as the same "disease." The sick and poor had: "an imperfectly organized brain and feeble mental constitution"…which carried with it "inherent elements of poverty and insanity." Criticism of mental hospitals grew. They were viewed as prisons for punishment rather than hospital for treatment and cure. The case of Mrs. E.P.A. Packard helped to bring mistreatment and wrongful incarceration to light. (Recall Packard and her husband's placement of her in the Illinois State Hospital for the Insane for three years.) Mrs. Packard's testimonials and book revealed that involuntary hospitalization for frivolous reasons was both illegal and immoral. Her influence resulted in laws governing the commitments of patients. The author states: "The situation in Illinois received national publicity, in part because of the unfair and involuntary commitments, the abuse of patients, and the question of the rights of the insane were by this time of concern in other states as well." Prior to the time of the Packard affair mail from patients to friends and relative were routinely censored. A law in 1872 passed which forbade hospital officials to read and censor patient mail. The horror of the abuses of patients spread for the remainder of the 19th century. Again, the mentally ill were not singled out, as a special medical group needed special attention beyond that of the criminal, delinquent, or pauper. They were still lumped, meshed, and mixed together under the umbrella of dependency. But the growing process of centralizing dependence was well underway. An illustration of the thinking behind centralization is portrayed in how Rhode Island considered a facility: "Out of the recommendations of a special joint committee came legislation establishing one central location a state house of correction, workhouse, almshouse, and an asylum for the incurable insane." It was certainly a "one stop shopping center." Again, local and state officials still pictured the mentally ill as being non-productive by their own choice and therefore a huge problem in funding hospitals. They seemed to not care about the suffering of the sick. It was all a matter of economics and politics. An official in a report entitled "Pauperism, Crime, Disease and Insanity" was convinced that all the former were "so closely connected as to make any exact separation of them difficult. Pauperism and Crime; Pauperism and Disease; Crime and Disease; Insanity and Crime;

Insanity and Pauperism, how frequent are the permutations and combinations of these evils!". The superintendents of hospitals wanted to take charge of hospitals; however the centralization that eventually led to state supported hospitals became more pressing.

Despite the administrative haggling over the creation and governance of hospitals, the building of hospitals increased enormously after the Civil War. Again, the economics and expediency of dependency governed the operations of hospitals and not the superintendents themselves. Still mental illness was a dependency issue no greater or lesser than those of the poor, sick, lame, elderly or criminal. Of particular trouble and concern was what to do with those patients deemed incurable alongside those who were deemed curable. In the past, physicians were idealistic in that they believed all patients were curable. Now, since the incurable were particularly troublesome, official began to think of building separate hospitals for the incurable. The thinking was basically, that mixed the incurable with the curable would cause strife and a corruption of therapy in general. The incurable institutions would invariably become custodial warehouses. One physician who objected to separate hospitals for the incurables put his feelings toward them in a vivid description: "…When patients cannot be cured, they should still be considered under treatment, as long as life lasts; if not with the hope of restoring them to health, to do what is next in importance, to promote their comfort in the scale of humanity…" [Italics mine.] The incurable mentally ill were seen as the lowest rung of humankind? This statement reveals what was actually thought of the mentally ill in the 19th century. Some welfare officials simply suggested that the incurables be sent to the outrageous, inhumane almshouses. However, at the latter they would never receive any therapeutic treatments know to the era. This would be cheaper for society as the increase in dependency rose as a result of increased immigrant populations and general increases in populations in the states. After 1860 the inmates of hospitals caused a severe overcrowding conditions. Management of administration and bureaucracy took precedence over psychiatric therapy. There was also the increasing fear and prejudiced over immigrant patients and race among black freemen or slaves. Gradually, local community control of large, unwieldy populations of mental patients slipped from its grasp. By the last quarter of the 20th, century the (1875) aspirations of Philip Pinel, Dr. Benjamin Rush, and Etienne Esquirol were dashed to atoms. They believed that all insanity or mental illness was curable and that social and economic status, ethnicity, and race should have nothing to do with therapy. However, the one group to greatly benefit from politics, administrative quagmires, and squabbles concerning patients and institutions were the alienists. Psychiatry came into being in the second half of the nineteenth century. The founding of AMSAII, the Association of American Superintendents of American Institutions for the Insane, resulted in a tightly bound and politically influential group of physicians to deal with. This association later became the American Psychiatric Association. Again, the ideals of the past were superseded and preempted by the burgeoning bureaucracy of the pre-industrial 18th century. Of course, those who bore the unfortunate outcome of this situation were the mentally ill who could only suffer in powerlessness. As one-historian states about this period: "For the history

of the care and treatment of the mentally ill in American society is surely fraught with all of the elements of tragedy." Thus the public hospital were born, first in Massachusetts and then overspreading the entire country at the time. Strictly family, local community, church, or almshouse could not accommodate the rising population of mentally ill. A vivid description of the mentally ill in prisons is given an eyewitness account by a member of a reform group called "The Boston Prison Discipline Society" in 1825. He depicts "a lunatic had been in the same room for nine years" and: "He had a wreath of rags around his body, and another around his neck. This was all his clothing. He had no bed, chair, or bench. Two or three rough planks were strowed around the room: a heap of filthy straw, like the nest of swine, was in the corner. He had built a bird's nest of mud in the iron grate of his den. Connected with his wretched apartment was a dark dungeon, having no orifice for the admission of light, heat, or air, except the iron door, about 2-½ feet square, opening into it from his Prison. The wretched lunatic was indulging [in] some delusive expectation of being soon released from this wretched abode."

Clifford Beers in his famous book "A Mind That Found Itself" describes the type of treatment he received from the staff of the institution in which he was confined: "The two who were first put in charge of me, did not strike me with their fists or even threaten to do so; but their unconscious lack of consideration for my comfort and peace of mind was torture. They were typical eighteen-dollar-a-month attendants. Another of the same sort, on one occasion, cursed me with a degree of brutality, which I prefer not to recall, much less record. And a few days later the climax was appropriately capped when still another attendant perpetrated an outrage, which a sane man would have resented to the point of homicide. He was of the coarsest type…Because I refused to obey a peremptory command, and this at a time when I habitually refused even on pain of imagined torture to obey or speak, this brute not only cursed me with abandon, he deliberately spat on me. I was a mental incompetent, but like many others in a similar position I was both by antecedents and by training a gentleman. Vitriol could not have seared my flesh more deeply than the venom of this human viper stung my soul! Yet, as I was rendered speechless by delusions, I could not offer so much as a word of protest. I trust that it is not now too late, however, to protest in behalf of the thousands of outraged patients in private and state hospitals whose mute submission to such indignities has never been recorded."

The stature of psychiatry as a significant branch of medicine at the turn of the 20th century and in its first decades, said one physician: "First, I have never personally known a genius who[sic] devoted himself to teaching psychiatry. Second, psychiatry is the most backward of all the sciences fundamental to the art of medicine. Third, the time devoted to mental diseases in medical schools is too short to teach anything beyond the alphabet."

Around 1945, after the introduction of somatic treatments such as Metrozal, insulin shock, fever therapy, electroshock and lobotomies psychiatry began to see a promising horizon for itself in the words of a psychiatrist at the time: "I can envisage a

time arriving when we in the field of Psychiatry will entirely forsake our ancestry, forgetting that we had our beginnings in the poor house, the workhouse and the jail." He also said: "I can envisage a time when we will be doctors, think as doctors, and run our psychiatric institutions in much the same way and with much the same relationships as obtain in the best medical and surgical institutions." In other words, they will be thought of as real doctors.

Albert Deutsch a prominent journalist of the 1930s and 40s widely published articles concerning the abysmal conditions of overcrowded and understaffed hospitals. He published his general observations in a famous book in 1937. After inspecting some hospitals in Detroit, Michigan he observed: "The city of Detroit pays less attention to its humans, sick in mind, than it does to its machines. I have seen animals better treated and more comfortably housed in zoos than are the mentally sick inmates of Detroit's institution, which is not even an asylum much less a hospital." He observed: "nervously sleeping inmates of the depressing, dirty, dim-lit wards. Cots and beds were strewn all over the place to accommodate the 289 mental patients packed into wards intended for 126. Cots lined the corridors, with restless patients often strapped to them. (It appeared that about one-third of all patients in the psycho wards were under mechanical restraint that night-tied down to their beds by leather thongs, muffs or handcuffs linked by chains")… I had noticed, during the day, an unusually large number of women patients abed. An attendant, when I asked about this, replied that there wasn't enough clothing to go around…and it was necessary to keep many in bed to preserve some semblance of decency."

We have come a long way today in the treatment of mental illness. Drugs and other treatments have replaced beating and cruelty. We are in another biological stage in history where the engineering of the gene pool holds up much hope for the eventual cure of mental illness. Although many mentally ill people remain homeless and hopeless, strides are being made to create appropriate housing for the mentally ill. We may still look upon them as dependent, however, we have no almshouses or workhouses to send them to and treat them with terrible neglect. I am sure that someday we will find a cure for mental illness in itself and then eliminate the need for drugs and psychiatry. It may take a thousand years but someday there will be no need for a mental health system itself.

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