Psychiatric Bulletin (1989), 13, 440–444

Sketches from the history of psychiatry

John Conolly and the treatment of mental illness in early Victorian England

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This year, 1989, marks the 150th anniversary of the abolition of mechanical restraints at the Hanwell Asylum. It was, of course, John Conolly who carried out this large-scale experiment in the application of non-restraint at Hanwell. He was in charge of the diagnosis and treatment of the 800-odd pauper lunatics in this, the largest of the county asylums. Most of his patients had been insane for many years before their admission to Hanwell from the parish workhouses. The prospects of curing them were slim: Hanwell had the second lowest cure rate among the county asylums, a meagre 6% for the period 1835–1845 (Conolly, 1847).

Although today we have more effective treatments for psychiatric disorders than were available to the Victorians, we are faced with the same reality that much mental illness is chronic and incurable. Given that this problem was much greater in Conolly's time, do we have anything to learn about the management of the chronically mentally ill from this prominent 19th century alienist?

Conolly was born in 1794 in Market Rasen, Lincolnshire. His interest in mental illness was apparent in 1821 when he produced his MD thesis entitled *'De status mentis in insania et melancholia'*. While working as Professor of the Nature and Treatment of Diseases at the newly founded University of London, he produced a major text, *An Inquiry Concerning the Indications of Insanity* ... (Conolly, 1830), which contains an interesting critique of contemporary lunatic asylums and an account of how they might be improved. He opted for a career in psychiatry relatively late in life when, in 1839, he was appointed Resident Physician at the Hanwell Asylum. His most active period of involvement there lasted only four years. Thereafter, his association was more distant – as Visiting Physician – until 1852, when he severed his ties with Hanwell altogether and turned to private practice. He died in 1866. Extensive biographical details can be found in the writings of his son-in-law, Henry Maudsley (1866), and Scull (1985).

Medicinal treatments

In Conolly's day, there were no effective drug treatments for mental disorders; neuroleptics, antidepressants and lithium are all 20th century inventions. Nevertheless, patients were frequently subjected to a wide variety of drastic purgatives and emetics, such as croton oil, castor oil, extract of rhubarb and aloes (Esquirol, 1845). Constipation was commonly believed to exacerbate insanity, hence alienists were preoccupied with the state of their patients' bowels and the desirability of producing daily bowel actions (Esquirol, 1845; Rush, 1812). It is possible that the resulting dehydration and electrolyte inbalances might have exhausted an excited schizophrenic or manic patient into a state of temporary quietness and thus appear to have alleviated their condition. Although Conolly seldom used emetics, he found aperients indispensable; indeed he believed that melancholics often suffered from an anatomical displacement of the transverse colon which then caused constipation, thus affecting the state of mind. He felt it was important to avoid drastic purgation. Indeed, his favourite aperients were the saline mineral waters to be procured at spa towns; "I believe the weaker spring at Cheltenham to be extremely advantageous; but the water should be drunk in moderation, the quantity not exceeding two half pints daily, taken before breakfast, without the addition of what the pump-room attendants call the solution" (Conolly, 1846).

The effective sedatives available to Conolly were opiates, such as morphia salts, and hyoscyamine, an extremely poisonous alkaloid obtained from the plant henbane. These were employed to induce sleep in excited and agitated patients. Of the two, Conolly preferred hyoscyamine but he favoured more natural methods where possible: "a copious draught of cold water is often a better sedative than any medicine" (*Report of the Resident Physician at the Hanwell Asylum, 1840*). Many of the drugs employed in the treatment of mental disorder were frankly poisonous. Antimony, mercury, digitalis, ergot and strychnine

were widely used without an apparent appreciation of their toxic effects (Esquirol, 1845). However, Conolly was wary of antimony and digitalis as he had observed that both appeared "to lower the strength of the lunatic beyond expectation but without significant improvement in the mental state" (*Report of the Resident Physician at the Hanwell Asylum, 1840*).

Conolly employed tonics of iron salts when patients were suffering from debility. He emphasised the need for caution when so treating depressed patients as he had observed that a manic episode might be precipitated by "a large dose of steel" (Conolly, 1846). Here Conolly appears to be confusing a supposed effect of treatment with the natural history of manic-depressive psychosis.

Physical treatments

Bleeding, either by the application of leeches or by cupping, had for centuries been applied as a method of treatment for the mentally ill (Esquirol, 1845). Conolly preferred leeches and often applied them to the site of the supposed bodily source of excitation. For example, for cases of melancholia associated with the menopause and hence with supposed uterine dysfunction, he advocated the application of leeches to the pubes (Conolly, 1846). Sometimes he used leeches in a more fanciful way. In his annual report of 1840, he described the successful treatment of a female patient suffering from demonomania (p. 66). She believed that Satan had complete control over her and that she could actually feel him holding her back. Conolly applied leeches to the site of the alleged grasping and effected a dramatic cure.

Contemporary alienists subjected their patients to the production of blisters, moxas (skin burns produced by a burning Japanese herb) and setons (the passage of thread through a fold of skin) in the hope of relieving their symptoms through the effects of these counter-irritants (Esquirol, 1845). Conolly sometimes used blisters, but never setons or moxas, in the treatment of a number of different types of insanity. He believed that many cases of depression were caused by debility which affected the digestive as well as the nervous system. He claimed that the anorexia and constipation frequently complained of by melancholics were evidence of a related gastrointestinal abnormality (Conolly, 1846). When a depressive became suicidal this was merely an exacerbation of their state and should be treated by correcting the gastric abnormality. This he did by the application of leeches and small blisters to the epigastrium and by a bland diet. Conolly also treated what we would now regard as schizophrenic delusions with blisters. Thus, when a young male patient refused to eat because he believed he would anger God if he did, Conolly applied a blister to the nape of his neck in the hope of distracting him from his delusion. Unfortunately, the treatment failed and the patient later died of starvation (*Male Casebook, 1850–1854*).

Excited patients were believed to have excited and overstimulated brains; for example the American alienist, Benjamin Rush, believed that madness was caused by the blood supply to the brain being too abundant and the blood too heated (Rush, 1812). Conolly, like Esquirol, believed patients might be calmed by shaving the head and applying a paste containing antimony salts or cold packs made of a bladder containing powdered ice. He also employed the shower bath, in which the patient was subjected to an intermittent spray of warm water while being submerged up to the middle. Conolly claimed that the method rarely failed to subdue cases of violent excitement and that afterwards the patient could be put to bed and would remain tranquil for days, if not months. Contemporary alienists, for example Sir Alexander Morison, advocated the douche, or descending column of water, for acute mania and for cases in which delusions were prominent (Morison, 1828). Conolly considered the practice too severe and too much like a punishment. He denounced it as "one of the remedies which medical men are not much disposed to make trial of in their own persons (Conolly, 1846). He expressed similar abhorrence for the whirling chair, a contrivance which span the insane around at high speed in an attempt to shock them to their senses.

Few of these 19th century physical treatments sound in the least bit pleasurable. There were, however, two that Conolly employed which might have been enjoyed. Melancholics were given warm baths at bedtime for half to one hour in order to tranquillise them and induce sleep. Esquirol too thought tepid baths to be a particularly useful treatment, although he recommended they should be of several hours duration (Esquirol, 1845). Patients with all types of insanity might benefit from the giant rocking horses that Conolly had constructed in the airing courts of Hanwell. Four or five patients could ride on one at any one time and their motion was said to be good for promoting sleep.

It is evident from Conolly's lectures given at Hanwell to a medical audience and printed in *The Lancet* in 1846 that he had limited faith in medicinal and physical treatments for insanity. Maudsley also recalled Conolly's doubts about the value of medicines (Maudsley, 1866). Conolly recognised that for certain types of illness, such as epilepsy and general paralysis, there was no prospect of cure. In other cases, his attitude appears to have been one of experimenting with the popular therapies but remaining healthily sceptical about their efficacy and avoiding drastic measures which might prove worse for the patient than the underlying illness.

Moral management and non-restraint

Two major influences on Conolly's subsequent experiment with non-restraint at Hanwell were the Tukes' use of moral management and minimal restraint at the Retreat, begun in 1796, and Robert Gardiner Hill's work at the Lincoln Asylum (Tuke, 1813; Hill, 1838). The Retreat was a small private establishment near York founded by William Tuke, a Quaker and a tea and coffee merchant. Conolly had been introduced to Tuke while a student in Edinburgh and in his writings he freely acknowledged his indebtedness to the Tuke family.

Conolly visited the Lincoln Asylum in May 1839. There he observed the experiment of the House Surgeon, Robert Gardiner Hill, who was managing 150 lunatics without recourse to any form of mechanical restraint. Conolly must have been impressed by what he saw, for on his arrival at Hanwell he at once set about removing all instruments of restraint. Hanwell was a much larger establishment than Lincoln, having over 800 patients by 1840. This was a far from ideal situation as Conolly realised; he felt 250 patients was the ideal number for an asylum and that above this figure individual treatment became impossible. Despite the scale of the Hanwell Asylum, Conolly did away with all restraints within three months of his arrival. This he was able to achieve by increasing the number of attendants looking after the patients; the ratio of keepers to patients was increased from 1:25 to 1:18. The wages of the attendants were also fractionally increased; for example by 1840 most male attendants earned £25 per annum, this being slightly better remuneration than that found among general servants at that time. He utilised seclusion as a means of containing excited and violent patients. Conolly had a number of special seclusion rooms constructed with coir-lined walls enclosed in ticking and padded floors. He saw seclusion not as a punishment for bad behaviour but as a means of removing all irritant sources from an excited and irritated brain, thus allowing peace and tranquillity to be restored. Fearing that the attendants might abuse the procedure, he made them keep careful records of its use and ordered them to inform the medical staff each time they placed someone in seclusion.

The system of moral management sought to increase the conscience and will of patients and thus to combat insanity by increasing self control. By removing all mechanical restraints, Conolly was substituting mental for physical restraint. In his first report as Resident Physician he stated that his aim at Hanwell was "to regulate everything around them [... the patients] as chiefly to communicate tranquillising impressions and to encourage and re-establish self-control".

Conolly believed that the use of restraints actually created many psychiaric disorders. He observed that the effect of removing restraints was that "the wards are less noisy, frantic behaviour and manic paroxysms are less frequent, patients are more cheerful and cleaner". He followed up those patients who had been in mechanical restraints at the time of his arrival at Hanwell and found that two years later those who still remained in the asylum were all improved in their conduct. "Some, who had before been considered dangerous, were constantly employed, and the rest were harmless and often cheerful (Conolly, reprinted 1973).

At first, Conolly remained uncertain that all cases could be managed without mechanical restraints. Indeed, initially he employed certain devices: female patients who repeatedly tore or removed their clothes were placed in strong dresses secured around the waist by a leather belt and fastened with a small lock. It was also necessary temporarily to restrain patients while applying blisters. They would either be held by the attendants or chained up for a few minutes.

With time, Conolly became more confident that mechanical restraints were never necessary. He stopped the traditional practice of fastening one hand of the epileptic patients to their bedsteads at night as he considered it inhumane and more likely to injure them if they had a fit. Instead, he gave them low beds and padded the bedroom floors.

Initially, Conolly had met with tacit opposition from his untrained and insubordinate nursing staff, but gradually he won them over to his point of view and ended up with a loyal workforce. To begin with, the Middlesex Justices, who administered Hanwell, were divided in their support of non-restraint. In 1840 they considered the issue of "whether there may not be more of actual cruelty hidden under the show of humanity in the system of non-coercion, than was openly displayed in muffs, straight waistcoats, leg-locks and coercion chairs". In the event they decided there was not. The Hanwell experiment was keenly observed by the press and soon Conolly achieved fame and popularity from the public and also from the medical profession (*The Times*, 1840, 1841; Scull, 1985). Maudsley describes how Conolly was presented by public subscription with a massive allegorical piece of silver plate, a portrait by Sir Watson Gordon and an honorary degree from Oxford (Maudsley, 1866).

In his early years at Hanwell, Conolly viewed moral management and non-restraint as curative measures. In his annual reports as Resident Physician he cites examples of patients being brought to the asylum in restraints whereupon the mere removal of shackles "prepared the way for recovery which kind and rational management soon completed".

However, it gradually emerged that the lunatic asylums and Hanwell in particular, had an abysmally low cure rate. Conolly claimed asylums could cure half and perhaps two-thirds of recent cases of insanity

and that Hanwell was being filled with chronic and hence incurable cases from the workhouses, resulting in the low cure rate. The answer, as he saw it, was to educate doctors and medical students in the treatment, and in particular the early treatment, of the insane and encourage the workhouses to send in their recent cases. In 1842 he began to give clinical lectures at Hanwell on the causes and treatment of insanity. Conolly believed in the "asylum sane". By this he meant there were certain patients who were quiet and controlled in the asylum but who on release became excited and disturbed again and had to be returned to the institution. He was also of the opinion that "almost all patients who have been long in asylums dread nothing so much as being set at large".

As Scull has pointed out (Scull, 1985), these ideas contrast quite starkly with Conolly's earlier views which he held while a professor of London University and expressed in his first book *An Inquiry concerning the Indications of Insanity* .... In it, he criticises contemporary lunatic asylums, claiming "confinement is the very reverse of beneficial. It fixes and renders permanent what might have passed away and ripens eccentricity, or temporary excitement or depression, into actual insanity". "The crowd of most of our asylums is made up of odd but harmless individuals, not much more absurd than numbers who are at large". At this early stage in his career, Conolly appears much more modern in his views. He states that not all deluded patients need hospital treatment unless they are dangerous to themselves, others or to property. Indeed, for cases of puerperal illness, hospital admission was positively contraindicated as the patient is morbidly susceptible to new impressions and admission to the asylum was liable to leave bad impressions. The chances of recovery were greater if the patient was nursed at home. As soon as anyone became insane, they should be visited at home by a medical officer from the asylum. If the family required a nurse, one should be sent from the asylum as quickly as possible, if this was medically recommended. A register should be set up for each county of all insane persons, both in and out of the asylum, and the doctor should visit acute cases at least once a week and once a day if the doctor was the sole attendant. Conolly also advocated the use of small houses containing a few lunatics adjacent to the asylum for patients whose relatives did not want them admitted.

Conolly's views certainly changed with time. By the time he published *The Construction and Government of Lunatic Asylums* in 1847 he believed in the supremacy of the asylum in the treatment of the mentally ill. This book is concerned with the therapeutic milieu of the asylum, which encompassed the buildings themselves and the physical care of the patients as well as their psychological welfare. Conolly even considered the correct siting of an asylum to be important: "the best site for an asylum is a gentle eminence, of which the soil is naturally dry, and in a fertile and agreeable country". "If it is intended to receive patients of the educated classes into the house, it should unquestionably be situated amidst scenery calculated to give pleasure to such persons when of sane mind. Those whose faculties have never been cultivated derive little satisfaction from the loveliest aspects of nature, and experience little emotion amidst the grandest".

Conolly's reforms at Hanwell were much wider than just instituting non-restraint and moral management. Many of his principles are just common sense. For example, he improved the light and ventilation of the wards and ensured they were adequately heated in winter. He was concerned about the patients' hygiene and that they had an adequate supply of warm clothing. He improved the patients' diet by increasing the amount and quality of solid food. He also continued the work of one of his predecessors at Hanwell, William Ellis, who succeeded in employing the majority of inmates in some sort of occupation around the asylum. Conolly advocated the creation of 'work-masters', the equivalent of today's occupational therapists, who could teach the patients various trades and would be "so devoted to giving such kind of instruction as not to be discouraged by the desultory application and irregularities of those whom they attempted to instruct". Conolly started reading and writing classes for the patients and promoted a wide variety of leisure activities. Large-scale entertainments for several hundred of the inmates were staged in the form of dances, dinners, tea parties and seasonal festivities. These were widely reported and praised by the press (*Illustrated London News*, 1843, 1846). He also worked hard to improve the standard of nursing care given to patients, for he realised what a key position the attendants played in the implementation of his ideas.

During the 1840s, Conolly's belief in the curative power of non-restraint and moral management was eroded. In 1842 he wrote "the consequences (of non-restraint) may not be that a much greater number of perfect recoveries are effected, for recovery is impossible in a majority of cases of insanity, but the actual number of the insane thus kept in the living and intellectual world, and enjoying a great share of happiness, is immensely increased". He was left in charge of a vast array of chronic and incurable patients whose number swelled each year and caused the asylum to be repeatedly enlarged, much to his dismay. Not suprisingly personal treatment of patients, which Conolly had always advocated, became impossible and he retreated from Hanwell to his home, Lawn House, in Southall. Here, he cared for a few private female patients and was able to practise moral management in an ideal setting.

Comment

Conolly lived at a time before there were effective drug treatments for mental illness. He was aware that medical treatments were largely ineffective and some were positively cruel. In his own practice, he kept their use to a minimum. It is salutary, given the reliance in modern psychiatric treatment on psychotropic drugs, that Conolly was able to manage the huge, disturbed population of Hanwell with only the occasional use of sedatives and seclusion and without mechanical restraints. Scull has tried hard to minimise Conolly's achievements and has pointed out some of the less flattering aspects to his personality, such as his early lack of success in medical practice, his inability to manage his own finances and his lack of acknowledgement of Gardiner Hill's pioneering work at Lincoln (Scull, 1985). Despite all this, there is no doubt Conolly was a talented asylum administrator who turned the Hanwell experiment into a success, a not inconsiderable achievement.

Some of Conolly's ideas appear ahead of their time, especially his early views on home treatment for the mentally ill, case registers and 'work-masters'. However, caution is needed when equating these ideas with our modern concepts. For example, while Conolly and Ellis before him, considered work to be therapeutic, other considerations may have influenced their thinking. Putting patients to work helped minimise the running costs of the asylum. It also accorded with the middle-class Victorian preoccupation of trying to create an orderly and subordinate workforce. The second view is nowadays considered exploitation and the third repressive.

Conolly later retracted his earlier, innovative views on patient management and came to see institutional care as the only way to treat lunatics. He did, however, do a lot to improve the quality of life of his patients both physically and emotionally. He paid attention to the small details of their daily existence. He talked about the value of knowing patients individually and of conversing with them. Incidentally, his job description specified he should see all the patients in the asylum at each visit, clearly an impossible task, given Hanwell's vast population.

We can usefully apply Conolly's healthy scepticism over physical and drug remedies for mental illness to today's treatments, although we now have the benefit of the double-blind technique by which to judge a treatment's efficacy. The terms moral management and non-restraint may have fallen into disuse but we still employ key elements of these treatments 150 years later in our modern psychiatric units.

Acknowledgement

My thanks to Ornella Bridgett for her helpful comments.

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