

HAUNTED HOSPITALS

Throughout history people with mental illness were viewed with fear and misunderstanding and subjected to social stigmatization. The cause of madness was variously attributed to such things as divine punishment, phases of the moon, religious ecstasy and because the insane often were thought to be possessed by the Devil many were exorcised, tortured and burned at the stake. Some vagabonds and crazy people were tolerated and free to roam about while others were driven away from polite society, either exiled to distant locales on “ships of fools” or sequestered in horrendous conditions, treated like wild animals, placed naked or in rags in cages or dungeons, often restrained in chains. During the Middle Ages, because lepers were deemed a societal threat they were segregated in leprosariums. In France, soon after Louis VIII established a lazar-house law in 1226, there were more than 2,000 such facilities in the country, 43 in Paris alone. But by the 14th century leprosy mysteriously began to disappear - perhaps segregation worked - and as the lazar houses emptied out, some were converted to poor houses or prisons where the deranged, demented and criminal were admixed in misery.

An exception was Gheel, (alt. Geel) a tiny Flemish village near Antwerp which starting in the 13th century became famous for humane treatment of those unable to cope on their own. Troubled people came from all over Europe and were placed by day into the citizens’ homes as guests or “boarders” and returned to the asylum at night. Many remained with their host families for years, some even for a lifetime. (In 1879 Van Gogh’s father considered sending his son there.) The novel idea was that the mentally ill were humans after all and through kindness and teaching simple chores - e.g. sewing, farming, laundering - some could be transformed into respectable citizens. Unfortunately, the good people of Gheel were atypical.

During economic hard times at the end of the 16th century, Paris, then a city of fewer than 100,000 inhabitants, contained more than 30,000 beggars. Many were whipped in the public square, branded and driven from the city until King Louis XIV wanted the beggars and madmen of Paris out of sight entirely - perhaps they diminished The Sun King’s radiance. His royal edict of 1656 established that “poor mendicants” would be confined within eight “hospitals” comprising *Le Hôpital General de la Ville de Paris*; women mostly at La

Salpêtrière, men at *La Bicêtre*, Both were located on the unfashionable Left Bank and before long these institutions contained more than one percent of the city's inhabitants: "the poor of both sexes, of all ages and from all localities, of whatever breeding and birth, in whatever state they may be in, able-bodied or invalid, sick or convalescent, curable or incurable." They included the feeble minded, the blind and deaf, epileptics, "women of easy virtue", delinquents, vagrants, army deserters, paupers, - the dregs of society all lumped together.

These were not hospitals in a modern medical sense but holding areas, a way of assuring civic order and keeping undesirables out of sight and mind. The *Hospice de la Salpêtrière* (later The National Home for New France) was located on the site of a former arsenal built in 1613 to make and store saltpeter (nitrate) a key ingredient of gunpowder. At its peak it had nearly eight thousand inhabitants and more than one hundred buildings. It was a virtual city within a city with an octagonal domed chapel, a busy market with numerous shops, gardens and an administrative bureaucracy. In September 1792 a Revolutionary mob stormed La Salpêtrière and raped hundreds of girls and women, slitting the throat of thirty-five of them. For the next four years the doors were left open; as one historian noted, it became the largest brothel in Europe.

In later years, although most of the criminal elements were weeded out, thousands of destitute, crippled and sick women remained. In effect La Salpêtrière was a human warehouse which invited such metaphors as "the Versailles of suffering," "a frightful sewer" or "a pandemonium of infirmities." But by the end of the 18th century there was impetus for change. Imbued with Enlightenment ideas of social justice and the rights of man, there was a growing sense that these unfortunates should be treated with sympathy and kindness - and by the late 19th century from the midst of these charnel houses modern psychiatry and neurology would emerge.

When Philippe Pinel (1745-1826) a native of Toulouse arrived in Paris in 1778 at age 33, he found the capital to be in the midst of Revolution. Concerned with citizen's rights to equal access to health care, Pinel was tempted to enter politics but as he wrote, "My life and those of my colleagues were in such danger, when all I was asking for was justice and the good of the people, that I developed a profound horror of clubs and popular assemblies." The young doctor found it difficult to be accepted in the medical establishment and busied

himself as a medical journalist, editor of a weekly medical gazette and was only an occasional practitioner. He attended salons where he met influential people (including Benjamin Franklin) and was exposed to avant-garde ideas. Fluent both in English and Latin, Pinel was familiar with classical and current literature referable to “mental alienation.”

Pinel's interest was prompted by the suicide of a young friend who suffered from “nervous melancholia” as a result of “excessive love of glory” during the Revolution. He felt guilty that he'd not been more pro-active in intervening. In 1792 Pinel won honorable mention in a medical writing competition on the subject “The most effective means of treating patients whose minds became deranged before old age.” He wrote that “of all the afflictions to which human nature is subject, the loss of reason is at once the most calamitous and interesting.” There were “so many errors to rectify, so many prejudices to remove.” Indeed, “in the present enlightened age, it is to be hoped that something more effectual may be done toward the improvement of the healing art than to indulge with the splenetic Montaigne in contemptuous and ridiculous sarcasm upon the vanity of its pretensions.”

Through political contacts Pinel found part-time work in a private asylum but was frustrated that he lacked authority to make changes until in 1793 he was appointed chief physician of the infirmaries at Bicêtre, the national asylum for men. Although the physical environment was horrific, Pinel found that the ward for the most violent madmen was being run according to relatively progressive principles: “The gentleman to whom was committed the chief management of the hospital exercised towards all that were placed under his protection, the vigilance of a kind and affectionate parent.” That man was Citizen Jean-Baptiste Pussin, a former patient who had worked at the Bicêtre since 1784. While his impressive formal title was “governor,” in effect he supervised the mental ward, ably assisted by his wife Marguerite, “the governess.” Pussin knew each person's idiosyncrasies better than any physician could and Pinel willingly learned from his underling::

He [Pussin] lived amongst the insane night and day, studied their ways, their character, and their tastes, the course of their derangements. [He] knows when to be benevolent, when to be an imposing figure...to detain maniacs in constant seclusion and to load them with chains, to leave with them defenseless, to the hostility of brutal underlings...

is a system of superintendence more distinguished for its convenience than for its humanity or its success.

Pinel made rounds several times a day, kept detailed notes and came to understand that mental illness usually was related to social and psychological stresses. Influenced by Pussin's approach of kindness mixed with firmness, he began putting his progressive ideas into practice; what these patients needed was "consolation and reason to hope." He rejected the prevailing belief that madness was incurable: "To insist upon incurability is to assert a vague proposition that is constantly refuted by the most authentic facts."

Pinel's strategy, which he called *traitement moral*, combined reward and punishment. In his *Treatise on Insanity* (1801) he criticized use of toxic doses of purgatives: "My faith in pharmaceutical preparations was gradually lessened and my skepticism went at length so far as to induce me never to have recourse to them until moral [psychological] remedies had completely failed." He deplored overly enthusiastic blood letting then in vogue: "The blood of maniacs is sometimes so lavishly spilled and with so little discernment as to render it doubtful the patient or his physician has the best claim to the appellation of a madman." Good hygiene was recommended not only for the inmates but for everyone; fresh air, exercise, especially jogging and ice-skating were deemed healthier than sitting by the home fire.

Although patients were segregated they were permitted to move about freely, but freedom of movement did not preclude use of straitjackets and freezing showers to focus the attention of unruly patients. According to legend, Pinel ended the practice of chaining violent inmates but the details were rather contradictory, much of the confusion attributable to a dramatic painting by Tony Robert-Fleury (SLIDE) which showed a pretty young woman whose shackles had just been removed by Pinel amidst a crowd of onlookers at La Salpêtrière. In fact, the first patient to be released was a male who had been chained for forty years in his dark cell, not at La Salpêtrière but at Bicêtre, and the one who unshackled him was the custodian Pussin - not Pinel.

Several years later when Pinel was appointed Senior Physician at La Salpêtrière he persuaded Pussin to join him there as special assistant and soon chains were removed from

49 women. Although Pussin removed the shackles, it was Pinel who promoted the theory of humane treatment for which he was credited as being “the liberator of the insane.” His approach involved “intimidation without severity, oppression without violence, triumph without outrage.” Before resorting to drugs or sterner methods, inmates should be permitted to release their “tumultuous excitement.” Recovered patients were preferred as attendants: “They are the ones most likely to refrain from all inhumane treatment, who will not strike even in retaliation, who can stand up to pleading menaces, repetitive complaining and retain their inflexible firmness.”

After Pinel’s death in 1826 his former pupil and successor Etienne Esquirol (1772-1840) established ten new mental hospitals throughout the country all operated on the same principals. Like his mentor, Esquirol believed that *maladies mentales* were due to “passions of the soul.” He coined the term “hallucination,” gave the first formal lectures in France on psychiatry, published numerous essays and wrote a heavily referenced textbook on Mental Diseases. Esquirol remarked on the influences of climate, geography, body habitus and social factors and among his observations were some interesting comparisons between the causes of madness in women in England, Italy and France:

In England women receive a more substantial education; they lead a more retired life, and do not take so important a part in public affairs; hence there are less insane women than in France... [On the other hand] the morals of the Italians render religious melancholy and erotomania very frequent... The manner of life of the women of France, the insatiable relish which they have for romance and the toilettes, for frivolities, etc. - together with the miseries and privations of the lower classes, we shall no longer be astonished at the disorder of public and private morals, nor any longer [will we] have a right to complain if nervous disorders, and particularly insanity, multiply in France. (English translation, 1845)

Pinel and Esquirol medicalized insanity and legitimated the Salpêtrière as a venue for medical research, but a new epoch began in 1862 when Jean-Martin Charcot (1825-1893) was appointed head of the medical department. He described the asylum as “a vast wilderness of paralysis, spasms and convulsions” a place where the inmates provided excellent fodder for teaching and because of his reputation the hospital became an

educational hub for medical students from all over the world. (SLIDE) Charcot remained at La Salpêtrière for 31 years until his death in 1893 and while some historians referred to Pinel as “the father of psychiatry,” Charcot often has been called “the father of neurology.”

ENGLAND

During the late 18th century similar reforms were being implemented across the Channel in England and Scotland. A small institution run by and for Quakers was established near York in 1796 by tea merchant philanthropist William Tuke (1732-1822.) The Quakers didn't see the insane as animals but believed that the inner light of God is present in all. At what became known as The York Retreat, cold baths, debilitating purges, bloodletting, use of restraints and manacles were replaced by a spirit of supportive domesticity. It was as if the inmates were children and the Retreat a loving family where patients could be returned to reason. The Retreat had no perimeter walls or bars on windows and the staff to patient ratio was only about one per ten. (SLIDE) The founder's grandson Samuel Tuke (1784-1857) appropriated and anglicized Pinel's term to “moral treatment” and eventually this approach was widely adopted. (When Dr. John W. Francis of New York City visited York in 1815 he was greatly impressed.) Despite its founder's good intentions, later administrators were criticized for falsifying records, allowing janitors to revert to brutal methods and exposing inmates to “rat attacks.” (Samuel Tuke once wrote, “It is a fool who thinks by force of skill to turn the tide of a woman's will,” but it's unclear to me whether he was referring only to the mentally ill - or to all women.)

ITALY

At about the same time in Florence, Italy, under the enlightened rule of Grand Duke Pietro Leopoldo, a law was passed (1774) that allowed hospital admission of the insane and established special units for their care. The hospital's medical director Vincenzo Chiarugi instituted humanitarian reforms, wrote practice guidelines and managed to outlaw the use of chains as restraints. In 1866 a *manicomio* (madhouse) was founded as a charitable asylum in Volterra (*Ospedale Psichia Trico di Volterra*) and in 1900 Luigi Scabia (1866-1934) was appointed its medical director. As a student in his native Padua, Scabia had been influenced by positivist philosophy that held that the only authentic knowledge was based on logic and scientific reason. He established a family atmosphere and favored ergotherapy (work therapy) similar to what had been fostered both in England and Belgium - indeed,

Volterra was called “The Gheel of Italy.” The idea was to give purpose and dignity to inmates, dance parties were held for them, they cultivated chrysanthemums. Dormitory pavilions were named after such 19th century medical icons as Pinel, Esquirol, Charcot, Morgagni and Koch. Scabia promoted moral treatment widely and continued as director until he was forced out of his position in 1934 by the Fascist government; when he died a few months later he was buried at his request in the hospital’s cemetery for unclaimed bodies. In 1900 there had been 150 residents, but by 1939 there were nearly 5,000 and after Scabia’s tenure ended, treatment reverted to penal methods and overuse of restraints and electric shock. In 1978 what became known as “the place of no return” closed and was abandoned.

UNITED STATES

A key figure in the early spread of humane treatment in the United States was the famous Philadelphian Benjamin Rush (1745-1813.) He required Pennsylvania Hospital to hire intelligent and sensitive attendants to work closely with patients, reading and talking to them and taking them on regular walks. Rush even suggested that it would be therapeutic for to give small gifts to their patient every so often but although Rush forbade whips and shackles, he advocated “mild and terrifying modes of punishment” and, when necessary, he prescribed bleeding, purging, hot and cold baths, mercury emetics and strapping patients to spinning “tranquilizer chairs.”

Dorothea Dix (1802-1887) was the gadfly who provided the spark for “the asylum movement. in mid-19th century America. As mistress of a Boston school for poor girls (“a little Dames School”) she became physically and emotionally exhausted and in 1836 travelled to England hoping for a cure. While there she was exposed to the burgeoning British lunacy reform movement and met Samuel Tuke. She was impressed by what she saw and declared, “In a world where there is so much to be done, I felt strongly impressed that there must be something for me to do.” Back at home in 1841 she visited a local prison to teach Sunday school and was shocked at the conditions for the inmates and the treatment of those with mental illnesses. She crusaded on the issue first in Massachusetts and then all over the country. She kept meticulous records, sometimes embellishing the facts, and was skillful in dramatizing her message to legislators:

I come as the advocate of helpless, forgotten, insane, idiotic men and women, of beings sunk to a condition from which the most unconcerned would start with real horror, of being wretched in our prisons, and more wretched in our almshouses. (Massachusetts, 1843)

Dorothea Dix described Pinel's work of nearly a century earlier as "the first great triumph of humanity and skill over ferocity and ignorance." It was said that Dix "gave madness a human face." Her insistence upon institutional care for the mentally ill struck a chord among those who were committed to the creation of a better society and as a result of her lobbying efforts, in 1848 both houses of Congress passed a bill granting 12 million acres of public land for the construction of asylums. Although it was vetoed by President Pierce, more than thirty state mental hospitals were founded and enlarged - most of them according to the design of Philadelphia psychiatrist Thomas Kirkbride who believed that the environment in which mentally ill patients lived could be made an integral part of treatment. As he wrote:

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

A standardized method of asylum construction, which soon became known as the Kirkbride Plan, called for fortress-like buildings placed on large tracts of parkland or in bucolic settings far removed from population centers. The basic plan incorporated a linear design with a massive central administrative building and attached radiating residential wings. Public spaces were relatively light and airy and stone construction was used in order to reduce the risk of fires. Presumably if asylums were properly constructed and treatment well organized, some unfortunates might improve, perhaps even be discharged. However, even as Kirkbride's giants proliferated, the idea of "building as cure" gradually fell out of favor and what had been intended to be the solution of a social problem became identified as the problem itself. The behemoths were phased out and replaced by a new approach in which asylum buildings still were placed on large tracts of land but with separated one or two story buildings much like college campuses.

William Pryor Letchworth (1823-1910) made his fortune in the saddle and harness industry and retired at age 50 to devote his life to bettering the lot of the afflicted. As a Quaker he was dedicated to charity and hard work and in 1867 he organized and became the first president of the New York State Board of Charities. During the next decade he launched a series of investigations of state run orphanages and reformatories which uncovered evidence of corruption, abuse and neglect. Despite the work of Dorothea Dix, little had changed in the overcrowded and underfunded asylums and in 1880 Letchworth spent seven months traveling through Europe at his own expense to gather new ideas. On his return he published “The Care of the Insane in Foreign Countries” in which he devoted a chapter to what he’d observed in Gheel, the Flemish colony in Gheel famed for its humane approach of boarding patients in the homes of local farmers. He noted that occasional bad behavior by patients, (at the time 1,653 of whom constituted one seventh of the population) could be a bad influence on village children. He concluded that the Gheel approach would be “of little practical value to America, except in demonstrating that a great amount of freedom is possible in the care of certain classes of the insane.”

Generally Letchworth agreed with European methods, deplored impersonal and harsh custodial care and advocated a meaningful life for inmates which would include basic education and training in simple tasks and largely through his efforts some progressive ideas were realized in 1894 with the opening of the Craig Colony for Epileptics in Sonyea, N.Y. W.P. Letchworth mobilized public opinion and lobbied legislators to appropriate money for a three member study commission which reported that in New York State there were more than 3,000 inmates in four overcrowded systems. They recommended constructing a new facility which eventually could accommodate up to 3,500 patients, one acre for each inmate. After evaluating many sites, a roughly 2,000 acre tract was selected which stretched from the Hudson River to the Ramapo Hills and in 1907 the State purchased 33 contiguous farms for \$188,575. When Letchworth lay terminally ill in 1909, what was to be called the Eastern New York State Custodial Asylum was renamed Letchworth Village Home for the Feeble Minded and Epileptics.

Letchworth Village opened in 1911 and continued as a largely self-sufficient farm village until it was closed in 1996. Most of the founders, who included Kirkbride’s son Walter, Mary Harriman and Superintendent Charles Little, were earnest public-spirited citizens who were

concerned with preserving the American way of life - *their* American way of life. They were elitists for whom the menace of feeble-mindedness was existential and some were enthusiasts of the then fashionable pseudoscience eugenics (meaning well-born) which promoted “better breeding” through both positive and negative methods. The former approach encouraged the “fittest” to be fruitful and multiply while the latter promoted widespread use of involuntary sterilization - referred to as “weeding out” the unfit. Dr. Little encouraged Charles Davenport and Harry Laughlin of the Eugenics Record Office to perform research on patients at Letchworth Village - as he wrote:

There is no question but that the lower strata of society is reproducing its kind all out of proportion to the middle and upper classes upon whom we depend for the stability of our government. To meet this situation steps must be taken to protect society before it is overwhelmed by this growing menace....this poisonous stream that is undermining the foundation of our government. (1920)

Superintendent Little was hardly a lone voice and momentum for involuntary sterilization was kindled in 1927 when the United States Supreme Court upheld a Virginia ruling that Carrie Buck, a 17 year old resident of a state asylum who had a child out of wedlock, should be sterilized because she was “a probable potential parent of socially inadequate offspring.” In justifying the Court’s decision in *Buck v. Bell*, Chief Justice Oliver Wendell Holmes, Jr., himself an advocate of eugenics, concluded:

It is better for the world, if instead of waiting to execute degenerate offspring for crime or to let them starve for their imbecility, society can prevent those who are manifestly unfit for continuing their kind. The principle that sustains compulsory vaccination is broad enough to cover cutting the Fallopian tubes. Three generations of imbeciles [meaning Carrie Buck’s family] are enough.

Leaders of Letchworth Village enthusiastically agreed; Dr. Little wrote in an essay *Survival of the Unfit*:

We have reckless overproduction...of people. We have a beehive choked with honey yet full of starving bees...The village fool is no longer the butt of ridicule; science is

teaching the necessity for not more but better children. Enlightened self-interest prompts better care, training and social adjustment for laggard and maladjusted wayfarers on the path of life. (1932)

As a result of the Supreme Court's decision, twenty states adopted similar sterilization laws to Virginia's despite emerging evidence which refuted the theory that most kinds of mental illness were caused by a single gene defect. The American Eugenics Society summarized the outcome of *Buck v. Bell*, "Anyone who is a potential parent of socially worthless offspring, especially "white trash," may be coercively sterilized or aborted if the state wishes.

Harry Laughlin of the Eugenics Record Office estimated that perhaps eleven million Americans, approximately 10% of the population, were an economic and moral burden and a "constant danger" on the 90%. He proposed that the menace could be averted by surgically cutting off the capacity of the 10% to pass on their "bad seeds" and after the lowest 10% were "fixed" then on to the next 10% - and so forth! By the 1970s more than 65,000 Americans had been sterilized without their permission or against their will - what one victim described as "sexual murder." It was a deplorable example of how flawed science could become politicized, perverted and lead to shameful outcomes. Obviously, the most egregious abuses happened in Nazi Germany whose leaders insisted that they were merely following the American example.

Although the best asylums attempted to humanize treatment, there was a dark side of what was happening behind the walls of the massive mental hospitals and the bucolic farm colonies. To be sure some institutions served as laboratories for the development of effective pharmacotherapy which ultimately resulted in their demise. At Rockland State Hospital in Orangeburg, NY, research led by Dr. Nathan Kline with reserpine (an antihypertensive) and iproniazid (an anti-tubercular) that initiated the era of tranquilizers and anti-depressants which eventually emptied mental hospitals and led to their demise. Inevitably, as a result of underfunding and understaffing many asylums reverted to former patterns of neglect and cruelty. Some were successfully converted for other uses while a few still remain as stark relics of failed ambitions. Letchworth Village had been designed to be the last-word in care for the mentally ill, but today the lifeless campus is a melancholy

landscape of buildings in terminal decay, overgrown with weeds and vines, painted graffiti on boarded up windows and doors. As nature reclaims the land, the haunted remains of Letchworth Village provide mute testimony that events here once were very different.

Recalling Shelley's sonnet *Ozymandias*: *Look on My works, ye Mighty, and despair!*