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The Benevolent Institution:
How the Seventh Annual Report Argues for Developing European Attitudes Towards Mental Health in 19th Century America

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In 1832, the State Lunatic Hospital at Worcester opened its doors to patients afflicted with mental illnesses. The Seventh Annual Report on the institution bursts with data carefully collected and analyzed—from the pounds of pork consumed to the number of “hereditary” cases of insanity. Because this report was addressed to the governor of Massachusetts and the Hospital was the first state-sponsored institution of its kind, such rigorous documentation would be expected. The pamphlet did act, after all, as a grant application to the state. First and foremost, the authors of the report carefully argued for a need for more state funding. In this report, however, the authors did not just ask for more money; they engaged in an ongoing international dialogue regarding the causes and treatment of insanity. In doing so, the trustees and superintendent began the spread of European Enlightened ideals regarding the mentally ill to America. Even as the trustees and hospital professionals appeared to be simply reporting on the status of a state-funded institution, they also attempted to 1) secure their own places in the rapidly developing fields of moral therapy and biological psychiatry and 2) to alter the negative perception of mental health patients and of “lunatic hospitals” that their state officials might have had. The authors of the *Seventh Annual Report* achieved these goals through their recurring explanation of insanity as a physical disease, their emphasis on compassionate treatment of patients, and their appeals to the Christian morality of the reader.

The Trustees of the State Lunatic Hospital at Worcester discussed how until the 18th century, professionals attributed mental illness to “supernatural powers,” “malignant

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1 Salisbury, Stephen et. al. *Seventh Annual Report of the Trustees of the State Lunatic Hospital at Worcester.* (Boston: Dutton & Wentworth, 1840), 3
2 Ibid, 73, 22
3 Ibid, 24-25
demons,” or to someone being “forsaken by their Maker.”⁴ In addition, after The Plague struck Europe, many “degenerates,” including the insane, were seen as threatening to the social order and made into scapegoats for the suffering society.⁵ Therefore, for many centuries, the mentally disturbed, seen as threats to society, were held in solitary confinement and in conditions considered “primitive.”⁶ Even in the 19th century, physicians such as Johann Reil and Johann Heinroth interpreted the seat of a mental illness to be in the soul and caused by a man’s sins.⁷ In this vein, “penance was considered to have a healing character” for the insane.⁸

Science did begin, however, to weave its way into perceptions regarding the etiology of insanity. In 1822, French psychiatrists Antoine Laurent Jessé Bayle and Louis-Florentin Calmeil “described chronic inflammation of the arachnoid in the brains of many chronically demented patients.”⁹ During the early 1800’s, J.B. Freidreich, a German psychiatrist, argued that all mental diseases had organic causes within the brain.¹⁰ His countryman, Wilhelm Griesinger, expanded on this idea by declaring that mental diseases did not inherently differ from other disorders of the body.¹¹ Across the field of psychiatry, empirical observation became increasingly important both during and after the life of a patient. This detailed study provided the beginnings for biological psychiatry. Though science in a more modern sense began to emerge during the early 19th century within the field of mental healthcare, the authors of the Seventh Annual Report

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⁴ Ibid, 3
⁵ George Mora “Mental Disturbances, Unusual Mental States, and Their Interpretation during the Middle Ages.” History of Psychiatry And Medical Psychology. 300.7 (2008): 216
⁶ Ibid, 219
⁷ John Gach. “Biological Psychiatry in the Nineteenth and Twentieth Centuries.” History of Psychiatry And Medical Psychology. 300.7 (2008): 382
⁸ Ibid, 380
⁹ Gach, “Biological Psychiatry in the Nineteenth and Twentieth Centuries,” 381
¹⁰ Ibid, 382
¹¹ Ibid, 382
acknowledged that “Christian superstition” prevailed in the general American population in regard to mental health patients and the causes of mental disease.

In the late 1830’s, American psychiatry lagged behind the biological psychiatry developing in Europe. Dr. Samuel Woodward, educated in medicine at Yale, had studied the subject, and agreed ardently with many of its findings.12 This being new to American psychiatry, and even newer to state officials outside of this intellectual circle, Dr. Woodward needed to argue the theories’ validity and, thus, assert the causes of mental illness as physical, not spiritual. The physician argued, in accordance with the teachings of European psychiatrists, that “physical imperfection” and the “organic structure of the brain” were the “only reasons why the mind is not as active or intelligent in [the mentally ill] as in the rest of mankind.”13 He also equated insanity with “consumption” and “diseases of the heart” to assert that contraction of mental illness occurred at “no fault of the patient” and that, in certain cases, “insanity is fatal.”14 Further, he discussed the contribution of “heredity” to mental illness. Dr. Woodward speculated about the concept of recessive inheritance in writing that the hereditary “predisposition” to insanity may be “inherited through the parents and ancestors who have never been insane.”15 This point seems remarkable, considering the psychiatrist discussed this almost thirty years before Mendel’s famous studies on the heredity of pea plants. However, the hereditary nature of mental illness had already been postulated by psychiatrists like Pinel, Esquirol, Griesinger, Bucknill, and Tuke, dating back as early as the mid 18th century.16

12 Shorter, A History of Psychiatry, 44-45
13 The Seventh Annual Report, 66
14 Ibid, 78
15 Ibid, 86
16 Gach, “Biological Psychiatry in the Nineteenth and Twentieth Centuries," 386
In making all of these assertions regarding the causes of mental illness, Dr. Woodward attempted to remove the negative stigma associated with mental health patients by forcing the reader to view them as patients of any other medical specialty. The purpose of arguing in favor of a biological etiology of disease was threefold: to remove the fault of insanity from the patient, to continue the European focus on biological psychiatry in America, and to assert himself as an authority within the field of psychiatry. In this way, when asking for additional funding, the governor needed to allocate the State Lunatic Hospital at Worcester with comparable financial resources to that given to general hospitals in Massachusetts. Further, by discussing these ideas, Woodward was putting America on the map of the quickly evolving field of psychiatry.

In his attempt to remove the superstitious or negative perceptions of the mentally ill, Dr. Woodward also argued against the negative stigma associated with mental hospitals, especially in comparison to horrific reports of European insane asylums. In 1815, a high rate of patient “disappearances” from English asylums prompted the House of Commons investigation of all its mental institutions. The trustees at Worcester discussed the view, which reported “tormenting confinement, cruelty, and a brutal and degrading mode of keeping.” Many of the more modern psychiatrists such as Riel, Pinel, and Conolly witnessed these conditions firsthand and spoke openly about them. Conolly, for example, alleged “in a large private institution in England, 70 out of 400 were kept in chains almost continuously for a period of twenty years.” Through their writings, the

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18 *The Seventh Annual Report*, 16
19 Kraepelin. *One Hundred Years of Psychiatry*, 14.
new age of practitioners not only acted as doctors to but also advocates of their patients, and supported a new mode of treating them.

In 1793, Jean Baptise Pussin ordered the removal of all chains from the mentally ill residing at the Bicêtre Hospital in the suburbs of Paris, ushering in a tradition of moral treatment of the insane.20 His pupil, Phillipe Pinel, is most well known for being a pioneer in this style of treatment. Being educated during the Enlightenment filled Pinel’s head with ideas regarding freedom, humanitarianism and observation, which lead him to become a revolutionary reformer in the field of psychiatry as the superintendent of the Bicêtre Hospital. Elsewhere in Europe, other physicians were taking notice of the benefits related to this approach. In Germany, Johann Reil agreed that the state should never imprison mentally ill and that humane treatment of these individuals would most effectively lead to their cure.21 In Italy, a predecessor of Pinel, Vincenzo Chiarugi, felt that physical and emotional abuse only made the patients excited and more stubborn.22 William Tuke created the York Retreat in the 18th century, which stressed “supportive treatment and practical occupational training.”23 The trend of “moral treatment” continued to spread around Western Europe throughout the 18th and beginning of the 19th century.

Meanwhile, the fire of the moral treatment movement had failed to truly ignite across the Atlantic in the United States. By 1839, the English asylums stood solidly behind the new therapeutic style of treatment but American psychiatry was the last

20 Shorter, A History of Psychiatry, 11
21 Ibid, 12
22 Ibid, 13
23 Millon, Matters of the Mind 92
“Western” nation to reform.24 One of the instigators of this reform in America was Samuel Woodward. Woodward attempted to bring Pinel’s teachings to the nation created by the very Enlightenment ideals the Pinel preached. From a gift from Horace Mann, the first public American mental hospital was soon established under this new banner of standards—it was the State Lunatic Hospital at Worcester. Its doors officially opened in 1832 with Samuel Woodward as its superintendent.25

A considerable effort by the authors of the Seventh Annual Report on the hospital at Worcester focused on overturning negative perceptions of mental hospitals and on the benevolent care administered at the State Lunatic Hospital as part of the larger moral treatment movement. The trustees asserted that “here…chains have never been thought of.”26 Instead, Dr. Woodward believed that “treat[ing] [the patients] kindly and politely,” and “control[ling] them without severity” would help lead to their recovery and that this treatment was “civilized” and fair.27 The purpose of this argument was to counter negative ideas regarding the care administered in this, and other, mental hospitals and to assure that sufficient funding was allocated by the state in order to insure satisfactory care. When discussing the horrific conditions of English asylums, for example, the trustees carefully interjected that what occurred in “English lunatic hospitals …[was for the] sake of cheapness” and that “such cheapness would not be tolerated in Massachusetts.”28 This discourse provided an effective way to both overturn negative perceptions of mental illness treatment and to secure appropriate funding from the state.

24 Shorter, A History of Psychiatry, 11
25 Seventh Annual Report, 3
26 Ibid, 7
27 Ibid, 95
28 Ibid, 16
This discussion also aligned well with much of the published theories of leading European psychiatrists and physicians, leading to a possible third motive in Dr. Woodward discussing his therapeutic treatment of patients—giving American psychiatrists legitimacy in the international field of mental healthcare. As mentioned before, Pinel was a leading pioneer in “moral treatment” of patients. Earlier methods of care for the insane including abuse, confinement, starvation, bleeding, purging, and whirling patients in chairs disgusted Pinel.29 His mentor, Pussin, declared that to control [the patients], I have never used… mistreatment…[or] permitted them to be beaten in any way.”30 This was very clearly echoed by Woodward. In addition, Dr. Woodward argued that “physicians should give [the patients] [their] confidence and they will rightly appreciate it, and rarely abuse it,” an argument that sounds almost exactly like Pussin’s in 1797.31 This discourse showed how ardently Woodward adhered to the practices of his European colleagues and how much he desired their full implementation in America. This was also true of the European focus on occupational labor as a healing mechanism. That being said, to control patients, Pinel and Chiarugi, among others, often replaced chains with straight jackets and padded straps, whereas in Worcester, “the straight jacket [was] never used.”32 Here, Woodward might even have tried to elevate his practices above those of the Europeans.

The use of Christian dialogue in the pamphlet also contributed to the author’s argument for their style of patient care. The authors portrayed their patients as men and women who often engaged in “the reading of Scriptures,” “ha[d] respect for the Sabbath,”

29 Millon, Matters of the Mind, 96
32 Millon, Matters of the Mind, 95; The Seventh Annual Report, 7
and “attend chapel.” In this vein, Dr. Samuel B. Woodward and the trustees discussed their work as a type of “Christian charity” and “public beneficence.” Dr. Woodward even went so far to consistently refer to all the patients and workers at the hospital as “family.” In his doing so, the mentally ill became more relatable to the reader—they were often good Christians who simply suffer from an uncontrollable disease. By making them more relatable, the negative attitude toward patients could be alleviated by Christian compassion. Surely a combination of Christian ideals and those from the Enlightenment, many European psychiatrists also felt the need to protect and treat the mentally ill due to a moral calling. For example, Vincenzo Chiarugi wrote in 1797 “it is supreme moral duty to respect the insane individual as a person.” Therefore, Woodward’s focus on morality would require the governor to allocate appropriate funding not just due to his leadership role, but also because of his Christian sense of duty.

The stigma against the mentally ill and the institutions for their care persisted for hundreds of years; it can be argued that this stigma still exists today. On the surface, the *Seventh Annual Report of the Trustees of the State Lunatic Hospital at Worcester* appears to be simply a medical or business report. The discourse within its pages, however, was interestingly argumentative for a document that would appear to be an impartial display of data and information. This style of writing makes one consider the societal and medical trends that must have existed during the time in regard to mental health care and the general attitude toward its patients. Further, the document proves that America was in the relative beginning of a transition into the therapeutic style of healthcare expected by

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33 *The Seventh Annual Report*, 101
34 Ibid, 3
35 *The Seventh Annual Report*, 90, 64,
36 Millon, *Matters of the Mind*, 96
European intellectuals. Therefore, this simple institutional report was not only a revolutionary document advocating a change in mental healthcare, but also declaration of American involvement in the growing trend toward moral treatment and biological psychiatry.


Mora, George. “Mental Disturbances, Unusual Mental States, and Their Interpretation During the Middle Ages.” History of Psychiatry And Medical Psychology. 300.7 (2008): 199-226.


