The medical treatment of mental illness began as a result of Enlightenment ideas about the use of reason as the defining characteristic of human existence. Insanity became classified as a disease of the brain, not the result of supernatural influences, and therefore was subject to medical intervention. Although most literate people had accepted the Enlightenment conception of human nature by the beginning of the 19th century, the prevailing problem was preventing people with mental illnesses from being social nuisances and even dangerous, which gave rise to the rhetoric of humane confinement in asylums and the intervention of a newly identified medical specialty, asylum psychiatry.

Private psychiatric hospitals were already in existence when Dorothea Dix undertook her public campaign, which resulted in the proliferation of state asylums. Although Eastern Lunatic Asylum had been established in Virginia in 1773, its existence did not provide any compelling impetus for other states to follow. In fact, even Virginia did not establish a second state asylum until 1828. When a group of physicians founded the Association of Medical Superintendents of American Institutions.

Benjamin Rush devised the tranquilizer chair (pictured), which soon evolved into the "coercion" chair. Image from Benjamin Rush's Medical Inquiries on Diseases of the Mind (1812).
for the Insane (AMSAII) in 1844, only 6 of the 13 founders were superintendents of state hospitals. Of the remaining 7 founders, 5 were in charge of incorporated institutions and 2 owned private sanatoriums. All were men of learning who wished to increase the understanding of mental illnesses as diseases and to improve care for people with mental illnesses. All but 2 of these men entered medical practice by the apprenticeship method, but 8 attended the nascent schools of medicine and received medical degrees. Three of the founders, Isaac Ray, Luther V. Bell, and Pliny Earle, went to Europe after medical school to learn about European medicine, which was more scientific.

THE MORAL TREATMENT

During the first half of the 19th century, asylum psychiatry was established and came to brief fruition, but flaws became apparent. The primary flaw was that the need for care far exceeded asylums' capacity to provide it.

The Quakers, notably the Tuke family in Great Britain and Benjamin Rush in the United States, exercised a major influence on the medical care of people with mental illnesses and advocated therapy, which they called the “moral treatment.” The moral treatment did not imply that insanity was immoral; the word “moral” in this context meant psychodynamic, as opposed to physical. As Wallace (1896) noted, moral treatment required the kindly influence of the physician “to guide with an unseen hand” (p. 396), and compassionate care by the attendants within the protection of the asylum. Reformers asserted that the application of these components in concert provided the best

The straitjacket devised by the Quakers (pictured), which was widely used to restrain violent patients, covered the entire body. Image from J.E.D. Esquirol's *Des Maladies Mentales* (1828), courtesy of the Manuscripts and Rare Books Department, Swem Library, College of William and Mary, Williamsburg, Virginia.
The Quakers invented the straitjacket, intending it as a device to help patients regain self-control. Quakers believed loss of self-control was a clear consequence of loss of reason, the essence of humanity; to lose self-control was to lose one’s humanity.

But Eddy (1815) instructed the attendants that it was: their indispensable duty, to seek by acts of kindness the good opinion of the patients, so as to govern them by the influence of esteem rather than severity. (p. 4)

In other words, the moral treatment did not preclude punishment.

_Benevolent Control_   
Alienists (the term for psychiatrists until the early 1900s) in both the United States and Great Britain believed prompt intervention and firm control of violent behavior was fundamental to humanitarian care, but in the 1840s, a controversy arose about the use of restraint. The issue came up in 1844 at the inaugural meeting of the AMSAII. Some members wanted the AMSAII to take an official position eschewing the use of restraints, but the majority declined, asserting that alienists should have the right to use all available methods of management.

British alienists were particularly critical of the use of restraints in American asylums. In 1839, John Conolly, who later published _The Treatment of the Insane Without Mechanical Restraint_ in 1856, became the superintendent of the Middlesex County Lunatic Asylum at Hanwell, which had 1,000 patients and was the largest asylum in Great Britain. Conolly (1839) reported that:

no form of straight waistcoat, no hand-cuffs, no leg-locks, nor any contrivance confining the trunk, or limbs, or any of the muscles, is now in use. The coercion chairs, about 40 in number, have been removed from the wards. (p. 12)

Conolly advocated control of agitated patients through manual restraint by the attendants. However, Channing (1880), an American alienist remarked:

Hand restraint means the use of force. To allow the ordinary attendant to use personal force to restrain the patient in an outburst of excitement and violence seems to me in most cases highly undesirable. One attendant cannot control the patient; it must take two or three, and a scuffle must frequently ensue, sometimes continue until the patient is exhausted, and often to be again renewed. Such hand-to-hand fights are demoralizing, both to the patients and attendants. (p. 174)

Conolly was the inventor of the padded seclusion room and advocated its use as an alterna-
tive when patients were too violent to be controlled by manual restraint. American alienists asserted that seclusion militated against the essential goal of the moral treatment, which was the social integration of the patient, and Channing (1880) asserted that seclusion left the patient: more liable to neglect, and affords him an opportunity to indulge his vicious propensities, as well as brood over past misfortunes and present ill treatment. (p. 174)

Isaac Ray, one of the foremost American alienists of the day and the founder of American forensic psychiatry, was an outspoken opponent of non-restraint. At the first meeting of the AMSAII, Ray spoke out against the resolution to adopt the non-restraint system in American asylums. Some British alienists agreed that it was impractical for Americans to give up the use of mechanical restraints altogether because of the violent nature of the American frontier character and the primitive social conditions of life in America. Ray (1841, 1844, 1846) noted that Europeans were accustomed to unquestioned acceptance of authority by their social superiors and were willing to submit to the moral authority of the physician.

Conversely, Deutsch (1949) summarized Ray’s position that the AMSAII maintained that there were exceptions to every rule in human conduct and that alienists should not exclude the use of any therapeutic measure. In addition, substantial doubt exists among historians that Conolly ever succeeded in the absolute disuse of mechanical restraints. American alienists travelling to European asylums found compelling evidence that the British used mechanical restraint when they believed it necessary to control violent behavior. “Conollyism,” as the philosophy of nonrestraint came to be called, was rhetorical in British psychiatry, but from a practical standpoint, British alienists used other methods, such as wet packs and tight wrapping in sheets, to prevent, rather than manage, violent behavior (Channing, 1880; Clark, McIvor-Campbell, Turnbull, & Urquart, 1884; Shew, 1878).

**MECHANICAL RESTRAINT**

**Manacles and Wristlets**

The types of mechanical restraint used at the time included metal manacles, leather wristlets, and cloth restraints made of cotton or linen. Metal was preferred over cloth or leather because it was less apt to irritate the patient’s skin.
posing chair,” which Benjamin Rush devised at the turn of the 19th century (Rush, 1812, p. 106). Firmly attached to the floor, the composing chair was originally intended as a method of de-stimulation, but soon became known as the “coercion chair.” In the vastly overcrowded state hospitals of the late 19th century, wards for violent patients often contained rows of coercion chairs in which patients were confined for most of their day.

**Straitjacket**

The most commonly used type of restraint was the “straight waist-coat” or straitjacket, which underwent several modifications of the original Quaker invention. The original device confined the entire body from the neck to the ankles and bound the arms close to the body, allowing patients very little movement, which even then required great effort. A more humane form of the straight waist-coat evolved into a garment with closed sleeves that tied in the back. Eventually, the full-length model evolved into a camisole, which covered only the top of the body and was made of heavy canvas (Curwen, 1885; Grissom, 1877). The straitjacket remains in use today as one option for emergency medicine when a patient is violent and out of control.

**Protection Bed**

The covered “protection bed” was one of the most controversial types of restraint. It was a narrow bed, just wide enough to accommodate a person of average weight, with a lid that could be fastened to confine the patient. Aubanel, a French alienist, devised the bed in 1845 at the Marseille Lunatic Asylum. In 1846, Amariah Brigham had one constructed for the State Lunatic Asylum at Utica, New York, and...
1. The use of restraints in the care of psychiatric patients has been a topic of ethical controversy since the beginning of psychiatric medicine.

2. Enlightenment physicians regarded psychiatric illness as the loss of reason, and many advocated the use of restraints to help violent patients regain the use of reason.

3. John Conolly, a British alienist (a term used for psychiatrists) of the mid 1800s, claimed it was possible to treat psychiatric patients without the use of mechanical restraints, but he made liberal use of seclusion and physical restraint by attendants to manage violent behavior.

4. American alienists expressed misgivings about the use of mechanical and chemical restraint but most were reluctant to relinquish any usable intervention.

The device became known as the Utica crib (Brigham, 1846). The Utica crib became the treatment of choice for mania in the asylums whose superintendents chose to use it. Opponents found the crib a particularly outrageous form of mechanical restraint and argued that patients expended more energy struggling against the narrow confinement than if they were let free. However, the crib may have saved some patients' lives; “maniacal exhaustion” was listed as a cause of death in psychiatric patients before the introduction of barbiturates in the early 1900s.

**Hydrotherapy**

Toward the end of the 19th century, hydrotherapy replaced some of the coarser methods of restraint, but even this method created controversy. Hydrotherapy was as old as Benjamin Rush’s “ducking chair,” by which alienists could restrain patients and lower them several times into a tub of cold water (Rush, 1812). It was also a common practice to wrap agitated patients in cold, wet sheets; the swaddling prevented the patients’ movement, and the initial chill of the wet sheets facilitated vasodilation, which resulted in warmth and relaxation. Some argued that cold sheets were themselves a form of punishment, so even the wet sheet pack was suspect. However, hydrotherapy became ubiquitous in asylums in the early 20th century, and elaborate plumbing systems and nurses specially trained in hydrotherapy created a more technically acceptable image.

**CHEMICAL RESTRAINT**

**Opiates, Bromides, and Alcohol**

Anglo-American alienists were equally circumspect about the use of chemical restraint. The most commonly used agents were opiates, bromides, and alcohol. Although at the end of the 19th century, the addictive properties of opiates were yet to be fully appreciated, they clearly caused other unpleasant effects, and bromides caused a rash. The serious side effects of these agents precluded their continued use, a condition mechanical restraint did not share. Alienists used these agents to control mania and psychotic agitation, although the available pharmaceuticals did little more than put patients to sleep. The consensus, however, was that sleep was therapeutic, so excessive sedation in some cases was therapeutically acceptable.

Barbiturates were introduced into psychiatric practice in 1903, but these drugs, too, did little more than put agitated patients to sleep. Agents known to have sedative properties were used alone or in combination to control agitated behavior; in fact, opiates were frequently mixed with whiskey (Wallace, 1896).

**Chloral Hydrate**

The German pharmaceutical industry developed chloral hydrate, which American alienists began to use in 1870. Chloral hydrate produced fewer side effects but could be dangerous in the large doses required to subdue violent patients. At first, many alienists hailed chloral hydrate as a definitive treatment for mania, but it soon became apparent that mania continued unabated as soon as patients awoke. In addition, to achieve sedation, the alienists, or in many cases the attendants, administered what proved to be fatal doses (Andrews, 1871; Elstun, 1871; MacDonald, 1878; Wilbur, 1881). The controversy among American alienists deepened after reports of deaths caused by overdoses of chloral hydrate.

At the 1874 meeting of the AMSAII, John Curwen introduced a resolution stating that chloral hydrate was a dangerous drug that should be used with extreme caution, but others opposed the resolution, saying it would prejudice the public.
against the legitimate medical use of chloral hydrate. The resolution was finally referred to an ad hoc committee, which was unable to come to a decision. A second committee was appointed, which recommended its use in the management of violent patients (Proceedings of the Association of Medical Superintendents of American Institutions for the Insane, 1874, 1876, 1878).

CONCLUSION
From the beginning of psychiatric care, founded by the Quakers, the use of mechanical devices and drugs to control violent behavior has been viewed as inimical to the ethical principles of benevolence and nonmalfeasance. Some professionals have advocated the use of restraint, while others have opposed it, claiming it is dehumanizing and creates the violence it is intended to control. It is not always possible to translate philosophical ideals into practical realities, and both of these absolutes contain an element of truth.

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