

THE ASYLUM AS UTOPIA IN THE HOMEOPATHIC LANDSCAPE: INNOVATIONS AND CONTRADICTIONS

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Abstract. Between the end of the 18th and the beginning of the 19th century, Samuel Hahnemann (1755-1843), known today as the founder of homeopathy, developed a new medical system which gained great success among the public. The interests of the German physician concerned not only organic diseases, but also mental illness. His experience in psychiatry, although very limited, and his enlightened position on the treatment of the insane were reworked by American homeopaths in the second half of the 19th century. Like allopathic physicians, they firmly believed in the scientific utopia of the asylum, which was going through a severe crisis, as a healing structure. Homeopaths' attempt to reform psychiatric institutions is contextualized and analyzed on the basis of the study of the Middletown Homeopathic Hospital's Annual Reports. From this perspective, homeopaths' merits and innovations are highlighted, as are their efforts to create a more humane context for the cure of mentally ill patients. At the same time, this study argues that they had to face the same problems encountered by their allopathic colleagues, due to the inefficacy of their medicine and the intrinsic limits of the asylum as a healing structure.

Keywords: homeopathy, psychiatry, asylum, therapeutics, humane treatment

Nineteenth century medicine was characterized by many discoveries and developments in the fields of diagnosis, anatomy, physiology and hygiene, but also by the conflicts between different medical systems. In the first half of the century, despite the advancements in anatomical and clinical knowledge, therapeutics was still ineffective and largely influenced by the Galenic tradition. Orthodox physicians¹ generally employed bloodletting (including through the application of leeches), enemas, purgatives, emetics and many debilitating drugs like opium, calomel, and tartar emetic. Pharmacology was still in its early days and the therapies available were not only highly invasive, but also completely ineffective in curing diseases. The inability to heal caused a general therapeutic skepticism.² In this scientific context different medical therapies developed. Among them, homeopathy was highly successful and widely acknowledged.

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This field was founded in the late 18th century by the German physician Samuel Hahnemann (1755-1843). Its principles were expressed in Hahnemann's work the *Organon of the Healing Art* (1810). Homeopathy (from the Greek ὁμοιος hómoios, 'similar' and πάθος páthos, 'suffering') is, even today, based on the laws of similars and of infinitesimal doses.⁵ According to the former law, a substance that causes the symptoms of a disease in healthy people would cure similar symptoms in sick people. According to the latter, the healing substance should be repeatedly attenuated in alcohol or water, and then dynamized through shaking. The law of minimal doses was revised several times over the years, with the consequent introduction of lower and higher dilutions.⁴ Hahnemann's theory can be understood only by keeping in mind his vitalistic approach to the philosophy of organism and the weak knowledge of chemistry existing at the time. The German physician believed that the body was ruled by an immaterial and dynamic vital force, the alteration of which was the cause of disease. This vital force was an immaterial entity that lived in the body and animated it. To clarify its dynamic nature, Hahnemann wrote that it was similar to magnetism or to gravitational attraction, which did not need material support to act.⁵ According to Hahnemann, in order to restore someone to health, physicians had to observe and study the patient's symptoms, which were considered expressions of the illness. In the *Organon*, Hahnemann stated: "Human diseases consist merely in groups of certain symptoms."⁶ It followed that the relationship between malady and symptoms was not etiological but ontological.⁷ Only after a full accounting of the symptoms and their alignment with detailed repertories could homeopaths identify the appropriate healing substance and then dilute it, until it became a dynamized medicine, able to act on the vital force. From this point of view, each patient and his disease appeared unique. Therefore, there could not be any classificatory attitude towards illnesses.⁸

Hahnemann's explanation of malady and his conception of the functioning of the organism clashed, at the beginning of the 19th century, with completely different ideas.⁹ Since the end of the 1700s the science of modern pathology had developed. Its conception of diseases from the anatomical point of view and their locations in specific organs represented an early transition from the classical medicine of symptoms to the modern medicine of lesions.¹⁰ The resulting methodological approach, known today as the clinico-anatomical correlation method, aimed to analyze symptoms and signs, and relate them to corpses' lesions. It presented, however, some limits: it only became possible to understand the symptoms observed after the patient's death. In addition, the accuracy of the diagnosis did not simultaneously offer effective therapies. The clinico-anatomical method was perfected by the French physician René Laënnec (1781-1826), thanks to the invention of the stethoscope in 1816, which considerably improved the art of the auditory examination of the chest cavity. The new medical practice, which was particularly widespread in Parisian hospitals, would challenge the validity of many ancient therapies, like bloodletting, but it would not provide physicians and patients with something more effective to replace it.¹¹ That is the reason why the French orthodox physician François Joseph Victor Broussais (1772-1838) said, in an accusatory tone, that Laënnec was more interested in studying autopsies than in preventing them.¹² Hahnemann was also extremely critical

of many medical theories of his time and aptly pointed out the limits of pathological anatomy in the *Organon*.

When the patient finally succumbs, the physician who has treated him, usually exhibits, during a post-mortem examination, these organic changes to the mourning relatives, cunningly representing the consequences of his want of skill, as the original and incurable evil. Illustrated works on morbid anatomy, calling to mind deceptive reminiscences, contain the product of such poor treatment.¹³

Hahnemann refused to accept a materialistic interpretation of disease. His mild medicine, based on infinitesimal doses and frequently criticized and mocked by orthodox physicians, achieved unquestionable success among the public and many noble families. Its good fortune was mainly due to his revolutionary approach, which distanced him from the excesses of “heroic medicine”. Eventually, however, it lost its once strong reputation among the educated classes, due to opposition to germ theory and the success of laboratory science.

One of the lesser-known aspects of Hahnemann’s therapeutics was his innovative approach to the treatment of the insane.¹⁴ In 1792, he asked the Duke of Gotha for his hunting castle in Georgenthal, with the aim of transforming it into a new, small institute for the cure of mentally ill patients. The German physician wanted to overcome the inhumane conditions suffered by insane people, particularly widespread at this time. The project was intended to benefit the wealthy classes by promising more humane treatment, based on patient-centered care and the rejection of beatings and physical restraints.

During the 18th century, the physical methods for treating mental illness were inhumane. At their core there was a somatic conception of madness.¹⁵ Bleeding, purging, vomiting and blistering, together with the use of debilitating drugs like camphor and opium, were generally employed. Physicians also used shock treatments like showers, cold baths and electricity. Furthermore, beatings and harsh restraints were prescribed for the most restless patients. While people from the upper-middle class could resort to private institutions, the majority of the insane were cared for by parents, or treated in poorhouses, workhouses, jails or by religious institutions.¹⁶ It was not until the second half of the century that consideration given to the psychological aspects of mental illness.¹⁷ From the therapeutic point of view, the consequence was the development of special structures, or lunatic asylums, which were placed under the doctor’s control. In these institutions psychological methods of treatment were accentuated: great attention was progressively put on the relationship between patient and physician, and on the promotion of discipline and moral control. “The point was to revive the dormant humanity of the mad by working on residual normal emotions capable of being awakened and trained.”¹⁸ As a consequence, physical means and restraints were typically abandoned. Hahnemann was likely troubled by the inhumane practices that characterized the treatment of the insane in his era. The German physician showed special sensitivity not only to the general lacks of therapeutics, but also to the inadequate living conditions provided for mentally ill

patients. From this point of view, his innovative project consisted of a new therapeutic approach, based on his refusal to use debilitating practices and restraints, and of the humane consideration of insane individuals.¹⁹

Hahnemann's ideas were put into practice during his experience with Klockenbring (1742 - 1795), the chancellor's secretary of Hannover, who was his first and only patient at Georghental. In the physician's report, entitled *Description of Klockenbring during his insanity* (1796), there is limited information about his choice of pharmacological treatment. The only reference concerns the unsuccessful use of emetic tartar. What is relevant is, rather, his clinical approach, focused on observation and record. As Hahnemann wrote: "For the first fortnight I only observed him [Klockenbring] without treating him medically."²⁰ Another important aspect is Hahnemann's farsighted, humane treatment, well described in the following passage:

I never allow any insane person to be punished by blows or other painful corporeal inflictions, since there can be no punishment, where there is no sense of responsibility, and since such patients only deserve our pity and cannot be improved, but must be rendered worse by such rough treatment.[...] The physician of such unfortunate creatures ought to behave so as to inspire them with respects and at the same time with confidence; he should never feel offended at what they do, for an irrational person can give no offence. The exhibition of their unreasonable anger should only excite his sympathy and stimulate his philanthropy to relieve their sad condition.²¹

Hahnemann's approach, expressed in his works *Description of Klockenbring during his insanity* (1796) and *Organon* (1810), aphorisms 224-230, was similar to the reform methods promoted by his contemporary Philippe Pinel (1745-1826) and exemplified by the act of 'chain liberation' at Bicêtre in 1793. Both physicians employed a clinical method based on observation of the patients' behavior and daily records. Furthermore, both rejected the traditional therapeutics based on starvation, restraint, beatings, and on the use of debilitating drugs and practices. Unlike Pinel, however, Hahnemann did not develop a systematic theory about mental illness and its care (best known as 'moral treatment'²²). Instead, he explained insanity in terms of the vitalistic theory, as an alteration of the vital force,²³ and identified many healing substances in his *Materia Medica Pura* (1811-1827). In the *Organon*, the German physician stated that the so-called diseases of the mind were not a class of distinct illnesses.²⁴ They could originate from physical affections or "from educational errors, bad habits, corrupt morals, neglected mental training, superstition, or ignorance."²⁵ The required treatment consisted of the administration of homeopathic medicines and, in the second class of causes, of the use of "gentleness, kind admonition, appeals to reason, and often skillful deception."²⁶ As Hahnemann wrote: "The physician and the attendant should always treat such patients as if they regarded them as rational beings."²⁷ In addition, external influences on the senses and on the mind had to be avoided: no kind of entertainment could bring comfort to insane patients.²⁸

Hahnemann's innovative approach to psychiatry, combined with mild medicine, would leave a mark. At the end of the 19th century, American homeopaths reworked Hahnemann's teachings and presented themselves as reformers of orthodox psychiatric institutions: in this unexplored field they expected to win the greatest victories.²⁹ In fact, mental institutions were still inappropriate for the treatment of insanity, although important reforms had been carried out since the beginning of the century.

The first steps toward reform were made at the Pennsylvania Hospital by Benjamin Rush (1746-1813), the father of American psychiatry, who promoted a scientific approach to insanity and believed in the necessity of respect and kindness towards patients. However, Rush continued to employ physical therapies, restraint and mechanical devices like the 'tranquilizer', a chair of his own devising, to which the patient was strapped with a tool for holding the head in a fixed position.³⁰

Moral treatment reached America thanks to the direct influence exercised by Quaker William Tuke (1732-1822) and the York Retreat³¹, which inspired the establishment of several American mental hospitals. Among them, was the Friend's Asylum (1817) conceived by Quaker preacher Thomas Scattergood (1784-1814), who had spent six years in Great Britain and had personally visited the Retreat. Once he came back to Pennsylvania, he decided to reproduce the English experience as the Friend's Asylum, which intended to provide medical aid, kindness and religious oversight to its inmates.³² However, although these institutions represented strides forward in the treatment of insanity, they could accommodate only a small percentage of those suffering from mental illness. They remained a small-scale experiment in a general condition of stagnation, to which mostly poor insane were condemned.³³

American activist Dorothea Lynde Dix (1802-1887), also played a fundamental role at this time. She travelled throughout the United States, surveying the conditions of jails, poorhouses and almshouses. She advocated for the creation of state hospitals for the insane, where they could be treated humanely. With the building of these centers, mental illness was placed in the hands of medical professionals. The development and design of mental hospitals was promoted by Thomas S. Kirkbride (1809-1883), one of the founders of the American Psychiatric Association, also well-known for his 'Kirkbride Plan'. In his work, entitled *On the Construction, Organization and General Arrangements of Hospitals for the Insane* (1854), he presented detailed guidelines for the building of asylums, for the selection of employees and patients, and for the daily activities and treatments for the inmates.³⁴ His professional concern with controlling every aspect of the hospital environment reflected his belief in treatment founded primarily on the moral architecture and moral order of the asylum. This structure had to convey the idea of a healing institution where the insane were treated with competence and kindness.³⁵ However, despite the important progress made in psychiatry through the creation of state-run mental institutions and through increasingly scientific approach, compassionate and effective care for the insane was an issue still unresolved.

Around the second half of the 19th century, asylums were characterized by overcrowding, by a growing distrust in the capacity of curing the insane, and by the abuse of drugs that were much more debilitating than curative. Many patients suffered

from chronic and incurable conditions, exacerbating the difficulties. Furthermore, living in crowded and noisy institutions seriously undermined the patients' chances for recovery. As was admitted by Kirkbride, moral treatment was not practicable under these conditions.³⁶ That required small facilities, which provided a homelike atmosphere. By 1874, however, state mental hospitals had 432 patients on average.³⁷ This meant that psychiatric institutions had become custodial centers and were slowly relinquishing their original mission. According to the statistics, patients were not restored to health by moral discipline and daily routines. Moreover, at the end of the 1800s, under the influence of German scientific studies about insanity, special attention was gradually put on a materialistic explanation of mental illness as brain illness. Consequently, pathological research on the nervous system was emphasized, in order to find lesions that correlated with the symptoms of madness.³⁸

Meanwhile, as a heated debate about theories was underway, therapeutics had not made much progress since the beginning of the century. Despite the numerous attempts to reform psychiatric hospitals, these institutions had become an object of interest and discussion in public opinion. Various articles appeared in *The New York Times* to discuss the situation of American asylums and to propose reforms. For example, a letter published in 1865 clearly denounced these institutions for being overcrowded and therefore refusing admissions, while poor insane individuals were living in inhumane conditions in county almshouses. The author observed that in these places: "The inmates, oftentimes half clad, with insufficient food of a proper quality, filthy, living in a promiscuous commingling of sexes, without sufficient air and light, bec[a]me objects of our pity."³⁹

The use of small cells, chains, and corporeal punishments, as well as the absence of adequately hygienic conditions, nourishment, and clothing, characterized asylums for poor insane individuals.⁴⁰ Once again, dissatisfaction with the limits of orthodox psychiatry and its institutions permitted American homeopaths to find consent among the public, above all among the upper-middle classes. Some of them, at the end of the 19th century, had forgotten the vitalistic background of their predecessors.⁴¹ They continued to apply homeopathic treatments based on the laws of similars and small doses, but they no longer referred to the vital force. They had become, in some ways, materialistic and could not renounce acquisitions of pathological anatomy. As is made clear in William M. Butler's work *Mental Diseases and their Homoeopathic Treatment* (1910), a *summa* on mental illness, its classification and its treatment:

In defining insanity as a disease of the brain its pathology is expressed. In other words, insanity is a physical disease, and all mental aberrations are caused by some organic or functional disease of the brain or nervous system.⁴²

These homeopaths also changed their conceptions about the actions of remedies on human body. Whereas Hahnemann had referred to the vital force, they spoke of remedies with localized effects on the blood, the nervous system, the stomach, etc. In conclusion, they tried to combine orthodox theoretical acquisitions

with a different therapeutic approach, based on mild medicine and patient-centered care.

The opportunity to put homeopathy to the test in the psychiatric institutional context arrived with the opening of The Middletown Homeopathic Hospital. In 1869, Dr. George Foote issued a circular, asking for the subscription of money for the erection of a homeopathic asylum. Middletown was chosen as the location, thanks to considerable grants made by the town. In 1870, the Middletown Homeopathic Hospital was integrated into the New York State health care system.⁴³ The official opening of the institute was in 1874. The superintendent at the time was Dr. Henry Reed Stiles (1832-1909), who had graduated from the University of the City of New York and from the New York Ophthalmic Hospital in 1855. After practicing medicine in different cities, in 1872 he helped to organize the American Public Health Association in New York, where he also founded the Society for Promoting the Welfare of the Insane. He taught hygiene and sanitary legislation at the New York Homeopathic Medical College and worked as the city's Health Inspector until he became superintendent at Middletown.⁴⁴

In the *Fourth Annual Report of The State Homoeopathic Asylum* (1875), Stiles presented the treatments that had been adopted in the new institute. Concerning the pharmacological aspect, patients had been treated according to the homeopathic laws of similars and small doses. Remedies had been administered only after meticulous studies of mental and physical symptoms had been undertaken, in order to meet the needs of each individual patient. Both low and high dilutions were employed. A case book was used to record the medical histories of patients. Anodyne, sedative, palliative treatment, chloral, morphine, and bromide had been completely banned. The monitoring of the patients' symptoms, in accordance with the homeopathic doctrine, was not a light task: it required physicians who would listen to and talk with the asylum's residents every day, in order to learn about health conditions directly from the insane patients. The procedure that homeopaths had to follow, to identify the healing substances, was presented in his reports by Selden Haines Talcott (1842 - 1902), one of the first physicians fully trained at a homeopathic medical college, who worked as Middletown superintendent from 1877 to 1902. After his graduation from the New York Homeopathic Medical School in 1872, Talcott became a respected alienist and an active member of the American Medico-Psychological Association.⁴⁵ According to him, homeopaths had to take the inmates' general physical conditions and the connection between physical disturbances and mental diseases into careful consideration. They also had to note all of the subjective and objective symptoms, presented by the patients and deduced from their medical histories.⁴⁶ They could only choose the right remedies according with the law of similars after this thorough review. The selection of the healing substances was based, therefore, not only on the totality of symptoms, but also on the existing pathological conditions. The latter could help homeopaths in determining the causes of mental diseases, even though they were located in other parts of the body than the brain. As was observed in the *Twelfth Annual Report*:

An affection of the uterus, the stomach, the liver, the heart, or the lungs may, by reflex influence, tend to produce cerebral disturbance and consequent mental aberration. Hence the condition of these chief organs of the body should be carefully examined, with a view to the general treatment.⁴⁷

Talcott presented an early classification of remedies for insanity in 1883. Drugs were divided in four groups according to their localized effects (on the heart, the blood, the cerebro-spinal system or the brain).⁴⁸ In the following years, the Annual Reports were enriched by an increasingly detailed homeopathic repertory, the result of years of experiments and revisions to Hahnemann's *Materia Medica*. The repertory stated the general action of a drug, its effects upon the brain and the spinal cord, the mental symptoms involved, the accompanying effects and the special sphere of action.⁴⁹ Belladonna, for example, a very common remedy in the homeopathic tradition, was supposed to have a general action upon the cerebro-spinal system, to provoke severe headaches, hallucinations and visual illusions. Its use was recommended for patients who saw gigantic forms or had frightful visions, or if an insane patient was aggressive, tore his clothing, bit, struck, kicked and howled.⁵⁰ In Middletown, however, homeopathic treatments were primarily determined by the observations of the medical staff concerning external behaviors and physical conditions. The prevalence of objective descriptions over subjective symptoms was due to the impossible participation of mentally ill patients, whose words were considered unreliable because of their pathological conditions.⁵¹ Furthermore, pharmacological treatments were reduced over time to a few routines and therapeutic research, based on data collection, was slowly flanked by pathological research in the morgue. Although homeopaths claimed a therapeutic role for their asylum, they could not ignore orthodox medical developments nor renounce the pathological investigation of insanity. Its importance was made clear by the request for the erection of a chemical and pathological laboratory, where physicians could experiment, undertake microscopic studies of tissues and analyze biological materials.⁵² By reducing their attention to the pharmacological sphere, however, homeopaths compromised the uniqueness of their approach to madness.

Anyway, drugs were not the only means of treatment. In Middletown, special attention was also put on dietary systems as well as mental and physical occupation. Occupational therapy was particularly promoted by Talcott, who distanced himself from Hahnemann's negative conception of external influences. In fact, in his view patient management had to range from the use of homeopathic medicines to various activities. Talcott's ideas about the best remedies for insanity were well expressed in his maxim "Heat, milk and rest."⁵³ According to him, the most important was the third element, which he did not intend as the absence of activity, but as "labor directed to some useful end or amusement that releases the tension."⁵⁴ Employment was adapted for the conditions, the habits and the tastes of each individual. Some patients worked in a carpenter shop, others rendered service in the boiler house, in the laundry or in the kitchen. Others worked in the garden or kept busy in cleaning and decorating the wards. Under Talcott's direction, the hospital also promoted classes,

theatrical activities, concerts, painting, reading and exercises outside in the fresh air. In 1888, a baseball club, named ‘The Asylum Nine’, was organized among patients and attendants. The team started playing with other clubs in the town, achieving great success.⁵⁵ In 1890, the superintendent gave permission for the printing of a paper entitled ‘The Conglomerate’, written completely by patients.⁵⁶ It was Talcott himself who explained the reason behind the promotion of all these unusual and innovative activities, using the words of an editorial in ‘The Conglomerate’:

It is an evidence that capabilities may be brought into action even among many of those whom the law may justly call insane; it is an evidence that men even under depressing influences and surroundings may be stimulated to healthful mental action and not sit inert, with folded arms and corrugated brow, bemoaning fate.⁵⁷

Talcott’s purpose in Middletown was to give substance to the ‘Hospital Idea’, which was quite different from a traditional asylum. Whereas asylums related to the ideas of custody and isolation of dangerous individuals from society, the recently developed hospital idea recognized the scientific fact that the insane suffered from a physical disease. The logical conclusion was that the lunatic needed hospital care “as a person afflicted with any other form of disease in any part of the body.”⁵⁸

In 1902, Talcott’s successor, Dr. Maurice Cavileer Ashley (1863-1953),⁵⁹ supportive of the hospital idea, introduced an open-door system in Middletown: the doors of some wards were unlocked, and patients were permitted to come and go at will, with positive effects on their physical and mental conditions. In the *Thirty-Third Annual Report*,⁶⁰ Ashley also presented the extension for a new way to treat chronic patients. The chronic insane were to be paroled into the custody of friends for periods of up to several months. In this way, they could spend much more time at home, returning only when their illnesses worsened, and further recovery became necessary. This solution prevented them from passing the rest of their lives confined to the asylum.

Middletown’s therapeutic experiments were highly successful. In 1890 and in 1891, *The New York Times* published articles concerning Talcott’s administration and the healing virtues of baseball.⁶¹ The homeopathic hospital also made the news overseas. In Italy, Cesare Lombroso (1835-1909), a fervent supporter of homeopathy, dedicated numerous pages of his *Archivio di Psichiatria, Scienze Penali e Antropologia Criminale* to the pioneering work done in Middletown.⁶² However, despite the attempt to create a new institution, capable of healing the insane through mild remedies, good diet and occupational therapy, homeopaths had to deal with the limits and contradictions of asylums and with the absence of effective pharmacological treatments.

First, there were increases in chronic patients and subsequent hospital overcrowding. In Middletown, during the first year, only 12 of 69 patients had been discharged, 9 of whom were declared cured. The imbalance between admissions and discharges worsened in the following period. The problematic situation of population increase was stated as early as the *Sixth Annual Report* (1876), in which the

superintendent observed: “The same minute and careful notation of each case, which we commenced with our first patient, is still maintained, although with augmenting difficulty and labor as our numbers increase.”⁶³ Talcott’s words clearly highlighted difficulties in applying patient-centered care despite a crowded context. This fundamental element of the homeopathic system was slowly abandoned, as it was denounced in 1890 and in 1891 by the Commission on Lunacy, which stated that Middletown’s case books were not regularly written up.⁶⁴ The problem of overcrowding was also explicitly discussed in the *Twenty-Second Annual Report* (1893), in a section entitled *Overcrowding in Hospital Wards*. In fact, the Middletown population had grown from 69 patients in 1874 to 854 patients in 1892.⁶⁵ Given the dramatic situation, the medical superintendent wrote that:

Overcrowding is the bête noire of any hospital: it is the great destroyer of all systematic and useful achievement in behalf of the suffering sick. Overcrowding is a grim monster that strikes its fangs into and holds down every project of hospital reform and improvement.⁶⁶

Talcott observed that overcrowding had negative effects on patients’ illnesses and that it caused an increase in aggressiveness. In addition, it did not allow nurses to carefully attend to patients’ needs. From this point of view, the use of paroles appeared to be an effective means of reducing overcrowding and permitting patients to recover at home or in familiar environments, rather than in annoying and disturbing wards.

Another aspect connected with the absence of real effective pharmacological therapies, along with overcrowding and the refusal of drugs and sedatives, was the inevitable use of restraints. Unlike Hahnemann, American homeopaths had employed mechanical restraints since the opening of Middletown. In 1877, the superintendent stated that their use had been reduced “even in violent cases, almost to a minimum”⁶⁷ and that it seemed:

to depend more upon the character of the attendant than upon that of the patient, and if, in the organization of an asylum, the services of just the right sort of attendants could be secured, asylum life might present a different aspect, and far more perfect results.⁶⁸

In a subsequent Annual Report, Talcott dealt with the ethical issues connected with the patients’ restraint once again. He wrote that restraint “should never be applied, except after careful consideration, and as a last resort in each individual case.”⁶⁹ He also showed great interest in the English non-restraint system, which had been founded by John Conolly (1794-1866) in 1839 and promoted the complete disuse of mechanical restraint. Consistent with the idea that gentle medicine should go with gentle treatment, Talcott concluded his report by asserting that:

Mechanical restraint, in this asylum has been reduced as far as considered practicable and safe; but it has not yet been entirely done

away with. We have, during the summer, had a few close rooms fitted up, and have used them for some of our most violent cases with gratifying results. We purpose pursuing this experiment still further as fast as our somewhat limited means will admit.⁷⁰

The superintendent's intention seemed to be a progressive abolition of mechanical restraint. However, his experience in Middletown would force him to change his mind over the years that followed. In the section entitled *Restraint or Non-Restraint* of the *Tenth Annual Report* (1881), the superintendent admitted the impossibility of adopting the English system in the Middletown Homeopathic Hospital, for three main reasons: the climate, the temperament and the type of treatment adopted. Concerning the last observation, Talcott noted that English non-restraint asylums used padded rooms as an attempt to prevent patients' self-harm by hitting their heads or body parts on the surface of the walls. They also employed "the hands of strong and numerous attendants"⁷¹ instead of canvas sleeves. In addition, he observed that the medical therapy adopted by English physicians was behind the possibility of the abolition of restraint:

The facility with which non-restraint has been practiced in England appears to depend largely on two causes, namely, the use of soporific and debilitating drugs, and particularly the use of immense quantities of stupefying ale and beer.⁷²

In conclusion, Talcott stated that mild restriction was not worse than many physical and medical treatments in use in English asylums. Among them, he recalled Conolly's prescription of pouring cold water upon the head of violent patients, in order to calm them. In Middletown, mild restraint could not be abandoned for three reasons: the prevention of injury to others, the prevention of suicide or self-harm, and for purposes of treatment. The type of restraint adopted consisted, for example, of camisoles, sleeves made of canvas and a pair of breeches for masturbators: also, in the early years, iron, wood, and leather were commonly employed.⁷³ In the section entitled *Treatment of Insane by Diet and Rest* of the *Fifteenth Annual Report*, Talcott explained that a protection sheet, which was put above the bed clothing and fastened at its sides, was employed when the patients refused the rest. In 1903, the new medical superintendent connected the use of restraint with overcrowding and with the lack of personnel. Its complete abolition, again considered desirable, depended on "a slight increase in the number of attendants and nurses."⁷⁴ Anyway, he continued to refuse the substitution of restraint with drugs and chemicals, which were considered more harmful for patients.

Therefore, homeopaths in Middletown had to face several problems, similar to those that their orthodox colleagues had encountered since the beginning of the century. The limits of existing pharmacological therapies and the inadequacy of asylums as healing structures forced not only orthodox physicians to a spurious scientific practice, but homeopaths to change and adapt their principles and purposes as well.

Conclusion

Homeopathic physicians as outsiders have been relegated to a secondary role in the history of medicine within traditional historiographies. Indeed, their medical system occupied a considerable position in the scientific landscape of the 1800s.

Since Hahnemann homeopaths have clearly understood and demarcated the limits of 19th century medicine. The absence of effective therapeutics afflicted allopathic physicians, who knew that old theories were inadequate, but only used drugs and remedies from the ancient Galenic tradition. Within this context, homeopaths tried to fill the gap, through the creation of a new medical system, which put special attention on patients and distanced itself from heroic therapies like bloodlettings, purgatives, emetics, etc. The new approach concerned not only the treatment of organic diseases, but also that of mental illness. From this perspective, the attempt to reform psychiatric institutions made by American homeopaths at the end of the century is particularly compelling. While in America and in Europe asylums were going through a severe crisis due to the incapacity of healing the insane and several county houses were overwhelmed by scandals, homeopaths tried to build a new institution, where patients could really be restored to health. Middletown's experiment with therapeutics can be considered one of the noteworthy efforts, promoted by physicians, between the end of the 19th and the beginning of the 20th centuries, to create more humane and open psychiatric structures.

The most innovative elements of the homeopathic institution were undoubtedly the employment of mild remedies as opposed to debilitating drugs and sedatives, the attention paid to the patient, and the development of various activities. Among these, Middletown experimented not only with physical works, which were quite common in asylums and belonged to the tradition inaugurated by Pinel, but also artistic and sporting activities. The latter were not intended as merely amusements, but as therapeutic experiences. In fact, Talcott was persuaded that these activities might have a healthy effect on patients' minds. This combination of techniques represented a new way of treating the insane in a more humane context. From Middletown's laboratory arose, for example, a baseball team that played a role in the game's history.⁷⁵

In any case, if we inquire into the events that occurred at Middletown, we see that the attempt of homeopaths to reform psychiatric institutions was not successful. Their interesting innovations soon collided with the limits of asylums as healing structures. The absence of real effective therapies caused the asylum's population to increase, which progressively undermined the application of homeopathic principles and the positive effects of experimental activities. As has been observed, homeopathic principles were often changed and adapted inside hospitals, because of the overcrowded nature of these institutions.⁷⁶ Therefore, even in Middletown, homeopaths inevitably had to give up patient-centered care and adopt the necessary use of various forms of mechanical restraint rather than using only gentle treatments.

Although the statistical results garnered by the hospital were quite good in terms of lower death rates and higher recovery rates,⁷⁷ homeopaths faced the same problems encountered by their orthodox colleagues. In fact, despite numerous reforms over time, the majority of patients did not recover but remained chronically

ill. The logical consequences were overcrowding and the failure of any improvement. This contradictory situation would only be overcome in the second half of the 20th century, thanks to the introduction of psychotropic drugs and the deinstitutionalization of mental hospitals. These pharmacological developments allowed for the complete abolition of restraint and the creation of new relationships with patients. The opening of the asylums' doors marked the end of psychiatric thinking that favored a social and scientific utopia based on isolation and segregation.⁷⁸ American homeopaths made vital contributions to this utopia.

References

- ¹ With the expression “orthodox physicians” I mean allopathic physicians.
- ² See Cosmacini, G., *L’arte lunga. Storia della medicina dall’antichità ad oggi* (Bari: Laterza, 2005), 330-331.
- ³ Concerning the homeopathic laws, see Bellelli, A., *La costruzione dell’omeopatia. Teorie ed ipotesi di Samuel Hahnemann* (Milano: Mondadori, 2010); Kuzniar, A. A., *The Birth of Homeopathy out the Spirit of Romanticism* (Toronto: University of Toronto Press, 2017).
- ⁴ The homeopathic medical system went through numerous revisions over time. Concerning the aspect of dilutions, the decimal scale of potentiation was introduced, during Hahnemann’s lifetime, by Dr. Constantine Hering (1800-1880), the pioneer of homeopathy in the United States. Higher dilutions were, instead, introduced by the Russian physician Semen Nikolaevich Korsakov (1787-1853) and by the German homeopaths Wilhelm Gustav W. Gross (1794-1847) and Julius Caspar Jenichen (1787-1849). Their attenuations rose to several hundred. See Haller, J., *The History of American Homeopathy: The Academic Years, 1820-1935* (New York: Haworth Press, 2005), 69-75.
- ⁵ See Bellelli, A., (2010), 7-9; concerning the relationship between homeopathy and vitalism, see also Teut, M., “Homeopathy between vital force and self-organization”, *Forsch Komplementarmed Kluss Naturheilkd* 8/3 (2001): 162-167; Pinet, P., “Homéopathie et philosophie”, *Revue d’Histoire de la Pharmacie* 351 (2006): 349-367; Kuzniar, A. A., (2017), 103-142.
- ⁶ Hahnemann, S., *Organon of The Art of Healing*, trans. C. Wesselhoeft (Philadelphia: Boericke & Tafel, 1896), 104, aphorism 71.
- ⁷ See Bellelli, A., (2010), 11.
- ⁸ A different conception was elaborated by James Tyler Kent (1849-1916), who was inspired by the Swedish philosopher and mystic Emanuel Swedenborg and believed that illnesses had spiritual causes. Kent developed ‘pictures’ of constitutional types from the patients’ symptoms, thus adopting a classificatory attitude. See Haller, J., (2005), 241-242.
- ⁹ Concerning the numerous medical theories of the Romantic age, see Bynum, F. W., Porter, R., *Companion Encyclopedia of the History of Medicine*, vol. 1 (New York: Taylor & Francis, 1993), 604-616; Grmek, D. M., “Il concetto di malattia”, in *Storia del pensiero medico occidentale*, vol. 2, ed. M. D. Grmek (Roma-Bari: Laterza, 1996), 259-289; Cosmacini, G., (2005), 323-331; Nuland, B. S., *Storia della medicina. Dagli antichi Greci ai trapianti d’organo* (Milano: Mondadori, 2017), 151-176.
- ¹⁰ The science of modern pathology was inaugurated by the Italian physician Giambattista Morgagni (1682-1771) in his work *De sedibus et causis morborum per anatomen indagatis* (1761). It was then developed by the French anatomist and pathologist Marie François Xavier Bichat (1771-1802), known as the founder of histology because he located illnesses in specific tissues.
- ¹¹ For example, Pierre-Charles-Alexandre Louis (1787-1872), who worked as a clinician in the Parisian hospital La Charité, was the first to question the supposed efficacy of bloodletting through comparative studies.

¹² See Cosmacini, G., (2005), 331.

¹³ Hahnemann, S., (1896), 197, aphorism 74, note 69.

¹⁴ See Hahnemann, S., *Description of Klockenbring during his insanity*, in *The Lesser Writings*, trans. R. E. Dudgeon (New York: William Radde, 1852); Hahnemann, S., (1896), 162-165, aphorisms 224-230.

¹⁵ During the 18th century, the somatic approach developed from a humoral to a solidistic point of view, thanks to the work of anatomopathologists like Morgagni. The study of the nervous system and the discovery of its importance in the functioning of the human body permitted them to overcome the conception of illnesses as humoral disorders. See Ackerknecht, H. E., *Breve storia della psichiatria*, trans. M. Conci (Viterbo: Massari, 1999), 77-78.

¹⁶ See Porter, R., *Storia sociale della follia*, trans. M. Papi (Milano: Garzanti, 1991), 26-28; Porter, R., "L'Età dei Lumi: le scienze della vita. La psichiatria e i suoi nuovi modelli", [Online] Available via http://www.treccani.it/enciclopedia/l-eta-dei-lumi-le-scienze-della-vita-la-psichiatria-e-i-suoi-nuovi-modelli_%28Storia-della-Scienza%29/, cited 16.02.18.

¹⁷ According to this new explicative model, mental illness was a psychological disorder, caused by wretched education, bad habits or personal afflictions due to traumatic events. See Porter, R., *Cambridge Illustrated History of Medicine* (Cambridge: Cambridge University Press, 2006), 291.

¹⁸ Porter, R., (2006), 291.

¹⁹ See Hahnemann, S., (1852), 244; Hahnemann, S., (1896), 162-165, aphorisms 224, 226, 228, 229.

²⁰ Hahnemann, S., (1852), 244.

²¹ Hahnemann, S., (1852), 248.

²² Philippe Pinel's moral treatment was based on the idea of the curability of insanity, which was explained by the physician as an alteration of will. The therapy consisted of a re-educational and disciplinary project, which was founded on the patient's isolation from society, on his moral repression and on farm work. Its main purpose was to build an institutional context (the asylum) with a therapeutic value. Similar emancipatory visions were supported by Vincenzo Chiarugi in Italy, by William Tuke in England and by Johann Reil and other Romantic psychiatrists in Germany. They all aimed to treat the insane as human beings capable of regeneration.

²³ See Hahnemann, S., (1896), 157-165, aphorisms 210-230.

²⁴ See Hahnemann, S., (1896), 158, aphorism 210.

²⁵ Hahnemann, S., (1896), 162, aphorism 224.

²⁶ Hahnemann, S., (1896), 163, aphorism 226.

²⁷ Hahnemann, S., (1896), 164, aphorism 229

²⁸ See Hahnemann, S., (1896), 164, aphorism 229.

²⁹ See Worcester, S., "The Medical Treatment of the Insane", *The Hahnemannian Monthly* 7/11 (1872): 497-503; Leclercq, V., *American Homeopathic Psychiatry and the Promise of Patient-centered Asylum Care: The Middletown Homoeopathic State Hospital (1870-1910)* [Online] Available via https://www.academia.edu/12125992/American_Homeopathic_Psychiatry_and_the_Promise_of_Patient-centered_Asylum_Care_The_Middletown_Homoeopathic_State_Hospital_1870-1910_, cited 05.04.18.

³⁰ See Deutsch, A., *The Mentally Ill in America* (New York: Columbia University Press, 1946), 77-87.

³¹ The Retreat was founded by William Tuke and opened in York in 1796. It aimed to provide a familiar environment for patients, to promote kindness and the complete abolition of chains and bloodletting.

³² See Deutsch, A., (1946), 95-97.

³³ See Deutsch, A., (1946), 114-115.

- ³⁴ See Bates, G. C., *The Early Republic and Antebellum America: An Encyclopedia of Social, Political, Cultural, and Economic History* (New York: Routledge, 2015), 636-638.
- ³⁵ See Scull, A., *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era* (Philadelphia: University of Pennsylvania, 1981), 124-125.
- ³⁶ See Waller, C. J., *Health and Wellness in 19th Century America* (Santa Barbara: ABC-CLIO, 2014), 183.
- ³⁷ See Waller, C. J., (2014), 183.
- ³⁸ See Zilboorg, G., Henry, W. G., *Storia della psichiatria*, trans. M. Fagioli (Roma: Nuove Edizioni Romane, 2001), 462-466; De Peri, F., "Il medico e il folle: istituzione psichiatrica, sapere scientifico e pensiero medico fra Otto e Novecento", in *Storia d'Italia, Annali 7, Malattia e medicina*, ed. F. Della Peruta (Torino: Einaudi, 1984), 1099-1107.
- ³⁹ Parigot, J., "Increase of Insane Patients, Their Destitution a Disgrace to Our Country, The Remedy", *The New York Times*, February 15 1865 [Online] Available via <http://www.nytimes.com/1865/02/15/news/second-letter-increase-insane-patients-their-destitution-disgrace-our-country.html>, cited 25.01.18.
- ⁴⁰ See also "The Insane Poor; How They are Cared for in the County PoorHouses", *The New York Times*, March 5 1865 [Online] Available via <http://www.nytimes.com/1865/03/05/news/the-insane-poor-how-they-are-cared-for-in-the-county-poorhouses.html>, cited 25.01.18.
- ⁴¹ I wrote "some American homeopaths" because the James Tyler Kent School also developed in the United States. Concerning the different evolutions of American homeopathy, see Kaufman, M., *Homeopathy in America: The Rise and Fall of an American Heresy* (Baltimore: Johns Hopkins Press, 1971); Rogers, N., *An Alternative Path: The Making and Remaking of Hahnemann Medical College and Hospital of Philadelphia* (New Brunswick: Rutgers University Press, 1998); Haller, J., (2005); Haller, S. J., *The History of American Homeopathy: From Rational Medicine to Holistic Health Care* (New Brunswick: Rutgers University Press, 2009).
- ⁴² Butler, M. W., *Mental Diseases and their Homoeopathic Treatment* (New York: Boericke & Runyon, 1910), 9.
- ⁴³ See Paine, M. E., "Homoeopathy and the Insane", in *Pamphlets - Homoeopathic: Nervous Diseases*, vol. 1 (United States: s.n., 1877-1896), 71-72.
- ⁴⁴ See Bradford, T. L., *Biographies of Homeopathic Physicians*, vol. 30 (Philadelphia: 1916), 120 [Online] Available via <https://archive.org/details/bradford030-jpg10-mediumsize-pdfx>, cited 27.03.18.
- ⁴⁵ See Davidson, J., *A Century of Homeopaths. Their Influence on Medicine and Health* (New York: Springer, 2014), 66-67.
- ⁴⁶ See Talcott, H. S., *Mental Diseases and their Modern Treatment* (New York: Boericke & Runyon Co., 1901), 232-233.
- ⁴⁷ *Twelfth Annual Report of The Middletown State Homoeopathic Hospital for the Insane* (Albany: Weed, Parsons and Company, 1883), 21.
- ⁴⁸ See *Twelfth Annual Report*, (1883), 21.
- ⁴⁹ See *Sixteenth Annual Report of The Middletown State Homoeopathic Hospital for the Insane* (Albany: The Argus Company, 1887), 28-29.
- ⁵⁰ See *Sixteenth Annual Report*, (1887), 32-33.
- ⁵¹ See Leclercq, V., *American Homeopathic Psychiatry and the Promise of Patient-centered Asylum Care: The Middletown Homoeopathic State Hospital (1870-1910)* [Online] Available via https://www.academia.edu/12125992/American_Homeopathic_Psychiatry_and_the_Promise_of_Patient-centered_Asylum_Care_The_Middletown_Homoeopathic_State_Hospital_1870-1910_, cited 18.03.18.

⁵² See *Twenty-Sixth Annual Report of The Middletown State Homoeopathic Hospital for the Insane* (Albany: Wynkoop Hallenbeck Crawford Co., 1897), 13. Concerning the importance of pathological research in Middletown, see Leclercq, V., *American Homeopathic Psychiatry and the Promise of Patient-centered Asylum Care: The Middletown Homoeopathic State Hospital (1870-1910)* [Online] Available via https://www.academia.edu/12125992/American_Homeopathic_Psychiatry_and_the_Promise_of_Patient-centered_Asylum_Care_The_Middletown_Homoeopathic_State_Hospital_1870-1910_, cited 05.04.18.

⁵³ *Twenty-Second Annual Report of The Middletown State Homoeopathic Hospital for the Insane* (Albany: James B. Lyon, 1893), 126.

⁵⁴ *Twenty-Second Annual Report*, (1893), 126.

⁵⁵ See *Eighteenth Annual Report of The Middletown State Homoeopathic Hospital for the Insane* (New York: The Troy Press Company, 1889), 97-98.

⁵⁶ See *Twenty-Second Annual Report*, (1893), 117-118.

⁵⁷ *Twenty-Second Annual Report*, (1893), 119-120.

⁵⁸ Talcott, S. H., "A Review of Recent Work and Progress in the Field of Psychology", in *Transactions of the World's Congress of Homoeopathic Physicians and Surgeons*, Chicago May 21 to June 3, 1893 (Philadelphia: Sherman & Co., 1894), 928. Talcott's 'Hospital Idea' was apparently close to Wilhelm Griesinger's (1817-1868) reform. According to the German physician, it was necessary to overcome Pinel's conception of asylums in order to treat insanities in common hospitals. In fact, once it had been acknowledged that mental illness was a brain illness, special structures had become worthless. See De Peri, F., (1984), 1100-1107.

⁵⁹ Maurice C. Ashley graduated from the Hahnemann Medical College of Philadelphia in 1892. Since 1884, he had been working with the insane as an attendant in the asylum in Trenton, New Jersey. After two years, he moved to Middletown, where he became assistant physician and then superintendent until his resignation in 1923. See "Biography of Dr. Maurice C. Ashley. Orange County NY Biographies" [Online] Available via <http://www.onlinebiographies.info/ny/oran/ashley-mc.htm>, cited 20.03.18.

⁶⁰ See *Thirty-Third Annual Report of The Middletown State Homoeopathic Hospital for the Insane* (Albany: James B. Lyon Company, 1904), 6-7.

⁶¹ See Overmyer, E. J., "Baseball for The Insane." The Middletown State Homeopathic Hospital and its 'Asylums'", *A Journal of Baseball History and Culture*, 19/2 (2011): 32.

⁶² See Panciroli, P., *200 anni di omeopatia. Storia di un equivoco?* (Roma: C1V, 2017), 166-171.

⁶³ *Sixth Annual Report of The Middletown State Homoeopathic Hospital for the Insane* (New York: Jerome B. Parmenter, 1877), 23.

⁶⁴ See Leclercq, V., *American Homeopathic Psychiatry and the Promise of Patient-centered Asylum Care: The Middletown Homoeopathic State Hospital (1870-1910)* [Online] Available via https://www.academia.edu/12125992/American_Homeopathic_Psychiatry_and_the_Promise_of_Patient-centered_Asylum_Care_The_Middletown_Homoeopathic_State_Hospital_1870-1910_, cited 18.03.18

⁶⁵ Another reason the situation deteriorated in subsequent years was because of the State Care Act (1890), which abolished the poorhouse system and called for state institutions to assume larger roles in caring for the insane.

⁶⁶ *Twenty-Second Annual Report*, (1893), 140.

⁶⁷ *Sixth Annual Report*, (1877), 24.

⁶⁸ *Sixth Annual Report*, (1877), 24. In order to have a fully trained staff, Talcott introduced lecture courses for nurses in Middletown in 1888. Over time, these were transformed into a proper school.

⁶⁹ *Seventh Annual Report of The Middletown State Homoeopathic Hospital for the Insane* (New York: Jerome B. Parmenter, 1878), 15.

⁷⁰ *Seventh Annual Report*, (1878), 16-17.

⁷¹ *Tenth Annual Report of the Middletown State Homoeopathic Hospital for the Insane* (Albany: Weed, Parsons and Company, 1881), 19.

⁷² *Tenth Annual Report*, (1881), 19.

⁷³ See *Eighth Annual Report of The Middletown State Homoeopathic Hospital for the Insane* (Albany: Charles Van Benthuyzen & Sons, 1879), 16; see *Twenty-First Annual Report of The Middletown State Homoeopathic Hospital for the Insane* (Albany: James B. Lyon, 1891), 80.

⁷⁴ *Thirty-Second Annual Report of The Middletown State Homoeopathic Hospital for the Insane* (Albany: James B. Lyon, 1903), 7.

⁷⁵ For the history of the ‘Asylums’, see the work of Overmyer, E. J., (2011).

⁷⁶ See Steffi, A., review of, “Homeopathy and Hospitals in History”, *H-Soz-u-Kult*, (2007) [Online] Available via <http://www.h-net.org/reviews/showrev.php?id=27046>, cited 27.01.18.

⁷⁷ See Talcott, S. H., (1894), 935-936; Allen, G., “Some Statistical Facts Concerning Insanity”, in *Transactions of the World’s Congress of Homoeopathic Physicians and Surgeons*, Chicago May 21 to June 3, 1893 (Philadelphia: Sherman & Co., 1894), 969-976.

⁷⁸ See De Peri, F., (1984), 1134-1140.