A MEMOIR OF JOHN CONOLLY, M D., D. C. L.,

Comprising a Sketch of the Treatment of the Insane in Europe and America. By Sir JAMES CLARK, Bart., K. C. B., M. D., F. R. S., Physician in Ordinary to the Queen. London: John Murray, Albemarle Street, 1869.

Few men connected with the management of the insane are so well known, have produced so deep an impression on the professional world, or have had so large an influence on the practice of this specialty as the late Dr. John Conolly.

Though he was so well known to his contemporaries, and his principles have become so incorporated into the life of the lunatic asylums of Great Britain and America, and are adopted by many on the Continent of Europe, yet it was proper that his life should be written as a part of the history of psychological science, and of the progress of humanity in this part of our profession.

Happily we find a fitting biographer in his life-long friend and warm admirer, Sir James Clark, M. D. He has produced an interesting volume of 300 pages, which will be read with profit and pleasure, both in Europe and America. It is plain that this is a tribute of affection as well as of respect, and of an earnest faith in Dr. Conolly's great and most cherished doctrine, the treatment of the insane without mechanical restraints.

Dr. Conolly was born in Lincolnshire, in 1794, and died near London, in 1867, at the age of 73, after a long life, crowded as few men's are, with successful and generous labor for the advancement of science and its beneficent application to humanity.

He was educated at one of the grammar schools, where he studied Latin, as he afterward thought with-

out much advantage, but subsequently he became an accomplished classical scholar, and read Latin and French as his own vernacular.

In 1812, when 18 years old, he was made an officer in a militia regiment, where he served several years. In 1816, he married and went to live in France, but returned in 1817, and began the study of medicine, in Edinburgh, where he was graduated at the end of a due course.

He then settled in Chichester, where he met the late Sir John Forbes, M. D., and they commenced an intimate friendship, that remained unbroken while they lived.

STRATFORD UPON AVON.

Finding insufficient encouragement for two men of their capacity and ambition, Dr. Connolly, in 1823, removed to Stratford-on-Avon, where he became greatly interested in the sanitary condition and charitable movements of the town. In furtherance of these objects, he was elected alderman for several years, and mayor for one year.

He also took a deep interest in Shakespeare, of whose writings he was very fond, and with which he became very familiar, and always carried a volume in his pocket in his walks about the town, to read in those spots which tradition said the great dramatist had been accustomed to haunt.

He was, at this time, appointed visiting physician to the lunatic asylums of Warwickshire, and very acceptably to him, being in harmony with his aspirations and sentiments, which he cultivated and maintained through life.

LONDON.

In 1827, he was appointed Professor of Practical Medicine in University College, London, which offered

an ample field for his talents and scientific culture. There he again met his old friend Dr. Forbes, and they were intimately associated in the publication of the *Cyclopedia of Practical Medicine* and the *British and Foreign Medical Review*. He also engaged in the general practice of medicine in London.

Beside these duties he gave much time to the care of the insane. Seeing that few physicians were familiar with insanity, and that no provision was made for it in the education of students of medicine, and feeling that every physician should be prepared to distinguish, and if need be, treat cerebral as well as other disorders, he proposed to give his pupils lectures on insanity, in one of the lunatic asylums. The council of the college declined the offer.

WARWICK.

Not relishing city life or practice, in 1831, he resigned his professorship, and was reappointed visiting physician to the lunatic asylums in Warwickshire. He removed to Warwick, where beside attending to the duties of his office as lunacy physician, he attended to general practice. With the exception of one year, which he spent in Birmingham, he lived in this little city until in 1839.

PHYSICIAN AT HANWELL.

In May, 1839, he was appointed resident physician of the Middlesex Lunatic Asylum, at Hanwell, eight miles from London. There were then 800 pauper patients in that institution. Here was a field of employment, the most congenial to his tastes and studies. And here was an opportunity to put into the concrete some notions which he had thus far held as abstractions, to carry out the principles of Pinel, and treat the insane without the use of mechanical restraints. Thenceforward this became the cardinal element of his life, to which he ever after adhered with unfaltering confidence.

FORMER COERCIVE TREATMENT.

Few of us, in America, know, except from history or from travel on the Continent, the extent to which mechanical restraints were used in Great Britain previous to 1840, and are now in the other European Countries.

Dr. Conolly found "each ward provided with a closet full of restraining apparatus, and every attendant used them at will. Many patients were always in restraint. Six new restraining chairs had been recently added to the stock, making forty-nine in all," (p. 53, 54.) The instruments of mechanical restraint were so abundant as to amount, when collected together, to about 600, half of them handcuffs and leg-locks, (p. 18, 20.)

This may be assumed as a specimen of the provision in the asylums of Great Britain and Europe, at that time, and these means nearly represented the ideas of the people at large, the governors or magistrates who had the outer superintendence of these establishments, and the physicians who had them under their immediate charge.

PINEL.

Although Pinel had wrought what was deemed almost miracles in setting the manacled maniacs free, without evil consequences to those who were in contact with them, yet few had dared to follow him, and the lunatic remained, in great measure, as he was before. The world still clung to the faith of olden time, that the insane were the devil's possessions, and those thus possessed should be, if not punished, at least restrained, to prevent injury to the fearful community.

TREATMENT IN MIDDLE AGES.

Nevertheless there had been a wonderful improvement upon the cruel customs of the barbarous ages.

In those dark periods, the religious houses were, in some sort, used as hospitals, and some of them took care of the insane. At one of these establishments, of the Franciscans, who believed in and practiced on themselves the severest mortifications and self-chastenings, the same rule was applied to their patients, and they gave each lunatic ten lashes a day. In another, each patient was bled every June. "Stripes however were but one form of cruelty, and the slightest of the kind. In the old asylums, all the most terrible engines of torture, to carry out the theory of punishment, were resorted to. The inventions to give pain were marvellous. There were chairs of restraint in which the patient could not move limb or body, and whirling chairs, in which the unfortunate lunatic was whirled at the rate of 100 gyrations a minute," (p. 47.)

These and other practices equally cruel were continued in Germany as late as 1790. "In some asylums the patients were kept in a state of partial famine, chained, covered with dirt and filth, but half clothed, and their insufficient clothing seldom changed; cages of iron were in use, in which some of the lunatics were kept for years. These miseries were inflicted, not from carelessness, but from what was believed to be real humanity," (p. 48.)

In an earlier age, some iron cages were made sufficiently large to hold one or more patients. These were movable, and suspended by chains over water, in tanks or pools, with the patients standing in them; they were let down into the water, until it reached their chins or mouths, leaving them only a breathing place. There they were kept as long as they could endure the position and the bath. This was an established part of the treatment or punishment.

The worst of these practices had passed away before the time of Pinel and his followers.

YORK ASYLUM.

Among the bad, the York Asylum was the worst. A female member of the Society of Friends being placed as a patient in this institution, in 1791, died under suspicious circumstances. They immediately determined to establish an asylum under their own control, in which there should be no secrecy. William Tuke was the great founder of this new hospital, and from the first he and his associates pursued those principles in its management that Pinel was then proposing, and which have now become the established rule of practice in Great Britain and the United States. They did not abolish all restraints, yet they began this work retaining only those of the milder kind.

LINCOLN ASYLUM.

Dr. Chorlenworth, in the Lincolnshire Asylum, in 1821, began his experiments of substituting the milder for the severe restraints. "He persevered in this great work year after year, regardless of opposition and undaunted by difficulties," and at length arrived at the total abolition, which he found both a practicable and a more comfortable and successful method of controlling the patients. Mr. Gardner Hill was also engaged in the same work, with the same result.

DR. CONNOLLY AT HANWELL.

Still chains, handcuffs, leg-locks were in general use in the asylums of Great Britain and the continental nations when Dr. Connolly entered the Hanwell Asylum, as resident physician, on the 1st of June, 1839. He was familiar with the writings and practices of Pinel, Chorlenworth, and Hill. He had confidence in the success of these measures, and in their applicability to any other hospital. At once he determined to try the experiment on the patients at Hanwell.

He began his work June 1st. There were then over forty under mechanical restraint. Immediately he commenced removing the shackles, fetters, &c., from those who were the most promising, or who suffered most, and proceeded gradually until the whole were removed in less than four months. In his work on the Treatment of the Insane, he quotes from the asylum records: "After the first of July, when I required a daily return to be made to me of the number of patients restrained, there were never more than eighteen so treated in one day. After the thirty-first of July, the number never exceeded eight. After the twelfth of August it never exceeded one, and after the twentieth of September no restraints at all were employed." On the 31st of October, in his first report to the Quarter Sessions, he said: "Since the 21st of September, not one patient had been under restraint. No form of strait-waistcoat, no handcuffs, no leg-locks, nor any contrivance confining the trunk or limbs or any of the muscles, is now in use. The coercion chairs, about forty in number, have been altogether removed from the wards," (p. 20.)

In his second report he says: "During the past year not one instance has occurred in which it was advisable to resort to any of the forms of bodily coercion formerly employed. Nine suicidal cases are among the admissions. Their restraints have in all cases been immediately removed, and in no case resorted to again." (p. 22.)

The same or similar statements appear in each of his successive reports. In the seventh he says, in regard to restraint: "The sixth year has been completed, during which the great experiment of managing every kind of case without having recourse to it, by day or night, without the occurrence of any accident which restraint could have effectually prevented, and without the occurrence of any suicide. The non-restraint system ap-

pears to be becoming gradually adopted in the greater number of asylums, both public and private," (p. 31.)

In the eighth report, 1846, he says: "Seven years were completed, during which no means of mechanical restraint have been used. In those seven years 1,100 cases have been admitted and treated on the non-restraint system, and the number of patients, during the greater part of that period, amounted to nearly 1,000," (p. 31.)

In his 11th and last report he says: "For ten years no hand or foot has been fastened, in this large asylum, by day or night, for the control of the violent or the despairing; no instrument of mechanical restraint has been employed or even admitted into the wards for any reason whatever: no patient has been placed in a coercive-chair by day, or fastened to a bedstead by night. Every patient, however excited or apparently unmanageable, arriving at the asylum in restraints, has been immediately set free, and remained so from that time. The results, more and more seen in every successive year, have been increased tranquility, diminished danger, and so salutary an influence over the recent and newly admitted and most violent cases, as to make the spectacle of the more terrible forms of mania and melancholia a rare exception to the general order and cheerfulness of the establishment," (p. 33.)

Nor were other physical or severe medical means of controlling the movements of the patients substituted for the mechanical. "The temporary seclusion of patients—the salutary exclusion of causes of excitement from an already excited brain—which has unjustly been stigmatized as solitary imprisonment, is found to be but seldom necessary, except for a few hours, and as an actual remedy, which the soundest principles of medicine would recognize in every disease of excitement.

The douche-bath is never employed. The shower-bath is rarely resorted to except for medical reasons, whilst window guards, dresses of strong materials, strong blanket cases, and all the inventions required to limit the mischiefs to which many patients are prone, are only required in a proportion of cases very small in relation to the whole," (p. 34.)

EFFECT OF REMOVAL OF RESTRAINTS.

The effect of this removal of restraints was at once noticed in the general tone of the whole hospital. The excited were sooner calmed, the irritable less easily disturbed, and a general quiescence prevailed more than before. The wards were managed with less difficulty. The new system "tended to remove as far as possible all causes of excitement from the irritable, to soothe, encourage and comfort the depressed, to repress the violent by methods that leave no ill effect on the temper, no painful recollections in the memory; and in all cases seize every opportunity of promoting a restoration of the healthy exercise of the understanding and the affections," (p. 27,) "mania not exasperated by severity, and melancholia not deepened by want of ordinary consolations, lose the exaggerated character in which they were formerly beheld. Hope takes the place of fear, serenity is substituted for discontent, and the mind is left in a condition favorable to every impression likely to call forth salutary efforts, (p. 28.)

SECLUSION.

Seclusion was sometimes practiced at Hanwell, but it was not confinement in strong rooms, nor long continued, but "the excited patient was simply separated from the others in the hall, and taken to his own lodging-room, or if violent and self-destructive to a padded room, where he remained until the temporary passion subsided and the danger passed," (p. 29.)

CO-OPERATIVE MEANS.

This was not done without suitable means and coöperation. In the first place, Dr. Conolly was a man of rare power and grace. Those who have had the pleasure of knowing him, remember him as a gentleman of the finest and most affectionate and courteous manners, but of the greatest personal dignity. There radiated from him an influence that magnetized all around him, commanding respect and winning confidence. He selected for his coadjutors, men of like temperament and habit. He says, "it ought never to be forgotten that the necessity for such recourses (the restraints and their substitutes,) must always depend on the character of the officer. The great and only substitute for restraint is invariable kindness," (p. 35.)

Other aids are needful for the complete success of the system, which Dr. Conolly describes, in his seventh report, as "a properly constructed building, in which the patients enjoy the advantages of light and air, a cheerful prospect and ample space for exercise, for classification and means of occupation and recreation. The next is the constant and watchful superintendence of humane and intelligent officers exercising full but considerate, and just control over an efficient body of attendants," (p. 32.) He was obliged to take the house and its surroundings as he found them, and work with these and such few alterations as they admitted.

He began with improving his coöperators and the "substitution of more efficient superintendence, by means of a greater number of attendants of intelligence and respectability," (p. 25.)

Moreover he had the unfaltering support of the visiting justices who had the supervising control of the hospital.

He had also the encouragement of some of the most

influential members of the profession, Sir James Clark, Sir John Forbes, Prof. Paget, of Cambridge, and others of like character, and several of the other hospital superintendents.

Yet there was a strong and, sincere opposition from those who had seen the dangerous maniac held safely in his chains, or in his grated cell, but could see no safety in his freedom.

There was much obloquy and misrepresentation, and even social persecution from those who looked upon this as the opening the cages, and unchaining the wild beasts, and letting them loose on the community. Yet Dr. Conolly, confident in the propriety of his plans, went on without faltering, until he demonstrated the truth of his position, and convinced the English world of the soundness of his doctrine.

Many physicians, managers of other institutions in Britain, visited him, and a few from the Continent. These became converts to his views, and strong friends of his plans. One asylum after another followed him until, before many years, non-restraint seemed to be the universal accepted doctrine of the whole psychological profession, in England and Scotland.

The description of the changes in one will answer for all. Dr. Broadhurst, superintendent of the Lancaster Asylum, says: "Previous to 1840, mechanical restraint formed the rule of practice, rather than the exception; all cases on admission were, at night, placed under restraint, and were only released when, from familiarity with their symptoms, it was thought they could be trusted without. Two large compartments in the asylum were fitted up with a variety of mechanical contrivances, for the constant restraint of refractory patients. These compartments contained a row of stalled seats, surrounding nearly two-thirds of the wall, and serving

the double purpose of a water-closet, and a seat. The flagged floors were heated by hot air, and the patients were secured by hand-locks to each side of the upper portion of the stalls, and by leg-locks to each side of the lower portion of the stalls; the heated floor superseding the necessity of stockings and shoes. All the bedsteads and many of the fixed seats were so constructed as readily to admit of the free use of mechanical means to restrain their occupants."

Early in the spring 1840, by the influence of the excellent Dr. Gaskell, since commissioner in lunacy, "and with the cordial sanction of the visiting magistrates, these compartments were speedily abolished, along with all other forms of mechanical restraint, then in common use in all parts of the establishment. Since the above period upwards of 3,000 patients have been under treatment, and only in one instance has it been deemed necessary to use mechanical restraint," (p. 77.)

As proof of the advantage of moral over mechanical means of treatment, Dr. Broadhurst points to "the general quietness and decorum of the establishment, the cheerful aspect of the patients, the comparative freedom from acts of destructive violence, the large proportion constantly engaged in useful occupation, a decreased mortality, and an increased per centage of cures," (p. 78.)

Mr. Wilkes, formerly superintendent of the Stratford Asylum, now commissioner of lunacy, writes: "The effect of the change upon the old inmates was in marked degree beneficial."

"The excitement of the patients generally diminished. They were less noisy and restless at night: destructive propensities and objectionable habits were, in many instances, overcome. With greater opportunities of doing mischief, less occurred. And now, without a window in

any way protected, and a much larger number of patients, there is probably less breakage of glass than there ever was," (p. 79.)

RESIGNATION OF DR. CONOLLY.

After a very successful service of ten years, Dr. Conolly resigned his office as resident physician in 1849, and was appointed visiting physician. He then left the asylum, but took a house in the vicinity, where he remained to the close of his life.

He retained his office of visiting physician three years, and then, on account of feeble health, resigned that also. He had charge of a few private patients at the Lawn House, where he dwelt.

He was very much consulted in the cases of the greatest importance, and was considered the chief authority in all matters of doubt. Ever affable and courteous, he drew many to his house from his own country and from abroad, and alienists from the Continent and from America found and enjoyed the most cordial hospitality. Several of the psychological physicians of the greatest power on the Continent were among his visitors and became the strongest friends of his doctrine of non-restraint. Among these were Dr. Griesinger, of Berlin; Baron Mundy and Meyer, of Germany; Morel, of France, and Grieslain, of Belgium.

These used their utmost exertion to introduce the practice into their several countries, but except in the institutions within their immediate influence, they made but few converts, and Continental Europe was yet to accept the new method, and to unchain its lunatics.

OTHER LABORS.

Dr. Conolly's labors were not limited to his asylum; he studied the whole science of insanity and wrote much upon it, and became the leading authority in all

matters connected with it. He published a volume on the *Indications of Insanity*, in 1830; a volume on the *Construction of Asylums*, in 1847; a volume on the *Treatment of the Insane Without Mechanical Restraint*, in 1856.

These are standard works on psychological science, accepted as unquestioned authority in Great Britain, and are probably to be found in the library of every lunatic asylum where the English language is spoken.

While in the asylum he delivered several courses of lectures to medical classes, on insanity, and its treatment. These were printed in the *Lancet*.

He also wrote a pamphlet on the *Organization of Asylums*, and articles on the *Insanity of Children*, which were printed in the medical journals.

He delivered two courses of lectures on insanity in the Royal College of Physicians; a popular course in the Royal Institution, and the Croonian Lectures.

His last work, the *Study of Hamlet*, was the offspring of his reverence for Shakespeare, and his long and careful study of his works.

He was one of the original members of the British Medical and Surgical Association in 1832, and one of the active and leading members of the Psychological Association. He contributed many and important papers to Dr. Forbes Winslow's *Psychological Journal*, and to the *Journal of Mental Science*.

EXTRA PROFESSIONAL.

As he was a man of large and liberal culture, and extensive acquirement in science and literature, as well as of broad and generous sympathies with the world, he was connected with many of the measures for the general improvement of the people. He gave his time and influence for their purpose, and being a ready and graceful writer he lent his effective pen to their support.

He was an efficient member of the Society for the Diffusion of Useful Knowledge, and was there intimately associated with Lord Brougham in this work. He wrote numerous small works for that society, on subjects connected with public health and social life. He wrote most of the first volume of the *Working-man's Companion*, called *Cottage Evenings*. He published a little book on *Cholera* and the means of prevention, when that epidemic was spreading over Europe.

He was one of the original members of the Ethnological Society, was once its president, and wrote one of its pamphlets. He was intimately engaged with others in the formation of the Association for the Promotion of Social Science, and one of its zealous supporters.

His pure and elevated character, his generous devotion to humanity, his varied learning, and his firmness of purpose, that never hesitated to begin any good work, nor faltered in its course,—these connected with his extremely modest and polished manner, made him a favorite in cultivated society, and commanded the confidence of men of science at home and abroad. He was ever sought by, and associated with, the benevolent, the high-toned, the progressive, with those who believed in the onward march of civilization, and in their duty to contribute what they could to aid it.

In all his labors and writings, he manifested his sound common sense, his keen insight into human motives, and his sympathy with the suffering, the weak and the untaught. He considered that no small proportion of human ills was due to ignorance and weakness, which the intelligent, the strong, and the richly endowed might help to remove. He believed that much insanity might be prevented by proper education and self discipline: that a ~~great~~ part of the disease that affects the world might be avoided by faithfulness to the laws of our

condition, and that society should teach this to all its members: that medicine, however appropriate on fitting occasions, can never compensate for the habitual disregard to the duties which each one owes to himself.

In the management of the insane, he considered the provision of large establishments, however desirable as a matter of economy, was at the cost of some of the remedial powers of the institution, and of the chances of restoration of the patients; and that the proper conduct of lunatic asylums, requires the whole power of mind and heart that belong to the superintending physician; and that whenever the governors or directors of each institution require their medical officers to leave their high vocation and sacred responsibility of watching mental disorders and guiding mental waywardness or strengthening mental weakness, and give their time and thought to the subordinate matter of finance and stewardship, to collect bills, and watch the market, they take from the suffering patients a part of that influence upon which their best hope of recovery is founded.

Such were the life and character of Dr. Conolly, and such were his works, as described by his friend Sir John Clark, and as known, in part, to most of us. Few men have fulfilled a nobler destiny; few will be remembered with more affection and gratitude.

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NEW YORK STATE ASYLUMS.

The growing favor of the people in behalf of great public charities is more and more manifested by the significance which they are acquiring in the consideration of governments. A disposition to be liberal in their maintenance and improvement is getting to be a strong popular feeling, infusing itself more thoroughly