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The treatment of madness in Spain in the second half of the 19th century: conceptual aspects

JOSÉ-JAVIER PLUMED DOMINGO
Mental Health Unit, Malvarrosa (Valencia)

ANTONIO REY-GONZÁLEZ*
University of Valencia

This paper deals with the conceptual principles which governed the treatment of madness in Spain during the nineteenth century. Against the general view that treatments were targeted to diseases, we argue that clinicians were more syndrome-oriented than disease-oriented in their treatments. Mental syndromes were classified into groups according to the different treatments that were thought to be useful. We also describe the conceptual basis of moral treatment and study the correlation between somatic and mental disease in relation to treatment.

Keywords: madness; Spain; treatment; 19th century

The treatment of madness in the nineteenth century was linked to the prevailing physiopathological conception of mental illness. This, together with the anatomoclinical view of disease, were the dominant concepts in medicine in the nineteenth century (López Piñero, 1963: 122). The concepts of nervous irritation, sympathy and reflexes were essential when justifying disorders that gave rise to mental illness. In fact, according to Griesinger (1865: 525), 'The treatment of mental illness is conditioned by theoretical hypotheses underlying the application of methods.'

According to the most important physiopathological hypothesis establishing the relationship between the vascular and nervous systems, mental disorder was caused by deficient blood circulation in specific areas of the nervous

* Address for correspondence: c/ Constitución, 16. 46110 Godella (Valencia), Spain. Email: Antonio.Rey@uv.es
system as a result of external or internal injury. By enhancing the blood flow, there was an increase in brain activity and with it a syndrome characterized by excitement. With a decrease in blood flow, however, the organism’s general functioning was depressed. When the hypo-function led to an irreversible deterioration, an abiotrophy of the tissue took place, producing the dementia syndrome.

One of the most important aspects in understanding mental illness was the idea of psycho-organic unity. When evaluating the patient, the mental manifestations were as important as the somatic ones. For a long time it was believed that the various organs and fluids controlling the organism were directly related to the mental symptoms, and this idea persisted throughout the century. Of all the systems, the skin and digestive organs were, perhaps, the most intimately related. In fact, these would be of considerable significance when deciding what treatment to apply.

Another important point was the relation between the onset of physical and mental illness. The relationship between the various illnesses that a mental patient might suffer was researched by a purely empirical approach based on temporal contiguity criteria. The progress of the physical illness was also considered as an analogous criterion for the development of insanity. Consequently, the somatic periodicity could share a common background with the mental disorder’s periodicity. The paradigm was malaria, and therefore it was thought that quinine ought to be successful in treating periodic madness, too. We shall analyse this in greater depth below.

At the beginning of the century the most influential author was Pinel. In his ideas about treatment, he was clearly concerned about the nosological question: ‘The only compass that might guide me is the difference in the mania in different species.’ (Pinel, 1804: 54). In fact, he was speaking of a crude classification covering various scenarios: periodic mania, in which treatments needed to be timely, and its prodromal constipation managed with prophylactic laxatives; acute mania, requiring the use of antispasmodics and warm baths to avoid it becoming chronic; and melancholy – with or without hypochondria – requiring a specific treatment, since ‘melancholy, characterized by atony and dejection, can only be corrected by combining quinine and opium’.

Like Pinel, Esquirol (1856: 121) noted the need to delimit the nosological entities, and insisted on the error of ‘practitioners who have only seen one illness in all the types of insanity they have fought’. It was also important to find out the causes, either physical or moral. The normal progress of each type of madness was to be studied, to ascertain whether healing was due to the treatment or merely a spontaneous consequence of the illness’s evolution. These ideas on treatment were held by different authors throughout the century. Moreover, phrenopathic doctors did not treat madness based on the different nosological classifications, but rather on three basic syndromes: depressive and demented excitement, and abiotrophy. Consequently, a
patient diagnosed as manic who presented a diminishing vital tone would be treated as if he suffered a depressive syndrome. In the same way, if a modification in the clinical condition appeared in the course of the mental disorder (e.g., a manic who passed from an excited stage to a listless or demented state), the patient was treated successively according to his transitional state.

If there was a specific symptom to be found in madness, it was delusional ideas. Although attempts were made to treat pharmacologically the syndrome in which the delusion occurred, a large number of patients reportedly showed no response, so they had to be given moral treatment.

**Spanish psychiatry**

Spanish psychiatry in the nineteenth century developed very differently from that in other European countries, such as Germany and France. Spain’s troubled history and changes of government seriously delayed its scientific and economic development; psychiatry, as a scientific discipline, was obviously also affected by this delay. The institutionalization process did not take place until the second half of the century and was mainly promoted by the Catalan school, headed by Giné i Partagás. Before that, psychiatric theory and treatment were very deficient. The poorly equipped public mental hospitals were more directed to guarding patients than to treating them in a modern way, and the few scientific publications lacked originality and were dominated by the vitalist mentality inherited from classical medicine and from the classic writers in French medicine, especially Pinel and Esquirol. Some attempts were made to introduce medical positivism and new scientific medicine, one of the most important figures being Pedro Mata, the founder of forensic medicine in Spain and the Spanish translator of Esquirol’s book (1856). Although Pedro Mata did pose some interesting theoretical questions (e.g., Mata, 1877), his clinical and therapeutic ideas did not go beyond those of Esquirol.

The first important therapeutic contributions did not appear in Spain until the 1860s. At first, medicine was positivism-oriented, under the influence of somaticist authors such as Griesinger, Luys and Meynert, and clinically-oriented psychiatrists such as Guislain. In addition, the work of the Spanish phrenopathic doctors was marked by therapeutic optimism. At the end of the century, coinciding with the appearance of degenerationist ideas and the economic and political fin-de-siècle crisis, this optimistic therapeutic outlook was replaced by a nihilist tendency in the treatment of madness, with a corresponding loss of interest in works on therapy.

We shall now study the conceptual and theoretical aspects of psychiatric treatment in Spain, in an attempt to address the lack of historic literature on this subject. In order to develop this subject further, we shall study articles and books published in the nineteenth century by Spanish psychiatrists, especially those from the period 1850–1900, including the survey by Antonio
Rey (1981). We shall also refer to works on psychiatry published in other countries that were translated and quoted by the professionals at the time.

**Excitation syndrome**

Among pharmacological treatments, opium was the most important. Although it was used mainly for hyposthenia, it was also prescribed to excited patients. Michea (1858) wrote, ‘Narcotics are regarded as a complete cure in seven-eighths of general deliria cases, and in a little over a third of those with partial deliria.’ On the other hand, Guislain (1882: 148) stated that it was effective in manic patients suffering debility in the circulatory and nervous systems, a condition indicated by a low pulse and a cachectic discolouration of the skin.

With regard to digitalis, Robertson (1867) and Dumesnil and Lailler (1868) wrote in favour of this medication. Both shared a common viewpoint on the physiopathological mechanism underlying its functioning: reduction of blood supply to the heart and subsequent sedation of the patient. Giné i Partagás (1876: 275) recommended it in cases of mania accompanied by uneasiness, shouting, desperation and vague terror. Guislain also recommended the use of opiates, arguing that digitalis did not work directly on the mental state, but rather on the heart, thus preventing the illness from becoming more serious (Guislain, 1882: 83). It could also be applied in melancholy of recent onset, accompanied by great agitation and high pulse rate.

Nercam (1885) believed paraldehyde to be as effective as chloral hydrate and opium in cases of insomnia, agitation, convulsive neurosis and epilepsy. Some patients, however, did not respond to it. Furthermore, it was argued that it caused an unpleasant aftertaste, eructation and vomiting, side-effects that do not constitute contraindications. The main problem was the possibility of depression in the patient’s respiratory centre. The rectal and parenteral methods of administration tended to cause fewer side-effects.

Antispasmodics and anticholinergics had already been recommended by Pinel (1804) as the treatment of choice for excited patients. Thus, they were frequently used for agitated mania and delirium. Giné i Partagás (1876: 274) recommended the use of belladonna with opium, because of the existing antagonism between the two medicines. Hyoscyamine – recommended by Giné for agitation – was especially interesting when administered with chloral (Giné i Partagás, 1881). Gray (1881) believed this to be very useful for furious deliria. If the symptoms could not be controlled, he considered that a combination of morphine and piperine ought to be administered. Use of hyoscyamine for more than four days was not recommended. Apart from this, interest was also shown in the combination of hyoscyamine with bromide enemas in instances of furious mania. Loddle (1891) prescribed this most often for states of agitation in melancholics, excited mania, general paralysis and simple mania, as well as in organic cases, such as epileptic delirium and feverish deliria. It was not applied as a long-term treatment for
patients suffering from mania, but was considered useful in limiting acute episodes. Lewald (1892) commented on his experience with hyoscyamine, and emphasized its use in small subcutaneous doses. The first symptom to appear was mydriasis, and in 10–30 minutes motor restlessness ceased, rapidity in speech decreased, and words became unintelligible, with the patient finally falling into a sleep. Side-effects were mydriasis, throat dryness and thirst. Guislain (1882: 156) showed little faith in these medicines, and in his book he argued that he had not cured one patient with mania by using belladonna.

Other medications with uses similar to those of hyoscyamine were the bromides. As mentioned above, they were prescribed mainly as a sedative in acute episodes of crisis in mania or delirium. Treatment protocols normally used this substance as one of the first medicines to be tried. Giné i Partagás (1876: 277) used it mainly for manic convulsive agitation, madness due to epilepsy, St Vitus’s dance or hysteria. Interestingly, Sueur (1997: 100) remarks that it was used in France in the second half of the nineteenth century, although, according to French sources, it was mainly applied to epilepsy.

Hashish was rarely administered in Spain. Elsewhere, the phrenopathic doctor who used it most frequently was Moreau de Tours. He defended the substitution method, i.e., that hashish creates cerebral excitement and stimulates vascular flow. Since ‘it is an axiom in mental medicine that, while the delirium is acute, one should not abandon hope for a cure’ (Moreau de Tours, 1973: 212) and since excitement preceded clinical improvement, he believed it to be a good therapeutic method. Giné i Partagás (1876: 280) recommended it in association with belladonna.

Baths were an important form of physical treatment. Giné i Partagás (1876: 283) dealt extensively with the importance of tepid, cold and sinapistic baths. The cold bath calmed anxiety and sadness in the melancholic, and reduced the agitation and prepared for sleep in mania. The tepid bath was used for acute mania, and the cold bath for established mania, at least 6 months after the onset. With regard to its physiopathological justification, Galcerán i Granés (1881b) gave a physiological and anatomical explanation of acute delirium. He defined it as an excess of ideation due to greater functioning of the psychic cells, and an enhanced capacity of association. Delirium, according to this author, produced a blood flow increase and hypernutrition of the brain tissue; this rise in brain activity brought about an increase in temperature (to about 38°C). Baths were used to regulate this abnormal physiological activity. Galcerán i Granés (1881a) presented a clinical case of a 34-year-old man with symptoms of visual and aural hallucinations, incoherent ideas, extreme agitation and aggressive impulses: ‘There was no dominant idea in his delusional system just that they occurred with prodigious speed.’ Prolonged hot baths were the physical treatment administered to the patient, who was discharged a month later.
In a case of acute mania Calvet i Nava\(^1\) (1882) advised the use of baths. The patient received prolonged tepid baths with cold showers on the head, producing a lowering of body temperature and sedation. Worsening of mania was also tentatively avoided by resorting to purges of ipecacuanha and laxatives, to prevent constipation and induce intestinal revulsion. Calvet i Nava later went on to use sedatives: chloral hydrate, digitalis and injections of morphine chlorohydrate in high doses. After sedation the patient was administered neurasthenic tonics and nutritious food.

Ribas Pujol\(^1\) (1883\(a\)) suggested the following treatment for a case of acute delirium: prolonged hot baths and high doses of bromides, potassium, sodium and camphor. If the situation did not improve, morphine chlorohydrate was administered by hypodermic injection in order to stimulate the cardiovascular system. Together with this, he used soda arsenate, bitter tonics, moxas and related treatments and additionally cold hydrotherapy. In another similar situation, Ribas Pujol (1884) presented a clinical case with its corresponding treatment. In the first episode he prescribed potassium and arsenic potassium to counteract reflex arches, sedate the nervous system and tackle the patient’s herpetic manifestations. Opium and stramonium were given to combat the hallucinations. Sinapistic baths, cold showers and Scottish showers were used to provoke an intense cutaneous change that discharged the central nervous system. When a new episode of agitation appeared, it was treated with a Scottish shower, urtication and electrotherapy, though without success. The symptoms improved with the use of tepid sinapiticized baths.

Purges and emetics were used in these cases to relieve the gastrointestinal mucus due to the excess stimulus of the nerve centres, and at the same time to correct the gastric-cataarrh state typical of the invasion of the mania (Giné i Partagás, 1876: 386).

**Depressive syndrome**

Pinel and Esquirol defended the use of opium in depression. Griesinger also believed opium reduced the symptoms of cerebral irritation, especially in cases of sadness with anaemic disposition, hypochondria and hysteria. Guislain (1882: 73–4) thought that opium was especially useful for melancholy, although not necessarily specific for that illness. In fact, he considered it was useful in the course of mania when ‘the patient presents a certain weakness … indicated by the lowering of the pulse and a cachectic discoloration of the skin.’

Giné i Partagás (1876: 272) shared Guislain’s opinion and suggested opium for melancholic hypochondria and for lipemania, when affective symptoms predominated. This was an optimistic article regarding the beneficial effects of this drug. The opiates administration method that Voisin (1874) used in the treatment of madness had a great influence on Spanish authors, and was the most widely used. A translation of his memoirs describes
some suggestions for the method. The author made 35 observations, whereby
the best results were for: lipemaniac madness with hallucinations; madness in
combination with hyperaesthesia of the cerebrospinal nervous system, of the
senses and sympathetic nervous system; asthenia madness and neuropathic
hysterical madness. In cases of general madness Voisin applied vesicatory in
the nape and occiput before treating with morphine. The aim was that any
kind of primitive or consecutive congestion of the neurosis should disappear.
Some side effects recorded in patients were vomiting, considerable weakness
and weight loss. The use of morphine was contraindicated for insanity of a
congestive nature and for chronic hereditary madness with complications
with a cachectic state.

Galcerán i Granés (1881c) commented on the usefulness of this method,
in which morphine was administered subcutaneously in progressively higher
doses up to 30–40 centigrams/day. However, in more than 50% of cases
there were no positive results. Thus Galcerán i Granés concluded that
patients needing continuous intake of medication to maintain a healthy
mental state were not really cured. He described a clinical case of a mental
patient under treatment: once an improvement had been observed, the
morphine was replaced by water, to find out whether the cure was produced by
the specific effect of the drug. As a result of this substitution, an alteration
in mood with ideas of poisoning reappeared.

One of the risks of administering morphine was addiction, a phenomenon
that did not go unnoticed at the time and which caused great controversy,
although it was not mentioned in the literature. Sanz y Gómez (1893)
concluded that it was absurd for some alienists not to use it for fear of
addiction. He thought that morphinomanic delirium was rare and that it was
not even necessary to explain to the patient or the family what was being
administered.

Regarding baths, Esquirol (1856: 161) advised cold baths for lipemania,
‘to re-establish transpiration’. Baillarger (1863: 145) mentioned cold
affusions as the most effective treatment for depression. He warned of the
danger of its use in instances of concentrated blood, weak pulse and cold
limbs. Guislain (1882: 87) insisted on the beneficial effects of tepid baths,
and Giné i Partagás (1876: 385) considered they were useful, especially if
there was no tendency to skin eruptions, and one could assume that
melancholy depended on the suppression of dermatosis. Baths as a treatment
were not particularly popular in Spain, although they apparently were in
other places. Windholz (1995), discussing the treatments used in the Charité
of Berlin, says that baths were extensively used, and the most intensive types
of bath were successfully applied to states of depression.

As a consequence of the humoral theory, purging had been the traditional
treatment for melancholy since Hippocrates: Pinel (1804: 356–60) still
recommended its use. Although acknowledging the obsolescence of the
humoral theory, Esquirol (1856: 159) defended the use of laxatives and purges.
And so did Griesinger (1865: 542) who believed that purging to eliminate congestion in the head also helped states of acute brain inflammation. After accepting the decline of the humoral theory, Guislain (1882: 92) wistfully wrote: ‘doctors in the last century were of one opinion, to wit, that melancholy was to be treated with purging’. It cleared the head and animated the patient. Years later, Giné i Partagás (1876: 415) rejected purging on the grounds that: ‘nobody believes that melancholy depends on the diffusion of black bile in the blood system’.

Although still recommended by Pinel (1804: 354) and by Guislain (1882: 96): ‘for melancholy, more than any other insanity, there can be no doubt of the efficacy of depletion in the margin of the anus’, the usefulness of bleeding started to be called into question by the middle of the century.

On the importance of moral treatment the literature seems agreed, and with provisos Spanish authors also supported this method. For example, Giné i Partagás (1876: 412) cautioned that the feeling of uselessness experienced by patients with melancholia might be made worse by requests to undertake tasks which at the time they considered beyond their capability. Dolsa i Ramón13 (1878) believed the most suitable way of treating the melancholic was by talking to the patient: verbal treatment was based on consoling, arousing hope, listening and advising.

One must not forget the significance of nutrition. Baillarger (1863: 145) wrote of the effectiveness of tonics and reconstituting treatments, such as cod liver oil, and both Guislain and Giné i Partagás mentioned the efficacy of tonics.

Although clinical histories suggest that drugs were often administered, during the first half of the century the view was widely held that their use was limited. For example, the clinical histories reported by Perales suggest that he used drugs in less than 25% of his charges (Livianos and Maigraner, 1991: 66). Their use however, increased, as so-called ‘somatic’ doctrines came into favour. Thus, commenting on the effectiveness of treatment for melancholy, Guislain (1882: 113–14) stated: ‘Of 100 cures, 80 were due to a spontaneous return to a normal state or to the moral influence of calmness, tranquillity and well-being surrounding the patient. Medication produced 15 cures, and 5 were due to a well controlled diet and general hygiene care.’

Abiotrophic syndrome

‘Abiotrophy’ is used here as a synonym of dementia. Luys (1891: 168) explained its onset as follows: ‘The blood is that which makes the nervous elements live, but when too much arrives it wears them down, and consumes them, and moreover it constitutes the agent of their histological ruin.’

As a treatment, Esquirol (1856: 285) recommended abundant nutrition, donkey milk, quinine, bitters and cutaneous irritation: rubbing in or subcutaneous injection of irritants. The latter were used as an extreme way of
stimulating the brain, particularly in disorders leading to chronicity characterized by absence of delusions, quiet delirium or anomalies of the will. Irritants were also used as a prophylactic ‘when the mental patient threatened to move on to dementia’. However, Baillarger (1863: 208) called into question their usefulness in the treatment of terminal dementia. Instead, he believed that moral treatment centred on intellectual exercise could arrest the condition. To avoid mental decay, Guislain (1882: 266) also recommended sustained intellectual excitement together with a rich, nutritive diet for: ‘nothing does so much favour development of dementia or signs of paralysis as the lack of food’. Another method to prevent dementia was bed rest, a practice also used by the degenerationists.

The regular observation of clinical irreversibility in dementia, however, led to much therapeutic nihilism. For example, Giné i Partagás (1876: 528) insisted on the impossibility of a cure: ‘We can only hope to contain its progress.’

**Moral treatment of delusions**

Of all the mental symptoms of madness, delusions had always held an important place. After Esquirol and throughout the century, delusions were conceived as an attention disorder (see Berrios and Fuentenebro, 1997: 58). It stemmed from the belief that passions may cause mental illness, an idea that aroused enormous interest in the scientific literature at the time. Thus, a book such as Descuret’s *La Médecine des passions* was translated four times between 1842 and 1889 (e.g., Descuret, 1857), although it was more assumed than quoted. Descuret believed that the treatment of delusions required that favourable psychological balance be sought by redirecting towards new thoughts the affective energy contained in the delusional idea. Work and occupation were thus essential moral therapeutic means. Galcerán i Granés (1895: 35) described the importance of attention disorders as follows:

Mainly, attention is attacked, and patients have lost the ability to control it. In fact, if work is done on the mind of the subject with mania, if an extraordinary event is made to hold his attention, reasonableness can be suddenly restored; the subject will remain in this state as long as that impression holding his attention lasts.

Sola (1821) also considered this method useful: ‘In order to begin to cure the insane you must begin by curing their idleness, and dedicating some effort to capture their attention.’

Esquirol also emphasized the need to remove the patient from his environment: ‘It is easier to divert the attention away from abnormal ideas.’ ‘It is essential to force the monomanic to overcome the strange objects of his uneasiness and delusional ideas. His weak attention must be excited by
means of shake-ups, shocks and surprise events.’ (Esquirol, 1856: 110). First a favourable emotional state must be created, and later a real passion must substitute the imaginary one.

Some authors thought the patient could be reasoned out of his delusion. For example, Ribas Pujol (1882) stated that, given that the abnormal ideas were grounded on healthy ones, dismantling the patients’ arguments may work. Nevertheless, most alienists acknowledged that dialectic alone was powerless against delusions.14 As Giné i Partagás (1870) wrote, ‘The opposition of truth and error, always useful for moral intelligence, does not produce the effects expected in pathological brains.’ Moral treatment should be directed to feelings rather than to ideas; in this way, feelings modify ideas more powerfully.

Intimidation was a form of moral treatment included in Leuret’s15 doctrine. Its use caused much criticism and many attacks against moral treatment. Giné i Partagás (1876: 303) considered it a double-edged instrument, to be used with great caution in the treatment of the insane. It was, however, useful to him in cases of chronic mania, systematic indiscipline and pretence and when intelligence and memory were preserved. Nonetheless, causing weakness by means of strong shocks or fear was considered by him to cause more adverse results than repression by showers, affusions or the swing. Giné i Partagás reported the case of an individual who, after being accused of stealing a spoon, believed that everybody was going to accuse him and that he would be sent to prison. It was thought that to avoid being imprisoned he was exaggerating his madness. In Nueva Belén,16 a false document was concocted stating that the real cutlery thief had been found and hence the patient was free from prosecution. The attitude of the patient was not changed by this ruse nor by a threat of imprisonment for lying and pretending. In the event, a moxa was placed around his neck and he was told that this was a punishment for his behaviour. He withstood the operation without protest.

A common form of moral treatment was to accept the point of view of the delusional patient and then offer him a way out of his wrong belief. A patient reported by Dolsa i Ramón (1878) believed that whilst asleep he had swallowed a spider and could feel the animal running inside his body. The physician:

- prescribed pills in a language that the patient could not understand, telling him to go to a particular chemist, the only one in Paris who knew the secrets of such a speciality. ‘This remedy’, he said, ‘is known certainly to be effective, and you will soon be rid of your enemy; but first I cannot hide from you the potent energy of the pills that may put your life in danger if, by ignoring the instructions on how to take them, you make a mistake. So, you must take just one pill in the morning before eating, one only. Do you understand?’ The advice was carefully considered and scrupulously followed, so that in less than 12 hours the patient had had more than 30 whitish evacuations. The patient was not only weak, he was cured. What did the pills contain? The most innocent substances.

An important theme throughout the century was the dichotomy between
organic and psychogenic. Leuret, an advocate of the moral treatment begun by Pinel, propounded a spiritualist doctrine according to which mental disorders had an emotional origin. Consequently, the treatment was to be moral: 'What I hold, what I advocate is physical remedies for physical disorders and moral remedies for moral disorders.' (Leuret, 1840: 87). Some authors (e.g., Marzal, 1842) considered the treatment so excellent that they thought it should be used even in cases of dementia (in spite of the physical symptoms). This condition, it was argued, originated from an alteration in the intellectual faculty rather than from an organic lesion of the brain.

On the other hand, and without denying its importance altogether, believers in the doctrine of 'somaticism' relativized the value of moral treatment. Thus, when referring to the metaphysical school, Esquerdo (1878) stated: 'Happily, in France it had no other representative than Leuret, and he has hardly left any truth that has stood the test of time, except its relevance to moral treatment.' Given the frequent use made of this method in clinical practice, it was necessary to reconcile its use with the physiopathological theories of mental illness. So Giné i Partagás (1876: 264) wrote:

Nowadays, alienists agree that there can be no essential difference between moral remedies and material remedies in the treatment of the mentally ill. ... when impressions of a psychological nature induce material mutation in the brain and, if one is talking of medicines, baths, showers, etc., it is also undeniable that, to the extent that they act on the somatic part of the brain, they act also on the spiritual part.

Ribas Pujol (1883b) justified the efficacy of moral treatment on the insane: those individuals who are subjected to a state of constant moral excitation suffer an alteration in the functions of the brain centres, thus impeding the adequate control of the organism. Moral medicine was effective in the prodromes of mental illness or in its decline, when the physical base was not sufficiently altered for this therapy to be ineffective. Although he claimed that the first therapeutic efforts had to be directed at the organic base of an illness, Roel (1880) defended the importance of moral treatment in the madness of pellagra:

... the first therapeutic objective must be the isolation and moral direction of the patient (hence the disorder and lack of success of even the best conceived medications), though their use depends on the will of one who is sick and may reject everything offered to him. (Roel, 1880: 261)

An important reference point in moral treatment is the nineteenth-century concept of madness as a repetition of childish psychological characteristics, a position that reached its peak in the twentieth century with the psychodynamic theory. In his book, Esquiriöl (1856: 108) argued that mad people are like children in a grown-up body, and their functioning is guided by the same principles. Galcerán i Granés (1895: 129) proposed a theoretical justification:

Remember the genesis of the psyche, the evolution of the intelligence of
the child, and the state of the grey matter during the first moment of life. This grey matter has no figurative elements, no cells. Therefore, there are no intellectual operations, no consciousness of anything, not even of its personality. The child, nevertheless, has will, responds to external stimuli and its needs are exteriorized in a reflex way. ... This, which happens in the first moments of life and due to certain experiences, happens in the same way in certain pathological states.

Ribas Pujol (1883b) conceived of moral treatment as an educational process in the course of which a notion of the illness was inculcated in the patient as was the need for him to become separated from his family, go to an asylum and accept the view that he needed to control himself to achieve a cure. This process he saw as analogous to the early education of the child.

As the end of the century approached, pari passu with other countries, the use of moral treatment declined in Spain. For instance, Galcerán i Granés (1889) wrote: ‘Moral treatment in its curative form, as seen by Mead, Haslam, Cox and Leuret, is losing ground as the indications of a precise physical order become clear, as do the hygienic and pharmacological means.’ The decline in individual moral treatment was paralleled by an increasing interest in institutionalized moral treatment.

Moral treatment in Spanish asylums

The Beneficence Law of 1849 provided for two parallel care networks in Spain: a public network, poorly equipped and providing poor medical care, which was heavily criticized throughout the century, and a network of private centres for patients of middle to high socioeconomic status in which conditions were better, but which ultimately became custodial and also failed. From the 1840s onwards the need was felt to build mental institutions like those in the rest of Europe, more oriented towards the treatment and cure of the ill. From this emerged the concept of the ‘model mental hospital’. There were several failed attempts to make this concept a reality, the first one being the Santa Isabel Madhouse, Leganés (Villasante, 2003), which was a complete failure.

Pi i Molist,19 one of the most important psychiatrists of the century, dedicated a considerable part of his work to another project, the construction of the mental hospital of Santa Cruz in Barcelona. Pi i Molist (1860) based his plans on what he had learned after visiting various European institutions. A building should exercise its therapeutic effect both through its physical fabric and administrative organization: ‘far from being totally uniform, ... a mental hospital should cause diverse impressions; every space, so to speak, should inspire some desire or fear so as to continuously engage the spirit of the mentally ill.’ (p. 18). This was to be achieved by the specific characteristics of the building itself, given that individual treatment was proving ineffective. Ventilation, light, orientation, etc., were also important in the
creation of this ‘therapeutic atmosphere’. For example, he studied the ideal height of patients’ beds and rooms, in order to avoid excessive inhalation of carbon dioxide, which could adversely affect the flow of oxygen to the brain and prevent healing. The traditional prison-like image needed to be replaced by novel architectonic elements, such as stairways, doors, walls and windows, which could then create a pleasant impression. For Pi i Molist, this by itself could promote moral healing. Traditional treatment units, such as the bathing room, should also be included in the mental hospital, which thus integrated the classic elements of individual moral treatment:

it is a means of moral relaxation of indisputable efficacy, on the use of which Leuret founded his own particular treatment system which, although it has fallen into disrepute, established propositions both profound and enlightened, worthy of study and observation by practical alienists. (p. 247)

A common technique for curing madness was work. Extensively used both in public and private institutions, this method has been considered by some historians as economic exploitation. It had, however, a theoretical basis: ‘constant work, said Pinel himself, breaks the vicious circle of ideas and occupies the faculties of comprehension, thereby training them’ (p. 318). Pi i Molist admitted the criticisms, retorting: ‘the asylum should not contemplate speculating at any time, in the strict sense of the word, ... it is appropriate, however, to give preference to those occupations that may provide some direct or indirect benefit to the asylum.’ (p. 321). His ideas had much influence at the time. Giné i Partagás (1876), Director of the prestigious Nueva Belén private sanatorium,20 quoted his work pointing out that the only centres in Spain that come close to this model were the private ones. To Giné i Partagás, early hospital admission was the single most important prognostic factor in mental illness because therapeutic techniques could only realize their full potential within an institutional context:

a good mental hospital ... constitutes, with respect to madness, the greatest healing potential. ... If all these means are employed to exert a constant influence that is both hygienic-therapeutic and active, physical and moral, as in the case of a well conceived asylum, then the healing power of the drugs and moral agents is enhanced in such a way that rarely does mental disease fail to be healed. (Giné i Partagás, 1876: 308).

This is a clear example of how extolling the virtues of private care had an advertising function, for it tried to convince the medical fraternity that madhouses that generated profits should be preferred (Comelles, 1988: 76–86).

The use of quinine

The use of quinine in psychiatric treatment dates back to the nineteenth century. It was grounded on a theoretical model comparing the periodicity of
malarial fevers to the periodicity of madness but lacked empirical justification. From the very beginning its usage was controversial. For example, Esquirol (1856: 123) wrote: ‘Quinine, so useful for intermittent fevers when judiciously administered, sometimes works successfully for periodic mania; but generally this method is not very effective.’ Others, like Ortiz Company (1863), did not find it useful in periodic mania, although cinconine, a derivative, might help. Likewise, Guislain (1882: 83–4) was lukewarm about it.

Its most passionate defender was Giné i Partagás (1876: 275–6): ‘Few medicines act as beneficially as quinine sulphate when adequately administered’, and Ribas Pujol (1885–86) shared in his teacher’s enthusiasm. In a case of ‘regular intermittent madness’ the latter found that ‘The great destroyer of intermittence is quinine.’ Nevertheless, he also found that in another case with a similar pattern of disease quinine did not work. By the end of the century, the view had generalized that it was useless. As against the claims of experts like Legrand du Saulle, Otis i Esquerdo²¹ (1895) decided that it was ineffective as either a treatment or a prophylactic.

Organic mechanisms like vascular alteration and sympathy were believed to create an interaction between medical diseases and madness. On cerebral congestion, Giné i Partagás (1876: 349) wrote: ‘This state frequently finds its cause in a digestive disorder, a circumstance that must be borne in mind to establish a suitable diet regime for this type of insanity.’ The skin could also be involved: ‘The affections of the skin are sometimes, in the insane, an expression of a profound disorder in the central innervation’ Giné i Partagás (1876: 354). Cutaneous lesions, in turn, could act upon the brain giving rise to madness. On cutaneous herpes and madness, Galcerán i Granés (1878a) wrote: delirium seems to increase as the eruption exacerbates, and when herpes is treated with arsenic, delirium decreases. The justification of the disorder was humoral; herpes produced a chemical alteration leading to a ‘nutritive perturbation of the blood’ that was responsible for the brain disorder. In the same year, Galcerán i Granés (1878b), commenting upon an article by the Italian Tassi, returned to the topic of the influence of illnesses on madness. Mental illnesses could generate physical changes in the brain and this could redound on other disorders. For example, cerebral hyperaemia could accompany agitation and acute manias and this in turn may lead to dementia and general paralysis. By the same token, organic illnesses could influence mental patients, improving or worsening their condition by unknown mechanisms. For example, some diseases of the lung may cause the disappearance of madness; others, such as acute tuberculosis might produce delirium and trigger acute mania in melancholics. Erysipelas had been known to cure cases of acute mania and haemorrhoid flow paralysis of the insane. According to Galcerán (1878b),²² intermittent fevers produced beneficial changes in some forms of madness. This idea became popular at the beginning of the twentieth century, and gave rise to a form of treatment known as inoculation of the plasmodium.
Conclusions

In spite of the proliferation of nosological categories that took place during the nineteenth century, the treatment of madness revolved more around syndromes than diseases, and was partially based on the causal theories that developed at the time.

Pharmacological treatment was not syndrome specific. A form of specificity was sought by varying dosage and form of administration on the assumption that these may change the mode of action of the drugs. Drugs were widely used in the institutional context even if their effectiveness was regular criticized. This usage fitted in well with the changing views on the aetiology of madness that the development of the asylum system brought in its wake.

Psychotherapeutic treatment was regularly used, particularly in cases exhibiting delusions. This treatment included psychological approaches orientated to cognitive modification or emotional change. However, these individual forms of moral treatment were gradually abandoned in Europe over the course of the century, probably because they were found to be labour-intensive and ineffective. Interest developed instead in methods of collective moral treatment which could be well implemented in the context of the asylum system, and methods were sought that would solve overcrowding and other serious problems facing both Spanish and European psychiatry. Seeking publicity, authors working in private mad-houses extolled the therapeutic virtues of their institutions. Although it is the case that ab initio private institutions were undoubtedly better equipped and more capable of offering therapy, by the end of the century a general deterioration set in and this advantage had been lost.

The organic-psychogenic dichotomy was handled differently by the various schools of psychiatry in existence during this period. Some proposed syncretistic solutions that led to the claim that even psychological treatments could be construed as acting via biological mechanisms.

Lastly, most treatments arose by analogy with other illnesses that were not of a nervous nature, such as, for example, the use of quinine.

Notes

1. For translated books, the date and page of the translated edition are cited in the text; full details are given in the reference list.
2. In his book on hashish, Moreau (1973: 206) stated: ‘One cannot question the extreme importance of the role blood circulation plays in the production of nervous disorders of this type.’
3. Physiological research suggested new ways of understanding the relationship between blood flow and the brain. For example, Claude Bernard’s discovery of the vasomotor nerves changed views on the interaction between the vascular and the nervous system. See Hirschmuller, 1999: 403.
4. For example, Luys (1891) classified mental disorders into expansive or hyperaemic forms and depressive or ischaemic forms.
5. Lázaro and Bujosa (2000: 194) state that there were no general works on psychiatric treatment in Spain in the nineteenth century.
6. When discussing pharmacological treatment in France, Sueur (1997: 96) stated that opiates were the most effective sedatives and that they were widely used in clinical practice.
7. Juan Giné i Partagás (1836–1902) was the most important figure in nineteenth-century Spanish psychiatry. He was Assistant Professor in Barcelona’s School of Medicine from 1863 to 1866, full Professor of Clinical Surgery from 1866 onwards, and Dean from 1892 until his death. In the psychiatric field, from 1864 he was Director of the Nueva Belén mental hospital, and this, more than the university, was to be the centre of his scientific activity. He founded there the first Spanish school of psychiatry with the assistants he had gathered around him. See Rey, 1982.
8. Arturo Galcerán i Granés (1850–1919) was the first disciple of Giné, whose work he continued. He did his training, under Giné, in the Nueva Belén mental hospital and was the guiding light of the journal Revista Frenopática Barcelona and the Spanish Phrenopathic Congress. He was the nineteenth century’s most prolific Spanish writer on psychiatry, publishing 150 articles and 9 books. His viewpoint was clearly organicist. The crowning achievement of his professional life was the foundation of the Sociedad de Psiquiatría y Neurología de Cataluña in 1911, the first Spanish society in this field, and he was its first president. See Rey, 1983b.
9. According to Sueur (1997: 96), the only author to provide an explanation for the effect of baths was Turck, who thought that madness was the result of too much nervous fluid moving from the body to the brain. Baths supposedly eliminated the excessive electric charge.
10. Isidro Calvet i Nava (died, Barcelona, 1911) was a municipal physician. Around the year 1890 he was director of the Instituto Químico Municipal in charge of food quality control. He collaborated in the Gaceta Médica Catalana (1881) and was virtually the only editor of the Boletín de Clínica y Terapéutica, a supplement of the Gaceta Médica Catalana, published until 1907. See Calbet and Corbella, 1982.
11. Pedro Ribas Pujol (second half of the nineteenth century) trained under Dr Giné i Partagás at the Nueva Belén mental hospital and collaborated with him in the organization of the First Spanish Phrenopathic Congress (1883), Revista Frenopática Barcelona and La Independencia Médica. See Calbet and Corbella, 1982.
12. Collection of 14 lectures given by Baillarger in La Salpêtrière, translated by the Cuban psychiatrist José Joaquín Muñoz, first director of the Mazorra psychiatric hospital and the first to apply scientific principles to the treatment of madness in Cuba. See López Espinosa, 2001.
13. Luis Dolsa i Ramón (born, Tarragona, 1851; died, Barcelona, 1909) graduated from Barcelona’s School of Medicine in 1875. In the same year he started working at the Instituto Frenopático, a private mental hospital (founded by his father, Tomás Dolsa i Ricard, and Pablo Llorach). He was a member of the Academia de Medicina and a councillor on Barcelona’s City Council under Dr Robert. Because of his belief in vitalism he was a scientific enemy of Rodríguez Morini, from the Giné school. See Calbet and Corbella, 1982.
14. In his De la folie (1820) Georget had already defended this point of view. According to him, the moral treatment of delusions was based on three principles: keeping away from
the themes involved in the patient’s delusion; avoiding confrontation; and distracting the patient by means of physical work, affective shocks and meetings with other patients (Bercerie, 1980: 35).

15. Leuret conceived of the mental patient as a person who was in error and needed to be put right by any means, including the causing of moral and physical suffering. Many opposed what they thought was too intimidatory and hectoring an approach (Postel and Quetel, 1987: 689).

16. The Nueva Belén Mental Hospital was one of the most important private mental institutions in nineteenth-century Spain. The doctors who worked in it formed the nucleus of the Catalan psychiatric school, perhaps the most representative of the time. It was founded as a mental hospital in Gràcia in 1858, and Dr Giné i Partagás later constructed new buildings. The institution appears on all the maps and guides of the period, and its importance was recognized with a gold medal in Barcelona’s 1888 World Fair. It was a mental hospital until 1942; the buildings were demolished a few years ago. See, for example, Rey, 1982.

17. José María Esquerdo Zaragoza (born, Villajoyosa, Alicante, 1842; died, Madrid, 1922) studied medicine in Valencia and Madrid. He worked under Pedro Mata, who was his principal mentor. He then worked in Madrid’s General Hospital, where he was in charge of the mentally ill for many years. After the 1868 revolution, he was one of the professors of the free school of medicine where, later, J. Vera, A. Pulido, M. Tolosa Latour and C. M. Cortezo trained. In 1877 he founded a private mental hospital in Carabanchel, where he organized theatre performances that were, in a way, precursors of psychodrama. He wrote little, and his psychiatric thinking was clearly French-oriented. In the medical-forensic field he defended what his mentor called ‘intermediate states’ which were used as a mitigating circumstance in sentencing.

18. Faustino Roel (1821–95) was an Asturian doctor whose work has been studied recently (Álvarez Antuña and García Guerra, 1995).

19. Emilio Pi i Molist (born, Barcelona, 1824; died, Barcelona, 1892) graduated from Barcelona’s School of Medicine in 1846. Trained as an alienist, he was in charge of the lunatic ward of the Santa Cruz y San Pablo Hospital of Barcelona. In 1860 he wrote a book, a model in its genre, which laid the basis for the construction of mental hospitals in Spain. See Rey, 1983a.

20. For more information about the theoretical and practical care principles used in this institution, see Plumed and Rey, 2004.

21. Vicente Ots i Esquerdó (died, 1906) was a psychiatrist and neurologist. He worked in the Instituto Dermatológico and was a corresponding member of the Real Academia de Medicina of Madrid, as well as honorary member of the Instituto Médico Valenciano. He also worked in the Carabanchel Alto mental hospital, after being director of the Bermeo provincial mental hospital (Vizcaya). He wrote a total of 42 articles on psychiatry, 18 of them at the end of the nineteenth century. Between 1889 and 1899 he wrote several books and leaflets, including: El Cerebro (1894); Patogenia, variedades y terapéutica de la neurastenia, con exposición de 70 casos prácticos necesarios para confirmar la doctrina que se sustenta (1897); Psicosis conscientes (a leaflet, 1903). See Calbet and Corbella, 1982.

22. Galcerán i Granés based his therapy on observations reported at the time that various forms of madness remitted after the patient had a bout of fever. The first researcher to test experimentally this hypothesis was Von Jaureggi in 1887 who caused bouts of fever by infecting patients; early in the twentieth century he used malaria for this purpose. For more information on this subject, see Villasante, 2002.
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