Psychiatry in the 1880s

The 'Open-Door System': Innovation and Controversy

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During the third quarter of the 19th century it became clear that the problem of pauper lunacy was not being contained by the county asylums. Despite much new building, accommodation in asylums was over-crowded; the patient population had become increasingly heterogeneous and therapeutic optimism was waning. The proportion of curable patients in county asylums declined steadily—for example, from 1844 to 1870 the proportion fell from 15 per cent to 7 per cent.[1] The prospect of large-scale institutional confinement, however, did not go unnoticed and alarm was expressed by many contemporary writers. J. T. Arlidge, formerly of St Luke's Hospital, for example, observed that: 'Many asylums have grown to such a magnitude, that their general management is unwieldy, and their due medical and moral care and supervision an impossibility . . . in a colossal refuge for the insane, a patient may be said to lose his individuality, and to become a member of a machine . . . In all cases admitting of recovery, or a material amelioration, a gigantic asylum is a gigantic evil, and, figuratively speaking, a manufactory of chronic insanity.'[2]

The scene was set, therefore, for a reappraisal of the asylum system and an exploration of alternative approaches to the management of pauper lunatics. These included the increasing use of boarding out, the cottage, family or colony system, modelled on the lunatic colony at Geel in Belgium,[3] and changes in the ethos of asylums and their structure, with, for example, the experimental abolition of enclosed airing courts. Although several decades had passed since the experiments of Gardiner Hill at Lincoln and Conolly at Hanwell had launched the 'non-restraint' movement, the use of mechanical, chemical and other forms of restraint in asylums was still a sensitive issue. This is well illustrated by the way in which the hawkish views on the place of restraint and punishment in asylums by the Medical Superintendent of the Midlothian District Asylum, Rosewell, Edinburgh,[4] evoked a sharp editorial rejoinder in the *Journal of Mental Science*. In the latter, it is observed quite clearly that:

> The essential elements of the modern treatment of the insane, unfortunately named the "Non-restraint" system, because restraint was the root principle of former treatment, are kindly care and sympathy, careful medical treatment, as much freedom as possible, and as little as practicable of the feeling or the appearance of restraint, safety being the only limit of freedom . . . However idle or rebellious the patient may prove, there is, we assert, no possible place or excuse for punishment in dealing with him.[5]

It was in this setting, in the early 1880s, that the concept of the 'open-door system' attracted increasing attention.

Debate about the pros and cons of the open-door approach was particularly active following the publication of the 1883 *Report of the General Board of Commissioners in Lunacy for Scotland*.[6] In this Report, attention was drawn to the fact that Scottish asylums appeared to have gone further than those elsewhere in Europe in tackling the deficiencies of the asylum system, by placing greater emphasis on farm work and outdoor exercise, on the use of trial leave, boarding out, and on unlocked wards. In fact, for some years previously, the Scottish Asylum Reports had included accounts of experimental attempts to increase the personal liberty of patients. For example, in the 1880 Report on the Barony Asylum, Lenzie, Glasgow, the Medical-Superintendent, James Rutherford, described a major reliance on outdoor work, on increased liberty, and the elimination of mechanical or chemical restraint, 'such as walled courts, locked doors, stimulants, narcotics, and sedatives'.[7] Further, the Barony Asylum Report provided a useful glimpse of the extent to which the new methods of management had progressed:

> From fuller employment and increased liberty, with their accompanying diminished manifestation of insane acts, there proceeds a greater capacity for self-control. On this principle, all the doors of this asylum were originally constructed to open with ordinary handles and without a key . . . Two years ago these locks were restored to their original condition, and the asylum has . . . since been conducted with open doors, with fewer accidents, a smaller proportion of attendants, and with fewer attempts at escape than formerly.

Not surprisingly, laudatory accounts of Scottish asylums provoked a response from south of the border. John Campbell, Medical-Superintendent of the Cumberland and Westmorland Asylum, Garlands, Carlisle, pointed out that, whilst some Scottish asylums were admirable, he had seen 'asylums with grave defects and . . . evidences of want of progress of a more glaring character than I have noticed in any English asylum'.[8] However, having attempted to set the records straight in this way, he went on to argue that the only way in which the relative merits of different asylum regimes could be evaluated properly was by comparison of statistics of recoveries, escapes and deaths from suicide and accident and, further, he suggested that the character of the asylum population could be an important determinant of the success of the 'open-door' regime. He pressed for more than anecdotal praise of new treatment methods: 'Is there no apostle of this new gospel capable of putting pen to paper and expounding to us its blessings? Are we to trust alone to the official laudations as our only source of information as to the

glowing results obtained?' Campbell was concerned particularly about the consequences of the indiscriminate use of freedom for dangerous, suicidal or otherwise vulnerable patients:

> It is easy for an official who never has had charge of an asylum to talk loosely in praise of extended freedom for the insane, but an asylum-doctor who knows the forms of insanity practically, who is entrusted by relatives with their insane, will have a bad time of it if a patient, while he is declared to be unfit to have care of himself, suffers in person from want of ordinary care and precaution. I think any unbiased mind must consider the medical man very reprehensible who gives entire freedom to those clearly unfit to use it aright.

The flurry of interest in 'open-doors', a century ago, settled with the adoption of a balanced approach to what was both desirable and practical, bearing in mind the safety of patients and the extra burden on attendants. The views of F. Needham, Medical-Superintendent of Barnwood House, Gloucester, and President-Elect of the Medico-Psychological Association in 1886, are representative:

> While personal freedom has been widely extended to the patients, I have still been unable to persuade myself of the practical value or expediency of the general application of an arrangement which has been called 'the open-door system', and which I have, therefore, not attempted to adopt generally. In every institution for the insane this, which has been claimed as a modern system, has been in partial operation for many years past and in this Hospital it prevails to as wide an extent as I consider to be compatible with the safety of the patients and the proper discipline of the establishment.[9]

In fact, 'open-doors' has become part of an established approach to the treatment of lunacy in asylums. Alexander Urquhart, of Murray's Royal Asylum, Scotland, saw this in historical perspective:

> . . . on both sides of the Tweed there is a system of granting liberty on parole, of sending patients out on leaves of varying duration, of minimizing irksome and degrading restraints, of encouraging intercourse with the outer world, and of approximating asylum-life to the domestic ideal in so far as possible. This is not the fashion of a day, but has been built up in studied evolution since Conolly and his compeers began their labours; and we have to acknowledge and found upon the experience of the men who showed how asylums could be conducted without mechanical restraints.[10]

The outcome of this period of innovation and controversy, therefore, was that the day-to-day life of many patients in asylums had been enhanced and, at the same time, the over-enthusiastic adoption of a fashionable new method of treatment, a perennial pitfall in psychiatry, had been checked. This is perhaps a timely reminder of the need to view in historical perspective, all the currently fashionable plans for the dissolution of mental hospitals and the development of community care.

References

[1] *Report of Metropolitan Commissioners in Lunacy* (1844), pp. 185–87; and *Twenty-Fourth Report of the Commissioners in Lunacy* (1870), p. 97.

[2] Arlidge, J. T. (1859) *On the State of Lunacy and the Legal Provision for the Insane, with Observations on the Construction and Organisation of Asylums*. London: Churchill.

[3] Parry-Jones, W. Ll. (1981) The model of the Geel Lunatic Colony and its influence on the nineteenth-century asylum system in Britain. In *Madhouses, Mad-doctors and Madmen: The Social History of Psychiatry in the Victorian Era* (ed. A. Scull). London: Athlone Press.

[4] Cameron, W. D. (1882) The philosophy of restraint in the management and treatment of the insane. *Journal of Mental Science*, **28**, 347–56; 519–31.

[5] Occasional Notes of the Quarter (1883) The punishment of the insane. *Journal of Mental Science*, **29**, 93–97.

[6] *Twenty-Fifth Annual Report of the General Board of Commissioners in Lunacy for Scotland* (1883).

[7] Psychological Retrospect (1882) Asylum reports for 1880. *Journal of Mental Science*, **28**, 89–92.

[8] Campbell, J. A. (1884) On escapes, liberty, happiness, and 'unlocked doors', as they affect patients in asylums. *Journal of Mental Science*, **30**, 197–210.

[9] Psychological Retrospect (1886) Asylum reports, 1885. *Journal of Mental Science*, **32**, 285–86.

[10] ——— (1888) Asylum reports, 1886. *Journal of Mental Science*, **33**, 455.

New Journals

British Journal of Holistic Medicine: This journal was launched earlier this year and will be published bi-annually under the auspices of the British Holistic Medical Association. The Editor is Dr Anthony Fry, Munro Clinic, Guy's Hospital, London SE1 9RT.

Family Practice: This new quarterly journal is intended to be of interest to those practising, teaching and researching in the fields of family medicine, general practice and primary care in developed countries. The Editor is Professor J. G. R. Howie, department of General Practice, University of Edinburgh, 20 West Richmond Street, Edinburgh EH8 9DX.

De Lancey Prize

Professor Henry Walton of the Department of Psychiatry, University of Edinburgh, has been awarded the de Lancey Prize of the Royal Society of Medicine for services linking Medicine and the Arts. The award is in recognition of Professor Walton's part in founding the Scottish Committee on Arts and Disability in 1980 and his subsequent chairmanship of the Committee. SCAD is now supported by the Scottish Office of the Government and continues as the Committee on Arts for Scotland, of the Scottish Council on Disability, under Professor Walton's chairmanship.