

PHRENOLOGY AND BRITISH ALIENISTS, c.1825–1845

PART II: DOCTRINE AND PRACTICE

by

R. J. COOTER*

SOCIAL MOTIVATIONS and contemporary medical knowledge and experience provide a broad basis of explanation for why a great many British alienists were attracted to the phrenological doctrine in the second quarter of the nineteenth century. These factors in themselves, however, are conspicuously incomplete. Since alienists were distinguished by the type of illness they confronted and by the place in which their therapy was normally conducted, it is naturally in the realm of practical psychiatry that one might expect to find more specific reasons for the attraction of phrenology. In particular our inquiry must be directed to the two contemporary treatments of the insane: the “moral” and the “medical”.

I

The “moral” or “psychological” treatment of insanity¹ has long been identified as the most important innovation for the development of practical psychiatry in modern times. Celebrated and symbolized by the efforts of Pinel and Tuke at the end of the eighteenth century, the treatment stemmed from the realization that less use of restraints and less resorting to “heroic” medicines rendered patients more tractable and dramatically increased the cures effected. Moral therapy, as distinguished from medical therapy, referred to those therapeutic techniques which affected the patient’s psychology.² However, as Dr. Bynum has recently pointed out, the moral therapy “was hardly a straightforward affair; and its implications for both medical theory and medical practice were not lost on the physicians of the early nineteenth century who attempted to assess its true significance. However much they might profess to admire the methods of Pinel or the Tukes, very few were prepared to abandon entirely the medical treatment of insanity.”³

The moral therapy threatened the status and very existence of physicians within

*Roger Cooter, M.A., 5 Dam Head, Hinchcliffe Mill, Holmfirth, Yorkshire HD7 1PB. For Part I, see *Med. Hist.*, 1976, 20: 1–21.

¹ The usual equation “moral” for “psychological” is not entirely satisfactory; a more accurate definition of Pinel’s usage would be “moral” equals “emotions” and/or “passions”. On this problem of definition see Kathleen M. Grange, ‘Pinel and eighteenth-century psychiatry’, *Bull. Hist. Med.*, 1961, 35: 442–453.

² See Eric T. Carlson and Norman Dain, ‘The psychotherapy that was moral treatment’, *Amer. J. Psychiat.*, 1960, 117: 519.

³ ‘Rationales for therapy in British psychiatry: 1780–1835’, *Med. Hist.*, 1974, 18: 324.

asylums: if cures could be effected by non-medical means, then the administrators of physic were reduced to mere custodians of the insane. What medical superintendents of asylums required, therefore, was a means of legitimating the humanitarianism and utilitarianism of the moral treatment while simultaneously justifying their place in asylums as the purveyors of essential medical expertise. Pragmatic expediency was one means of forcing such a reconciliation. Much more attractive was phrenology which not only adequately met both these specific needs, but elevated the moral therapy to a scientific status, in much the same manner that Darwin's theory was subsequently employed to give scientific credence to an existing socio-economic structure. Phrenology's reference to brain physiology for the understanding of psychological therapy reassured physicians that special medical *cum* scientific knowledge was required to deal with the insane. The enthusiasm for phrenology by British alienists can thus be seen as the direct result of the doctrine's expedient arrival and popularization at a period when psychiatry, like the larger society, was in an unsettled transitional stage and openly receptive to theories that seemed to provide order and systemization. In the name of rational science phrenology supplied just such a comprehensive ordering mechanism and through the science the moral treatment became a logical and comprehensible system of exact causal relationships between physical and psychological factors.⁴

The phrenological explanation for the moral treatment was made clearest where the science was most alluring: in the discussion on monomania or partial insanity, where the patient appeared to be rational on all subjects but one. According to William B. Carpenter, the physiologist who did most to undermine phrenology's credibility in Britain, it was the evidence from monomania that gave the greatest strength to a belief in the phrenological system.⁵ This is hardly surprising in view of the long-debated issue of the proper nosology of insanity. By assigning each mental disorder a specific cerebral organ, phrenology solved the problem of nosology at a stroke. Not unnaturally, phrenologists dwelt more on monomania than on any other aspect of insanity, indeed, they can be said to have brought the term into fashionable usage. Hitherto no explanation for partial alienation had been articulated and Pinel's use of the term "melancholia" for the phenomenon only served to confuse the long train of speculations.⁶ With phrenology the phenomenon could be quite

⁴ Phrenologists were quite willing to admit to the antiquity of the ideas they claimed to simplify and systematize. See, for example, [Rev. of] Benjamin Rush, *An inquiry into the influence of physical causes upon the moral faculty*, *Phrenological Journal* [hereafter *P. J.*], 1839, 12: 276–278 and George Combe's 'Introductory notice' to Rush's work, Philadelphia, Haswell, 1839.

⁵ *Principles of human physiology*, London, J. Churchill, 1842, p. 226. The phrenological explanation of dreaming as mental organs individually activated was also a very attractive hypothesis. See Andrew Carmichael, 'An essay on dreaming, including conjectures on the proximate cause of sleep', *Philos. Mag. & J.*, 1819, 54: 252–264, 324–335, and Robert Macnish, *The philosophy of sleep*, Glasgow, W. R. M'Phun, 1830.

⁶ In accordance with the earlier view of the mind as an indivisible whole, partial insanity could not theoretically exist. Lord Brougham advanced this view as late as 1849 to argue against the plea of partial insanity in criminal cases. Brougham, 'On partial insanity', *J. psychol. Med.*, 1849, 2: 323–329. Spurzheim believed that Pinel's use of "melancholia" for partial insanity was entirely misleading, but it was left for Esquirol to coin the word "monomania" in a treatise of 1820. On Esquirol see Richard Hunter and Ida Macalpine, *Three hundred years of psychiatry 1535–1860*, London, Oxford University Press, 1963, p. 732. Esquirol's insistence that the term implied no system or theory but was simply an expression of a fact observed by physicians of all ages, suggests that

simply explained: religious behaviour was a result of the organ of Veneration, sex related to the organ of Amativeness, music to the organ of Tune, greed to the organ of Acquisitiveness and so on for each of the mental organs. Hence those patients who thought themselves Napoleon were manifesting symptoms of the disordered function of self-esteem just as the erotomaniacs were reflecting the morbid state of their Amativeness. As explained by a German alienist in the *Medico-Chirurgical Review* of 1825, “Phrenology bids fairest to ascertain the nature of insanity (where it depends, as it very generally does) on moral causes, by comparing the faculty most disordered with the organ by which the faculty is supposed to be manifested.”⁷ Phrenologists called in Shakespeare to lend weight to this idea: “‘I am mad,’ says Hamlet, ‘north-north-west; when the wind’s southerly, I know a hawk from a heronshaw [sic].’” Had the brain been a single organ, it was remarked, Hamlet would have been mad at every point of the compass.⁸ By extension of the theory, a perversion of several or all of the faculties at one time explained the behaviour of those patients who alternated from dejection, to violence, to melancholia. Thus a neat mechanical view of the brain divided into organs that functioned somewhat analogous with muscles provided a ready and accessible means for comprehending the basis upon which the psychological treatment might logically be supposed to operate.

Having ascertained the nature of mental illness, phrenologists were able to present the moral treatment of insanity as an easily understood and regularized system: the disturbed organs were to be suppressed by calling the other mental organs into greater action. The nymphomaniac, for example, required greater exercise of her intellectual faculties and higher sentiments that these might come to preponderate over the enlarged Amativeness. To accomplish this phrenologists required that their advice for schools and prisons should likewise be applied to asylums—that the asylum become a carefully regulated moral hospital whose special environment could be manipulated for redirecting, training and strengthening specific mental organs. As with illness elsewhere in the body, the correct attention to the individual’s disease and the proper application of judicious means were intended to restore the mal-function to health. “The great point,” said Gall, “always is, to divert the attention of the patient from the object of his insanity, by fixing it upon other objects.”⁹ By providing a healthy environment with rational amusements and occupations individually designed, the organs could be restored to their proper balance. Since brutality only aggravated the illness and caused the inferior faculties to be enlarged by the resentment to punishment, benevolence was justified as the keystone of treatment.

he was thinking of Gall’s theory when he chose the word. See, ‘Homicidal mania’, *J. psychol. Med.*, 1852, 5: p. 420; see also, *Oxford English dictionary* on “monomania”.

It is also worth noting that from Condillac’s views Pinel acknowledged the basis of what the phrenologists later reified and elaborated, viz., “that to consider the faculties of the mind separately, would equally contribute to facilitate the study of pneumatology [sic], as well as lead to very important knowledge, in regard to the nature and varieties of insanity.” Pinel, *A treatise on insanity*, trans. by D. D. Davis, facsimile reprint of 1806 trans. of the 1801 ed., New York, Hafner, 1962, p. 22.

⁷ ‘Dr. M. Newmann of Berlin, on insanity’, *Med.-chir. Rev.*, 1825, N.S.3: 233.

⁸ Sidney Smith, *The principles of phrenology*, 2nd ed., London, Kendrick, 1849, p. 35.

⁹ *On the functions of the brain and of each of its parts*, trans. by Winslow Lewis, Jr., Boston, The Phrenological Library, Nahum Capen ed., 1835, vol. 2, p. 284.

Phrenology thus hastened the objective regard for the lunatic as a “patient” whose treatment was dependent upon benevolence and kindness. Alienists thereby gained some of the comfort and security that comes with regarding lunacy as “mental illness”. In 1831 Andrew Combe wrote that Gall’s doctrine “has already divested the subject of madness of much of its obscurity, and . . . some of its terrors.”¹⁰

Without the phrenological jargon in which their instructions were normally couched, the phrenologists were saying little more than prevent the patient from idly brooding by providing him with a gentle environment that would stimulate his brain to work in other directions. But this much was already known. As Dr. Daniel Pring critically remarked: “There is nothing very new or erudite in this observation of the phrenologists; it is both old and vulgar”.¹¹ What Pring and other critics failed sufficiently to appreciate was that the quintessence of phrenology’s appeal was to be found precisely in its ability to shelter and legitimize existing beliefs by recasting them in a scientific mould. This point is further illustrated by looking at the defence of conventional morality implicit in the phrenological explanation of monomania.

Mental health, the phrenologists were arguing, was the result of the daily exercise of all the mental organs. Inactivity of the brain was a predisposition to insanity, as was the over-activity of any mental organ. Slothfulness and over-indulgence were alike at the root of much insanity. It was necessary therefore that the public should be educated against perpetuating these vices which would damage their health and (because of the belief in social hereditarianism) the mental health of future generations. The virtues of sobriety, chastity, self-improvement and moderation in all things were thus given a powerful fillip. One did not have to be a reader of Johnson’s *Rasselas* to recognize the ancient wisdom being expressed here; but for the first time at a popular level this wisdom was being sanctified at the altar of science. No longer was morality to be the exclusive province of theology; the laws of physiology were now to share that administration and with an even greater indisputability. Fittingly and expediently the Rev. John Barlow incorporated this defence of morality into his *Man’s power over himself to prevent or control insanity* (1843). Quoting from Conolly that “those who most exercise the faculties of their minds are least liable to insanity,” he added that “a brain strengthened by rational exercise . . . is but little likely to be attacked by disease . . . and thus the larger half of the evil is removed.”¹²

It followed from the phrenological explanation of monomania that an alienist who was adept at cranioscopy could more speedily effect the right type of moral treatment. Comprehending the relationship between structure and function, the alienist employing cranioscopy had a greater command over his patients. For the doctor then knows, said Andrew Combe, “what are the probable points of attack in the mental constitution; when to be on his guard against counterfiet and subterfuge; and what class of

¹⁰ *Observations on mental derangement*, Edinburgh, John Anderson, 1831, p. 73.

¹¹ *Sketch of intellectual and moral relations*, London, Longman, 1829, p. 95. This type of criticism was further employed by anti-phrenological pamphleteers; see, for example, John Wayte, *Anti-phrenology or observations to prove the fallacy of a modern doctrine of the human mind called phrenology*, Lynn Regis, printed for the author, 1829, p. 95.

¹² London, William Pickering, 1843, p. 35. See also, Combe, op. cit., note 10 above, pp. 116–117 and A. Combe to John Mackintosh in Mackintosh, *Elements of pathology and practice of physic*, Edinburgh, Longman, 1830, vol. 2, p. 105.

motives or line of mental discipline is likely to be attended with the best effects in subduing excitement, and promoting the return of reason.”¹³

This *a priori* knowledge of the organs diseased was seen as particularly useful for the smooth operation of non-restraint methods, for potentially violent patients could be recognized and given special attention. And just as a public awareness of the proper functions of the brain was seen as crucial in combating any increase in insanity through immorality, so a public knowledge or access to craniology was seen as a useful means for the early diagnosis of insanity. David Uwins, in common with many practical phrenologists, was making much the same point as the Rev. Barlow when he asserted that “the self-condemnation of a character in finding and feeling his skull to bulge out in its bad parts—bad when exercised inordinately—will come also to be an additional motive for arresting his career of folly and vice before the day of probation be past. . . .”¹⁴ If undetected and unarrested, the alternative was lunacy.

As a rationale for moral therapy, then, phrenology’s appeal was at three levels at least: first, it offered a scientific framework based on organology that related psychological factors to brain function, including a particularly convincing explanation of monomania; second, in explaining the nature of psychological insanity it suggested measures for its prevention; and third, it made the moral treatment of the insane the apotheosis of conventional morality. Set beside the enviable examples of reform in asylum management effected by phrenological alienists of stature, these factors were a strong inducement for others in the profession to take up the acclaimed doctrine. The many alienists who came to share the optimism or “spirit of amelioration” generated by the elevation of the moral management of the insane to a scientific system of physiological psychology, largely qualified such later assertions as: “Phrenology has destroyed the system of brutal torture . . . [and] that INSANITY, by the discovery and promulgation of Dr. Gall’s system of Cerebral Physiology, has been stripped of more than half its horrors.”¹⁵ By way of comparison, phrenologists pointed to the example of the anti-phrenologist Dr. Edward Millingen who succeeded Sir William Ellis as the superintendent of Hanwell. The *Phrenological Journal* was quick to note that Millingen was having problems managing the insane “without the aid of phrenological acquirements” and Conolly later confirmed that in the single year in which Millingen was at Hanwell “the number of instruments of restraint in the asylum appeared to have been increased; and he [Millingen] subsequently professed his dislike of the non-restraint system very strongly.”¹⁶ The claim of Gall’s doctrine to have a benevolent influence upon the management and cure of the insane had of

¹³ Combe, *op. cit.*, note 10 above, p. 354, see also, William Ellis, *A treatise on the nature, symptoms, causes, and treatment of insanity*, London, S. Holdsworth, 1838, pp. 220–221.

¹⁴ *A treatise on those disorders of the brain and nervous system, which are usually considered and called mental*, London, Renshaw & Rush, 1833, p. 99.

¹⁵ ‘Preface’, to the [1844] and uncompleted edition of Gall, *On the functions of the brain*, London, G. Berger & W. Strange, p.i. For a praiseworthy account of W. A. F. Browne’s management of the Crichton Royal Asylum by a non-phrenologist, see the observations by the Belgian, Dr. C. Crammelinck, as quoted in A. Walk, ‘Some aspects of the “moral treatment” of the insane up to 1854’, *J. ment. Sci.*, 1954, 100: 832–833. Crammelinck believed that Browne’s management at the Crichton Royal outshone all other British asylums and considered the York Retreat as falling far short in standard.

¹⁶ P. J., 1839, 12: 109; Conolly, *The treatment of the insane without mechanical restraints*, London, Smith, Elder, 1856, p. 187.

course already been accomplished by the followers of Pinel and Tuke well before phrenology was popularized in Britain. Nor was Gall's doctrine even the first theoretical explanation for psychological factors in the causing and the curing of insanity.¹⁷ Yet the strong influence of phrenological alienists like Ellis, Conolly and W. A. F. Browne in promoting and firmly establishing the moral management in Britain almost validated the retrospective assertion that the commonsense system of practical kindness toward the insane was, by Gall's discovery *alone*, "enabled . . . to be based on perfectly rational and scientific principles."¹⁸

II

Up to this point I have been concerned with phrenology's role in relation to the moral treatment as based upon Pinel's conviction that insanity was a psychological or "emotional" disturbance. Emphasized in this view were the "moral" or "sympathetic" or "exciting" causes of insanity such as irritations, griefs, over-indulgences and anxieties, all of which were seen to result in functional derangement. Pinel came to justify his physical liberation of the lunatic on the basis of this psychological interpretation: his predecessors, he claimed, had abandoned the lunatic because they conceived of insanity as an incurable organic disease. Pinel supposed from the success of the moral treatment that organic lesions in the brain or cranium must be rare and hence little importance should be attached to "fortuitous and ineffective" pharmaceutical remedies.¹⁹

As we have noted, however, Pinel's opinion and the treatment he based upon it were not entirely acceptable to other physicians whose training in pathology inclined them to seek evidence of disease wherever sickness presented itself and to think in terms of more orthodox medical remedies. Mental factors, these doctors felt, were more closely integrated with physical factors. As the century progressed the conviction grew stronger that an adequate understanding of physiological psychology was a prerequisite of relevant diagnosis and treatment.²⁰ While no one wanted to dispute that the moral treatment appeared to effect cures, many physicians by 1826 would have sided with the *Westminster Review* that this was "to mistake the cause, and to attribute to metaphysical means what is truly a natural change in the diseased parts . . . as no one would trust the cure of hooping cough or intermittent to charms or spiders alone, so to rely on moral means only in Insanity, is to abandon medicine and medical analogy. . . ."

By this date many alienists would have been prepared to agree further with the author of this review that, because of the little basis there seemed to be for medical

¹⁷ The *Idéologue* and friend of Pinel, Pierre Cabanis (1757–1802), was the first person to provide a theoretical explanation for the psychogenic or functional production of disease in a treatise of 1799. See, Erwin H. Ackerknecht, *A short history of psychiatry*, trans. by Sulammith Wolff, New York and London, Hafner, 1959, p. 33.

¹⁸ James C. L. Carson, *The fundamental principles of phrenology are the only principles capable of being reconciled with the immateriality and immortality of the soul*, London, Houlston, 1868, p. 33. See also, J. G. Davey, 'Phrenology and insanity', *Med. Times*, 1842, 6: 292.

¹⁹ Pinel, *op. cit.*, note 6 above, pp. 5, 110–111, 132–133, 221.

²⁰ Roger Smith, 'The background of physiological psychology in natural philosophy', *Hist. Sci.*, 1973, 11: 81.

therapy in insanity, “we must continue to think that an opening, and a valuable one, has been made by the much ridiculed Phrenology. Imperfect as the details of that new branch of physiology still may be, we do not hesitate in thinking that it is of more importance than any physiological view that ever was promulgated.”²¹

It is here that we can begin to fully perceive why phrenology as a science of brain anatomy, physiology and localized pathology should have appealed to alienists above and beyond its attractions on social, institutional and clinical levels. It brought the mind and psychology via the brain fully into the province of somatic medicine just as it had brought the brain in psychiatry into the domain of biology. As most medical historians now recognize, these were to be phrenology’s most important and enduring contributions to the study of the mind and its disorders.²² For the alienist in the early decades of the nineteenth century such a clearly medical understanding of the insane patient allowed him to regain the position that had been undermined by the introduction of the moral therapy.

In explaining mental states in physicalist terms, phrenology presupposed that pathological changes normally occur in the brain during insanity. Though phrenology was able to explain the moral or, to use Spurzheim’s term, the “idiopathic” causes of insanity, it assumed that the resulting derangement was physically based. “We continually repeat that the brain is an organic part,” said Spurzheim, “and as to anatomy, physiology, and pathology, subject to the same considerations as any other organ”.²³ So phrenology not only extended familiar physiological concepts of the body to the brain,²⁴ but it also applied a familiar somatic pathology to the mental organs, “as rational as that offered by any branches of the healing art.”²⁵ This pathological understanding of insanity was a necessary addition to any psychological explanation, for it provided a logical reason why increasing numbers of patients in the county asylums were not being cured by moral means alone. In a manner similar to the application of hereditarian doctrines in the later nineteenth century, phrenology’s somatic emphasis further rendered madness a “less threatening and more manageable reality” when dealing with those who could not normally be cured.²⁶ Phrenological

²¹ [Rev. of Francis] Willis [*A treatise on mental derangement*], 1826, 5: 152–153, 155. Other non-medical journals also devoted space to criticizing exclusively moral regimens in asylums. An interesting example is provided by [William Newnham] in the *Anglican Christian Observer*, 1829, 29: 266.

²² See, E. H. Ackerknecht and Henri V. Vallois, *Franz Joseph Gall, inventor of phrenology and his collection*, trans. by Claire St. Leon, Wisconsin Studies in Medical History, Madison, Wis., University of Wisconsin, 1956; Owsei Temkin, ‘Gall and the phrenological movement’, *Bull. Hist. Med.*, 1947, 21: 275–321; Temkin, ‘Remarks on the neurology of Gall and Spurzheim’, in E. Ashworth Underwood (editor), *Science medicine and history*, London, New York and Toronto, Oxford University Press, 1953, vol. 2, pp. 282–289; Hunter and Macalpine on Spurzheim, *op. cit.*, note 6 above, pp. 711–720; R. M. Young, ‘Gall and phrenology’, in his *Mind, brain and adaptation in the nineteenth century*, Oxford, Clarendon Press, 1970, pp. 9–53; Eric T. Carlson and Patricia S. Noel, ‘Origins of the word “phrenology”’, *Amer. J. Psychiat.*, 1970, 127: 696; Carlson, ‘The influence of phrenology on early American psychiatric thought’, *ibid.*, 1958, 115: 536.

²³ *Observations on the deranged manifestations of the mind or insanity*, London, Baldwin, Cradock & Joy, 1817, p. 141. The assertion that the brain was an organic part was not uniquely phrenological; Gall and Spurzheim borrowed it from the *Idéologues*.

²⁴ See Part I, pp. 13–16.

²⁵ Daniel Noble, ‘An essay on the application of phrenology to the investigation of the phenomena of insanity’, *P. J.*, 1834–1836, 9: 448.

²⁶ Charles E. Rosenberg, ‘The bitter fruit: heredity, disease, and social thought in nineteenth-

alienists could extol and advance the moral management of the insane as the most useful method of therapy whilst affirming that insanity is mainly connected with organic changes and proposing medical remedies in accordance with the general principles of pathology. Gall had actually spoken of topical applications and venesection to that part of the cranium under which the diseased organ was thought to lie.²⁷ Ellis, along with other phrenological alienists, noted distinct rises in temperature in the region around the organ presumed diseased.²⁸ This, it was argued, was the result of inflammation, common to all body diseases.

Unlike Pinel's predecessors, the alienists who adopted this physicalist view did not lose their confidence in the curability of insanity even though it justified the inability to cure all patients. On the contrary, as Spurzheim optimistically declared: since the brain is an organic part, it must be curable, "Its organization is only more delicate, and requires more attention".²⁹ Almost reversing Pinel's justification, phrenologists claimed "Had insanity been recognised to be a symptom of cerebral disease, the insane would never have been rejected and excluded from our sympathies as the detested of Heaven".³⁰ Through phrenology, alienists could remain sanguine even when surrounded by mainly incurable cases. Chronic patients only proved that insanity was a physical disease which had advanced too far before being brought under medical attention. Hence medical as well as moral factors made phrenologists prominent among those who argued for the early treatment of mental disease and, since they believed it to be a disease like any other, the propaganda they disseminated had the additional motive of demystifying the public conception of lunacy. Aided by the ease with which phrenology could be translated into layman's language, phrenologists were largely successful in this campaign, as is witnessed by the impression made on Harriet Martineau. After Ellis guided her through Hanwell in 1834, she wrote, with her usual authority:

There is all possible certainty that inflammation of the brain may be stopped as easily as any other inflammation, if it is attacked in time; and when people have learned to consider it in the same light as any other ailment . . . they will first train their children, as wise parents do, to give a simple account of any uneasiness that they may feel, and then be ready to put them . . . under the management most likely to effect their cure. When those days come, insanity will probably be no more of an evil than the temporary delirium of a fever is now. . . .³¹

The exploited analogy, the implicit faith in science and the qualification of medical expertise in psychiatry combined with the reaffirmation of conventional wisdom and morality are all expressed here. Together they offered, as Martineau illustrates, a source of great optimism both for the public and for other alienists.

It followed that if insanity was "a symptom of diseased brain, just as indigestion is

century America', *Perspectives Amer. Hist.*, 1974, 8: 231.

²⁷ See, [Henry Crabb Robinson], *Some account of Dr. Gall's new theory of physiognomy with the critical strictures of C. W. Hufeland, M.D.*, London, Longman, 1807, p. 69, and Alexander Morison, *Cases of mental disease with practical observations on the medical treatment. For the use of students*, London, Longman; and Edinburgh, Maclachan & Stewart, 1828, pp. 93-94.

²⁸ Ellis, *op. cit.*, note 13 above, pp. 169-170.

²⁹ Spurzheim, *op. cit.*, note 23 above, p. 100.

³⁰ Combe, *op. cit.*, note 10 above, p. 77.

³¹ H. Martineau, 'The Hanwell Lunatic Asylum', *Tait's Edinb. Mag.*, 1834, N.S.1: 308.

of disordered stomach”,³² then evidence of the morbid condition should be apparent upon post-mortem examination. Gall and Spurzheim’s unsupported assertions for pathological findings were opposed in the 1820s by such eminent physicians as James Copland and George Man Burrows, who claimed to have found few cases of lesion in maniacal patients.³³ It was of course expedient for a defence of morality through the threat of insanity that no organic causes should be involved; if insanity was a natural bodily disease a person could have no more control over it than over smallpox. Writers like the Rev. John Barlow had to minimize the importance of structural change in insanity to support the notion that it was mainly due to the slacking of one’s “intellectual force” or a functional disorder dependent on psychological factors.³⁴ *Prima facie* any organic direction of phrenology should have undermined the doctrine’s defence of morality as used by persons like Barlow. If insanity was organically based then the proper exercise of the mental organs could have had little effect on its cure. Though phrenologists cited cases such as gout being cured by sudden shock as an illustration of a physical disease being cured by psychological means, they recognized that mental disorders could not all be similarly treated. The uniqueness and great advantage of the phrenological theory, however, was that while it established that insanity was a physical/somatic disease of the brain (as opposed to a “mental” disease of the mind or soul) it interpreted that disease as either functional or organic. In other words, every mental derangement was a material manifestation of one or more of the cerebral parts but those parts might be either structurally damaged or merely disordered “in the mode of action”.³⁵ Functional or psychological disorders were thus reified as pathological conditions of brain matter. As John Elliotson told his students in his lectures on insanity, “A disease may be *corporal*, and yet not be *structural*:—no affection of any organ may take place.”³⁶ Once again, the analogy with disease in other bodily organs and the application of the “laws governing organic matter” were simply extended to the brain. Phrenologists therefore argued that insanity as a manifestation of disordered function without structural change was commonly the case with recent insanity. This conveniently explained why moral methods were always more effective in dealing with new patients. It also explained the lack of organic lesion in many post mortems.

Phrenological theory then did not present any impediment to the search for organic lesion; it can be said to have hastened this investigation with phrenologists at the forefront of those exposing the evidence. Edward Wright told the Westminster Medical

³² Robert Macnish, *An introduction to phrenology, in the form of question and answer*, 2nd ed., Glasgow, Edinburgh and London, W. R. M’Phun, 1837, p. 202.

³³ ‘Westminster Medical Society’, *Lancet*, 26 April 1828, ii: 107. Other writers in opposition to the organic viewpoint are given in C. M. Burnett, *Insanity tested by science, and shewn to be a disease rarely connected with permanent organic lesion of the brain. And on that account far more susceptible of cure than has hitherto been supposed*, London, Samuel Highley, 1848.

³⁴ Barlow, *op. cit.*, note 12 above, pp. 48–49.

³⁵ Combe, *op. cit.*, note 10 above, p. 64. See also Hunter and Macalpine on Andrew Combe, *op. cit.*, note 6 above, pp. 812–814.

³⁶ *The principles and practice of medicine with notes and illustrations by Nathaniel Rogers, M.D.*, London, Joseph Butler, 1839, p. 626. See also, William B. Neville, *On insanity; its nature, causes, and cure*, London, Longman, 1836, pp. 119–120. Cf. Norman Dain, *Concepts of insanity in the United States, 1789–1865*, New Brunswick, Rutgers University Press, 1964, pp. 69–70.

Society in 1828 that he had examined the brains of more than one hundred insane patients at Bethlem and had “found in all these cases palpable proofs of disease.” From this he “passed a high eulogium on phrenology, as the only true means of studying the human mind.”³⁷ Ellis confirmed organic lesion in 207 out of 221 cases and Browne looked to the supporting evidence provided by Dr. Davidson at the Lancaster Asylum, by Haslam at St. Lukes and by Georget, Falret and Voisin in France.³⁸ Insisting that insanity had a physical cause, James Davey presented findings from one hundred examinations he had made while at Hanwell between 1840 and 1844, in only eight of which cases could he find no morbid appearance on dissection.³⁹ The Glasgow surgeon and phrenological popularizer, Robert Macnish, turned to the findings of William Lawrence who had stated that in all the post mortems he had conducted on insane persons there was hardly “a single brain in which there were not obvious marks of disease.”⁴⁰ Where no morbid appearance could be found, the inference was that the competence of the surgeon was lacking or that techniques of dissection had not yet been perfected or that the disease had not yet advanced sufficiently for detection of structural change.⁴¹ That Gall and Spurzheim had discovered a superior method of brain dissection naturally added to the credibility of phrenologists finding lesions where none had previously seemed to exist. Though evidence of morbidity in the brains of insane persons remained a contentious issue well into the 1840s, phrenology was seen as having given a direction and great deal of authorization to the search.⁴² Alienists anxious to establish the material basis of mental illness found their rationale in phrenology but increasingly overlooked that the phrenological meaning of “disease” also legitimated purely psychological derangement. By 1850 many fewer alienists were willing to admit that insanity was not a disease of the brain and that organic lesion was not there to prove it. Consequently, as the physician to the York Dispensary stated in 1844, “The doctrine that insanity is a disease of the moral and intellectual faculties only, and curable by merely moral treatment, is now little held, and it is generally acknowledged that it is dependent upon some physical change”.⁴³

But if evidence of organic lesion further proved that insanity was a disease of the brain as the organ of the mind, it was a more difficult task to pinpoint this evidence

³⁷ *Lancet*, 26 April 1828, ii: p. 107. Wright’s post mortems were probably one of the reasons for his dismissal from Bethlem (see Part I, note 18), for only the authorized surgeon was supposed to carry out such examinations. In November 1830 Wright was refused the key to the Bethlem dead house.

³⁸ Ellis, *op. cit.*, note 13 above, p. 20. Like Combe, Ellis believed that diseased organization of the brain in recent cases was rare and in old cases almost invariable. Browne, *What asylums were, are, and ought to be*, London and Edinburgh, Black, 1837, p. 6.

³⁹ James George Davey, *On the nature, and proximate cause, of insanity*, London, J. Churchill, 1853, pp. 6, 36.

⁴⁰ Macnish, *op. cit.*, note 32 above, p. 179. Lawrence did the dissections for Bethlem in the 1820s in his capacity as surgeon to the Hospital.

⁴¹ Cf. David Rothman, *The discovery of the asylum, social order and disorder in the new republic*, Boston and Toronto, Little, Brown, 1971, p. 110; William Neville, *op. cit.*, note 36 above, p. 134.

⁴² See, Caleb Crowther, ‘Remarks on phrenology’, in his *Observations on the management of mad-houses*, London, Simpkin & Marshall, 1838, pp. 114–115.

⁴³ Beverley R. Morris, *A theory as to the proximate cause of insanity, together with some observations upon the remote causes of the disease*, London, H. Renshaw; and York, Bellerby & Sampson, 1844, p. 5.

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in support of Gall's organology. Phrenologists recorded innumerable cases reconciling the location of brain tissue impairment to the patient's particular disposition while insane and this made it impossible, said one surgeon, "for any one acquainted with the principles of the new doctrine . . . to omit observing the striking coincidence and apparent corroboration which Phrenology seems to receive from morbid anatomy."⁴⁴ Yet many necroscopic examinations did not point to this correspondence. Alexander Morison, seeing that the brains of those who had laboured under monomania seldom had inflammation confined to one convolution, thought that this disproved Gall's organology.⁴⁵ Ellis replied to this with the convincing analogy that "Every one knows, that when inflammation takes place in any part of the body, it is not confined entirely to the spot which is diseased."⁴⁶ Phrenologists observed, moreover, that in mania the whole of the brain was implicated (or several of the organs at one time) and one could not therefore expect to find localized disease.

Since asylums in this period provided few research facilities, the phrenological pathology of insanity could not be easily disputed. Even much later in the century when serious testing was undertaken the findings remained equivocal. In the 1860s, for example, the aspiring superintendent of the Murray Royal Institution for the Insane at Perth, W. Lauder Lindsay, conducted careful investigations to determine the percentage of observable organic lesions in the insane. Along with the cranio-scope examinations he carried out on 173 of his patients, he could only conclude: "That, while there is apparently much truth in Phrenology, especially in regard to some of its general laws or doctrines, there is unquestionably more error."⁴⁷ Opponents of phrenology between the 1820s and the 1840s were in an even weaker position: their opposition was random and there was no anti-phrenological clearing-house to compare with the publications of the phrenologists. Since opponents could offer no alternative explanation of insanity as convincing, as comprehensive or as morally attractive as the phrenologists, they too often appeared in the light in which they were cast, as scientific reactionaries. Eventually, however, the psychophysiological work of Carpenter in addition to that of Rolando, Flourens, Magendie and others, undermined the specific physiology of phrenology and the system in the face of increased professionalization became generally discredited. Though the later investigations of Broca, Fritsch and Hitzig, Hughlings Jackson, Ferrier, Crichton-Browne, Sherrington and others would redeem Gall's basic concept of plural faculties and localized function, by the 1850s phrenology was surrounded by too many untenable points. The fact that the cerebellum proved not to be related to sexual function was only one of the major blows that brought the old phrenology to its knees. By mid-century the "humbug" dismissals of phrenology that had been printed in some of the literary

⁴⁴ Alexander Hood, 'Injuries to the head or brain considered as the cause of impaired corporeal and intellectual functions; illustrated by cases', *P. J.*, 1824–1825, 2: 91.

⁴⁵ *Cases*, op. cit., note 27 above, p. 3. The same point was raised in the review of *Bibliothèque du médecin praticien, J. psychol. Med.*, 1849, 2: 539.

⁴⁶ Ellis, op. cit., note 13 above, pp. 169–170.

⁴⁷ W. L. Lindsay, *33rd annual report of the directors of James Murray's Royal Asylum for lunatics, near Perth*, Perth, C. G. Sidey, June 1863, p. 47; on the lack of organic lesion, p. 21. C. Carter Blake, called this report, "one of the most trenchant and severe attacks on the tenets of phrenology which has ever appeared". *Anthropol. Rev.*, 1863, 1: 476.

journals in the 1820s and 1830s were beginning to assume a medical validity. The best that phrenology could now hope for in the study of mental illness was the admission from alienists of holding what, very broadly speaking, were “partially phrenological views”.⁴⁸

A convenient marking-post for the historian is provided by the 1853 publication of Daniel Noble’s *Elements of psychological medicine*. In the 1830s Noble had been the guiding spirit of the Manchester Phrenological Society; he wrote articles for the *Phrenological Journal* and published several short tracts on the science. In 1842 he wrote for the *British and Foreign Medical Review* an article entitled ‘True and false phrenology’ in which he expressed some doubts about certain aspects of phrenology, condemning the pretensions of cranioscopy as well as some of the wilder philosophic claims of phrenologists. Noble remained, however, a solid supporter of Gall’s doctrine. His *The brain and its physiology* (1846), which was highly recommended by Samuel Solly, was an elaboration of George Combe’s attempt to refute Carpenter’s physiology.⁴⁹ Ironically, it was Carpenter’s detailed review of this work that, as Noble later admitted, brought to an end his faith in phrenology. In the *Elements of psychological medicine* Noble conceded that Carpenter’s views were more soundly and systematically based and that the time had arrived to abandon Gall’s specific organology and to part company with the ever more recalcitrant phrenologists.⁵⁰

Further contributing to phrenology’s demise in psychiatry was the decline by the 1850s of the original generation of phrenological alienists. Particularly through Ellis’s retirement from Hanwell in 1837 and his death two years later and through the death of Andrew Combe in 1847, the cause of phrenology in the treatment of insanity lost its most influential practitioner and its ablest propagandist. Though John Conolly, Forbes Winslow and W. A. F. Browne remained at the front of the profession until their deaths in 1866, 1874 and 1885 respectively, none of them continued actively to espouse the phrenological doctrine in their professional capacities. Of the alienists mentioned in the first part of this paper, only James Davey continued publicly to laud the science with as much enthusiasm as ever.⁵¹

III

The dismissal of the “pseudo-science” of phrenology through the advance of neurophysiology, combined with the retirement of the alienists involved, had important implications for the direction of psychiatry in the second half of the nineteenth century. As liberals interested in reforming the care of the insane, phrenologists had found through their explanation of functional insanity a means of rationalizing and hastening the advance of the moral therapy. They established themselves as

⁴⁸ Henry Monro, ‘Note on phrenology’, in his *Remarks on insanity: its nature and treatment*, London, J. Churchill, 1851, pp. 145–150.

⁴⁹ S. Solly, *The human brain*, 2nd ed., London, Longman, 1846, p. 339. According to Charles Gibbon, Noble’s book was “to a great extent inspired by [George] Combe, and partly revised by him”. *Life of George Combe*, London, Macmillan, 1878, vol. 2, p. 204.

⁵⁰ *Elements . . . an introduction to the practical study of insanity, adapted for students and junior practitioners*, London, J. Churchill, pp. x–xi, 36–48.

⁵¹ See, for example, J. Davey, ‘G. Combe and his writings. A lecture delivered at Bristol’, *J. ment. Sci.*, 1864, 10: 168–194.

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pre-eminent in this field. But as physicalists interested in advancing the idea that insanity was a disease of the brain with a specific pathology, the phrenological alienists had simultaneously encouraged the search for organic/structural changes in the deranged organs of the mind. Through this latter pursuit they not only fully justified the position of the physician within the asylum but did a great deal to make alienists see themselves as “scientists” or “psychiatrists” adhering to the logic of the physical sciences. Phrenological psychiatry, in other words, established a balance between Pinel’s psychological approach to lunacy and the totally organic approach that Pinel had reacted against. With the demise of the phrenological doctrine this balance or psycho-somaticism was increasingly difficult to maintain. The lack of scientific—as opposed to anecdotal—evidence for Gall’s organology and for the simplistic one-to-one relationship of the organs in monomania forced the dismissal of the phrenological interpretation of functional derangement. This did not mean, however, that the physicalist/organic emphasis of phrenology was also undermined. On the contrary, the neuropathological school, which had been inspired by phrenology (in particular by Broca who had set out to test phrenology but, ironically, localized the faculty of language precisely where Gall had claimed it to be) was to grow to an orthodoxy just as the context of biological explanations were beginning to draw sustenance in the wake of evolutionary theory. The idea of mental disease without actual organic causes became increasingly offensive to psychiatrists. What has been labelled the “physical era” of psychiatry was thus initiated.⁵³ When the *Asylum Journal* made its appearance in 1853 the new emphasis was strongly reflected: “It is quite time to get rid of the absurd division of disease into organic and functional”, it claimed, “All diseases are organic, even blood diseases, and secondary diseases from so-called sympathies.”⁵⁴ It was the practice founded on this interpretation of insanity that was to be deplored by the functional psychologist William McDougall early in the twentieth century.⁵⁴

Consequent upon the rise of the “physical era” was the decay of the moral treatment. The emphasis that phrenologists had placed on individual therapy designed in accordance with each patient’s faculty organization (or disorganization) was no longer of much importance if functionalism was discredited. What Andrew Combe had cautioned against: “the practice of subjecting all lunatics to the same regimen,”⁵⁵ was precisely what did occur when the phrenological rationale for doing otherwise was invalidated. Successors to the generation of phrenological alienists only understood that by employing patients on asylum works the patients were made more tractable and administration costs were greatly reduced. David Skae, superintendent of the Royal Edinburgh Asylum after 1846 and regarded as the founder of the Edinburgh school of psychiatry, typified many of the later alienists who took “moral” to signify simply the humane treatment and thus appeased their ethical standards whilst gratifying administrative prowess. By 1851 Skae was reporting that by practising

⁵³ See, J. Sandbourne Bockoven, ‘Moral treatment in American psychiatry’, *J. nerv. ment. Dis.*, 1956, 124: 198; Rosenberg, *op. cit.*, note 26 above, p. 220.

⁵⁴ [Rev. of] *Practical observations on mental diseases and nervous disorders* by Alfred Beaumont Maddock, *Asylum J.*, 1854, 1: 77–78.

⁵⁴ W. McDougall [*sic*], ‘The nature of functional disease’, *Amer. J. Psychiat.*, 1922, N.S.1: 335–354.

⁵⁵ Combe, *op. cit.*, note 10 above, p. 360.

the “moral treatment” his chief attendant (suitably called the “Master of Works”) had extracted £2,000-worth of labour from his patients. The logic of individually designed moral therapy was lost in such reports and it cannot be regarded as insignificant that Skae was fully convinced of the physical basis of all insanity; nor is it merely incidental that in November 1846 he had written the hostile article on phrenology in the *British Quarterly Review*.⁵⁶

The usual explanation for the breakdown of the moral treatment on the grounds that the asylums became overcrowded with incurable pauper lunatics who sapped psychiatric optimism requires, therefore, a great deal of revision. Hanwell was always a pauper asylum in which, as Ellis noted in the 1830s, one could hope for very few cures. It was not pauper incurables that gradually eroded the moral therapy or the optimism around it, but to a large extent, the loss of the rudder or rationale that phrenology had seemed to provide for its advancement. The option of *scientifically* justifying benevolence and kindness was no longer open when phrenological psychology was excluded.

Examined in this light, the phrenologists were right to insist that only their understanding of insanity could promote the moral treatment as originally conceived. When Browne looked about him in 1864 he was critical of what he saw as passing for moral therapy. “There is a fallacy even in conceiving that Moral Treatment consists in being kind and humane to the insane”, he said, “it is this, and a great deal more than all this.”⁵⁷ The moral treatment, he continued, is “*not* the comforts, and indulgences, and embellishments by which the insane are now surrounded, but the reasons upon which these are provided, the objects in view; and that they are not necessarily, general arrangements for *all* cases, but *special* adaptations for particular conditions and stages. . . .”

Browne realized too late that the phrenological alienists had over-extended themselves in both their science and in their management. On the one hand, “Benevolence and sympathy . . . unfortunately enhanced the employment of moral means, either to the exclusion or to the undue disparagement of physical means, of cure and alleviation”. Confessing “to have aided at one time in this revolution”, Browne felt that, in the light of what was then passing for moral management, that his contribution “cannot be regarded in any better light than as treason to the principles of our profession.”⁵⁸ On the other hand, Browne also saw that “the recognition of insanity

⁵⁶ Frank Fish, ‘David Skae, M.D., F.R.C.S., founder of the Edinburgh school of psychiatry’, *Med. Hist.*, 1965, 9: 36–53. Skae’s attack on phrenology was replied to by George Combe, ‘Phrenology: rejoinder to Dr. Skae’, *Lancet*, 1847, ii: 194–196 and by J. G. Davey, ‘Reminiscences of lunacy practice’, *J. psychol. Med.*, 1875, N.S. 1: 205–206.

The same shift in psychiatric emphasis in France is seen in the single generation between the alienists Felix Voisin and his son Auguste. The father was one of the keenest propagators of phrenology in Europe; the son accepted his father’s phrenological somatic pathology of the brain but on the basis of it rejected the sufficiency of the moral treatment which his father had extolled. Auguste Voisin, *Leçons cliniques sur les maladies mentales professées à la Salpêtrière*, Paris, 1876, reviewed in *J. ment. Sci.*, 1876, 22: 131. On Felix Voisin’s work at the Bicêtre and at the Vanvres asylums see Gibbon, *op. cit.*, note 49 above, vol. 2, pp. 257–258.

⁵⁷ W. A. F. Browne, ‘The moral treatment of the insane; a lecture (read before Professor Laycock’s class of medical psychology, at their visit to the Crichton Institution, Dumfries, July 9, 1864)’, *J. ment. Sci.*, 1864, 10: 311–312.

⁵⁸ *Ibid.*, p. 311.

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as a bodily disease, while it conferred incalculable benefits upon the patient, contributed to divert the attention of the physician from the psychical side of the diagnosis.”⁵⁹ Fittingly, Browne paid tribute to the late John Conolly as one who had been “a philosophical advocate—of a medico-psychology founded upon induction” and he praised Conolly’s *Indications of insanity* as a work showing a familiarity with the real laws of the human mind.⁶⁰ Only the historian can perhaps share with Browne the loss he was expressing; his audience would have had little idea of how much their present knowledge owed to the abandoned theory of “lumps and bumps” or how much of the theory had unfortunately been lost.

All this suggests that phrenology had actually made some positive contribution to the practice of psychiatry of the sort that can be measured by the historian’s yardstick of “progress”. With the exception of craniology, however, this is difficult to quantify. Rather, as the *Lancet* perceived in its 1827 review of Spurzheim’s treatise, it was to the “theory and argument” of insanity that phrenology’s real contribution was to be found.⁶¹ Its role had been to explain, simplify, systematize and legitimate existing practices, rationalize familiar ideas and hasten the emerging trends in psychiatry of late eighteenth and early nineteenth centuries. The moral treatment was being practised well before phrenology was popularized and the search for the physical cause of insanity was at least as old as Democritus. The *Journal of Mental Science* was thus justified in asserting that in real terms phrenology had been little more than a “benevolent influence upon . . . the curative management of abnormal states of the brain and nervous system.”⁶² Yet phrenology had instilled confidence and optimism by allowing alienists to believe that their practices and pursuits could be justified through science in general and through cerebral physiology in particular. It was only later in the century, when phrenology as a science was invalidated, that critics came to realize that much of what the phrenologists had been saying could have been equally serviceable *without* the phrenology.⁶³

Phrenology’s place then in nineteenth-century psychiatry is perhaps best described as an agent that motivated and rationalized institutional arrangements and clinical procedures and provided a framework for and direction to its scientific evolution. Though Gall’s original ideas were put to many uses by British alienists they cannot be seen as constituting a single monolithic doctrine that became institutionalized in the accepted sense. It was rather as a free-ranging body of ideas based upon principles of broad application that phrenology was able to play a number of socially and medically legitimating roles (and often contradictory roles) at one time. In this form, phrenology’s influence upon psychiatry can be seen in hindsight as important chiefly in relating function to structure; showing the importance of environment in causing

⁵⁹ ‘Address; on medico-psychology’, *J. ment. Sci.*, 1866, 12: 312.

⁶⁰ *Ibid.*, p. 326.

⁶¹ ‘Spurzheim, Knight, and Morison on insanity’, *Lancet*, 14 April 1827, 12: 53–54, 84–85.

⁶² Commenting on phrenology in ‘[Rev. of Joseph] Swan, *The brain in relation to the mind*’, *J. psychol. Med.*, 1855, 8: 322. By 1925 alienists could state more bluntly, “Phrenology has done little to help us.” Theo. B. Hyslop, *The borderland, some of the problems of insanity*, pop. ed., London, Philip Allan, 1925, p. 289.

⁶³ See, for example, ‘Dr. Davey’s mental pathology’, *J. psychol. Med.*, 1850, 3: 330–331.

and for curing insanity; stressing hereditary factors for protection against insanity and for the improvement of the race (in a pre-Darwinian context); forcing insanity to be seen as a disease of the brain and thus bringing psychiatry into the realm of general clinical medicine as well as reducing the amount of emotional involvement with patients whose conditions could now be seen as physically based; and, finally, in giving the first impetus to individual therapy prior to psychoanalysis. These were hardly trivial achievements even if later generations tended to ignore them and then to take up separate issue with them.

Nearly all the aspects of psychiatry/psychology with which phrenology was involved were later to be the centres of schisms and internecine conflicts which have continued to rage to the present day. In modern eyes it seems amazing that such contentious issues could ever have been bundled into one doctrine. It was only possible of course because of phrenology's simple yet totally comprehensive explanation of human behaviour. The universality facilitated by the ease with which the doctrine could be understood and manipulated attracted it to a vast range of ideas and beliefs which in themselves had little need for Gall's doctrine but under the rational scientific umbrella it provided, appeared to be more soundly qualified and elucidated. It is this eclecticism of phrenology that explains its long period of influence. Hence the various unconnected strands of early nineteenth-century psychiatry and psychology achieve through phrenology an historical unity and coherence which they otherwise lack. Inevitably, this leaves phrenology—the unifying agent—characterized most by the tensions it contained. When the credibility of the doctrine was seriously damaged its function as a hook for suspending and connecting new ideas was no longer possible and what unity had been gained in psychiatry was quickly fragmented. Divergent opinions thereafter followed more independent paths, increasingly so as specialization and professionalization in psychiatry proliferated the number and the very complexity of the issues to be dealt with. Never again would there be the wholesale incorporation of contemporary medical, social, scientific and moral issues that phrenological psychiatry had managed tenuously to contain.

It is only through acknowledging this peculiar nature of the phrenological doctrine, by observing its scope and by recognizing its protean ability to absorb new ideas and deal flexibly with them, that we can understand why its appeal was so extensive among alienists in early-Victorian Britain. Not without reason did phrenologists proclaim their doctrine to be a “universal panacea”. It is the breadth of the doctrine too, that explains why, oxygen-like, phrenology was virtually consumed in the reaction it created: a pervasive doctrine in the first half of the century whose influence was often invisible and unacknowledged, its separate and definable place in psychiatry almost ceased to exist in the later decades of the nineteenth century. Because of this phrenology has been largely neglected as a means of broadening our understanding of the development of psychiatry in the nineteenth century. Its role in psychiatry, like its roles in other facets of early-Victorian science and society, was such as almost to erase those historically perceptible “later influences” upon which we most often rely for our investigations, in spite of our professed contempt for Whig history.

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SUMMARY

The purpose of this article is to show that phrenology played a highly significant role in the progress of nineteenth-century psychiatry. The doctrine, propounded by F. J. Gall and elaborated by J. G. Spurzheim and George and Andrew Combe, is regarded as a mediator of attitudes, ideas and practices in psychiatry in the early-Victorian period.

In Part I account is taken of the rising generation of alienists known to have looked favourably upon phrenology. A hard core of phrenological alienists distinguished by a firm belief in the broad principles of the doctrine as well as in its specific organology and craniology are referred to in greater detail. Social and philosophical as well as medical reasons are cited in explanation of their faith in phrenology.

Part II focuses upon phrenology's unique position as a rationale of the "moral" and "medical" treatments of the insane showing how the doctrine extended both functional and somatic theories of derangement advancing the psychological methods of Pinel and Tuke on the one hand and stimulating the search for physical organic lesions in the brain on the other. Phrenology is thus shown to have justified medical expertise in the treatment of the insane while at the same time legitimating and extending the humanitarianism behind the moral therapy. The eventual undermining of phrenology as a credulous and comprehensive scientific explanation of insanity accentuates the balance it had earlier maintained between fundamentally opposed theories and practices and points to the subject's historical value in connecting seemingly disparate elements in nineteenth-century psychiatry.

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