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American Psychiatry From Its Beginnings to World War II

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Nolan D.C. Lewis

Psychiatry has developed in combination and association with the other branches of medicine to the extent that its borders, as a specialty, in certain areas are not sharply outlined, and, moreover, most of its particular concepts and aims are exceedingly difficult to trace accurately in terms of their chronological appearance.

Medicine is seen within a matrix of economic, political, social, and cultural elements. It is but one aspect of the state of general civilization of a period, and its particular philosophy and practice are determined to a considerable extent by the current cultural conditions of its locality and time.

To attempt to trace the complex growth of psychiatric thought is an interesting experience. The most satisfactory way to understand a complicated phenomenon is to follow its pathway of genesis, but to cover the span of time indicated by the title of this chapter, one must resort to a condensed style of communication. The topic includes more than a hundred years, during the early parts of which are revealed only a few records of basic

importance in our particular field; however, there are some outstanding persons and events that appear as bright promises of progress to come in later years.

Since the aim in this chapter is to indicate some of the most important trends of thought that constitute the background of present-day psychiatry in this country, no attempt has been made to present a complete history of psychiatry in America, and thus many workers and their accomplishments have been omitted. In psychiatry as well as in other branches of medicine, one can find pioneers, men whose energy and curiosity were so great as to lead them to devote their lives to the promotion and extension of knowledge beyond the existing outposts of what was accepted and practiced. Benjamin Rush (1745-1813), "America's first psychiatrist," was one of these men.

At the termination of the American Revolution in 1783, Dr. Benjamin Rush joined the staff of physicians at the Pennsylvania Hospital in Philadelphia, which event is often referred to as being the actual beginning of American psychiatry. Although at this time Rush was only 38 years old, he was already a very famous physician. He had been a precocious student, having graduated from the New Jersey College (now Princeton) at the age of

He received his doctor's degree from the University of Edinburgh at the age of 22. While at Edinburgh he studied under William Cullen (1710-1790),

who was one of the most famous professors of medicine of his time, with an interest in the nervous system and in behavior phenomena. Cullen was a follower of Locke, but he originated a new doctrine of physiological significance. In his system irritability of the nervous system was of special importance, and the causes of mental disorders were within the individual, that is, endogenous. Insanity was a pathological condition of the mind and not some force entering from without, and, therefore, its expressions should be interpreted in the light of normal psychological functions. His *First Lines of the Practice of Physik* (London, 1777) described paranoid forms of mental disorder that he called “vesaniae.” Rush was introduced to Cullen by a letter from Benjamin Franklin, a fortunate occurrence since Cullen exerted a strong influence on Rush’s subsequent career, which was thus oriented in the theory and therapy then prevalent in Scotland and England.

Dr. Rush, equipped with a keen mind and the best training available at the time, attacked the problems of mental disorder, a subject that was infiltrated with superstition and ignorance as well as characterized by neglect and actual brutality. He was apparently the first American physician to approach the investigation and treatment of mental disorders from a scientific viewpoint, the first American teacher to propose an original systematization of psychiatry, and the first to write a general treatise on psychiatry in America. This book, published in 1812 under the title *Medical Inquiries and Observations upon Diseases of the Mind*, remained the only

American book of its kind for 70 years.¹

Rush's principal remedies were purgatives, emetics, and bloodletting, of which he was a particularly strong advocate. The condition of the blood circulation in the brain was a prominent focus for his theories and therapy. He devised two curious instruments, the gyrator, based on the principle of centrifugal action to increase cerebral circulation, and the tranquilizer (1810) "to obviate these evils of the 'strait waistcoat' and at the same time to obtain all the benefit of coercion." These instruments, which were certainly rough on the patient, were decidedly "shock" measures—a form of shock therapy, and, like all shock therapies including the modern ones, were interpreted as effecting cures.

Benjamin Rush was one of the earliest, if not the first, to recommend labor and prison sentences instead of capital punishment for criminal offenses, and he consistently advocated a modification of the harsh and cruel elements in the system of criminal jurisprudence. In the minds of many medical historians, he did for America what Pinel and Esquirol did for France. His biographers are in accord that he, like many originators and creators, was a strongly opinionated man, difficult to get along with, frankly intolerant of anyone who did not agree with his theories and practices, and at times actively quarrelsome. He was a very learned man who not only served the poor of his community but also was a leading patriot and a signer of the

Declaration of Independence. His was an overwhelming personality, fully justifying the title by which he is known today, "The Father of American Psychiatry."

Dr. Adolf Meyer (1866-1950) in 1945 made the following pertinent comment:

Had Benjamin Rush had a successor akin to his own spirit American psychiatry may have had the lead over the European and its actually colonial development. It took a hundred years before the step towards a culture for responsible life began to assert itself. ... I do not know what the names and teachings of the immediate successors were. . . . Psychiatry may see the influence of the 1840's in J. P. Gray.²⁸

Psychiatry has always been more hospital-centered in England and other countries than it has here in America, but there were some important early, as well as later, developments of this nature that are of historical significance. For example, the old San Hipolito, established in Mexico in 1566 by the philanthropist Bernardo Alvares, was the first hospital in the Americas for the study and care of mental disorders and, of course, one of the earliest for this purpose in the whole world. At first this institution was not devoted exclusively to the treatment of mentally disordered patients, but before long the increase in the number of these cases made it necessary to restrict the admissions to nervous and mental patients.

It was nearly 200 years before the first institution to care for the

mentally disordered in the American states was organized. In 1752 the Pennsylvania Hospital in Philadelphia received insane patients, and this was followed by a few other public and private institutions. In 1773 the first public hospital exclusively for mental patients was established at Williamsburg, Virginia, then the capital of the colony. For half a century mental patients were kept at the Pennsylvania Hospital in cells in different parts of the building, but in 1796 a new wing was provided for these patients, and at the end of another 50 years a separate building was constructed for them. The Bloomingdale Asylum was another of the early institutions for the mentally disordered. It was opened in the New York City area in 1821 as a separately managed hospital, although it had its beginnings in the earlier founding of the New York Hospital. It continues today in White Plains, New York, as the Westchester Division of the New York Hospital.

Out of a meeting held in 1844 by a group called the “original thirteen” came the organization known as the Association of Medical Superintendents of American Institutions, which was the first national society of physicians in the country. From 1893 to 1921 it was known as the American Medico-psychological Association, and is now the American Psychiatric Association, with a large and ever growing membership. In the year of its origin (1844) the *American Journal of Insanity*, later to become *The American Journal of Psychiatry*, the official organ of the Association, was established under the editorship of Amariah Brigham (1798-1849), one of the original thirteen

superintendents. The *Journal* has continued to be a leader in the field by virtue of the management of a line of distinguished editors.

In their day the “original thirteen” made a lot of psychiatric history, both as a group and as individuals. It is well to note some of their particular contributions as pioneer workers.

Samuel B. Woodward (1787-1850) was the first president of the Association of Medical Superintendents of America and a strong force in its organization. He aided in establishing the Retreat for the Insane at Hartford, Connecticut. In 1832 Massachusetts was the first state in New England to build a state hospital. Woodward supervised the construction of this hospital and became its first superintendent. He believed in specialized medical care for alcoholics, and in 1838 his volume entitled *Essays on Asylums for Inebriates* was published. He was elected to the Connecticut state legislature in 1830.

Isaac Ray (1807-1881) was an avid student of scientific matters, both in America and in Europe, and a prolific writer. He was one of the most eminent and versatile of the group. In 1841 he became medical superintendent of the State Hospital for the Insane at Augusta, Maine, and later of the famous Butler Hospital in Providence, Rhode Island. He wrote a book on mental hygiene in 1863 and was interested particularly in the relationship between legislation

and mental disease. As a matter of fact, the first book in the English language concerning forensic psychiatry was published by Ray in 1838; this book made a profound impression and established him as a pioneer and leader in medicolegal matters. The title of this book was *Treatise on the Medical Jurisprudence of Insanity*. It was used as an authoritative text for court work for nearly 50 years.

Amariah Brigham (1798-1849), founder of the *American Journal of Insanity*, was a distinguished author, teacher, and hospital administrator whose influence for the better understanding and care of the mentally sick was widespread. He wrote lucidly on such diverse subjects as cholera, religion, clinical neurology, and clinical psychiatry. At one time he taught anatomy at the College of Physicians and Surgeons in New York City. In 1842 he was appointed superintendent of the State Lunatic Asylum at Utica, New York, the first New York State public institution for the mentally disordered. This hospital, under his inspiration and effort, became an outstanding training center for medical superintendents. His book entitled *Remarks on the Influence of Mental Cultivation upon Health* had a remarkably wide American and European distribution.

Pliny Earle (1809-1892), in 1844, was appointed superintendent of the Bloomingdale Asylum in New York. In 1863 he became professor of psychological medicine at the Berkshire Medical Institution in Pittsfield,

Massachusetts. This may have been the first chair of psychiatry in a medical school in this country, and it was certainly one of the very early additions of psychiatry to a medical curriculum in the United States. From 1864 to 1885 he was superintendent of the State Lunatic Hospital at Northampton, Massachusetts.

Dr. Earle was an able hospital administrator and an outstanding contributor to the literature on mental disease. He was well versed in the European psychiatry of the day, introducing new ideas from Germany and France. He published many statistical papers, psychiatric reviews, and historical essays, and lectured widely. In 1877 he published a statistical treatise entitled *The Curability of Insanity*. He had a critical mind and a far-reaching vision, recommending small hospitals for intensive treatment and separate ones for the incurable patients. He was also an early advocate of family care and occupational therapy.

Thomas S. Kirkbride (1809-1883), after receiving his medical degree from the University of Pennsylvania in 1832, became resident physician at Friends Asylum, followed by a residency at the Pennsylvania Hospital, and later by the appointment as superintendent of the new Pennsylvania Hospital, a position that he held for 43 years during which time he was a progressive advocate of many reforms in the care and therapy of mental patients and served as an active participant in community affairs.

Dr. Kirkbride published many important books and articles. In 1847 he published an article on hospital construction that made such an impression that for at least 50 years the “Kirkbride type” of hospital building was adopted by many institutions. A notable number, if not most, of the “Kirkbride type” buildings are still in active use today in the older mental hospitals. Dr. Earl Bond⁴ has written a most informative book, *Dr. Kirkbride and His Mental Hospital*, about this remarkable personality and his achievements.

William M. Awl (1799-1876), after some years in general practice, settled in Columbus, Ohio, in 1833, where he became active in the organization of a mental hospital, the Ohio State Asylum for the Insane. He became its first superintendent in 1838 and remained at this post for 12 years, when he was removed by political factions. He then returned to private practice and also became physician at the Ohio Institute for the Blind.

Although Dr. Awl possessed keen mental abilities, he wrote very little on mental disorders. He devoted much time and thought to the organization of the state asylum and the institute for the blind, and was concerned with the organization of the Ohio Medical Society.

Luther V. Bell (1806-1862) became superintendent of the McLean Asylum in Somerville, Massachusetts, when it had been in operation for 19 years. He received his medical degree from Dartmouth at the early age of 20,

was in general practice for a time in New Hampshire, and also served in the state legislature, as well as participating in establishing the State Asylum at Concord before taking the post at McLean Asylum.

Dr. Bell wrote on a wide range of medical subjects, including an original description of a form of acute mania, which was named after him (Bells disease). During his active professional lifetime he received many awards and honors and was a participant in a variety of local and national civic activities. He was the only one of the “original thirteen” to have served in the Civil War, during which he died, in 1862, in an army camp near Washington, D. C., where he was a medical inspector.

John S. Butler (1803-1890), after receiving his medical degree from the Jefferson Medical College in Philadelphia in 1828, entered private practice in Worcester, Massachusetts, until 1839, when he was appointed superintendent of the Boston Lunatic Hospital. Here he soon instituted various reforms and striking improvements in the hospital treatment of patients. In 1843 Dr. Butler was elected superintendent of the Bctreat for the Insane at Hartford, Connecticut, to succeed Dr. Amariah Brigham, who had gone to Utica, New York. Dr. Butler remained at the Betreat for nearly 30 years, during which time he demonstrated outstanding leadership and a progressive spirit. He remained active in medical matters for another ten years after retirement from hospital service.

Nehemiah Cutter (1787-1859) received his medical degree from Yale University in 1817 and entered private practice in Peppercell, Massachusetts, where he gradually built up a specialty of treating the mentally ill to the point of organizing a private hospital known as the Peppercell Private Asylum. This hospital was successful despite the prejudice extant against private mental institutions. The hospital burned down in 1853 and was not rebuilt; however, Dr. Cutter continued his successful career as a practicing physician.

Charles H. Stedman (1805-1866) graduated from the Harvard Medical School in 1828, and in 1830 was appointed resident surgeon at the United States Marine Hospital at Chelsea, Massachusetts, where he worked for ten years. In 1834, being keenly interested in the theories of Gall and Spurzheim, he edited a translation of Spurzheim's book on brain anatomy. Dr. Stedman started a private practice in Boston in 1840, and two years later he became superintendent of the Boston Lunatic Hospital, following the resignation of Dr. Butler. Here he proved to be an exceptionally able administrator and student of mental disorders. He was also particularly active as a staff member and consultant in medicine and surgery in various other hospitals in the city.

Samuel White (1777-1845) opened an office for private practice at Hudson, New York, in 1797 at the age of 20. He apparently never attended a medical school but gained his professional education by means of the apprentice system, which was possible in those early times. In 1830 he

opened a private hospital, called Hudson Lunatic Asylum, where he functioned successfully until his death. From the historical fragments that have been recorded about his life and ideas, one may assume that he was progressive in thought, was accepted as an authority by his contemporaries, and that he utilized the best methods known in practice.

Francis T. Stribling (1810-1874) obtained his medical degree from the University of Pennsylvania in 1830. He was in private practice for a time in Staunton, Virginia, his native town, and at the age of 26 was appointed physician to the Western Lunatic Asylum of Virginia. Dr. Stribling left very little published work, but he was an able clinician and was one of the early advocates of training for attendants, of prompt treatment for acute cases, and of occupational therapy.

John M. Galt (1819-1862) was a young man of 22 when he received his medical degree from the University of Pennsylvania in 1841, and in this year he was made the first superintendent of the Williamsburg Asylum, which had been established many years before (1773)- He was an unusually erudite man who read many languages and was thus able to bring important psychiatric literature to the attention of American physicians. In 1846 he published a book entitled *The Treatment of Insanity*, which contained a summary of about all of what was known of mental disorders. Other books and many articles came from his pen, and, although his life span was comparatively short, his

was a powerful influence for progress since he advocated the proper keeping of records, the performance of autopsies, the value of research, and the need for changes in the legal aspects of psychiatry. He utilized in his hospital several of the adjunct therapies that are in vogue today.

Of these founders of the Association of Medical Superintendents of American Institutions for the Insane, six were in charge of state institutions, five directed incorporated hospitals, and two were the proprietors of private hospitals. From the intelligence of this remarkable group of men and the examples they set in their respective areas have developed many of our modern attitudes and endeavors in the specialty. At the time they formed their national association, European psychiatry, although still relatively young as a medical discipline, had progressed to a point where the mentally sick were no longer treated as monsters or criminals but as patients suffering from very serious disorders.

Another important powerful force in the evolution of American psychiatry, for many years after 1841, was Dorothea Lynde Dix (1802-1887) Boston. This remarkable woman, a retired schoolteacher, became "shocked" by how she saw mental patients cared for in certain places, where they were locked up in filthy cells and were not only neglected but often treated brutally as well. Through her widespread activities not only in the United States but also in Canada, the British Isles, and on the European continent, reforms were

instituted successfully through various government agencies. She is credited with having been directly responsible for creating or extending the facilities of a total of 32 hospitals. In this country 20 states built or enlarged mental hospitals as a result of her personal efforts. The Government Hospital for the Insane (now St. Elizabeths Hospital) in Washington, D.C., is among those that she aided in establishing.

On the second day of the second annual meeting of the American Neurological Association held at the College of Physicians and Surgeons in New York City in 1876, with 16 members present. Dr. George M. Beard (1839-1883) presented a paper entitled "The Influence of Mind in the Causation and Cure of Disease and the Potency of Definite Expectation." This paper was remarkable in its originality as it dealt clearly with what is now known as psychosomatic medicine. Such a presentation was new and startling, in fact so startling that the famous neurologist, Dr. William A. Hammond, remarked during the discussion that if the doctrine advanced by Beard was to be accepted, he "should feel like throwing his diploma away and joining the theologians."

According to the original report in the *Transactions of the Association*, "Dr. Beard maintained that disease might appear and disappear without the influence of any other agency than some land of emotion. Mental qualities, like drugs, could neutralize therapeutics and they could also increase the

effect of drugs. Fear, terror, anxiety and care, grief, anger, wonder and expectation were regarded as the most likely to produce disease.” To the criticisms referring to mental therapeutics as being nothing new, Beard replied that he had not implied that psychotherapy was new, but that it had not been carried out in a systematic manner by the profession. Although there was much vigorous critical discussion and skepticism, the brilliant Beard, pioneer in the field, defended his position with confidence and ability. When Beard’s famous paper entitled “Neurasthenia (Nervous Exhaustion) and Morbid Fears as a Symptom of Nervous Disease” appeared (1869), his term “neurasthenia” was gradually adopted over the whole world as “Beard’s disease,” and he was duly recognized as a great pathfinder.

Among the prominent American alienists of the 1880s were Allan McClane Hamilton, Walter Channing, John Chapin, John P. Gray, W. A. Hammond, and E. C. Spitzka. Dr. Hammond, usually considered as a neurologist, also taught psychiatry and wrote a book, *Insanity in Its Medical Relations*, that came into active use as a text. Dr. Spitzka, in 1883, published the *Manual of Insanity*, which included about all that was known and taught of the subject. Although the term “paranoia” (which means “mental disorder” in the original Greek) was introduced into medicine by Vogel in 1764 after which it had rather widespread applications, it was Dr. Spitzka of New York who, out of a welter of conditions and names, differentiated it as a specific disorder. It is therefore an American-named psychosis, as we use and

understand the term today.

One of the strongest influences to bear upon American psychiatry was the work of Emil Kraepelin (1856-1926). He was professor of psychiatry successively at Dorpat, Heidelberg, and Munich and is generally considered to have been the greatest of all descriptive psychiatrists whose concepts increased and enriched the whole field. He was a systematizer who, following periods of active analysis of data, attempted a synthesis of scattered facts and ideas. Kraepelin had a large amount of clinical and laboratory material with which to work, and he made his studies according to the natural history method, in that he followed the course of mental disorder in the individual cases from the earliest symptoms on through to the termination. By means of this method it became possible for him to make a new grouping of mental disorders on which some basis for prognosis, therapy, and prevention could be ascertained. He was after the causes, the course, and the outcome of mental disorders with reference to any pathological lesions and processes, and he was interested in any mental trends and clinical pictures that tended to terminate in various degrees of deterioration.

In 1883 Kraepelin published the first edition of his *Psychiatrie*, which subsequently passed through several revisions and translations into other languages. The English translation of the book changed the whole aspect of classification of mental disorders in America. His outstanding contributions to

the description and delineations of dementia praecox states and manic-depressive conditions have held a central position in psychiatric thought and practice from the time they were first introduced to the present day. His clinical descriptions of the psychoses can still be read with a great deal of profit by the student of psychiatry.

The concept of dementia praecox was later elaborated and expanded into schizophrenia by Eugen Bleuler (1857-1939) in 1911. Among this eminent Burgholzli professor's numerous original contributions that have vitalized psychiatry in all civilized areas are the psychology of dementia praecox (schizophrenia), including the phenomena of ambivalence and of autistic thinking, and the delineation of the schizoid and syntonically personalities, and some later biophilosophical theories.

About one year after the birth of Kraepelin, a man was born who was not only to revolutionize psychiatry but to influence the philosophic thought of the whole world, namely Sigmund Freud (1856-1939). After a period of interest in neurology, Freud went to Paris to study under Charcot, who was the outstanding clinical neurologist of his day, and who had developed a system of hypnosis for the treatment of hysteria. After returning home to Vienna, Freud carried out some studies of his own, and in 1895 the *Studien ueber Hysterie* was published, followed by the *Traumdeutung* in 1900. These studies represented a new approach to the investigation of human motivation

and to the phenomena of the unconscious. Freud had replaced hypnosis with his method of free thought association and dream interpretation.

Freud's technique made it possible, for the first time, for a physician to devote his time to attempting to understand the innermost working of the patient's mind rather than directing the patient's life in matters that were obscure to everyone involved. For a number of years Freud worked alone, but later, when he was well on his way to success despite the great amount of opposition from critical contemporaries, students of the mind began to take an interest in the concepts, and a number of now well-known names appear in the list of his special pupils, supporters, and co-workers. Among these are Karl Abraham, Sandor Ferenczi, Carl Jung, Alfred Adler, Wilhelm Stekel, Otto Rank, Hans Sachs, Paul Federn, and Ernest Jones.

Jung, Adler, Rank, and Stekel later developed some special modifications of psychoanalysis contrary to Freud's wishes. He insisted that these modifications were not really psychoanalytic and were of such a nature that they necessitated his breaking off professional relationship with these workers. However, these doctrines all found followers in America and elsewhere, as have the later modifications of some of Freud's theories and techniques such as those of Sandor Rado, Franz Alexander, Karen Horney, and Harry Stack Sullivan among others in this country.

In 1909 Freud made a personal appearance in America to lecture under the auspices of Clark University in Worcester, Massachusetts. It may be said that practically everything that Freud wrote has at one time or another been translated into the English language, but in those earlier years America became rather thoroughly acquainted with the Freudian literature through the efforts of Abraham A. Brill, who first translated Freud's works, and of Smith Ely Jelliffe and William A. White, both of whom were outstanding leaders in psychiatric thought and freely disseminated such knowledge through their prolific writings of books and articles. Psychoanalysis soon gained a wide acceptance and became gradually incorporated into psychiatric thought and procedure.

Psychoanalytic teaching and practice were organized and standardized by the establishment of psychoanalytic institutes and societies directed and supported by highly trained specialists in several large cities in America as well as abroad. The psychoanalytic literature that has accrued over the years reveals a considerable diversity of trends, but in the main they fall into two general categories—(1) that which includes investigations aimed at extending the field of metapsychology, where the unconscious structure of the superego, the material gained by hypnosis, and the pregenital infantile frustrations are the principal topics, and (2) that which attempts to adapt current theories to clinical confirmation. There are now an ever increasing number of able workers interested in testing the validity of the libido theory

and other concepts pertaining to various psychiatric conditions, in understanding the physiological manifestations of mental attitudes by means of combined studies in cooperation with modern biological laboratory disciplines, and in establishing an interpretation of neurotic symptoms in terms of somato- biological activity.

A group of Fellows of the American Psychiatric Association formed a Section in Psychoanalysis within the Association in 1933, and a year later a symposium was given in this section on the relation of psychoanalysis to psychiatry, which marked the beginning of a new era in the history of psychoanalysis in America. The conclusions were to the effect that the psychoanalytic formulations of Freud were established as indispensable to the procedures of treatment and research, and that requirements of technique, the investigation of unclear or incomplete knowledge, and the application of therapeutic procedures to selected clinical groups were being continually studied and that it was to be expected that modifications of psychoanalytic conceptions would take place to a considerable extent.

Another prominent psychiatric development took place under the leadership of Adolf Meyer (1866-1950). He came to America from Switzerland as a young man, well trained in neuroanatomy, neuropathology, psychiatry, and philosophy. Following services as a pathologist in the state hospitals of Kankakee, Illinois, and Worcester, Massachusetts, he became

director of the New York State Psychiatric Institute on Wards Island where, as early as 1906, he was working on his concept of integration with the total individual as a unit. From the beginning he emphasized the pathological evolution of the symptoms of psychiatric disorders in terms of all of the presenting facts. His was a dynamic system.

Later in 1912 Dr. Meyer became director of the Henry Phipps Psychiatric Clinic and Professor of Psychiatry at the Johns Hopkins Medical School. He formulated through the subsequent years the reaction type of behavior and his concepts of social adjustment. He created a fresh, unique attitude toward the individual as a totality and brought the term “psychobiology” into the foreground. By training many psychiatric teachers in this discipline, he created a school of thought— particularly the concept of psychobiology— that has had a notable influence on psychiatric developments, particularly in this country and Great Britain.

Early in the 1900s Elmer E. Southard (1876-1920), another great ferment in psychiatry, developed the psychopathic hospital idea and also brought into the foreground the training of social workers in psychiatry. Adolf Meyer had brought social work into psychiatry as early as 1904, but in 1912 it was Southard who expressed clearly the social aspects of psychiatry and extended its interests into the training of social workers and into industrial hygiene. His famous book *The Kingdom of Evils*, with Mary C. Jarrett as co-

author, was published in 1922 after Southard's death. This book dealt with social case work, presenting 100 case histories together with a classification of social divisions of evil. In 1919 he said, "Social psychiatry is far from the whole of mental hygiene, for mental hygiene includes also the far more difficult and intriguing topic of the individual as related to himself and his organ processes." Here is reflected the keen interest he always had in the organic reactions of the body and brain, which were the principal foci of his original researches.

It seems that the term "mental hygiene," in its generally accepted meaning, first appeared in the literature in 1843 in a book entitled *Mental Hygiene or an Examination of the Intellect and Passions Designed to Illustrate Their Influence on Health and Duration of Life* by Dr. W. C. Sweetser, Professor of Therapy and Practice of Physic at the University of Vermont. Dr. Isaac Ray also wrote a book ten years later entitled *Mental Hygiene*. He defined it as the art of preserving the health of the mind, and he emphasized that all methods of preserving mental health came under it. However, many years were to pass before the mental hygiene movement became a force for psychiatric progress. In 1908 Clifford Beers published his book, *The Mind That Found Itself*, which created a tremendous interest. By his efforts, together with those of

Adolf Meyer and others, the National Committee for Mental Hygiene was organized in 1908. Dr. Meyer suggested the name "mental hygiene" for

this committee, which has now been renamed the National Committee for Mental Health. It began with twelve charter members, among whom were three prominent psychiatrists, August Hoch, Adolf Meyer, and Frederick Peterson; the famous psychologist, William James; and the Johns Hopkins internist, Lewellys Barker. In 1912 Dr. Thomas W. Salmon (1876-1927) was appointed director.

The chief aims of the Committee were clearly stated: (1) to work for the protection of the mental health of the public; (2) to strive to raise the standard of care for the mentally ill and for those in danger of becoming mentally disordered; (3) to promote the study of all types of mental illness and to disseminate information concerning their causes, therapy, and prevention; (4) to obtain from every available source reliable data regarding methods of dealing with mental disorders; (5) to enlist the help of the federal government to the extent desirable; and (6) to coordinate the existing agencies and to aid in the organization, in each state, of an allied but independent society for mental hygiene.

The dynamic concepts of Freud, Pierre Janet (1859-1947), and Adolf Meyer strongly emphasized psychotherapy. The early workers in America as well as elsewhere had considered psychotherapy in terms of moral treatment, occupational therapy, recreational activities, and similar procedures, but the followers of the exponents of dynamics, such as A. A. Brill, S. E. Jelliffe, and W.

A. White, among others, basing their teachings on the concept that mental symptoms are the expressions or symbols of meanings that are obscure and hidden in the unconscious, made a widespread impact on psychotherapeutic practice, which proceeded along the lines of what could be learned from a study of what was going on in the deeper recesses of the patient's mind.

Under the influence of some of Janet's ideas and formulations, but contributing a number of concepts of his own, was the Boston psychiatrist Dr. Morton Prince (1854-1929) of Tufts Medical School. He worked with what he termed "co-conscious phenomena," adding much to the knowledge of hysteria, multiple personalities, and hallucinations. He never fully accepted the significance of the unconscious in the Freudian sense of its meaning, and he disagreed with Freud's theory of the libido. He founded the *Journal of Abnormal Psychology*. His famous case of a girl with multiple personality was studied for over seven years and published in 1908 under the title *Dissociation of a Personality*; it is probably the most complete report ever made of this phenomenon. Another interesting contribution to the literature was his *Experimental Study of Visions*. He applied psychotherapy within the framework of his personal concepts.

Trigant Burrow (1875-1951), originally a Freudian, organized his own special group of students in what he termed "phyloanalytic" investigations of human behavior and social adjustment. He stressed the defensive distortions

of man's natural reactions through the dominance of visual-verbal part functions resulting in internal tensional disorders called neuroses. He developed a system of psychotherapy aimed at the reduction of these tensions.

Paul Schilder (1886-1940), coming to America after having had a distinguished career in Vienna, contributed to the knowledge of several areas of the psychiatric and neurologic fields. His concepts of integration and his development of the body-image significance in various mental states are among the subjects with which he enriched the literature. The work of Harry Stack Sullivan (1892-1949) and his associates systematically developed the theme of interpersonal relationships, which Freud had taken into consideration but did not develop or emphasize in the same way. The basis of some of Sullivan's conclusions stemmed from the assumption that parataxic illusions are derived from earlier anxiety experiences. To Karen Homey and Sullivan neuroses were products of cultural environment and distorted interpersonal relationships rather than based on the preformed instincts, as Freud thought. Sullivan organized and published the journal called *Psychiatry*, which still serves as a useful medium for psychiatric thought.

In the field of therapy as well as those of pathology and diagnosis, a significant event was the obtaining in pure culture of the *Treponema pallidum* in 1911 by Hideyo Noguchi (1876-1928), and in 1913 Joseph W. Moore

(1879-1957), of New York. Noguchi demonstrated the spirochete in the brain tissue of patients dying of general paresis, thus proving that this mental disorder was precipitated by a form of syphilis. Following this laboratory demonstration, general paretics were treated by the arsenicals and other drugs used for syphilitic disorders, but without marked success. In 1918 Julius Wagner von Jauregg (1857-1940) of Vienna announced his now well-known malarial therapy for general paresis. This treatment, strikingly successful as compared to other known procedures, promptly came into general use, and the first to apply it in America was the staff of the St. Elizabeths Hospital in Washington, D.C., from which the first paper in English on the results of this treatment was published, as far as I am informed.²⁵

During World War I psychiatry was brought more prominently into the foreground and received a long-neglected consideration among the other medical specialties. At the beginning of the war the government called upon the National Committee for Mental Hygiene for aid, and this organization was exceedingly fortunate to obtain and recommend the services of Dr. Thomas W. Salmon (1876- 1927), who had a remarkable organizing ability. Through his efforts it was demonstrated that psychiatry could contribute a great deal to the efficiency of the armed services by recognizing and treating the war neuroses. Salmon and his associates in the Army, with its numerous civilian as well as military personnel problems, were instrumental in pointing out the relationship of these problems to medical and social disciplines. By

extraordinary patience and hard work, Salmon overcame seemingly insurmountable obstacles and problems. He had confidence in the future of psychiatry and was always alert to defend it against any unfair criticism. He profoundly influenced the growth and course of psychiatry in America, and it may be pointed out that what he did for the Army has stood the test of time, as his methods are still more or less in force and, in the minds of some, are still the best available, having been so proved in World War II and in the Korean campaign.

One of the most significant and practically important phases of the mental hygiene movement to the credit of American psychiatry was the creation of child guidance clinics, which started with William Healy (1869) in 1909 in the institute devoted to the study of juvenile problems in Chicago. This was the pioneer child guidance clinic, although the term was not coined until 1922. The Boston Psychopathic Hospital, opening in 1912, accepted children from the first, as did the Phipps Psychiatric Clinic in Baltimore where a special outpatient children's clinic was active as early as 1913. The Allentown State Hospital in Pennsylvania was also a pioneer in this field, with a clinic under way in 1915. Child guidance clinics developed rapidly in other cities and areas under such well-known specialists as Lawson Lowrey (1890-1957), David Levy (1892), Frederick Allen (1890-1969), J. S. Plant (1890-1946), and Douglas Thom (1887-1954) and are continuing to grow in size and distribution, as the needs for the study and correction of the behavior

disorders of childhood are still greater than the available facilities.

Researches of many types have been carried on from early times, particularly on nervous system anatomy and functions, but intensive organized research, as such, on mental disorders is of comparatively recent development. For example, in 1884 Dr. I. W. Blackburn of Philadelphia, an excellently trained pathologist with a particular interest in the relationship between the brain and mental diseases, was appointed special pathologist at the Government Hospital for the Insane (now St. Elizabeths Hospital). He was the first fulltime pathologist in a mental institution in America (at least I can find no record of an earlier full-time appointment of this kind). He published 25 papers and books during a period of 25 years, many of them illustrated by his own hand, since he was a skilled artist as well as a scientist.

Probably the first large-scale stride toward organized systematic psychiatric research in this country was made in 1895 by the establishment of the Pathological Institute of the New York State Hospitals as an integral part of the state hospital system. Located at first in New York City with Dr. Ira van Gieson (1865-1913), a neuropathologist, as director, this institute was later constructed on the grounds of the Manhattan State Hospital on Ward's Island where it remained for many years under the successive directorships of Adolf Meyer, August Hoch (1868-1919), and George Kirby (1875-1935). In 1929 the old institute was replaced by a modern building constructed as a

unit in the Columbia Presbyterian Medical Center and named the New York State Psychiatric Institute and Hospital. During the past 60 years this institute has been unique since it has been supported for the sole purpose of research.

The Boston Psychopathic Hospital built in 1912 under the direction of Elmer Southard (1876-1920), the State Psychopathic Hospital under Dr. Albert M. Barrett (1871-1936) constructed in 1906, and later the Colorado Psychopathic Hospital under Franklin Ebaugh (1895-1972) are among the earliest centers with active research units employing full-time research workers. With these beginnings acting as stimuli, there have been many similar developments in university and hospital centers. Moreover, the philanthropic foundations have devoted large sums of money to train young research workers in the psychiatric field, to support investigators already in key positions, and to finance laboratories where original studies could be carried out. In 1934 the Scottish Rite Masons of the Northern Masonic Jurisdiction began their support of research projects in schizophrenia, which has continued to the present day with accomplishments that have served as an example of the progress that may be expected with the growth of research interests and financial aid.

The work of Sir Charles Sherrington (1857- 1952) of England on the physiology of the nervous system and of Walter Cannon (1871- 1945) of America on the relationship between the emotions and the vegetative

nervous system, as well as the investigations of the followers of Pavlov's (1849-1936) concepts and to a lesser extent those of Kretschmer (1888-1971) on bodily conformation, have served as a background upon which the structure of "psychosomatic" or "comprehensive" or "total" medicine has been erected and expanded in recent years. The term "psychosomatic medicine" has been known for at least 100 years, but in the sense of the modern clinical application and theories in psychopathology and medical problems it is rather distinctly an American development to which Adolf Meyer and Smith Ely Jelliffe contributed a great deal.

Here it is well to remember that George Beard of New York described a syndrome in 1868 that he called "neurasthenia" and under which he included pathological fatigues and so-called nervous exhaustion. He said, "While modern nervousness is not peculiar to America, yet there are special expressions of nervousness that are found here only: and the relative quantity of nervousness and of nervous diseases that spring out of nervousness are far greater here than in any other nation in history and it has a special quality." These disorders, regardless of whether there were more of them in America than elsewhere, were the disorders to which Silas Weir Mitchell (1829- 1914) of Philadelphia devoted much thought and therapy. He ascribed them to deficiencies in fat, blood, and other elements and recommended complete rest as the cure. From the general interest in so-called functional disorders came one of the special roots now known as

psychosomatic medicine.

Forensic psychiatry, as such, has developed slowly in America through the years despite the fact that there have been outstanding pioneers with constructive concepts and writings. Beginning with Isaac Ray's book in 1838, one finds interesting and pertinent references to the relationship between psychiatry and the law and recommendations for dealing with these complicated problems. In more recent years the publications and personal influence of such authorities as L. Vernon Briggs (1863- 1942), William A. White (1870-1937), Bernard Glueck (1884-1973), Winfred Overholser (1892-1964), and Gregory Zilboorg (1890-1958) have made excellent contributions to the subject in ways that have favorably modified some of the practical legal procedures.

Since World War I industrial psychiatry, school and college psychiatry, and other penetrations of psychiatry into public affairs have made notable strides that have led to a deeper understanding of emotional phenomena. Clinical psychology, occupational therapy, and social service activities, all of which are valuable psychiatric auxiliaries, have shown remarkable progress. In the field of clinical psychology the use of the Rorschach and other projective techniques became established and were freely applied to psychiatric problems. The social worker, from the first, proved to be practically indispensable in investigating the home situation, in the problems

of hospital patients and of the child guidance field, and in interpreting the nature of the problem to the family as well as aiding in the readjustment of the improved patient in the community.

Occupational therapy, in the broad sense of its original definition (“any activity, mental or physical, definitely prescribed and guided to hasten recovery from disease or injury”), has always accompanied enlightened, humanitarian treatment, especially in the field of mental illness. It may have begun in the United States with the opening of the Pennsylvania Hospital in 1752, when the board of managers provided wool-carding and spinning equipment “to employ such Persons as may be capable of using the same.” Activities ranging from music, games, and arts and crafts to industrial or housekeeping tasks and education were utilized as an essential feature of the nineteenth-century “moral treatment” as mental hospitals opened in Philadelphia, New York, and Boston. Nursing personnel frequently supervised these activities, though no formal preparation for such leadership was available until Susan

Tracy established a course for student nurses at Adams Nervine Hospital. By 1917, when the Society for the Promotion of Occupational Therapy (later the American Occupational Therapy Association) was formed, two more training centers were functioning. Three other schools, originated during World War I to train “reconstruction aides” for Army hospitals,

continued to grow and were among those accredited in 1938 by the American Medical Association. Graduate therapists, like their predecessors, worked in various hospitals and rehabilitation centers, using a wide range of activities to promote patients' recovery from physical as well as mental illness.

As late as the 1930s it was advocated by many that psychiatry was not a science but an art, since the personality of the psychiatrist bulks so large in the practice of mental medicine, and psychiatry could never free itself from its philosophic elements. Regardless of what was thought and said, an "American school" was developing, and by 1937 it had the following characteristics, most of which have persisted.

The American school had started to use the new shock therapies that later became so widespread in application, and it had also recognized the great possibilities of sociology and cultural anthropology as contributors to psychiatric knowledge. However, this American movement was not merely a composite eclecticism, but it was beginning a positive frontal attack upon the problems of mental medicine that was new, frank, and critical. It advocated treating all behavior, thought, and feeling of an individual as real or actual performance or, in other words, as a personality experience. The differentiation of human performances and capacities is just as much a real dynamic phenomenon as is any feature of somatobiological processes or of social culture. It also emphasized proceeding along the following general lines

in dealing with a particular psychiatric problem: (1) the correction of all recognized defects in the soma of the patient; (2) the establishment of adequate rapport between physician and patient; (3) the careful study and evaluation of familial, economic, and social situations; (4) the detailed investigation of the personality problem; (5) the attitude toward and adjustment to reality; (6) the ventilation of conflicts and desensitization of the patient; (7) the institution of re-educational training; (8) the formation of an adequate philosophy of life; and (9) the desirability of follow-up studies.

The American school recognized, and attempted with considerable success to correct, the lack of adequate instruction and training in psychiatry in many of the medical schools; in fact, in most of the medical centers psychiatry was inadequately represented. However, despite these educational handicaps, a greater number of medical students sought postgraduate training, and the number of women physicians entering psychiatry became notably larger since earlier strong prejudices against them had subsided considerably. It is a matter of interest to note that in 1890 a law was passed by the New York State legislature authorizing the appointment of at least one woman physician in each state hospital. Obviously we have come a long way during the last half century. The lack of sufficient knowledge of mental hygiene and the psychic components of disease on the part of the general practitioners and the lack of proper psychiatric information among the clergy and the population in general were also well recognized, and movements

were started to try to correct these deficiencies.

In recent years, and particularly since World War II, more adequate methods and techniques suitable for attacking vital problems have appeared and are still in various stages of evolution. In scrutinizing the past in an attempt to perceive the simple beginnings and origins of the present-day science of man, one should remember that each worker, regardless of his individuality, is in some degree dependent on the thought and practice of his time, uses to some extent formulations suggested by others, and is stimulated and influenced by the particular interests of his friends and colleagues.

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Notes

- [1] Benjamin Rush is also claimed by professional chemists as the "Father of American Chemistry" on the basis that he was the first professor of chemistry in America, his post being the College of Philadelphia (1769-1789).