Revisiting Moral Treatment: Psychiatric Therapeutics in England 1750-1850

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Introduction

In his *Mental Pathology and Therapeutics*, Wilhelm Griesinger advocated the use of placebo for the chronically insane:

> there are cases where, even without rational indications, it is advantageous to give medicines to the patient, but consisting only of indifferent substances, merely to show him that he is really considered ill, to sustain hope, and to remind him of a steady medical supervision. Here medicines act as moral remedies, as in the case of very distrustful patients who look upon the asylum as a state prison, a place for criminals and the like.[1]

This passage from the founding father of German university psychiatry captures the complex roles played by drugs in psychiatric doctor-patient relationship. Drugs were not simply targeted at the bodily disorders which lay under the patient's mental aberration, but acted as an important prop which sustained the belief that the doctor and the patient were in a collaborative relationship towards curing the disease, however distant was the prospect of recovery itself. The sugar-pill was not just prescribed for the patient: it reflected back to the doctor, convincing him that he was engaged in a medical enterprise, not just in the business of custody. Drugs, medical anthropologists tell us, do not just consist in their chemical or physiological operations but have a total effect. Intersecting with the hard-core somatic effects, there exist a thick layer of extra-meanings, which affect the doctor's choice of a certain therapeutic intervention and influence the

patient's perception of what he or she receives.[2] Despite his well-known hard-line somatic stance towards the etiology of mental diseases, Griesinger reveals himself to be sensitive to the complexities of the psychological and the somatic in psychiatric therapeutics.

This paper addresses some aspects of such complexities and nuances of somatic treatment of insanity in England in the late eighteenth- and early nineteenth-centuries. In so doing, one of my purposes is to redress the historiographical bias created by historians's one-sided concentration on moral treatment in their understanding of the origin of modern psychiatry.[3] It is true that strong emphasis on moral treatment laid by Pinel and York Retreat was a powerful driving force in "psychiatric revolution" in the early nineteenth century. I would like to argue, however, that the opposition between the moral and somatic treatment during the period has been exaggerated. Despite fierce opposition against the advocacy of moral treatment as the *only* remedy, many alienists showed readiness to incorporate some forms of moral treatment into their therapeutic armoury.[1] Psychiatric works published in the 1830s typically included one chapter for moral treatment and another chapter for somatic treatment. Indeed, one can trace the origin of this binary structuring of psychiatric therapeutic means up to the mid-eighteenth-century, albeit under different names. As early a work as William Battie's *Treatise on Madness* (1758) had a chapter called "regimen and cure of madness", where Battie discussed those topics which later came to be called moral and somatic treatment.[5]

Another reason for the inadequacy of the historiographical model centred upon the opposition of moral and somatic treatment is its failure to articulate great varieties within each genre, which defy a simple dichotomy. Moreover, somatic treatment not just varied: the variations were structured around the axis of the choice between two strategies for therapeutic intervention, namely the heroic and the mild.[6] I would like to argue that there existed among psychiatric practitioners a clear sense of the opposition of the two principles of

heroic and mild treatment. In other words, they felt the tension between "interventionist" option and "expectant" one. There existed several principles around which various remedial techniques were clustered and understood, and the choice between heroic and mild treatments was more vital than the choice between moral and somatic did, in structuring the world of psychiatric therapeutics in England in the eighteenth and nineteenth century.

Below, I will first sketch the co-existence and competition of heroic and mild strategies in the eighteenth century. Secondly, I shall describe the uneasy transition toward milder treatment in the early nineteenth century. What happened in the early nineteenth century was the change in the balance of power between heroic and mild strategies: at least on the pages of published tracts, the latter was in clear ascendancy from the early nineteenth century, and there's little reason to suspect this did not reflect what doctors actually did. Lastly, I will investigate possible reasons of this shift, and emphasize the role played by what contemporary alienists called "the public".

"Safe men do a great deal of real mischief": Eighteenth-Century Background

As Roy Porter has shown in his now classic Mind-Forg'd Manacles, there flourished varieties of therapeutic means in eighteenth-century England. Needless to say, recourse to heroic, powerful, and violent means for madness was clearly recently made. Authorities in medicine, such as Herman Boerhaave, Richard Mead, William Cullen, Benjamin Rush, and many others advised to use the heaviest artillery to combat madness, especially when it came to mania.[7] Thus, the strongest vomits, the most powerful purgatives, and large and repeated venesections were routinely recommended: Benjamin Rush perhaps hit the upper limit imaginable when he advised to start with taking up to about one litre of blood, then repeating further abstraction if necessary.[8] Another impressive example was one related by Patrick

Blair, a physician in Lincolnshire, in his paper read at the Royal Society in 1725, in which the author placed a violent and recalcitrant wife under a gigantic water tank with eighty ton of water put up at ten metres high, with water falling on her head. Over the course of about two weeks, she went through the ordeal three times, during which, Blair calculated, the torrent of fifteen ton of water fell upon her.[9]

Close reading of those texts which advocated heroic treatment, however, reveals that authors were keenly aware of another type of practice, based on the opposite principle of mildness. In other words, they felt their own therapeutic philosophy was somewhat under threat, and they were under pressure to defend and justify themselves. For example, in work published in 1729, Nicholas Robinson regretted that "we seldom use those that are proportion'd to the greatness of the cause" of lunacy, and he pointed a blaming finger at those who did not give powerful enough medicines:

> Give me leave to say, that no Man can have a tenderer, or more compassionate concern for the misery of mankind than my self; yet it is cruelty in their highest degree, not to be bold in the administration of medicines, when the nature of the disease absolutely demands the assistance of a powerful remedy... It is owning to these safe men, that do but little good, and a great deal of real mischief, that chronick diseases are so rife now-a-days, and so generally incurable; ... render'd so by those, that are afraid to proceed in a way only capable of curing them.[10]

This testimony by a mid-century physician adds considerable nuance to our understanding of eighteenth-century heroic treatment of madness: heroic treatment at that time was not due to inertia but a product of informed choice. Moreover, note well the apologetic self-vindication at the beginning of the quote. Robinson had to emphasize his tenderness and compassion, clearly aware of the charge of coarseness

and cruelty inveighed against heroic treatment of the insane. Far from being ignorant of the association or identification of milder treatment and humane attitude of the insane, Robinson consciously resisted to follow that principle.

Who were these "safe men", then? Who advocated mild treatment, which Robinson and others strongly criticized? They varied, and came from a wide range of social and professional background. As expected, a number of clergymen and religiously-inspired authors came up with criticisms of heroic treatment, especially when they proposed religious consolation as its alternative. Lewis Southcomb's Peace of Mind and Health of Body United (1750) turned Robinson's argument completely upside-down, and claimed "medicines of the most violent operations" were useless and harmful, creating incurable lunatics by their effect of sinking spirit.[11] Irregular practitioners, especially those who owned profit-making madhouses, were another group who frequently attacked heroic treatment as inflicting useless pain, and proposed milder therapies. The "Incomparable Oleum Cephalicum", the nostrum of Thomas Fallows, was claimed by the self-styled "Dr" to evacuate noxious vapours by "raising small pustules upon the head", a method much less drastic and violent than blood-letting and purges.[12] With their need to attract client, entrepreneurs in trade in lunacy emphasized less painful and less debilitating nature of their physical therapies, as well as refraining from giving the impression of harsh treatment, which in reality they too often frequented to.

Critics of heroic treatment came also from regular medical practitioners. Physicians from the uppermost echelon contributed to the advocacy of mild treatment and criticism of heroic one. Sir Richard Blackmore, physician to William III, criticized "frequent and strong purgation" for melancholy as enfeebling an demolishing the patient, and suggested the use of opium in moderate amount.[13] Some framed their critique in Galenic-Hippocratic opposition: *A Treatise on Phrensy* (1746), a work whose author has remained elusive, inveighed against

prevalent therapies consisting in massive bleeding and purging as "Galenic", and identified his method with Hippocratic emphasis on regimen and management.[14]

The debate between William Battie (physician to newly established St. Luke's Hospital) and John Monro (succeeding to his father's post at time-old Bedlam), which has been too often painted as Battie bringing psychiatry into enlightenment, should be seen in this context.[15] Battie's caution against blood-letting, blisters, purges, and vomits was a part of the eighteenth-century philosophy of therapeutics dictated by the principle of mildness. Whereas Monro criticized Battie much in the same vein as that of Robinson, for giving bad names to vomit as "shocking operation" that causes "morbid convulsion" and insisted that a psychiatric practitioner should not be frightened away from free use of lancet, and strongest emetics and purges.

Eighteenth-century somatic treatment of insanity was, far from static and monolithic one, but a field rife with tension, in which the two major principles of heroic treatment and mild one were competing with each other.

Integrating Moral Treatment

The advent of early moral management or the use of psychological means to inculcate self-control in the mind of the patient complicated this picture, rather than revolutionalized the scene. The late eighteenth-century vogue of psychological treatment instantly created a division in its conceptualization, namely that between theatrical and interventionist approach and sober and expectant one. Quite understandably, the power of the controlling eye, best represented by the practice of Francis's Willis (the mad-doctor of George III) and William Pargeter, aroused deep suspicion and thinly veiled hostile remarks against such type of moral treatment abounded-not to be confused with criticism of moral treatment itself.[16] Perhaps thinking of William Pargeter, whose book was published three years before,

John Ferriar, physician to Manchester Lunatic Hospital wrote "The stories current in books, of wonderful cures thus produced, are like most other good stories, incapable of serving more than once."[17] In order for moral treatment to become acceptable and scientific, it should be reproducible, ridding itself of the air of charismatic charlatanism.

One way of upgrading this psychological healing was to underpin it with learned philosophy of mind, just as Pinel upgraded Pussin's management technique by providing it with the intellectual basis of sensualist philosophy of mind.[18] Giving somatic underpinning to it was another possibility, but not many took recourse to this option. The most preferred way by British authors, was to move away from the type of moral treatment which largely depended on the ability to form an inter-personal relationship with the patient and put emphasis on the capacity of asylum environment to act on the diseased mind.[19] This enabled them to think moral treatment in the framework of the time-old medical concept of regimen and hygiene: one should recall here that Battie used the word "regimen" as a synonym of moral management of the patient. The culmination of this transformation of moral treatment into environmental medicine is found in John Conolly, who once stated in an annual report of the Hanwell Asylum that the opportunities for "direct moral treatment" was very limited and a superintendent should aim at providing "indirect moral treatment", such as arranging building, hanging lithographs in the corridor, and planting shrubs in the airing court. Moral treatment in England soon became distinctively more expectant means, whose major site to act was the environment in which the patients were put: manipulative intervention into the mind of the patient never established itself firmly among English psychiatric practitioners. This is, I think, yet another reason to cast doubt on the validity of Foucault's statement that moral treatment of York Retreat started the new era of psychological repression.

We should not, therefore, overestimate the extent which moral

treatment competed with or replaced medical treatment: the two had different and separate object or target of operation. Medicines and somatic treatment in general kept its privileged place as the major vehicle of direct communication between the doctor and the patient, even after the triumph of moral treatment in English psychiatry.

Instead of the transition from the somatic to the moral, one can discern a gradual but distinct shift from the heroic to the mind from the early nineteenth century onward. Toward the end of the nineteenth century, Daniel Hack Tuke's Dictionary of Psychological Medicine (1892) repeatedly cautioned against heroic treatment and called for moderation in prescription: profuse depletion of blood was uniformly injurious, but local abstraction in small quantity was sometimes useful: use of antimony should largely discarded, expect in small doses; the hypodermic injections of morphia for melancholy should be limited to two grains, whereas earlier practitioners went up to fifteen, and so on[20]. Not that drugs were entirely abandoned, nor that there's no psycho-pharmacological innovation in the nineteenth century: indeed, especially following the abolition of mechanical restraint, drugs to subdue violent fits (such as morphine, tincture of digitalis, and bromide of potassium) were eagerly experimented and extensively used. But these new wonder drugs of the nineteenth century, as well as the time-old remedies were used in small doses, or in milder forms.

As expected, this transition to the principle of mildness was not sudden, nor uniform. Instead, we witness uneven and patchy transition. In a work published in 1809, John Haslam, apothecary to Bethlem, maintained that venesection is "the most beneficial remedy" both for maniacal and melancholic cases and suggested that up to about 450 ml of blood should be taken at a time and repeated if necessary. He also recommended free use of purgatives which produced four or five stools. This man, however, objected strongly to the then prevailing practice of vomiting, claiming that if has harmful paralytic effect (Battie's convulsion)[21]. On this point, Haslam expressed an opinion different from that of Joseph Mason Cox, who found vomit an

almost infallible cure.[22] In 1828, George Mann Burrows cautioned against heroic doses of purgatives and emetics. Still he recommended very generous use of opium, writing "if [any] good be expected, it is by giving a large dose, and repeating smaller ones till the end be attained."[23]

One point over which there seems to have been an almost unanimous agreement after around 1820 was alienists' belief in the efficacy of local bleeding (especially from the head) and the harm done by general bleeding. Nearly all leading writers on insanity, Burrows, Joseph Spurzheim, George Combe, William Ellis, John Conolly, Forbes Winslow, and so on, joined the chorus of their rejection of lancet and praise of leeches and cuppings. When in 1847 the Lunacy Commissioners conducted a survey on therapeutics to 48 medical officers of asylums, they were almost unanimous about the harm done by general blood-letting and the benefit of local blood-letting, although the extent of the benefit admitted varied greatly from one to another.[24]

Why did this shift take place? Why was local blood-letting acceptable, but not venesection? Why medicines should be given in only small doses? The present stage of my research only allows me to give partial explanations as a solid factors. In the first two decades of the nineteenth century, Brunonianism seems to have contributed to a certain extent to the decline of extensive anti-phlogistic depletion and increased reliance on stimulants.[25] From the 1820s to 40s, the popularity of phrenology perhaps contributed to the adoption of local bleeding targeted at segmented parts of the brain.[26] From mid-century, the rise of experimental pharmacology led alienists to carefully monitor and measure the effect of drugs, an attitude which made them sensitive to the power of even small doses of medicines.[27] In the late nineteenth century, some psychiatrists might have been affected by therapeutic nihilism prevalent in medicine in general, exacerbated by the then dominant pessimistic theory of hereditary and degenerative aetiology of madness.

However important these factors were, they do not seem to explain the shift. There are reasons to suspect that the shift in psychiatric therapeutics was not just a part of the shift in medicine in general. The former started too early for us to suppose it caused by trickling-down effect from prestigious professors at hospitals at Paris and laboratories in German universities.

Psychiatry under the Gaze of the Public

I would like to suggest that the most vital force that drove this shift toward mild and expectant therapeutics in psychiatry was alienists' increased awareness of the public opinion and their anxiety over the dire consequences upon themselves and their profession if they offended it. This was thus an external factor, and probably one unique to psychiatric enterprise. Burrows made a most revealing comment about the reasons behind the choice of therapeutics means. Burrows was highly interested in gyrating or rotating chair, first applied to psychiatry by Joseph Mason Cox as the "Herculean swing", improved and extensively used by Hallaran in Ireland, Horn in Prussia, Guislain in Belgium, and many others.[30] With up to one hundred rotations per minute, it was little doubt one of the most powerful and formidable psychiatric treatment employed at that time. Impressed at the stories of its enormous power to violently shock the mind and body of the patient, Burrows was about to construct one for his own private madhouse, when he had a second thought:

> I was deterred from the execution by the deep impression made on the public mind by the Parliamentary Inquiry into the State of Madhouses and Lunatics in the years 1815 and 1816. ... almost all confidence in those who have devoted themselves to the medical treatment of insanity ... was destroyed. However exalted by professional or moral character, so morbidly sensitive is popular opinion on the subject of insanity, that no medical man dares follow the dic-

> tates of his better judgment. Were he to adopt a practice, from the energy of which an accident happened; or were he to try any experiment, however hopeless the case, and the result be contrary to his well-founded expectations, that man would be universally decried, his reputation blasted, and his family ruined.[31]

Burrows had a good reason to rethink, for he knew Horn was obliged to retire from La Charité in Berlin, due to "popular clamour" after a death of the patient while under rotating treatment.

In the text quoted above, Burrows in effect confessed that it was his concern for the public opinion and its destructive effect on his career that deterred him from adopting a heroic treatment with high risk. One does not have to be a cynic to believe that life and safety of patients were not his most important priority. Burrows almost explicitly denied that motivation. Following the quote, he enviously wrote: "[in] every other disease, in surgery, in midwifery, when the occasion demands it, the most hazardous operation is attempted. If it do not succeed, and life is the forfeit, no blame attaches. If it do succeed, the physician or the operator is a deity."[32] This observation of the uniqueness in psychiatry in its heavy punishment for the failure of heroic treatment carries particular weight, when one thinks that Burrows had been at the centre of general practitioners for two decades before he turned to psychiatry. Moreover, this was not an isolated expression of idiosyncratic obsession. When in 1864 C.L. Robertson learned that one W. McCrea, a young prison medical officer, experimented the effect of tincture of digitalis by giving it in half-ounce dose, the veteran alienist wrote "with a wholesome fear of a coroner's inquest, I have not ventured on half-ounce doses... I believe that they would be too much for the average stamina of our patients. I have never given them drachm doses."[33] Admittedly, this was a joke. Behind this apparently light-hearted statement, however, there lurked a nervous concern over the consequences if the effect of the medicine given turned too powerful for the patient to endure, and a serious warning

against a novice in this difficult trade of psychiatry. I should like to emphasize again that in this case too, Robertson's motive for giving a small dose was not the life of the patient itself, but "coroner's inquest."

The identification of mild treatment and humane attitude was not new: Robinson was well aware of it, and stated that real humanity consists in resisting to the temptation of the false humanity and harmful tenderness. In other words, the real goal of the doctor was, Robinson said, was to cure, however repulsive the means to achieve the end appears. What was new to nineteenth-century psychiatry was the dramatic increase of the power of "the public" to punish psychiatrists for what it deemed a misconduct toward the insane, by revealing the doctor's shortcomings in mass-media. It is well known that one of the most severely punished medical conducts was wrongful confinement. Even John Conolly, the doyen of English psychiatry in mid-century suffered badly from his highly publicized involvement in a case of confinement of dubious nature at the licensed house of Arthur Stillwell. More than ten years after the event, some people did not forgive him. In 1860, Harriet Martineau wrote to Florence Nightingale, "I have (& always had) a thorough distrust of Dr Conolly, as I suppose most people have since the Stillwell affair."[34] Incarceration of a lunatic was seen as a business that should be put under public scrutiny, not just a matter to be settled between the doctor and his client, and alienists were learning to behave themselves through hard lessons.

To a lesser but nonetheless considerable extent, therapeutics was another realm in which doctors came under public critical scrutiny. The revelation of large and indiscriminate depletion of the patients at Bethlem in the Parliamentary Inquiry 1815/16 cast infamy on its medical staff, and subsequent authors rarely failed to distance themselves from such a practice.[35] The death of a patient at Surrey County Asylum in 1856, after the treatment of thirty minutes of shower bath and strong emetics, was reported in national newspapers and Charles Snape, the responsible assistant doctor, was persecuted for man-

slaughter. Again, alienists rushed to the press to severely criticized their fellow professional's wrong ideas, and claimed the inefficacy of, and harms done by, such treatment.[36] The pattern seems fairly established: after a scandal, and public outcry against a certain remedy, doctors were quick to denounce it altogether.

1) Wilhelm Griesinger, *Mental Pathology and Therapeutics* (London: The New Sydenham Society, 1867), p.471.
2) An example from a more recent period is the effect of insulin coma treatment to boost the morale of the medical team and the patient. See, for example, Elliot Slater, "Psychiatry in the 'Thirties", *Foreign Affairs*, 77 (1998), 70-75.
3) Anne Digby, *Madness, Morality and Medicine: a Study of the York Retreat* (Cambridge: Cambridge U.P., 1985); Andrew Scull, "Moral Treatment Reconsidered", Social Order/Mental Disorder (London: Routledge, 1989), pp.80-94: Roy Porter, Mind-Forg'd Manacles: A History of Madness in England from the Restoration to the Regency (London: The Athlone Press, 1987); Michel Foucault, *Histoire de la folie à l'âge classique*, 2nd ed. (Paris: É d ition Gallimard, 1972).
4) W.F. Bynum, "Rationales for Therapy in British Psychiatry: 1780-1835", *Medical History*, 18 (1974), 317-34.
5) William Battie, *A Treatise on Madness* (1758), with John Monro, Remarks on *Dr. Battie's Treatise on Madness* (1758), introduced & annotated by Richard Hunter and Ida MacAlpine (London: Dawsons of Pall Mall, 1962).
6) John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820-1885* (Cambridge, Mass.: Harvard U.P., 1986); Charles Rosenberg, "The Therapeutic Revolution: Medicine, Meaning, and Social Change in Nineteenth-Century America", *in Explaining Epidemics and Other Studies in the History of Medicine* (Cambridge: Cambridge U.P., 1992), 9-31; Andrew Scull, "Somatic Treatment and the Historiography of Psychiatry", *History of Psychiatry*, 5 (1994), 1-12. For a stimulating argument on more recent psychiatric therapeutics, see David Healy, *The Creation of Psychopharmacology* (Cambridge, Mass.: Harvard University Press, 2002).
7) Porter, *Mind-Forg'd Manacles*, pp.184-7.
8) Hunter, Richard and Ida Macalpine, *Three Hundred Years of Psychiatry 1535-1860* (1963; rept. New York: Carlisle Publishing, 1982), pp.667-9.

9) *Ibid.*, pp.325-9.
10) Nicholas Robinson, *A New System of the Spleen, Vapours and Hypochondriack Melancholy* (London: A. Bettesworth, 1729), pp.399-402.
11) Lewis Southcomb, *Peace of Mind and Health of Body United* (London: M. Cooper, 1750), pp.57-58.
12) Hunter and Macalpine, *Three Hundred Years*, pp.293-5.
13) Richard Blackmore, *A Treatise of the Spleen and Vapours* (London: J. Pemberton, 1725), pp.84-5.
14) Hunter and Macalpine, *Three Hundred Years*, pp.371-2.
15) Battie, *A Treatise on Madness*.
16) Porter, *Mind-Forg'd Manacles*, pp.206-22.
17) John Ferriar, *Medical Histories and Reflections*, 3 vols. (London: Cadell & Davies, 1792-8), vol.2, p.109.
18) Jan Goldstein, "Psychiatry" in W.F. Bynum and Roy Porter eds., *Companion Encyclopedia of the History of Medicine*, 2 vols (London: Routledge, 1993), 1350-1372.
19) Suzuki, Akihito, "Politics and Ideology of Non-Restraint: the Case of the Hanwell Asylum", *Medical History*, 39 (1995), 1-17.
20) Daniel Hack Tuke, ed., *Dictionary of Psychological Medicine*, 2vols. (London: J.A. Churchill, 1892, rept., New York: Arno Press, 1976).
21) John Haslam, *Observations on Madness and Melancholy* (London: J. Callow, 1809, rept., New York: Arno Press, 1976), pp.313-345.
22) Joseph Mason Cox, *Practical Observations on Insanity* (London: Baldwin and Murray, 1806), pp.175-9.
23) George Man Burrows, *Commentaries on the Causes, Forms, Symptoms, and Treatment, Moral and Medical, of Insanity* (London: Thomas and George Underwood, 1828), pp.583-666.
24) Lunacy Commissioners, Annual Report (1847), *British Parliamentary Papers*, 1847-48 XXVI, Appendix L.
25) W.F. Bynum, and Roy Porter eds., *Brunonianism in Britain and Europe, Medical History, Supplement* No.8 (1988).
26) See, for example, Andrew Combe, *Observations on Mental Derangement* (Boston: Marsh, Capen & Lyon, 1834), pp.284-6.
27) See, Warner, *Therapeutic Perspective*.
28) The best-known representative of this stance is Henry Maudesley. See Henry Maudsley, *The Physiology and Pathology of the Mind* (New York: D. Appleton and Company; rept. Washington D.C.: University Publicaions of America, 1977), pp.422-42.

29) Burrows, *Commentaries on Insanity*, pp.599-606.
30) For Horn and gyrating machine, see Hiroshi Yamanaka, "Scandal and Psychiatry in Early Nineteenth-Century Prussia", *History of Psychiatry*, 14 (2003), 139-60.
31) Burrows, *Commentaries on Insanity*, pp.605-6.
32) *Ibid.*
33) C. Lockhart Robertson, "The Hypodermic Injection of Morphia in Mental Disease: A Clinical Note", *Practitioner*, 2 (1869), 272-275.
34) Harriet Martineau, *Selected Letters*, ed. by Valerie Sanders (Oxford: Clarendon Press, 1990), pp.183 & 253.
35) Andrew Scull, *The Most Solitary of Afflictions: Madness and Society in Britain, 1700-1900* (New Haven: Yale University Press, 1993), pp.115-22.
36) J.C. Bucknill, "The Prosecution of a Medical Superintendent for Man-slaughter", *Asylum Journal of Mental Science*, 2 (1856), 517-23.