reformatory prisons rather than purely places of punishment. The work in mental hospitals, comparative to that in prisons, generally seems to have more of a purpose in the asylums rather than that given to criminals, despite the fact some negative impacts are suggested.

**Treatments**

As had been used to treat all kinds of patients for some time, drugs continued in use to ‘treat’ the mentally ill, although the effects are debatable. A variety of substances were used in attempt to calm patients, such as antimony tartar and opiates, such as henbane, morphia and even pure opium. Whilst these were not painful and were often effective at treating certain symptoms, the intentions behind their admission often focused on helping staff more so than patients; instead of attempting to cure the illness, drug admission concentrated on sedating and quelling patients’ tempers so that the staff had an easier time. This shows that there was little use in making the patients better by curing the illness itself. However, doctors classed themselves as “helpless without them” and considered them an important part, so they were widely accepted as a necessary factor in 19th Century treatment at the time. As a whole, the drugs did actually placate the patients, but the thought behind administering them showed intentions to use them as a punishment in order to control unruly behaviour.

Another common and often criticised form of treatment had been used widely for centuries: control of the four humours. Although it was an ancient theory, a popular way to attempt treatment of mentally ill patients was by purging them, or bloodletting. The methodology used, by our modern standards, seems brutal and primitive; for example, a rotating chair was spun with the patient strapped to it in order to purge them, and leeches were applied to the head or limbs to drain blood. However, it is easy to have this view with hindsight, for we now see the ineffectiveness of the theory, as the “disease” rarely stems from a direct, physical caused, such as excess blood. These are main arguments for the perception of the theory’s use as punitive. In support of this, there is evidence that even after the treatment was proven ineffective, the ‘cure’ was still applied to the mentally ill. On the other hand, the intention at the time was generally caring, as a widely accepted perception was that bloodletting was an effective treatment, and thus the patients were being treated for their illness. The four humours theory contributed to some of the imagery we see of treatment as brutal today, but within its context it can be considered as intentionally caring towards the patient.

In a similar way to the former methods, and also practised within the theory as treatment, the restraining method of care was one that has been widely linked as harsh restrictive and can often dominate images of mental asylums. Originally intended as a caring method of reducing the risks and dangers the mentally ill faced, together with each other, the idea of restraints collected together several methods. These included leg lock chains, restraint chairs and strapping the patient to their bed. This is similar to the implements used in 19th Century prisons, although criminals were punished by these methods rather than ‘treated’. It was used commonly to stop self inflicted injuries, an example of this being the case of William Thurston, who asked the staff to restrain him so that he did not harm himself. We can, therefore, see potential evidence of some patients accepting restraint, although we cannot necessarily say how far this is out of their own free will, or if it could have been ingrained into them through the process of discipline. However, it is possible that the negative view emerging from the restraint method stems from evidence that it was abused by asylum staff. Therefore, whilst on one hand the ‘cure’ was abused and thusly commonly accepted as punitive, many at the time intended it to be effective and caring in terms of treating the patient, as can be seen through Samuel Hadwen’s reference to it is “the best and most important remedies.”

Growing out of the late 18th Century reforms, the early 1800s also paved the way for a new approach to treating the mentally ill, in the form of “moral treatment.” Started by Quaker reformist William Tuke, after his friend perished at the hands of a pre-reform asylum, this psychosocial method concentrated more on talking and rewarding the patient rather than punishment, reminiscent of a modern day rehabilitation centre. Although at first Tuke founded only the York retreat, where about 30 people attended for a period of resting and discussion about their ‘illness’, the idea soon grew, despite opposition from medics and asylum wardens, who perhaps were anxious that this might cost them their jobs; indeed, Tuke himself seemed to see the negative views of these men, for he noted “all

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41 http://www.theretreatyork.org.uk/abouttheretreat.php?ref=41