

About Diagnostics at the Mental Asylum of Riga Citadel in 1787–1790

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The first mental asylum, or madhouse, in the Baltic provinces was opened in 1787 in Riga by the Livonian Board for Social Care (*Livlandische Collegium für allgemeine Fürsorge*), which started its activities on 20 February 1784 in Riga. In addition to the mental asylum, the board acted as patron of some other charity facilities which were situated in the same building at the Riga Citadel (since 1786). The madhouse (*Tollhaus* or *Dollhaus*, *долгауз*) constituted about a fifth of the board's institutions. The insane were separated by gender, occupying rooms on the upper floors of the building. Only a corridor separated women's rooms from the female prisoners' rooms in the correction house (*Zuchthaus*, *смирительный дом*). The guard (*Zuchtmeisterin*) for female prisoners was in charge of inmates of both genders and was assisted by a female prisoner. Other floors accommodated the jail (*Gefängnis*), workhouse (*Arbeitshaus*, *рабочий дом*), and the general and venereal diseases hospitals. At that time, the close coexistence of the asylum and the punitive institution was expressed in mixed terms such as "*Doll-haus beim Zucht und Arbeitshaus*" (Schott & Tölle, 2006). The police doctor (*Kreisarzt*, *городовой врач*) of Riga took medical care of inmates and was assisted by two disciples. One of them dwelled permanently in the board's building in the citadel (Kuzņecovs, 2007).

The main printed sources on the asylum's diagnostic practices

Dr. Otto von Huhn's *Topographical Description of the City of Riga* contains a detailed description of the citadel's asylum at the very end of the 18th century (Gun[Huhn], 1804). Huhn (1764–1832) published his book in Russian, using it also for diagnostic terms. According to Huhn, until August 1798 there were

45 inmates in the asylum. Among them only 17, or more than one-third, had syndrome-based diagnoses: four suffering from fits of frenzy (*besnuyshyesia*); three mad from excessive piety; three suffering from madness of love; three melancholics; and four prone to evil. Another source of data is by Huhn's contemporary—the historian, ethnographer and artist Johann Christopher Brotze (1742–1823) is known as the author of *Drawings and Descriptions of Riga's Suburbs and the Nearest Surroundings*, first published as late as at the end of the 20th century (Broce, 1996). Brotze always added valuable written explanations in German to the objects he depicted. Brotze's data on the citadel's asylum in 1798 are generally compatible with Huhn's but differ in terms of diagnostics. According to Brotze, all the 45 mental patients had syndrome-based diagnoses. According to him, from February till the end of August 1798, the total of 31 persons (*tiefsinnige*) suffered from melancholia. *Tiefsinnigkeit* was the German equivalent for melancholia (*задумчивость* in Russian). But only four cases of that disease were documented by Huhn for apparently the same period. Other diagnoses described by Brotze coincide with Huhn's data.

Who was right then—doctor Huhn (who was the director of the Riga Alexander Heights asylum since 1824) or historian Brotze? How many melancholic patients were there in the asylum in 1798—three or thirty-one? And what could be the reason for hospitalization of those 28 supposed “melancholics” whose diagnoses were not confirmed by Huhn? Both authors very likely had at their disposal the same data sources for same period (or perhaps for a little shorter period in Huhn's case), such as asylum register books and, possibly, direct contacts with the police doctor David Kurzwig, who was in charge for the inmates in 1798.

The citadel's asylum register Anno 1790

Newly found in the archives, this earliest diagnostic register from the first mental asylum in the Baltic region provides a description of the mental state of 17 asylum inmates, hospitalized in 1787–1790. The document is written in German. The register's statistical part included information on the patient's name and surname, age, ethnicity and social status, the referring person/organization (e. g., the landlord, the police); information on the reasons for and terms of hospitalization; and information on discharge or death. The patients were predominantly male: out of 17 persons, eight were women. The patients' age ranged from 9 to 67. The majority of individuals, seven inmates,

had been referred by the police, while four had been referred by the province's administration; two by the Riga city council; and one by the court. Others were referred by their masters and there is no information on one person—patient No. 15. Two patients, No. 10 and No. 13, were discharged, three patients (No. 3, No. 8 and No. 9) died, among them a nine-year-old boy. The hospitalization period varied from about three years (two female inmates had been hospitalized since 1787) to one month or even a few days (the last patients, No. 16 and No. 17 were admitted on 23 and 24 May 1790). The listing of the reasons for the persons' hospitalization was accompanied by question marks with the exception of No. 11 (exclamation mark?), No. 13 (comma) and No. 16 (point). In case of patients No. 15 and No. 17, the reasons for hospitalization were not mentioned at all. (LSHA, 1787–1790, pp. 1–3)

Following the above information, and according to the type of abnormal psychiatric phenomena provided as a reason for hospitalization, the author divided the insane into three groups:

- 1) Persons with mental disorder (? syndromological/symptomatological diagnosis “melancholia”), all four cases with question marks. Proportionally, this group constitutes about a quarter of the whole sample (thus resembling the proportion of all psychotics to the total asylum inmates in the Huhn's sample from 1798);
- 2) Persons with possible mental disorder. This group is featured by very short descriptions of signs of abnormal behavior, a kind of pre-diagnosis;
- 3) Social, legal (criminal) and unknown reasons for isolation. Due to the peculiarities of the register text, the author in his analysis could only partly follow the ‘biopsychosocial model’ presented by George L. Engel and/or the ‘triangle model’ by Edward Shorter (1990).

Mental disorder (? syndromological/symptomatological diagnosis):

- Melancholy? [No. 3. Michael N., age 38, local barber's apprentice. Referred by the (Riga) city council in a six vote decision. Admitted 10 November 1788, died 2 January 1790]
- Melancholy? [No. 4. Anna Sophia, age 42, local serfdom-free maid (*freischein*); referred by the (Riga) city council in a six vote decision; admitted 10 November 1788]

- Intermittently melancholy, intermittently foolish speech manner, and choleric? [No. 6. Jacob P., age 45, local clocksmith, referred by the government, admitted 7 June 1789]
- Melancholy, often shouting and making noise? [No. 10. Jann, serf, admitted on the Suddenhof (Vibroka) estate director's order 2 January 1790, discharged 24 January 1790, and sent back to his native place]

Possible mental disorder (description of signs of abnormal, possibly psychotic behavior):

- Nonstop shouting? [No. 1. Fedosya J., age 67, Russian citizen's wife. Referred by the police. Entered 4 November 1787]
- Preserves insight now, otherwise used to be ill? [No. 2. Werenika S., age 64, maid from Prussia. Referred by the police. Entered 17 June 1787]
- Foolish speech and often singing? [No. 8. Anna S., age 60, local serfdom free-maid (*freischein*). Referred by the police. Entered 20 June 1789, died 17 January 1790]
- Because he always wants to speak about his dreams? [*weil er immer Traeume offenbahren will*; No. 12. Johann Joseph M., age 55, former customer at Mitau (Jelgava), referred by the government]
- He used to skip about while dreaming and make noise (No. 13. Daniel S., age 30, local tailor, referred by the police, entered 31 Jan 1790, discharged to the police station]
- Bouts of frenzy and foolish speech [*Anfalle von Wuth und naerrische Reden*; No. 16, Willhelm E., age 29, former court's member, referred by the order of governor]

A threat to society (coupled with insanity at least in some cases?) as a reason for hospitalization; also cases without comment:

- Murder and burning? [*mordbrennes*; No. 5. Anna from Fellin (Viljandi) (no surname), age 20, referred by the court, entered 31 March 1789]
- Prone to foolishness and burning? [*in Dumheit und Feuer anstecken*; No. 7, Lisa from "Unnipicht" (Unipiha) estate (near Dorpat / Tartu), age 24, serf referred by the landowner. Entered 18 May 1789]
- Because he used to run around naked and with fire, threatening to burn down houses! [*weil er oefters nakend mit Feur herumgerandt und gedroht Hauser anzustecken*; No. 11. Jacob, age 25, serf of Burtneck (Burtnieki) estate, referred on the order of Burtnieki inspector. Entered 28 January 1789]

- Because he made noise in the pub, shouted on the street, and was troublesome in the police station? [No. 14. Heinrich F., former walker. Referred by the police. Entered 27 February 1790]
- No comment on the cause for hospitalization [No. 9. Christopher, age 9, a serf from Arensburg (Kuressaare, Saaremaa), referred by the government from the correction house, admitted 8 December 1789, died 9 February 1790]
- No comment on the source and reason for referral, or other data like social status [No. 15. Angelena S., age 40, entered 26 March 1790]
- No comment on the reason for referral [No. 17, Anna Maria H., local maid, age 25, referred by the police]

Discussion

The sample of the mentally insane diagnoses that were in use in the first years of existence of the citadel's asylum is small and deals almost exclusively with melancholy. Next to melancholy, choleric temperament was also mentioned once, alternating with "foolish speech" (No. 6). The lack of other diagnostic entities and the scarcity of the mentioned psychopathological signs prevent identification with the widespread eighteenth-century classifications of insanity such as by William Cullen (1769), Boissier de Sauvages (1763), or Philippe Pinel (1798), to name only a few (Friedmann & Thau, 1987). The citadel's asylum's diagnosis of melancholy might have its pattern in Pinel's nosography with its four main clinical components—melancholy, hypochondria, mania with and without delusions, and dementia. Temperament was clinically important for Pinel, too; somnambulism was part of his *vesania* classification. But the main syndromes belong to the common medical heritage rooted in ancient medicine.

For Aretaeus and for Classical medicine in general, it [melancholy—*Author's note*] was a severe mental disturbance. Anguish and dejection were its essential elements, but also involved were powerful emotions springing from hallucinations and sensations of suspicion, mistrust, anxiety and trepidation. (Porter, 2002)

One can find definitions of melancholy (Diderot & D'Alembert, 1754, p. 308) and some other syndromes in the famous eighteenth-century French *Encyclopédie*, written independently from Pinel's or Esquirol's later nosographies. However, information on the psychiatric and behavioral content of the cases of the citadel's asylum is too scarce (patients No. 6 and No. 10 in the register are not exceptions in spite of the very short comment on behavior deviation) to make conclusions

about its origin. The majority of diagnoses of the Riga citadel's lunatic patients reveal merely common behavioral and/or moral characteristics. It is possible that Brotze's 28 "extra" melancholic persons in 1798 were also initially marked with similar, provisional diagnostic "label" with a question mark that eventually became "melancholy" without question (as a final diagnosis?) in the reports of the asylum's administration. Rather, in the medical literature of the time, the term melancholy "provided a catch-all term for ailments of the mind and body" (Skultans, 1979).

It is well known that, filled with new clinical content, the classic simplicity of Pinel's diagnostic model contrasted favorably with some complicated eighteenth-century nosographies, being a mix of pathology and morality. Pinel was right in asking:

What can we say about a classification [...] where theft, baseness, wickedness, displeasure, fear, pride, vanity and so forth are classed as sick afflictions of the mind? These are of course mental sickness, and often incurable diseases, but their true place is in the "Maxims" of La Rochefoucauld or in the "Characters" of La Bruyère, not in a work on pathology. (Foucault, 2006, p. 194)

Michel Foucault made a valuable comment to that Pinel's statement: "The quest was for the morbid forms of madness, and all that was found were deformations in morality" (Foucault, 2006, p. 194). But there is no information to support the fact that doctors in Riga at that time were adept in, say, Boissier de Sauvages's sophisticated classification with its 14 types of melancholy (Friedmann & Thau, 1987).

True, some reasons for the isolation of the insane given in the register resemble the topics of that moralizing madness, and are at times indistinguishable not only from the moralists' maxims but, not rarely, from the police reports (No. 7 and No. 25). It is commonly known that the police at that time brought to madhouse violators of public order as in the case of patient No. 16 (Yudin, 1951). Curiously, according to the register not one of the 17 insane in the asylum had been referred by a physician. However, it cannot be completely excluded that they were previously examined by the police (city) doctor, as in the case of possible lunacy (No. 13), and especially in court (No. 5). Obviously, the register notes were not simple copies of the police reports, even though they seemed to be, say, in the case of No. 8, Anna S., or No. 14, Heinrich F. According to Huhn, upon admission the supposed insane were first seen by one of the two doctor's assistants (one of them had to permanently live at the asylum). The assistants reported to

the doctor about the referrals' condition every day. In his turn, a police doctor (a graduate of a German university) had to "immediately" prescribe treatment to the newcomers, the "ill and insane" (these two important categories were not the same!). Dr. Huhn, in his description of the asylum, mentioned purgatives, vomiting along with bloodletting, using physical restraint (straitjacket) and separate "cells" for isolating the noisy ones (Gun[Huhn], 1804). The purpose of hospitalizing the insane (or patients with venereal diseases) was not only their medical treatment, but also moral reformation and social alienation. That is why madhouses often looked so similar to correctional houses or jails. This is also true for the citadel's asylum, where the madhouse and correction institution coexisted side by side, not only in the aspect of place but also of care: "reformed" prisoners could work as guards, the insane (in case of necessity, e.g., the lack of beds) could be placed, at least for a while, in the correctional facility. However, the decision of government (probably, of the Livonia Board for Social Care) had been necessary to place the 9-year-old boy from Kurosaare (Kuressaare; Reg. No. 9) from the correctional house to the madhouse, where he soon died. Sadly, the register does not reveal motives for such placement. "Occupational therapy" could also be a similar treatment for the insane, although prescribed by the doctor for medical reasons. An inmate of the madhouse, referred by the police, could stay in the facility for a long time, even if hospitalized for seemingly innocent motives (No. 12).

In the light of Foucault we can also speak of the peculiar perception of madness by the alienists, according to whom scientific classifications and hospital experience were not always compatible, and the medical classifications "might be used for descriptive purposes and on even rarer occasions for diagnostic purposes as well, but this was invariably in an anecdotal manner" (Foucault, 2006, p. 394). Examples from the citadel's asylum's register are "nonstop shouting" (No. 1), "foolish speech and often singing" (No. 8), or "he always wants to speak about his dreams" (No. 12). In the 19th century, a more compassionate attitude toward the insane and insanity slowly emerged. The external control of the "insane" was replaced by the patient's inner "moral" control in time (Skultāne, 1991). But isolating the insane continued in the previous manner. Even in 1849 (and possibly later), typical reasons for referral to the Dorset County Asylum in UK were "excitement", "traveling by rail", "domestic unhappiness", "disappointed views", etc. (Rogers, 1992). It is hardly possible today to make any sound 'biopsychosocial' statement on the nature of the mental illness of the supposed insane, "to determine whether or not a man was sick, criminal, or insane who was admitted to the hospital for 'derangement of morals', or because he had

‘mistreated his wife’ and tried several times to kill himself” (Foucault, 1964). Although this text is an attempt at such an “archeology”, it is also a proof of the great similarity in the ways how psychiatry developed all over Europe.

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