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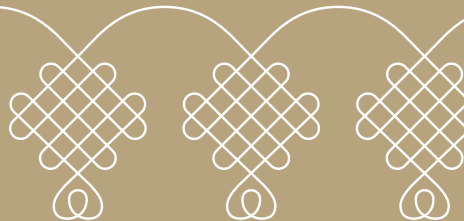
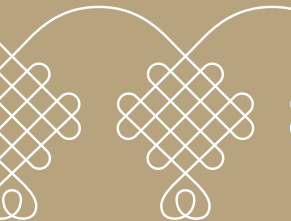
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ACADEMIÆ SCIENTIARUM HUNGARICÆ

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Central European Perspectives on the History of Psychiatry

Janka Kovács and Daniela Tinková

Special Editors of the Thematic Issue

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Centralizing Custody and Curing by Chance: Early Austrian Madhouses under Medical Supervision and State Constraint, c. 1780–1830

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This article offers an overview of the early development of madhouses as an institutional framework for the custody and treatment of mentally ill persons, from the initial phase of comprehensive governmental health politics in Austria (the peak of the Enlightenment movement in the region in the late eighteenth century) until 1830, when a second phase, which had begun in 1815 and which bore witness, again, to the establishment of asylums for people suffering from mental disorders, came to an end with the foundation of an asylum in the city of Hall in Tyrol. The article outlines the establishment of such institutions for the accommodation, detention, and, partially, treatment of people seen as insane in the Austrian Hereditary Lands as a political and societal attempt to react to a rising number of individuals who were perceived as suffering from serious mental problems but whose families and communities either did not feel obliged to provide care for them or were simply not capable of treating them anymore in their respective localities. The article points out, as has been noted in the secondary literature, that all early madhouses in Vienna, Linz, Graz, and Salzburg operated primarily as institutions for the internment of persons perceived as mentally ill and posing a threat to themselves and others. The physicians involved intended to implement therapeutical activities, but this was only rarely possible due to a lack of financial resources, accommodation space, and asylum staff.

Keywords: madhouse, psychiatry, Austria, Josephinism, early nineteenth century, social history

Introduction: The Scope and State of Research

In the discussion below, I offer an overview of the early institutional history of madness in Austria in the late eighteenth and early nineteenth centuries.¹ Remarkably, one does not find, in the secondary literature, any real comprehensive or systematic accounts of the historical development of discourses and practices

1 For an earlier account covering the period until 1850, see: Watzka, “Psychiatrische Anstalten.” All translations of quotations from German are mine.

dealing with people deemed insane in Austria before 1900.² Hence, this article presents a still provisional overview of the state of research regarding aspects fundamental to a social-historical analysis of the issue. It focuses on the following questions: what type of institutions were there to provide care for those deemed mentally unfit? When and where were they established? What resources and treatments were used, in what manner, and with what outcomes?

Regarding the history of the mentally ill and the ways in which they were treated in even earlier periods, it should be noted here that peculiar discourses and practices had been present in Austria (and in most regions of Western and Central Europe) since the Middle Ages, with an increasing number of sources from the sixteenth and seventeenth centuries onwards,³ relating to academic as well as clerical and popular medicine.⁴

Nonetheless, within the Habsburg Monarchy, it was not until the last decades of the eighteenth century that social institutions were established with the specific public mandate to provide custody and/or care for people who were regarded as mentally ill and whose circumstances were perceived as a social problem. The appearance of the “madman”⁵ as a social role and prominent cultural figure was connected to broader sociocultural changes. Since the publication of the works of Michel Foucault, Erving Goffman, Klaus Dörner, and several other prominent representatives of “antipsychiatry” in the 1960s and 1970s,⁶ the historical research community, too, has devoted considerable attention to the topic of insanity. From the 1980s onwards, the history of the institutionalization of mental health care began to be written by professional historians who adopted clearly critical perspectives, inspired in part by insights

2 This fact is surprising, given that Austria is the home country of Sigmund Freud. On the lamentable state of historical knowledge regarding mental health in Austria at the end of the twentieth century see: Springer, “Historiography and History of Psychiatry,” 251.

3 See especially: Watzka, *Arme, Kranke, Verrückte*; Pichlkastner, “Eine Stadt in der Stadt”; Pichlkastner, “Bier, Wein, Kapitalien”; Pichlkastner, “Physicus”; Watzka, “Stellenwert und Gestaltung”; Watzka, “Mehr als bloß Exorzismus”; Lobenwein, “Medizin- und Sozialgeschichtliche Aspekte”; Watzka, “Heuhaufen und Nadeln”; Ammerer and Watzka, “Der Teufel in Graz”; Ammerer, “Exorzismus und animalischer Magnetismus”; Ammerer et al., *Dämonen*.

4 On differentiations and overlaps between these systems of health-oriented actions see especially: Gentilcore, *Healers and Healing*. With regard to mental disorders: Watzka, “Interpretationen des Irrsinns.”

5 Contemporary terms used to designate individuals suffering from mental illnesses are employed here without further remarks on their often particularly stigmatizing character today, of which I am, of course, aware.

6 See especially: Doerner, *Madmen and the Bourgeoisie*; Foucault, *Madness and Civilization*; Goffman, *Asylums*.

from social and cultural history.⁷ They all identified an increase in political and social demands for the control of people suffering from mental disorders in early modern Europe. For the most part, this transformation directly affected not only the mad themselves, but also those in their immediate surroundings. This process was largely ambiguous and in many cases devastatingly negative in terms of both the quality of the life for patients in institutions and even from the quantitative perspective of their life expectancies.⁸ On the other hand, increasingly intense material and intellectual efforts were made to cure the mentally disturbed in this period, in part because of the influence of Enlightenment ideas concerning the curability of madness, which formed something of a widespread ideal and mindset among the middle and upper classes.⁹

The pace of this process varied across Europe, and it clearly depended in part on the regional tendencies in technological progress, urbanization, and industrialization.¹⁰ These processes led to an increasing number of individuals not living within the traditionally narrowly woven networks of family and neighborhood communities anymore. These communities, which of course should hardly be idealized, usually played important roles in addressing interpersonal conflicts, thus restricting the demand for permanent institutional accommodation mainly to cases of perceived need for intensive care or custody, which would have overstrained the resources of the local community.¹¹

The time span under discussion in this article stretches from the late eighteenth century to 1830, the year in which the first phase of the institutionalization process in Austria came to a temporary end with the opening of an *Irrenheilanstalt* in the town of Hall in Tyrol. Later, from the 1850s and 1860s, several other projects were launched to create new spaces for a rapidly expanding “population” of inmates. The spatial scope was limited to the Austrian Hereditary Lands, which had a majority German-speaking population and a direct nexus to the Austrian core land. Therefore, neither the Bohemian nor the Polish crown lands, the Kingdom of Hungary, Vorderösterreich (Outer Austria), the Litoral, or Carniola are dealt with here. It is worth noting that the secondary

7 Porter, *Madness*; Porter, *Madmen*; Kaufmann, *Aufklärung*; Scull, *Madness in Civilization*.

8 See for example: Eghigian, *The Routledge History of Madness and Mental Health*.

9 On the social history of the Enlightenment see: Bell, “For a New Social History.” On its particular variant in Austria: Beales, *Enlightenment and Reform*; Fillafer, *Aufklärung habsburgisch*.

10 On the temporal-spatial pattern of the establishment of madhouses and psychiatric institutions across Europe see the exhaustive compilations done by Dieter Jetter in the 1980s, especially: Jetter, *Geschichte des Hospitals*.

11 See for example: Watzka, *Vom Hospital zum Krankenhaus*; Scheutz et al., *Europäisches Spitalwesen*.

literature on early psychiatry in the area under study here (roughly, the territory of modern-day Austria, though also including parts of South Tyrol and Lower Styria, and excluding Burgenland, which was part of Hungary until 1920–21) is quite heterogenous. Even in the case of Vienna, which was the imperial capital and the political, economic, and cultural center of the Habsburg Monarchy (and was considered the “vanguard of progress” in many fields and had the most comprehensive public infrastructure), until recently, no extensive or thorough scholarly studies have been published on the early stages of psychiatry.¹² Until recently, very little had been written even on the “Narrenturm” (Tower of Fools), which was founded in 1784 and garnered enormous notoriety as an irritatingly noticeable symbol of the beginnings of psychiatry in Austria (it now houses the anatomical-pathological collection of the Naturhistorisches Museum of Vienna). The regrettably fragmented state of the secondary literature on the topic has now begun to change due to new, insightful publications. Above all, in 2023, Viennese physician and writer Daniel Vitecek published the first (!) comprehensive scholarly monograph on the medical and social history of the Narrenturm and the beginnings of psychiatry in Lower Austria, including the peculiar institution for mental patients regarded as incurable in Ybbs. Vitecek presents a vast array of valuable earlier findings, hitherto scattered in various remote contributions, and also several entirely new insights based upon sources analyzed from this perspective for the first time.¹³

Remarkably, from the perspective of the institutionalization of mental health care in the nineteenth century, Tyrol is the Austrian region that has been the most thoroughly studied, even though this process began in Tyrol later than in other regions of the monarchy. The research group dedicated to the social history of medicine and medical humanities at the University of Innsbruck has produced remarkable results in this field since the 1990s, with contributions by Elisabeth

12 See Gabriel, “Psychiatrische Einrichtungen,” esp. 195.

13 Vitecek, *Der Wiener Narrenturm*. See earlier scholarly contributions reflecting on the period until 1850: Lesky, “Wiener Psychiatrie im Vormärz”; Jetter, “Zur Entwicklung der Irrenfürsorge”; Jetter, “Wiener Irrenhausprojekte”; Jetter, *Geschichte des Hospitals*; Fellner, “‘Irre’ und Gesellschaft”; Gröger et al., *Zur Geschichte der Psychiatrie in Wien*; Brenner, “Der Wiener ‘Narrenturm’”; Gabriel, “Psychiatrische Einrichtungen im Erzherzogtum unter der Enns.” Moreover, Stohl, *Der Narrenturm*, albeit a speculative work by a non-academic, and engaged mainly with an alleged hermetic meaning of the building itself, must not be neglected, due to interesting hints which remain partly relevant for professional historiographic scholarship.

Dietrich-Daum, Maria Heidegger, Michaela Ralser, and others.¹⁴ Heidegger in particular has published numerous insightful contributions regarding Tyrolean psychiatry in the mid-nineteenth century from several perspectives. In addition to social and patient history, she has focused on gender history, the history of emotions, and body history.¹⁵ For Salzburg, the first historical analysis by Harald Waitzbauer was published in 1998, and recently, a further overview, examining additional archival sources, was authored by Theresa Lumetzberger. Both works deal with the period before the mid-nineteenth century, though the focus is on later periods, as is the case in Elisabeth Telsnig's study on artistic work by psychiatric inmates in the region.¹⁶ For other parts of Austria, until now, there have been no studies comparable in extent or chronological scope on the early stages of psychiatry, neither for the more populous crownlands of Upper Austria and Styria nor for Carinthia.¹⁷ For Upper Austria, some research on the initial phases of housing for the mentally ill since the 1780s was done in 1970s and 1980s by Konrad Plass, Gustav Hoffmann, and others, but no additional studies have been undertaken.¹⁸ Regarding the history of psychiatry in Styria, particularly the late nineteenth and early twentieth centuries are moderately well-researched now, but for the period before the mid-nineteenth century, there is much research still to be done. Overviews were given by Carlos Watzka and Norbert Weiss.¹⁹ In the case of Carinthia, the nineteenth-century history of the

14 See Dietrich-Daum and Ralser, "Die 'Psychiatrische Landschaft'"; Dietrich-Daum and Heidegger, "Menschen in Institutionen"; Dietrich-Daum and Heidegger, "Die k. k. Provinzial-Irrenanstalt Hall in Tirol"; Dietrich-Daum and Taddei, "Psychiatrische Versorgung am Land."

15 See especially: Heidegger, *Sorgen um die Seele*; Heidegger, "Lärm macht (Un-)Sinn"; Heidegger, "Der Teufel als Ohrwurm"; Heidegger, "Schmerz, Männlichkeit und Religion"; Heidegger, "Zur Erregung eines angenehmen Lebensgefühls"; Heidegger, "The Devil in the Madhouse"; Heidegger, "Psychiatrische Pflege."

16 See Lumetzberger, *Das öffentliche Irrenwesen*; Waitzbauer, *Vom Irrenhaus*; Telsnig, "...Trotz bin ich nicht."

17 See the sketch in Watzka, "Psychiatrische Anstalten." The ecclesiastical principality of Salzburg only became a part of the Habsburg Monarchy in 1816, even if, in terms of political and economic relations, it had been closely linked to the Monarchy for centuries.

18 See Hoffmann, *200 Jahre psychiatrisches Krankenhaus*; Hoffmann et al., "Zur Geschichte der Psychiatrie in Oberösterreich"; Plass, "Die Stiftung des Johann Adam Pruner." In turn, the history of psychiatry for the twentieth century and its darkest period (the mass murder of mentally ill individuals at Hartheim Castle during the national socialist regime in particular) is well documented. See Kepplinger et al., *Tötungsanstalt Hartheim*; Schwanninger and Zauner-Leitner, *Lebensspuren*. On the cruel history of Austrian mental hospitals during World War I, see especially: Schwanninger and Rachbauer, *Krieg und Psychiatrie*.

19 See Weiss, *Im Zeichen von Panther & Schlange*; Weiss, "Gestörte Seelen"; Watzka, "Die Landes-irrenanstalt Feldhof bei Graz"; Watzka, *Vom Armenhaus*.

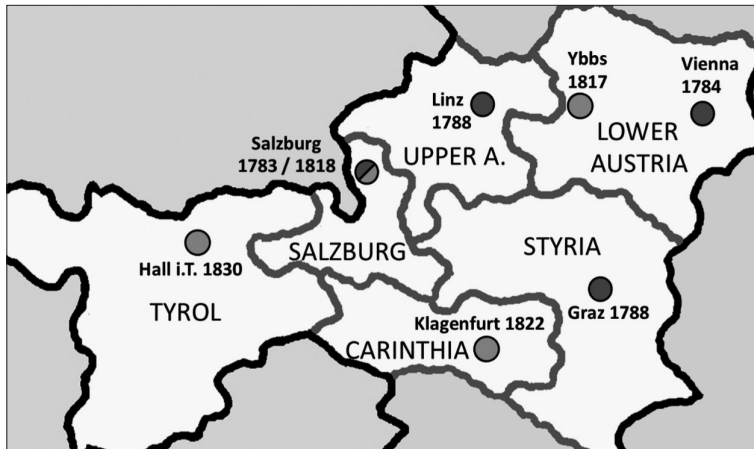


Figure 1. Early public madhouses within the area of contemporary Austria, 1780 to 1830 (Sketch map by C. Watzka, based on a template available at Wikimedia commons)

asylum founded in Klagenfurt in 1822 has largely been overlooked, despite some efforts by Paul Posch, Karl Frick, Lisa Künstl, and Thomas Platz.²⁰

In the discussion below, I examine the development of public institutional structures for the custodial care and, eventually, the cure of the mad in the Austrian Hereditary Lands between the 1780s and 1830, drawing mainly on the secondary literature and printed sources.²¹ I pay attention particularly to fundamental aspects, such as buildings, staff, patients, and their living conditions, as well as the therapies eventually provided for them. The broader context of the cultural and social history of the Habsburg Monarchy in the late eighteenth and early nineteenth centuries, including its politics regarding poor relief and the healthcare system in general, is dealt with only selectively here, when connections of processes in these wider fields with concrete institutional developments in mental health care are highlighted.²²

20 See Posch, *Landeskrankenhaus Klagenfurt*; Frick, *Geschichte der Krankenhäuser Kärntens*; Künstl, “Mögen in diesen lichten Räumen...”; Platz, “Die Anfänge.”

21 Due to the structure of the competences of the authorities, the archival sources on early Austrian psychiatric institutions are mainly found in the Austrian National Archives (Österreichisches Staatsarchiv, for the most part within the department Allgemeines Verwaltungsarchiv), the Wiener Stadt- und Landesarchiv, and the other archives of the regional authorities (the provincial archives in Lower Austria [Niederösterreich], Upper Austria [Oberösterreich], Styria [Steiermark], Carinthia [Kärnten], Salzburg, and Tyrol [Tirol]), whereas community, church, and university archives are of less importance. They are of considerable use, however, from the perspective of biographical questions relating to individual staff members or patients, as well as building history.

22 For an overview of the history of medicine in eighteenth-century and early nineteenth-century Austria see: Wimmer, *Gesundheit, Krankheit und Tod*; Lesky, *Österreichisches Gesundheitswesen*; Lesky, *Wiener medizinische*

The Tower of Fools (Narrenturm) in Vienna

Compared to Western Europe, from the perspective of early efforts to establish a specialized structure for the internment and, eventually, treatment of the mad, Austria was a latecomer, even though the opposite is sometimes asserted in older literature and on some popular websites even today. The beginnings of larger, specialized structures for the accommodation of the insane date back to the fifteenth century in Spain and to the sixteenth and seventeenth centuries in Italy, France, England, Holland, Germany, and Poland.²³ In Austria, however, until about the mid-eighteenth century the task of providing custody for insane persons was largely left to a non-centralized structure of small multifunctional hospitals, often owned and run by communities or religious orders. Additionally, some state-run poorhouses also began to accommodate mad people as an additional task. This situation, albeit probably advantageous at least for some of the affected individuals, was seen as insufficient by the central authorities, especially in light of permanently growing public demands. Yet it was not until the government of Emperor Joseph II from 1780 to 1790 that any large-scale establishment of state institutions for public health care in general was implemented, and this then took place in the context of a systematic effort to strengthen the agency of the central government and, in turn, to cut back the political and social power of the Catholic Church and other stakeholders, such as the already quite insignificant traditional, regionally based nobility. With such regulations, which bore strong affinities with other projects for progress, Joseph II and the enlightened official nobility around him put into practice the concept of “medizinische Policey,” or medical police, developed by academic physicians of the time. Johann Peter Frank (1745–1821) of south German origin, the most prominent and productive of them,²⁴ was recruited as a medical professor first for Austrian Lombardy in 1785 and then took over the Viennese general hospital in 1795. The foundation of the latter in 1784 was the work of his Vienna-born predecessor, Joseph von Quarin (1733–1814), who had served as personal physician to Maria Theresia and Joseph II.²⁵

Schule. For the early history of poor care see especially: Scheutz and Weiß, *Spital als Lebensform*; Scheutz, “Demand and Charitable Supply.”

23 See esp. Jetter, *Grundzüge*; Watzka, *Vom Hospital zum Krankenhaus*, 92–97.

24 Frank, *System einer vollständigen medicinischen Polizey*.

25 See Pfeiffer, *Allgemeines Krankenhaus*; Grois, *Allgemeines Krankenhaus*.

In 1781, Joseph II focused his attention on efforts to provide relief and healthcare for the poor. He himself authored the so-called “Directiv-Regeln,” the rules for the future establishment of hospitals and care institutions. These rules formulated the principle of internal separation between the various kinds of needy persons, the impact of which lasts until today. The intention was to draw a clear distinction between children (foundlings and orphans) and adults and to provide separate accommodations for them. Among the latter, it distinguished between pregnant women in need of maternal care, people who were “merely” poor but healthy, poor individuals with acute but treatable diseases, and people who were poor and chronically ill or disabled.²⁶ This categorization, which reflects the emphasis among the so-called enlightened on classifications (particularly of matters regarded as problematic, as discussed by Foucault),²⁷ was enriched by a peculiar further category of ill persons, namely those not regarded as suitable for treatment within the general hospital. This classification applied to individuals who for some reason “cause damage or disgust” and included *Wahnwitzige* (maniacs), people purportedly suffering from venereal diseases, and those with visible signs of illness or damage to the body (*Krebse* or cancers). All of them, according to the emperor himself, had “to be removed from general society and from the eyes of humans.”²⁸

The Viennese *Narrenturm*, which was established in 1784 as the first purpose-built madhouse in the Habsburg Monarchy, was part of these coordinated efforts to create a state-run public health care system for the urban population of the capital, which had roughly doubled over the course of only 80 years, from more than 120,000 around 1700 to approximately 250,000 in the 1780s.²⁹ The *Narrenturm* was situated within the area of the new general hospital in the Alsergrund suburb (today the ninth district of Vienna). For the building itself, the former *Großarmenhaus* (Large Poorhouse) was used. This edifice had been established in the 1690s and had been home to more than 1,600 inmates in 1781, when it was dissolved.³⁰

The foundation of the Viennese *Narrenturm* or *Tollhaus* was a personal project for Emperor Joseph II, who spent a considerable amount of money

26 Weiß, *Geschichte der öffentlichen Anstalten*, esp. c–cii.

27 See Foucault, *Madness and Civilization*; Foucault, *Discipline and Punish*.

28 Cited in: Weiß, *Geschichte der öffentlichen Anstalten*, cii.

29 See Klein, *Historisches Ortslexikon – Wien*, 2.

30 On the history of Viennese poorhouses see: Scheutz and Weiss, *Das Spital in der Frühen Neuzeit*, 205–16. For penitentiaries and workhouses see: Ammerer and Weiß, *Strafe, Besserung und Disziplin*.

from his personal funds and dedicated significant efforts to its creation, thus centralizing the detention of the mad hitherto accommodated within various smaller structures. In quantitative terms, the wing for mad inmates at the large civic hospital in the Saint Marx suburb of Vienna (today the third district of Vienna) was probably the largest source for transfers to the newly erected Narrenturm. The hospital had offered space for 300 to 500 persons altogether in the mid- and late-eighteenth century, including space dedicated for the internment (and eventually treatment) of about 30 people perceived as mad. In reality, it accommodated up to nearly 80 persons of allegedly “corrupted” mind in the 1760s and 1770s, as Sarah Pichlkastner has shown in her extensive research on the Viennese Civic Hospital and its various sites.³¹

Prior to its opening, other inmates who came to be lodged in the Narrenturm had been accommodated in institutions such as civic poorhouses scattered across the city and its surroundings. These institutions held more than 2,600 inmates already in 1766, of whom at that date 128 (ca. 5 percent) were considered “Hinfallende, Habnährische, Blödsinnige” (epileptics, half-fools, or stupid), as Daniel Vitecek’s research has demonstrated, drawing on the *Wienerische Diarium*, a journal which reported on the issue. Patients were also transferred to the Narrenturm from the Viennese Spanish Hospital (also called the Trinity Hospital) in the Alsergrund suburb and the monastic hospital of the Barmherzige Brüder (Order of Saint John of God) in the Leopoldstadt suburb (today the second district of Vienna),³² which mainly treated somatic diseases but also offered accommodation and treatment for the mentally ill in the seventeenth and eighteenth centuries.³³ That hospital was left open even during the Josephinist cloister dissolutions because of its acknowledged practical value, but with regards to accommodation for the mentally ill, it was limited by imperial order to the task of providing care exclusively for insane clergymen.³⁴

By founding the Narrenturm, Joseph II and his government avowedly intended to ameliorate the living conditions and, particularly, chances of recovery for the insane. Thus, this initiative resembled the founding of the general hospital in Vienna, which was established to improve the circumstances and living conditions of those suffering from some bodily illness. Nonetheless, the emperor himself was not free of stereotypical and prejudiced convictions

31 Pichlkastner, “Eine Stadt in der Stadt,” 120–30, 394–402.

32 Vitecek, *Der Wiener Narrenturm*, esp. 20–21, 47, 76.

33 Watzka, *Vom Hospital zum Krankenhaus*, esp. 154–81.

34 On this issue see especially: Lehner, *Mönche und Nonnen im Klosterkerker*.

regarding illness and insanity, even by contemporary standards. In particular, he obviously held the traditional belief that, were a pregnant woman to behold something disgusting or horrifying, this might have dire consequences for the health and sanity of her unborn child. “Objects or humans” that were deemed a horrific sight were therefore to be isolated and kept away from the public eye as a matter of public health.³⁵

Unfortunately, the sources reveal only broad outlines concerning Joseph II’s personal ideas on the needs and legitimate claims of the mentally ill. But the issue of providing accommodation and care for the insane was clearly a target of the emperors’ pronounced habit of thriftiness, as he personally gave the order, still in 1784, to provide “only a diet of four Kreuzer per day” “for the mad,” instead of the seven Kreuzer given as the amount that would cover the average expenses for “ordinary” patients at the Viennese General Hospital.³⁶ Perhaps the belief in a general “lack of judgement” among the mad, which was quite common among in enlightened thought, contributed to the emperor’s conclusion that it would not “pay off” to provide expenses beyond the sheer minimum for madmen, as differences between higher or lower quality of food, clothing, or furniture would not be noticed by them, and shortcomings would not have the same negative health effects as they would for “normal” persons. Vitecek summarizes the sobering effect of Joseph’s II personal interest in designing the first Austrian mental asylum: “the scarcest equipment and scarcest staff” were allocated to the Narrenturm, compared with the other institutions founded by the emperor.³⁷

This, of course, had dire consequences for the inmates of the new institution. In contrast to at least some of the hospitals where these people had been accommodated before, in the Narrenturm, all approximately 250 inmates were indiscriminately prohibited from taking walks outside the building. Only two small and dark inner courtyards were set aside for this purpose (see Fig. 2). This order was kept even after the death of Joseph II in 1790. Eventually, during the principalship of Johann Peter Frank, in 1796, two small gardens, surrounded by a high wall, were installed, offering the inmates somewhat better conditions and an opportunity to enjoy sunlight and fresh air.³⁸

There obviously was a strong drive behind the Josephinian government to segregate the insane from a society believed to be in a state of becoming

35 Vitecek, *Der Wiener Narrenturm*, 36–37. On the concept of stigmatization see: Goffman, *Stigma*.

36 Wittelshöfer, *Wien’s Heil- und Humanitätsanstalten*, 44. See also: Vitecek, *Der Wiener Narrenturm*, 37.

37 Vitecek, *Der Wiener Narrenturm*, 82.

38 *Ibid.*, 41, 104, 403.

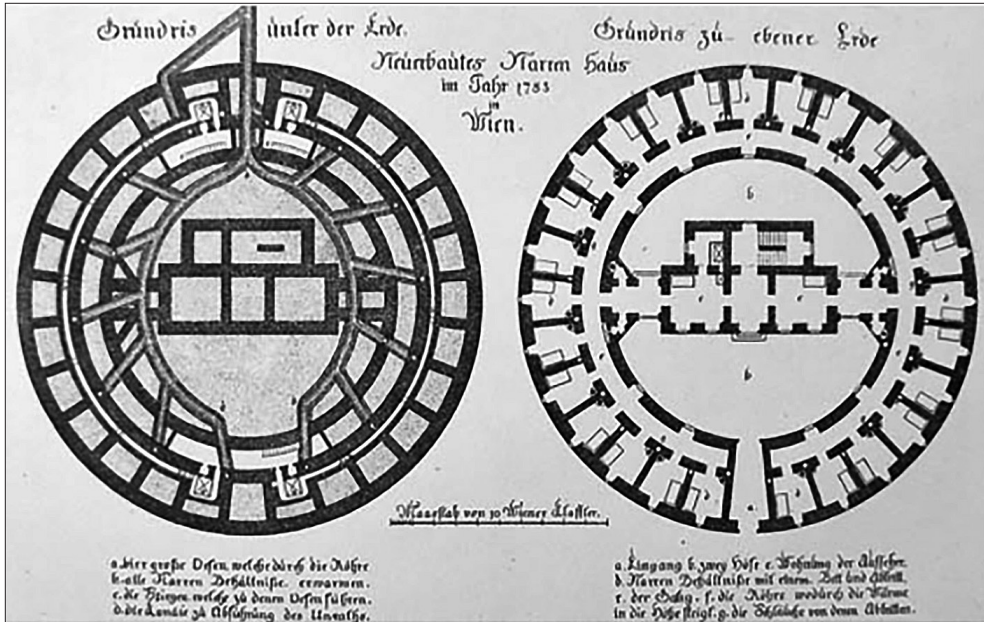


Figure 2. The Narrenturm in Vienna: the blueprint of the basement and ground floor, displaying the cell structure, the building for the staff, the courtyards, and pipes for heating and the removal of waste. (Copper etching, Vienna 1783. Image in the public domain.)

increasingly healthy (including with reference to its mental wellbeing) due to a virtually all-embracing medical police and the broad healthcare measures launched in the monarchy. Notions concerning the possible transmissibility of madness by infection, even if they were not widely believed, may have played a certain role in this practice of exclusion as well. Thus, in enlightened late eighteenth-century Vienna, official approaches to care for the insane clearly put the idea of custodialism at the forefront, and therapeutical pursuits were a distant second. This was expressed openly by the inscription on the Narrenturm's entrance since about 1790, by order of Leopold II, the successor to Joseph II: *Custodiae mente captorum*, or "to provide custody of the insane."³⁹ In this regard, the Austrian version of enlightened biopolitics appears to have been a quite defensive and conservative one, even during the reign of Joseph II, which was allegedly the peak of progressive tendencies.⁴⁰

39 Watzka, "Psychiatrische Anstalten," 54.

40 The concepts of biopolitics and biopower stem from Michel Foucault. See especially: Foucault, *Will to Knowledge*; Foucault, *Security, Territory, Population*; Foucault, *Birth of Biopolitics*.

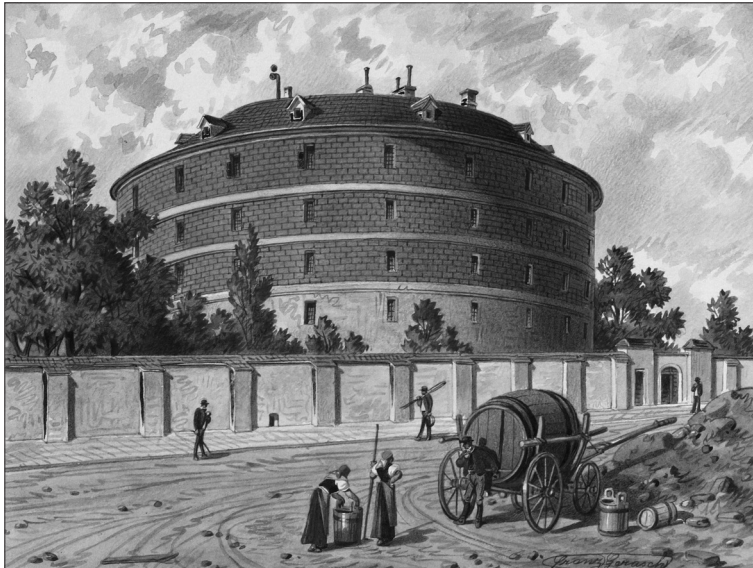


Figure 3. Depiction of the Narrenturm in Vienna, Painting by Franz Gerasch (mid-nineteenth century)

(CC – Belvedere Online Collection: <https://sammlung.belvedere.at/objects/12044/das-alte-irrenhaus-in-wien-narrenturm-kaiser-josephguge>)

The menacing exterior of the Viennese madhouse (see Fig. 3), which was described as “a terrible prison far from all human society” as early as 1793 by an anonymous visitor, corresponds with its distinctive inner structure. In other words, this interior is a seemingly endless circular sequencing of small cells, which were used to isolate inmates from one another, though they tended to confuse everybody residing in the building (as one can experience even today by taking a personal visit). This structure was designed at the order of Joseph II to contain either only one or two detainees per cell, who, from the outset, were to be locked up in their cells with the use of iron manacles and chains if considered dangerous, as most of them were.⁴¹ The cells on each floor form an outer ring structure, easily supervised by the wardens from the circular gangway making up the inner ring of the building, connected by the central wing, accessible only to the staff (see Fig. 2). Cells were furnished in a manner designed to reduce the need for direct interaction between staff and inmates to a minimum, with slightly angled floors to allow excrement to run on its own into a drainage system. A central heating system was used to avoid any need for stoves or furnaces near the cells.

41 Vitecek, *Der Wiener Narrenturm*, 77, 122.

Iron rings were installed in the walls to make it possible to bind inmates with chains. Heavy double doors with locks were used, along with barred windows, to prevent attempts to escape.⁴² Quite clearly, at least for the decision-makers involved in the founding of this asylum, there must have been a considerable fear of the people who were put into custody in the edifice.

Yet, the whole building, which was erected in less than two years (1783–1784), seems to represent, in addition to its practical function as a madhouse, some of Joseph II's very distinctive ideas. The emperor hired acknowledged master builder Josef Gerl (1734–1789) to implement his vision. Even apart from the somewhat daring assumption that the installation of a lightning rod on the roof of the building (it is perhaps worth noting that the Narrenturm was one of the first buildings in Vienna to receive one) had been part of a secretly planned device for experimental electrotherapy,⁴³ the basic architectural features of the madhouse seemed peculiar to most observers from its foundation. This included the overall tower-like shape, which inspired its non-official name, “Tower of Fools” (instead of house). This designation quickly spread in popular discourse, as did the nickname the “Emperor's Guglhupf,” which was attached to it later. The outstanding 2023 monograph on the Narrenturm by Daniel Vitecek underpins the assertion that this and other stylistic features of the building were designed by Emperor Joseph II himself. According to the funeral speech given by his personal physician Giovanni Alessandro Brambilla (1728–1800), it was Joseph II who had drafted the drawing.⁴⁴

This simple fact suggests that the distinctive shape of the Narrenturm did not serve medical purposes but rather was an aesthetic means of serving a political goal. The edifice provided an impressive landmark of imperial power and perhaps also of purposefully created mysteriousness.⁴⁵ The tiny octagonal tower, originally situated at the center of the tower's roof (but missing today) probably symbolized imperial perfection in this case, too, reflecting a tradition that can be traced back to Roman and medieval rulers, who used the existing interpretative pattern of equating the number of eight with the sacred, in particular in architecture.⁴⁶

42 See Vitecek, *Der Wiener Narrenturm*, 55–62. See also: Stohl and Hasenhütl, “Zur architektonischen Form des Narrenturms.”

43 See Stohl, *Der Narrenturm*.

44 Brambilla, *Rede auf den Tod des Kaisers Joseph II.*, s.p. [24].

45 This conclusion is suggested in: Vitecek, *Der Wiener Narrenturm*, 70.

46 Famous examples include the tomb of Diocletian in Split, the Baptistery of the Lateran Palace in Rome, the Dome of the Rock in Jerusalem, the Chapel of Grace in Altötting, Bavaria, and the Castel del



Figure 4. The old Lazareth located in Alsergrund suburb, the second site of the Viennese madhouse since 1792. (Detail from copper plate—view of Vienna by Folbert van Alten-Allen, 1686; CC)

Already around 1790, the Narrenturm proved insufficient to meet the growing demand for accommodations for severely mentally disturbed persons in Vienna and Lower Austria. The authorities reacted to this situation by refurbishing the former Viennese lazaretto near the general hospital (see Fig. 4) for this purpose, a measure already proposed by Quarin in 1784. This institution opened in 1792 as an asylum for about 150 so-called “ruhige Irre” or “peaceful insane” (a behavioral classification meaning patients who were considered mentally ill but not violent, not disruptive, and not considered dangerous), ending the provisional accommodation of “completely harmless fools” in other public buildings in the Alsergrund district, a practice that was followed from at least 1786 due to the lack of space in the Narrenturm.⁴⁷ Irrespective of the administrative connections of both madhouses (the Narrenturm and the lazaretto) to the general hospital, apart from a primary physician who served the needs of the patients part-time in the 1780s (in addition to providing treatment for patients in the general hospital), the medical staff consisted of only one surgeon and his assistant. According to an instruction to the staff dating from 1789, one male and two female keepers (*Wärter*) were assigned to each floor of the building, which formed a department. This document also refers to so-called “helpers” (*Gehilfen*), but it does not specify their numbers.⁴⁸

Monte near Bari. See Heinz, *Kleine Kulturgeschichte der Achtzähl.*

47 Vitecek, *Der Wiener Narrenturm*, 42, 79, 403.

48 Brenner, “Der Wiener ‘Narrenturm,’” 58–59; Vitecek, *Der Wiener Narrenturm*, 89.

Late eighteenth-century observers did not form a favorable judgement of the accommodations within the building either. Apart from the fact that the so-called “raving mad” were chained to the wall within their respective “containers” (*Behälter*), the “peaceful insane” also had to cope with inappropriately low beds and spartan furniture (a bed, a table, and two chairs) in their small, dimly lit cells. Furthermore, the central heating system, praised as innovative when the edifice was built, could never be used properly, as it did not warm up the cells due to a technical failure which could not later be corrected, even though staff tried to heat the spaces with ovens positioned in the circular, connecting corridors. The lack of a separate water supply in the building aggravated problems, especially sanitary hygiene, because the water needed had to be carried there from the general hospital. The wish to spare costs for this probably led to stronger limitations in the use of water as would have been in place otherwise. This was particularly disadvantageous, because the second largest-scale technical innovation in the construction of the Narrenturm, the waterless system for the removal of excrement from the patients’ cells, also could not be used after the 1790s, probably due to the gradual obstruction of the pipes by excrement, thus causing an intolerable stink in the building. These conditions are detailed in the testimony of Johann Peter Frank, who ordered that these outlets be bricked up and replaced with the simple, time-tested tool of the chamber pot, which in turn made the regular manual removal of excrement from each individual cell a necessity.⁴⁹

Therapeutic measures of any kind were considered desirable in principle, but in practice, due to the small number of medically educated staff, they were only rarely used. Hence, within the asylum, the mode of cure overall was very simple and mostly consisted of simple diet, as a contemporary observer reported in 1797.⁵⁰ We cannot rule out the possibility that, even at this initial state, so-called moral treatments were put to some use, along with psychological cures, such as the contemporary innovations highly praised by progressive early psychiatrists and doctors for the mentally ill, above all Pinel, Tuke, and Chiarugi in France, England, and Italy.⁵¹ However, there is no systematic documentation indicating the use of such approaches before the 1790s.

The situation began to change around 1800, when a traveler acknowledged the compassion and concern apparent in the psychological treatment of inmates

49 Vitecek, *Der Wiener Narrenturm*, 90–92, 103–4, 129.

50 Rohrer, *Gemälde von Wien*, 44.

51 See Porter, *Madness*; Doerner, *Madmen and the Bourgeoisie*; Foucault, *Mental Illness and Psychology*.

conducted by primary physician Franz Nord (1761–1822), who had succeeded Johann Peter Frank as primary physician for the madhouse in 1795 and since 1805 had also served as director of the general hospital.⁵² His medical work with the mentally ill was praised by others, but difficulties in the organization of the finances of the institution and/or his habit of “openly confessing the defects of the institution on several occasions and demanding adequate remedies”⁵³ led to his dismissal in 1811.⁵⁴

In contrast to the use of psychological remedies, which probably remained rare, somatic treatments, which followed the tradition of humoral pathology, apparently were quite frequently used from the outset (i.e., from 1784), as they were seen as more time efficient. As for pharmacological therapies, detailed descriptions from the late eighteenth and early nineteenth centuries remain scattered. However, as a travel report published in 1802 reveals, two traditional *purgantia*—Cantharidin, contained in *Spanischen Fliegen* (Spanish flies, *Cantharis vesicatoria* and *Brechweinstein* (*Antimonium tartaricum*, tartar emetic) – were used by Nord in a relatively cautious manner as an externally applied irritant. Orally administered drugs were not mentioned by name in the relevant report but rather were described as “strengthening and stimulating substances.”⁵⁵

As a general result of the centralization process of the Viennese health care system, survival and recovery rates did not increase as had been hoped and expected. On the contrary, mortality rates increased due to the more rapid transmission of infectious diseases among the now densely populated wards in hospitals. This seems to have been the case in the Narrenturm as well, at least to some extent. The earliest records on the numbers of inmates, admissions, releases, and deaths⁵⁶ cannot be aggregated to offer a fully consistent and clear picture, as some of the data are lacking, but Vitecek nonetheless persuasively demonstrates in his study that during the first period of about 16 and a half years from April 1784 to August 1801, there were 3,201 registered admissions to and 2,719 departures from the asylum altogether. With 729 fatalities among the inmates, the total mortality rate for this period of 16.5 years comes to 23 percent or 27 percent (depending on the mode of calculation). Annual

52 See Hoffmann, *Das Wiener k. k. allgemeine Krankenhaus*, 86.

53 Viszánik, *Leistungen und Statistik*, 3.

54 See Vitecek, *Der Wiener Narrenturm*, 106, 125–27; Puschmann, *Die Medicin in Wien*, 136–37.

55 See Brenner, “Der Wiener ‘Narrenturm,’” 60–61; Vitecek, *Der Wiener Narrenturm*, 94, 131.

56 Viszánik’s *Leistungen und Statistik* is the best known but not the earliest source. See also: Wagner, “Anmerkungen,” 361–64; Puschmann, *Die Medicin in Wien*, 82; Wittelshöfer, *Heil- und Humanitätsanstalten*, esp. 201–2. See Vitecek, *Der Wiener Narrenturm*, especially 83–89, 346–64.

mortality, of course, was much lower, but it still varied between approximately five and ten percent. This was quite high in contemporary terms as well. The same statistical data prove that, despite the stereotypical opinion that admission to the asylum equaled long-term interment (perhaps until the patient's death), a considerable number of the inmates, slightly more than 100 on average, were actually dismissed each year. For the total time span between 1784 and 1801, this amounts to 54 percent of those admitted and 63 percent of those who were released. Transfers to other departments of the general hospital came to about ten percent annually. Therefore, though the ratio of inmates regarded as cured remains unknown, even during this first stage, when many patients in the Narrenturm had to endure inhumane living conditions aggravated by the absence of proper therapeutic treatments, more than half of the admitted patients survived the institution and were discharged sooner or later. Among the early patients, there were more men than women (ca. 60 percent versus 40 percent). Furthermore, the figures also reveal that male inmates had lower chances of survival than female inmates.⁵⁷

Within the former lazaretto, which was repurposed in 1792 to serve as a department for “peaceful fools” and particularly convalescent patients, overall living conditions were better than within the Narrenturm. Yet it was not until 1803 that a physician and a surgeon were hired exclusively for this department. They were responsible for providing care for both incurable and curable patients, with emphasis on the latter as the preferred future target group. From 1807 onwards, the political authorities expected newly admitted individuals suspected of madness to be transferred first to the lazaretto for observation and not immediately to the Narrenturm, at least in the more worrisome cases. Yet, as Vitecek points out, the differentiating criterion for admission was not supposed curability but the perceived difficulty of handling their behaviors. Inmates were thus divided into groups based on the classification of raging and impure on the one hand and the classification of peaceful and clean on the other.⁵⁸

These distinctions were useful in the disciplinary functioning of the asylum, an aspect on which the contemporary reports on the Narrenturm only rarely

57 Vitecek, *Der Wiener Narrenturm*, 44, 80, 85–88.

58 Vitecek, *Der Wiener Narrenturm*, 99–103. Note that this constellation of a differentiation of living conditions according to the “disciplinary behavior” of inmates corresponds to the system of inner departmentalization still to be found in the psychiatric clinic studied by Goffman through participant observation in the 1950s, which led him to the idea of the so-called “total institution.” See Goffman, *Asylums*.

touch. However, the physician Michael Wagner, in an appendix to his early translation of Philip Pinel's psychiatric manual published in 1801, lists "fasting, straitjacket, straps, handcuffs and leg irons" as "usual means for taming, applied when circumstances demand."⁵⁹ In turn, useful occupations, ranging from unskilled work to qualified handicrafts and even office activities, were used for therapeutic and disciplinary purposes in cases of patients who were regarded as suitable subjects for this approach, as reported on several occasions.⁶⁰

Salzburg's Early Madhouse and the Sister Institutions of the Viennese Narrenturm in Linz and Graz, ca. 1780–1800

Salzburg was the site of first asylum on the territory of present-day Austria, though it was an independent ecclesiastical principality within the Holy Roman Empire until its dissolution in 1806. Moreover, the establishment of a hospital for the *Sinnlose* (senseless) and *Toll sinnige* (mad-sensed) in 1783 appears to have been more nominal than functional, as suggested by the sources cited in the first more detailed historiographic account of *Irrenwesen im Herzogthum Salzburg*, by Ignaz Harrer (1826–1905), a former mayor of Salzburg.⁶¹ Remarkably, this madhouse was also founded as a consequence of personal initiative. This is indicative of the emerging and intensifying societal interest in the relationship between reason and madness among the social elites in Austria and Southern Germany during the last decades of the eighteenth century.⁶²

Augustin Georg Paulus (1695–1777), a surgeon and administrator of several municipal institutions in Salzburg⁶³ (including the *Bruderhaus* hospital), bequeathed the majority of his estate to charitable causes. Following his death, his widow allocated the substantial sum of 4,000 florins specifically to the improvement of accommodations for the *furiosi* (the raving mad). Until that point, such persons had been confined in *Kötterl* (lockable wooden hutches) beneath Saint Sebastian Bruderhaus on Linzergasse (in the suburb am Stein), a situation increasingly deemed inadequate. Archbishop Hieronymus Colloredo (1732–1812), a leading proponent of the Catholic Enlightenment in the region in the late eighteenth

59 Wagner, *Anmerkungen*, 359.

60 See Vitecek, *Der Wiener Narrenturm*, 129–33.

61 Harrer, "Das Irrenwesen im Herzogthum Salzburg." See also: Zillner, "Salzburgisches Irrenwesen."

62 On the earlier stages of reactions to mental disorders in Bavaria see: Lederer, *Madness, Religion and the State*.

63 See Besl, "Die Entwicklung des handwerklichen Medizinalwesens," Part 2, 136.

century,⁶⁴ took a personal interest in the matter. He contributed an additional 4,000 florins, solicited further donations, and ultimately initiated the construction of a new facility on the grounds of the existing Bruderhaus. The aim was to provide a space for those “degraded to the level of animals by their defect of reason,” where, through appropriate care, they might recover their mental faculties.⁶⁵ Echoing the model set by Joseph II for Vienna, Colloredo decreed in 1800 that the new institution should admit only individuals who, due to their raving behavior, would pose a threat “to the lives and property of the other human beings in society.”⁶⁶

However, the following year, Dr. Michael Steinhauser von Treuberg (1754–1814), city physician and chief medical officer at the Johannis hospital in the suburb of Mülln,⁶⁷ submitted a report that, in my assessment, clearly demonstrates that little had changed in practice since 1783. The few mentally ill individuals housed at the Bruderhaus site were, in fact, still kept in the old wooden hutches, while the new building had partly collapsed and the part that remained intact was being used as a school. Steinhauser concluded that “the structure was not yet at all in a condition to serve a medical function,” and the facility would only be able to serve as the desperately needed institution of a madhouse are repairs had been done and the school that was functioning in the building had been relocated.⁶⁸ Thus, with regard to the *Narrenhaus* in Salzburg, although there were indeed plans to found a new asylum and a new edifice was built in the late eighteenth century, the new institution did not become practically operational until 1801. In this case, too, economic difficulties, which got increasingly pressing over the course of the 1790s, were also a decisive factor.⁶⁹

As had been true in Lower Austria, the establishment of madhouses in Upper Austria and Styria was initiated by Joseph II, but developments in these provinces followed somewhat different trajectories. In Linz, the capital of Upper Austria, the new madhouse was established by imperial decree in 1788. A large charitable institution originally founded in the 1730s was repurposed. This institution had been founded thanks to a generous testamentary donation of more than

64 See Lobenwein et al., *Herrschaft in Zeiten des Umbruchs*.

65 Founded by Archbishop Colloredo, quoted in: Waitzbauer, *Vom Irrenhaus*, 17. See also: Lumetzberger, *Das öffentliche Irrenwesen*; Scheutz and Weiss, *Spital als Lebensform*, 129–30.

66 Decree from year 1800, quoted in: Harrer, “Das Irrenwesen im Herzogthum Salzburg,” 9.

67 For his biographical data see Pirchmayer, “Adolf Maximilian Ritter von Steinhauser,” 37–38.

68 Quoted in: Harrer, “Das Irrenwesen im Herzogthum Salzburg,” 11–12.

69 See Harrer, “Das Irrenwesen im Herzogthum Salzburg,” 11; Brettenthaler, “Vom alten ‘Irrenhaus,’” 246–47.



Figure 5. The building of the former Prunerstift in Linz, partially used as madhouse between 1788 and 1867. Recent view, photography taken by Volker Weihbold, *Oberösterreichische Nachrichten* (by courtesy).

175,000 florins by Johann Adam Pruner (1681–1734; often spelled Pruner), a merchant and long-serving mayor of Linz. His endowment had been intended to provide shelter and sustenance for no fewer than 81 impoverished townspeople. Situated just to the east of the city walls near the Danube River (the address today is Fabrikstraße 10, Linz), this charitable foundation enjoyed a favorable location, though it was considered somewhat unhealthy due to the foul odors from a nearby rivulet and surrounding industrial activities. By 1785, however, it had come to the attention of state authorities as a problematic institution, largely because inflation had created a growing financial deficit. Following a personal visit to Linz in 1786, Joseph II ordered a complete restructuring: the orphans and elderly residents without serious health problems were to be relocated to private homes, and the building itself was to be repurposed as a state-run facility comprising a general hospital, a madhouse, a labor and delivery department, and a foundling asylum. The plan for a general state hospital in Linz was not pursued, however, in part because the two existing hospitals operated by religious orders were considered sufficient. Likewise, the idea of a foundling asylum was soon abandoned, and foundlings instead were placed in foster care outside the city.⁷⁰

Ultimately, the only facilities that were permanently established at the so-called *Prunerstift* (see Fig. 5) were to provide housing for the mentally ill and unmarried pregnant women. When the madhouse began operations in 1788, it occupied only one side wing of the building and housed eight individuals, two men and six women. These individuals had previously been provisionally

⁷⁰ See Plass, “Die Stiftung des Johann Adam Pruner,” especially 36, 68–69, 80; Pillwein, *Beschreibung*, 264; Heinze, *Linz*, 38, 44. For the general hospital in Linz, see: Hahn-Oberthaler and Obermüller, *150 Jahre Gesundheit*.

accommodated at the city's lazaretto, which had served this function since 1768.⁷¹ Plans, however, referred to a total of 24 cells, located within both rear side wings of the building, to be used for the confinement of the mentally ill, with one wing designated for male patients and the other for females. The existing cells, which, in accordance with Pruner's will, were slightly larger than those of the Capuchins, were fitted with wooden grids for that purpose. While this construction created significant noise disturbances for the inmates, it was considered advantageous for heating purposes, since the cells themselves were not equipped with stoves but instead were warmed only indirectly by heating in the corridors during winter.

The madhouse in Linz, along with the adjoining delivery house, was managed by an administrator of the foundation. As in Vienna and other early asylums in Austria before 1800, no physicians were permanently employed to treat mentally ill inmates at the outset. Medical visits were arranged when perceived as needed, primarily for somatic conditions. Two attendants, one man and one woman, were responsible for daily provisions, nursing care, and supervision of the inmates. Patients considered dangerous were chained to their beds, and, as was true of the Narrenturm in Vienna, visitors frequently remarked on their deplorable conditions, which included oppressive darkness, loud noises, and particularly the stench caused by excrement on the floors, which could not be adequately removed. These issues likely affected not only the inmates but also the staff who lived in the institute and thus was exposed to the same conditions.⁷² Nonetheless, no substantial structural improvements appear to have been made in the first decade after 1800, and the number of inmates probably remained close to the originally planned capacity of 24 until at least 1815.

The madhouse in Graz was similarly founded due to the personal intervention of Joseph II. In 1781, the emperor had instructed the regional government in Graz to conduct a survey of existing charitable institutions and foundations across Inner Austria,⁷³ including all hospitals, workhouses, and the large poorhouse already operating in Graz.⁷⁴ In March 1784, Joseph II personally

71 See Hoffmann et al., "Zur Geschichte der Psychiatrie in Oberösterreich," 204; Schnopfhagen, "Die o.ö. Landes-Irren-Heil und Pflegeanstalt Niederhart-Linz," 174.

72 See Knörlein, *Die Irren-Angelegenheiten*, 13, 24–28; Pillwein, *Beschreibung*, 262–64.

73 See Fossel, *Geschichte des Allgemeinen Krankenhauses*, 13–14.

74 On the history of the institutions, see especially: Hammer-Luza, *Im Arrest*; Huber-Reismann, *300 Jahre Altemversorgung*. On early modern hospitals in Styria: Watzka, *Arme, Kranke, Verrückte*. For the whole of the Austrian Hereditary Lands: Scheutz and Weiss, *Das Spital in der Frühen Neuzeit*; Scheutz and Weiss, *Spital als Lebensform*.



Figure 6. The former Capuchin cloister in Graz, which was used as madhouse between 1788 and 1873. Recent view, image from Google maps (3-D-view, 18.04.2025), edited by C. Watzka. The rather small, muddled complex near the northeastern city gate is displayed from the eastern direction in bird's eye view.

visited in the Styrian capital for five days, during which time he is credibly reported to have toured “all public institutions” in the city. At the end of his visit, he issued an imperial *Handbillet* to Governor Johann Franz Anton von Khevenhüller (1737–1797) outlining significant structural changes, including the repurposing of the existing poorhouse in the Gries suburb for a future medical hospital, which was also to accommodate mentally ill individuals. This mirrored the approach already taken in Vienna.

However, preparations for such large-scale changes took time. During another visit to Graz in June 1786, Joseph II noted the vacancy of the former manor of the Upper Styrian cloister of Saint Lambrecht in Graz and reconsidered his plans. He designated that vast building, located at the edge of the city in the Paulustorgasse, to house the new General Hospital and another, smaller building across from it (the former Capuchin cloister in Graz, also vacant at the time) as the new madhouse. After some further delays, the madhouse in Graz (Paulustorgasse 11, see Fig. 6) officially began operations in December 1788.⁷⁵

75 See Fossel, *Geschichte des Allgemeinen Krankenhauses*, 17–23; Watzka, *Vom Armenhaus*, 308; Weiss, “Gestörte Seelen,” 42–43.

The first inmates were transferred to the madhouse from the various provisional locations around the city.⁷⁶ By the end of 1789, the number of inmates had risen to 26, and by 1790, it reached 31. Initially, the institution was intended to house only “raving, demented, and furious” individuals. “Peaceful” people suffering from milder mental disorders were to be placed in the general hospital. An accommodation fee of 10 Kreuzers was fixed for the third-class patients, which included ordinary and poor persons. This fee was to be paid either by the patients or by charitable foundations responsible for their care. Interestingly, no distinction was made between fees for the general hospital and those for the madhouse. Yet from the outset, the entire General Hospital, to which the madhouse was organizationally linked, faced severe financial difficulties, which intensified in the 1790s. Meanwhile, the number of inmates increased steeply, from 31 in 1790 to 65 in 1795 and 78 by 1800.⁷⁷

As in all other Austrian madhouses of the period, no specialized medical staff was employed to treat the mentally ill in Graz. This is revealed, for instance, by the official 1796 publication by Philipp Graf Welsperg von Primör und Raitenau (1735–1806), governor of Inner Austria at the time. This publication provided an overview of the structure of the poor relief institutions in Graz.⁷⁸ The staff of the madhouse included the director and the administrator of the general hospital, who oversaw the institution, as well as the surgeon and assistant from the general hospital. Together, they were scheduled to supervise the inmates in pairs, alternating daily, and to monitor the work of the two “sub-supervisors” employed at the madhouse. The primary focus of these visits was to oversee the inmate’s “food, laundry, cleanliness,” and “custody,” especially to ensure protection against harm, whether self-inflicted or inflicted on others by the inmates. Doubtless, this concern for safety was one of the main reasons for the policy of isolating each inmate in a separate room or chamber.

Illness was largely understood in terms of somatic illnesses that could affect the insane. In such cases, the protocol was to transfer the patient to a “sickroom” within the madhouse or to the nearby general hospital, with medical assistance provided as needed. However, there was no mention of specific psychiatric or

76 During the second half of eighteenth century, the mentally ill were held, in larger or smaller numbers, for longer or shorter periods of time, in poorhouses, sick houses, civic hospitals, court hospitals, lazarettos, the Hospitals of the Order of Saint John of God, the Hospital of the Order of Elizabeth, and voluntary workhouses. They were also sometimes held in prisons, such as the one at Schlossberg. See Watzka, *Arme, Kranke, Verrückte*, Huber-Reismann, *300 Jahre Altenversorgung*, Hammer-Luza, *Im Arrest*, 357–62.

77 See Koenig, *Skizze von Grätz*, vol. 2, 240; Fossel, *Geschichte des Allgemeinen Krankenhauses*, 3–32, 122.

78 For his biographical data see Matsch, *Die Auswärtige Dienst*, 116–17.

moral treatment. The focus was on preventing “mistreatment of any kind.” The accommodations provided for the inmates and the ways in which they were handled depended on the severity of their diseases and the dangerousness of their behaviors, according to Welsperg’s description. Those deemed dangerous were put in chains, while the raving were separated from the more harmless inmates. More peaceful patients were allowed “to walk in a locked courtyard or garden,” with men and women alternating. Inmates were encouraged to engage in “moderate occupations,” but only with the consent of the attending physician and only if accommodated free of charge. This clearly shows that this was intended more as a means to contribute to the costs of their stay than as a genuinely therapeutic measure.

Remarkably, the regulation explicitly excluded the admission of individuals from rural areas for whom nobody (neither family nor any community, authority, or fund) would cover the costs of their stay.⁷⁹ One year later, in 1797, Graz, unlike other major cities in the Hereditary Lands, was occupied for the first time by French troops during the Napoleonic wars. While no major acts of violence were reported, the military occupation placed significant additional financial strain on the city and the region.⁸⁰

Austrian Madhouses during the Napoleonic Crisis of the Habsburg Monarchy: Survival under Precarious Conditions

In Austrian proto-psychiatry, even the modest plans to improve the living conditions of mentally ill inmates largely came to a standstill from the mid-1790s, and no significant initiatives in this direction were taken for more than two decades. The broader political and economic context was profoundly discouraging to any reform efforts, both ideologically and financially. As early as 1789, the Austrian Monarchy became deeply embroiled in a fierce struggle against the spread of democratic and liberal ideas, which had gained momentum across Europe in the wake of the French Revolution. From 1792 onward, this ideological confrontation escalated into military conflict. Particularly since the Third Coalition War of 1805, the Habsburg Monarchy faced existential threats and found itself teetering on the brink of collapse due to the immense loss of life and resources incurred in the wars against Napoleonic France, a country

79 Welsperg, *Umständliche Beschreibung*, s.p. [37–43].

80 See Toifl, “Franzosenzeit in der Steiermark.”

that, in the eyes of many Central Europeans, had shifted from a beacon of human progress to a source of imperialist aggression and repression.⁸¹

During the military campaigns of 1805 and 1809, even the Austrian capital was occupied by French troops, and this turmoil inevitably impacted the Viennese madhouse, too. At the time, both sites, the Narrenturm and the lazaretto, together housed 430 to 440 patients annually. These two years witnessed particularly high annual mortality rates: 17–18 percent in 1805 and 1809, compared to a relatively lower range of 9–12 percent in 1806, 1807, and 1808.⁸² The defeat of the Habsburg Monarchy in 1809 contributed dramatically to the temporary collapse of Austrian state finances in 1811, further paralyzing any institutional improvements. Even the seemingly modest proposal to appoint a single physician with full-time responsibility, on the basis of a salaried employment contract, for the Viennese madhouse was implemented only after the end of the Napoleonic wars.

Dr. Ignaz Eisl (born 1764, died after 1845), who served as primary physician at the madhouse from 1811 to 1826, in 1817 was formally relieved of all other responsibilities within the General Hospital of Vienna by decree of the Imperial Court Chancellery.⁸³ He was then exclusively tasked with the treatment of the insane in both the Narrenturm and the lazaretto. On that occasion, a written directive originally prepared in 1814 was reissued by state authorities. This directive emphasized the two main duties of the primary physician: to prevent mistreatment of the inmates and to implement appropriate precautions to protect others from potential harm by the patients. Significantly, this document confirmed that a differentiated accommodation scheme was already in effect to determine whether a new patient should be admitted to the Narrenturm or the lazaretto, and to which ward specifically. The classification criteria included perceived “dangerousness, noisiness, uncleanliness, incurability, and inclination to escape.” Notably, the concept of moral treatment, which developed in late eighteenth-century England and France,⁸⁴ is explicitly referenced in these instructions under the term “moralische Arznei.” The use of the then “modern” straitjacket as a means of physical restraint is also documented.⁸⁵

81 See Vocolka, *Glanz und Untergang*; Münch, *Österreich gegen Napoleon*.

82 Vitecek, *Der Wiener Narrenturm*, 148, 353.

83 Quoted in Vitecek, *Der Wiener Narrenturm*, 150. For biographical data concerning Eisl see: Puschmann, *Die Medizin in Wien*, 156; *Hof- und Staats-Handbuch 1845*, 95.

84 See Doerner, *Madmen and the Bourgeoisie*; Porter, *Madmen*.

85 See Vitecek, *Der Wiener Narrenturm*, 152, 188.

As for the medical personnel, it is worth noting that Bruno Goergen (1777–1842), who later gained recognition as the director of the first large private asylum in Vienna (from 1819 onward), also served as a primary physician responsible for the mentally ill at the General Hospital from 1805 to approximately 1814.⁸⁶ The exact division of responsibilities between Nord, Eisl, and Goergen during this period remains unclear, but it is likely that each was primarily assigned to one of the two facilities for a given timespan.

Even less is known about actual staffing and other fundamental organizational aspects at the smaller madhouses in Linz, Graz, and Salzburg during that period from about 1800 to 1815. This historiographic silence is in itself revealing, suggesting that few changes occurred, or at least no changes that were later regarded as positive or memorable by learned observers.

One notable exception is the case of Salzburg, where Ignaz Harrer (1826–1905), later mayor of the city and an active reformer of its health and welfare institutions, took a keen interest in the development of a modern “Irrenanstalt” (insane asylum) in the 1860s.⁸⁷ Drawing on archival sources, Harrer reconstructed the prolonged and difficult early history of psychiatric care in Salzburg, which started in the late 1770s. As mentioned above, until 1801, individuals suffering from severe mental illnesses had still been confined under harsh conditions in hutches attached to Bruderhaus hospital. Despite earlier intentions, a separate madhouse had not yet been established. In 1804, city physician Dr. Steinhauser, responsible for the treatment of the inmates, submitted a new report on the issue, indicating that large parts of the asylum had remained in a dilapidated state and were unfit for patient accommodation. Meanwhile, “only raving or severely unclean human beings” were held in the aforementioned huts, where prolonged stay was deemed both “unsanitary and unhealthy” by the rapporteur. Particularly illuminating are Steinhauser’s further remarks on the day-to-day operations of this rudimentary institution:

The staff appointed for all the sick [of the Bruderhaus hospital] consists of two old and weak women, who care for the patients and cook for them from the weekly [monetary] contributions made. These miserable contributions hardly suffice for the women to obtain the necessary food; the house provides only lodging, firewood, lighting,

86 Vitecek, *Der Wiener Narrenturm*, 148–49, 162. In 1820, Goergen published a booklet promoting his asylum in German and French. See Goergen, *Privat-Heilanstalt*.

87 See *Österreichisches Biographisches Lexikon 1815–1950*, vol. 2, 191–92.

and straw [for the inmates]. Thus, nothing remains—not even for a shirt or some medicine—and each visit by the physician or these women entails begging and personal danger. Particularly instructed staff and a fund supporting the physician’s psychological [sic] intentions, regarding the pharmacy, kitchen, and living rooms, but also contact, labor, walking, cold and warm baths etc., should be introduced.⁸⁸

Among the therapeutic measures Steinhauser deemed appropriate were “serious coercive treatment, isolation, suitable diet, and adequate psychological use of the *lucida intervalla* [periods of mental clarity].” But he warned against excessive use of purgative medicines, which, in his view, either killed people or rendered them permanently “unreasonable.” Notably, Steinhauser admitted to having applied various traditional remedies to treat insanity, inherited from ancient and early modern medicine,⁸⁹ during the “early stages of his medical career,” such as “opium, camphor, measures to cause suppurating wounds, starvation and thirst,” but (unsurprisingly to us today) without sufficient, lasting success.⁹⁰ These brief but pointed remarks reflect a clear shift towards the then emerging approach of moral treatment and a distancing from older, somatic-based approaches that dominated early modern cures.

Sobering commentary from the principal medical council, addressed to the government of the Salzburg principality, explicitly emphasized the dangers of the “current miserable and disordered situation of the institution for the insane, which brings the unfortunate [inmates] closer to the edges of ruin.” Yet, at the same time, it cautioned that no substantial remedy for this situation could be formulated until more financial resources were found to expand the institution’s potential.⁹¹ In the years that followed, local authorities attempted to address the problem by initiating a complete relocation of the institution and soliciting funds from private benefactors, a process that began in 1807 but took more than a decade to complete.⁹²

Wider geopolitical turmoil and economic instability (warfare and economic hardships all over Europe) contributed to this prolonged stagnation. Salzburg, in particular, suffered severely. The city was occupied and plundered three times

88 Report by Steinhauser cited in: Harrer, “Das Irrenwesen im Herzogthum Salzburg,” 13–14.

89 See especially Leibbrand and Wettley, *Der Wahnsinn*; Kutzer, *Anatomie des Wahnsinns*.

90 Steinhauser, quoted in: Harrer, “Das Irrenwesen im Herzogthum Salzburg,” 14–15.

91 Quoted in: Harrer, “Das Irrenwesen im Herzogthum Salzburg,” 15. See Waitzbauer, *Vom Irrenhaus*; Lumetzberger, *Das öffentliche Irrenwesen*.

92 Harrer, “Das Irrenwesen im Herzogthum Salzburg,” 17.

between 1800 and 1809 by French and Bavarian forces. The Erzstift (ecclesiastical principality) of Salzburg was dissolved in 1803, and the region became a part of the Habsburg Monarchy in 1805, only to be annexed by Napoleonic Bavaria in 1810 following Austria's military defeat. Only after the final defeat of Napoleonic France in 1815 and a treaty concluded between Austria and Bavaria in 1816 did the country and the city of Salzburg become definitively incorporated into the Austrian Monarchy.⁹³

Even less information appears to have survived regarding the two Josephinian madhouses in Graz and Linz during the “silent” period between approximately 1800 and 1815. However, some basic data on the institutions' operations were preserved, mainly in nineteenth-century publications. For Graz, in his account of the 100-year anniversary of the city's general hospital published in 1889, the Styrian medical historian Viktor Fossel provided annual counts of the numbers of patients, beginning in 1789. According to him, the asylum housed between about 60 and 95 inmates per year in the early nineteenth century, with a peak between 1801 and 1804. Numbers dropped to 70–80 for the period from 1805 to 1812, reaching a low point of 58 in 1814.⁹⁴ While the reasons for this decline are not explicitly documented, it was likely due to a lack of resources rather than a decrease in the number of mentally ill individuals in the region.

In Linz, the Prunerstift was reportedly capable of accommodating 32 inmates at the time, as described in Benedikt Pillwein's 1824 publication on the city and its institutions. Yet in 1800, only 14 patients were housed there, and by 1824, the number had increased only modestly to 22. These relatively low numbers were attributed to the requirement that non-local communities in Upper Austria had to provide for their own mentally ill.⁹⁵

Similarly, the total number of inmates at the Viennese madhouse (comprising the Narrenturm and lazaretto) declined rapidly from around 500–570 in the first years of the nineteenth century to approximately 430–460 between 1804 and 1811. In the final years of the Napoleonic wars, the numbers rose only slightly, reaching about 480–520. A closer look at Viennese statistical data, particularly the numbers of annual admissions and dismissals, reveals that this decline resulted from a combination of moderately reduced admissions, increased discharges, and higher mortality rates.⁹⁶

93 See Zaisberger, *Geschichte Salzburgs*; Dopsch and Hoffmann, *Salzburg*.

94 See Fossel, *Geschichte des Allgemeinen Krankenhauses*, 122.

95 See Hoffmann et al., “Zur Geschichte der Psychiatrie,” 205; Pillwein, *Beschreibung*, 264.

96 See Vitecek, *Der Wiener Narrenturm*, 352–53.

Institutionalized Custody and Care for the Insane during the Early Austrian Biedermeier Period

Shortly after the peace treaties concluded by the Congress of Vienna, Austrian governmental authorities once again devoted attention to the problems of inadequate facilities and overcrowding within Austrian madhouses. In 1818, a decision was made by the Hofkanzlei (Court Chancery) which had a lasting impact on the structure of funding for the whole of the poor relief and health care system in the Habsburg Monarchy for at least half a century, as the relevant institutions were now differentiated in two categories, one relating to organizations dealing with “cases, in which the overall wealth of the state is endangered by diseases” and another for institutions with purposes deemed less urgent. The institutions that belonged to the first class were then regarded as “state institutions” and were entitled to receive subsidies from the imperial treasury. In addition to the lazarettos and other facilities for the prevention of epidemics, they consisted of hospitals for venereal diseases, homes for foundlings, and madhouses. The institutions that belonged to the second class, which included medical, maternity, and other kinds of hospitals and hospices, were considered “local,” and funding was to be provided by the communities that made use of them.⁹⁷

On the regional level, in Lower Austria, efforts to ameliorate the living conditions of the insane within the existing institutions quickly led to the creation of an auxiliary branch designed to house patients deemed both relatively peaceful and incurable outside of Vienna. In 1816, first the empty former monastery of Mauerbach (20 kilometers west of Vienna) was briefly converted into an insane asylum, accommodating 30 to 40 chronically mentally ill individuals. However, this initiative proved short-lived. Just one year later, the government repurposed former cavalry barracks in Ybbs, considerably farther from Vienna but offering much larger capacity, to house 300–400 mentally ill individuals. These patients were accommodated alongside other dependent persons in need of care. Significantly, the institution in Ybbs operated without any structured therapeutic regime, reflecting the concept of a *Pflegeanstalt* (nursing institution), where the focus was not on medical treatment but on containment. This custodial approach drew criticism from the first physician formally appointed to care for the mentally ill there in the 1840s, Carl Spurzheim (1810–1872). Spurzheim

97 See Weiß, *Geschichte der öffentlichen Anstalten*, clvii–clviii.



Figure 7. Bird's eye view of the planned asylum in Bründlfeld (never actually built). Watercolor by architect Cajetan Schiefer (1791–1868) from 1823. Wien Museum Inv.-Nr. 105717/26, CC0 <https://sammlung.wienmuseum.at/objekt/525188/>

lamented that the institution had functioned as little more than a mere “depot” for the insane until the start of his tenure there.⁹⁸ Despite the establishment of the Ybbs facility, concern about the quantitative and qualitative inadequacy of psychiatric infrastructure in Vienna persisted.

As early as the 1820s, public and professional voices began calling for a new, larger, purpose-built mental asylum in Vienna. In 1822, the administration of the Vienna General Hospital acquired the extensive vacant grounds at Bründlfeld, situated near the hospital, for this very purpose. Architectural plans were soon designed for a vast and impressive *Irrenheilanstalt* (institution for curing the insane; see Fig. 7).

Nevertheless, the lack of funds or, rather, the lack of will among the political elites to invest considerable sums for such a purpose led to the collapse of this project in 1829 before any construction work had started.⁹⁹ Following this failed initiative, no major public project to expand psychiatric institutions in Vienna was launched for nearly two decades, despite the urgent and growing demand within the city's health care system.

Some small expansion of the infrastructure for psychiatric treatments in Vienna occurred in 1828, when a further space within the General Hospital

98 See Watzka, “Psychiatrische Anstalten,” 362; Vitecek, *Der Wiener Narrenturm*, 153–56.

99 See Vitecek, *Der Wiener Narrenturm*, 175.

(a hall large enough to accommodate approximately 20 individuals) was designated as an “observation room” for newly admitted patients suspected of mentally illness.¹⁰⁰ The overall annual number of patients housed within the various facilities collectively known as the Lower Austrian Irrenanstalt in Vienna rose to slightly above 600 in 1816 and 1817, thus surpassing the figures recorded around 1800. This was followed by a modest decline to approximately 540–570 in 1818–1820, but patient numbers rose again throughout the 1820s to about 620–630 in the early part of the decade and to sums between about 700 to nearly 800 individuals by its second half.¹⁰¹

The existing sources provide little evidence, however, of any improvements to conditions from the perspectives of accommodation, care, and treatment during the second quarter of the nineteenth century. On the contrary, new therapeutic measures were introduced (particularly in the “observation ward”) that probably exacerbated patient suffering. The German psychiatrist Wilhelm Horn (1803–1871), who visited Vienna in 1828, described the frequent use of the so-called Cox’s swing, a mechanical device that rapidly rotated the restrained patient with the intention of inducing nausea and vomiting. Some contemporary psychiatrists viewed this reaction as both disciplinary and curative. Horn also observed the regular use of the “Mundzwinge,” a gag-like apparatus invented by Johann Autenrieth (1772–1835), which forcibly prevented patients from crying out.

Within the “regular” departments of the Viennese asylum, the Narrenturm and the lazaretto, therapeutic practices may have been somewhat less brutal by comparison. However, the physical infrastructure of these institutions was widely regarded insufficient. Franz Güntner (1790–1882), who served as primary physician of the madhouse from 1826 to 1831 and succeeded Eisl in this position, still relied heavily on traditional remedies rooted in humoral pathology. Many of these medicines were designed to provoke strong bodily reactions, such as disgust, vomiting, diarrhea, and pain. Examples included the use of the “Autenrieth’sche Salbe,” a skin-irritating ointment promoted by the aforementioned German physician, and the well-known tartar emetic. As a sedative drug, valerian (*Valeriana officinalis*) was commonly administered.¹⁰²

In Graz as in Vienna, the available accommodation space within the madhouse had become grossly insufficient by the early nineteenth century. Around

100 A subsequent expansion of the structure of the general hospital was made when two additional halls were repurposed for the use of the asylum in 1845. See Vitecek, *Der Wiener Narrenturm*, 176–77.

101 Vitecek, *Der Wiener Narrenturm*, 354.

102 See Vitecek, *Der Wiener Narrenturm*, especially 149, 175, 186–93.

1820, overcrowding had once again led to disastrous living conditions. The former Capuchin cloister, which contained only 26 cells and a few additional rooms for staff and infrastructural needs, was forced to house approximately 90 detainees over the course of one year, a situation reminiscent of the immediate post-1800 period. By 1825, the annual number of inmates had surged even to 130. Even if the number of individuals present at any one time was considerably lower, the chronic lack of space necessitated that each small former monastic cell had to be shared by two or three mentally ill persons. This practice, especially in the case of agitated and raving individuals, could only be maintained through the constant use of mechanical restraints. In 1829, after more than a decade of planning, the next phase of the asylum's expansion was finally realized. The institution was extended with the purchase of the so-called Röchenzaun'sche Häuser adjacent to it, which then were used in part for the asylum and partly for the *Gebärhaus* (birthing house) of the city. The urgency of this expansion is evidenced by the immediate and steep rise in the number of patients, which leapt to 168 already in 1830.¹⁰³

No physician was employed to care specifically for the inmates of the madhouse after 1815; instead, medical responsibility remained a secondary entrusted to doctors of the general hospital in Graz. Even when the Styrian government formally petitioned, in the late 1820s, for the creation of a salaried post for a chief asylum physician (suggesting an annual wage of 200 florins, a sum markedly lower than that of a grammar school teacher, which came to 450–800 florins at the time), the request was denied by the authorities in Vienna. The position was ultimately filled without remuneration when Dr. Albert Ritter von Kalchberg (ca. 1800 – after 1877), the son of the wealthy noble landowner, historian, and politician Johann Ritter von Kalchberg (1765–1827), agreed to serve without salary in exchange for free accommodation within the asylum. It was not until 1832 that a financial compensation was approved for the asylum's primary physician.¹⁰⁴

Living conditions at the asylum in Graz remained harsh throughout these decades, as was openly acknowledged in early 1840s by Dr. Wenzel Streinz (1792–1876), who was then chief health officer of the whole of Styria. In his brochure *Die Versorgungsanstalten zu Grätz*, Streinz critically observed that the madhouse served primarily as a custodial facility rather than a therapeutic one:

103 See Streinz, *Die Versorgungs-Anstalten*, especially 24–25; Fossel, *Geschichte des Allgemeinen Krankenhauses*, 122; Watzka, *Vom Armenhaus*, especially 311–12.

104 See Fossel, *Geschichte des Allgemeinen Krankenhauses*, esp. 50; Streinz, *Die Versorgungs-Anstalten*, 24–26.

According to its original and still current regulations, that institution serves the care of insane, raving, and lunatic persons, for whom accommodation in such a specifically designated facility appears necessary to render the outbreaks of their mental confusions harmless to them and others. Therefore, the madhouse in Grätz [sic] remains nothing more than a place of detention and nursing for such individuals, the vast majority of whom remained unhealed and spend [the rest of] their lifetime there—largely because they were already in a chronic and therefore incurable stage of illness. Nevertheless, occasionally single recoveries do occur, though they must be considered fortunate accidents, since all the conditions required for a systematically arranged curative institute for the mentally ill are still lacking.¹⁰⁵

Remarkably, this was the same Dr. Streinz who had earlier served as chief health officer in Upper Austria and had become director of the Linz asylum after it was designated a state institution in 1824.¹⁰⁶ Streinz advocated for the purchase of a new, more suitable facility for the mentally ill in Linz soon after his appointment. However, these efforts were ultimately thwarted due to financial concerns. In the absence of a new site, the existing building was modified to function, to the extent possible, as a proper asylum. According to Anton Knörlein (1802–1872), who became director of the institute in 1837, the reforms introduced by Streinz in the 1820s included the removal of the old, foul-smelling wooden flooring, the provision of proper equipment and laundry, and the abandonment of the use of chains as restraints. By the early 1830s, the numbers of inmates at the asylum in Linz also had risen considerably. Knörlein recorded 48 inmates at the end of 1833 and a total of 86 patients treated during 1834. Yet in Upper Austria the request for the appointment of a salaried physician was likewise rejected at the time by the Viennese authorities. A paid position for a doctor of medicine at the institute was only established in 1837, after the then-responsible physician Georg Meisinger (1799–1874) had resigned from his unpaid post.¹⁰⁷

In Salzburg, the development of a dedicated asylum, understood as an institution with its own administrative structure and qualified, specialized appointed staff, had been envisioned since around 1780, but no concrete steps were taken in this direction until 1815, as previously noted. This situation only changed after a devastating fire in 1818 destroyed large parts of the old

105 Streinz, *Die Versorgungs-Anstalten*, 24–25. See Watzka, *Vom Armenhaus*, 312.

106 See Knörlein, “Kurzgefasste Geschichte der Heilanstalten,” especially 27–29.

107 See Knörlein, *Irren-Angelegenheiten*, especially the title page, 14–15, 42.

suburb am Stein, which had been home to 1,154 persons, the Bruderhaus included.¹⁰⁸ The hospitalized insane survived the blaze thanks to the efforts of compassionate townspeople, but those among them who were agitated had to be tied to trees outside the city gates for two days and two nights, until the so-called *Kammerlobrhaus* (a small former correctional house) in the suburb of Mülln was hastily prepared to receive them.¹⁰⁹ Contemporary physicians soon judged this new facility inadequate for its use as an asylum for the mentally ill. It had only 17 small, dimly lit chambers, and its staff was considered insufficient. In 1830, three attendants were responsible for all care duties, and a lack of space restricted the number of inmates to around 20, which was less than needed. In contrast to the asylums in Vienna, Linz, and Graz, the Salzburg madhouse was never designated a state institute during the *Vormärz* period. Rather, it remained a locally administered institution until its closure in 1852.¹¹⁰ An 1850 account still described it, despite the presence of medical support, as “a mere institute for detention.”¹¹¹

As mentioned in the introduction to this article, two additional asylums were founded between 1815 and 1830. In Klagenfurt, a former prison was provisionally adapted in 1822 to accommodate up to 40 mentally ill individuals.¹¹² More significantly, in 1830, a new asylum was established in Hall in Tyrol, housed in a former monastery. Unlike its predecessors, this institution was explicitly designed as an *Irrenheilanstalt*, i.e., a facility for curing the mad. Thus, it was the first such functioning institution in the Habsburg Monarchy. The subsequent development of this asylum, along with the development of the other asylums after 1830, lies beyond the scope of the present study.¹¹³

Conclusion

The article has demonstrated, in broad consensus with the secondary literature on the subject that in the Austrian context, the Enlightenment era brought with it a declared intention to treat individuals suffering from serious mental disorders humanely and, as far as possible, to cure them through the methods

108 See Baumgartner et al., “Die Flammen lodern wütend.”

109 Waitzbauer, *Vom Irrenhaus*, 20–22, citing two different eye-witness reports. The edifice in Müllner Hauptstraße 48 still exists but was heavily rebuilt over the course of the following decades.

110 See Waitzbauer, *Vom Irrenhaus*, 23–30; Lumetzberger, *Das öffentliche Irrenwesen*.

111 See Tettinek, *Armen-Verorgungs- und Heilanstalten*, 178–79.

112 Posch, *Landeskrankenhaus Klagenfurt*, 230; Platz, “Die Anfänge.”

113 See esp., Dietrich-Daum, Elisabeth et al., *Psychiatrische Landschaften*.

of emerging psychiatry. However, neither sufficient political and social attention nor, more crucially, an ethical commitment to invest adequate financial resources accompanied this ambition. The nascent Josephinist welfare system of late eighteenth-century Austria was generally shaped by a paternalistic if not outright autocratic ethos. In this framework, the primary goal of early public madhouses was clearly the preservation of public order and not to nurture or further the wellbeing of the inmates. Even if such institutions were, with a few possible exceptions, not purposefully used for the interment of politically inconvenient but mentally sound individuals, their core function remained custodial, not therapeutic.¹¹⁴

Providing truly adequate living conditions for the mentally ill would have required more spacious and appropriate housing and also a significantly larger and better-trained staff. This, in turn, would have incurred considerably higher costs, resources that neither the imperial court nor the central or regional authorities nor even local communities were willing to provide, especially not for the vast majority of inmates, who hailed from ordinary or poor family backgrounds. In contrast, wealthier individuals and those of higher social status who suffered from mental illness often had access to private care at home or could be accommodated in one of Vienna's private asylums.

Apart from the inmates themselves and, in some cases, their family members, the staff of these early mental asylums were those most consistently confronted with the harsh realities of contemporary asylum life. Physicians, surgeons, supervisors, administrators, and occasionally priests, as the most educated and highest-ranking professional groups involved, often gave sobering descriptions of the conditions in the asylums and the treatments sometimes used. Many of these accounts adopted an explicitly critical stance towards the institutions in which their authors worked. In contrast, the experience and perspectives of lower-ranking staff, such as keepers, servants, nurses, and so-called "old women," are only rarely documented and thus remain largely inaccessible to historians.

Personal testimonies of inmates themselves from the early phase of institutional psychiatry are similarly scarce. Where they exist, these rare accounts are of particular value for research into the history of psychiatric patients.¹¹⁵ However, a deeper exploration of these sources, from the perspective of patient history, lies beyond the scope of this overview, as does any look into the early

114 See the very informative deliberations given in: Vitecek, *Der Wiener Narrenturm*, 425–34.

115 For this topic, see especially the studies by Heidegger cited above.

stages of academic psychiatry in Austria, which, at least from the perspective of publications, was limited in quantity and, with a few exceptions, also of limited importance for the further development of the discipline,¹¹⁶ at least until the 1830s, when Ernst von Feuchtersleben (1806–1849) published *Zur Diätetik der Seele*. The focus here instead has been on fundamental institutional and structural aspects of the emergence of psychiatry in Austria, especially with regard to the early developments and limitations of public asylums during the late Enlightenment and *Vormärz* periods.

Bibliography

- Ammerer, Gerhard, and Carlos Watzka. *Der Teufel in Graz? Besessenheit und Exorzismus am innerösterreichischen Hof 1599/1600*. Graz: Leykam 2020.
- Ammerer, Gerhard, Nicole Bauer, and Carlos Watzka. *Dämonen: Besessenheit und Exorzismus in der Geschichte Österreichs*. Salzburg: Pustet, 2024.
- Ammerer, Gerhard, Alfred Weiß. *Strafe, Disziplin und Besserung: Österreichische Zucht- und Arbeitshäuser von 1750 bis 1850*. Frankfurt am Main: Lang, 2006.
- Ammerer, Gerhard. “Exorzismus und animalischer Magnetismus als Behandlungspraktiken in der Frühen Neuzeit.” *Virus. Beiträge zur Sozialgeschichte der Medizin* 13 (2015): 35–53. doi: 10.1553/virus13s035
- Baumgartner, Jutta et al. “*Die Flammen lodern wütend*”: *Der große Stadtbrand in Salzburg 1818*. Salzburg: Stadtarchiv, 2018.
- Beales, Derek. *Enlightenment and Reform in Eighteenth-Century Europe*. London: Tauris, 2005.
- Bell, David. “For a New Social History of the Enlightenment: Authors, Readers, and Commercial Capitalism.” *Modern Intellectual History* 20, no. 2 (2023): 663–87. doi 10.1017/S1479244322000087

116 Only in retrospective, the concept of “animal magnetism” by Dr. Franz Anton Mesmer (1734–1815), elaborated in Vienna during the 1770s, was regarded as an important forerunner of psychodynamics. “Phrenology,” developed by Dr. Franz Joseph Gall (1758–1828), who had also studied in Vienna, in turn, was certainly of some relevance for the history of nineteenth-century medicine, but rather for neurology and brain anatomy, than for psychiatry. Some actual impact, yet, on the development of genuinely psychiatric knowledge was made by the works on mania and suicide, written in the late eighteenth century by the Austrian physician Dr. Leopold Auenbrugger (1722–1809) and by the contributions of Dr. Philipp Karl Hartmann (1773–1830), professor for general pathology, therapy and *materia medica*, on mental health and psychopathology. See Gabriel et al., *Zur Geschichte der Psychiatrie in Wien*.

- Besl, Friedrich. "Die Entwicklung des handwerklichen Medizinalwesens im land Salzburg vom 15. bis zum 19. Jahrhundert." *Mitteilungen der Gesellschaft für Salzburger Landeskunde* 137 (1997): 7–112; 138 (1998): 105–296.
- Brambilla, Giovanni Alessandro. *Rede auf den Tod des Kaisers Joseph II., gehalten in dem Versammlungssaale der K. K. Josephinischen medizinisch-chirurgischen Akademie im April MDCCXC*. Vienna: Alberti, 1790.
- Brenner, Andrea. "Der Wiener 'Narrenturm' und seine PatientInnen." In *VorFreud: Therapeutik der Seele vom 18. bis zum 20. Jahrhundert*, edited by Carlos Watzka and Marcel Chahrouh. Vienna: VdÄ, 2008.
- Brettenthaler, Josef. "Vom alten 'Irrenhaus' zur Landesnervenklinik." In *Drei Jahrhunderte St.-Johanns-Spital Landeskrankenhaus Salzburg*, edited by Josef Brettenthaler and Volkmar Feuerstein. Salzburg: LKH, 1986.
- Dietrich-Daum, Elisabeth, and Maria Heidegger. "Menschen in Institutionen der Psychiatrie." In *Psychiatrische Landschaften: Die Psychiatrie und ihre Patientinnen und Patienten im historischen Tirol seit 1830*, edited by Elisabeth Dietrich-Daum, Hermann Kuprian, Siglinde Clementi, Maria Heidegger, and Michaela Ralser. Innsbruck: IUP, 2011.
- Dietrich-Daum, Elisabeth and Michaela Ralser. "Die 'Psychiatrische Landschaft' des 'historischen Tirol' von 1830 bis zur Gegenwart – Ein Überblick." In *Psychiatrische Landschaften: Die Psychiatrie und ihre Patientinnen und Patienten im historischen Tirol seit 1830*, edited by Elisabeth Dietrich-Daum, Hermann Kuprian, Siglinde Clementi, Maria Heidegger, and Michaela Ralser. Innsbruck: IUP, 2011.
- Dietrich-Daum, Elisabeth, and Maria Heidegger. "Die k. k. Provinzial-Irrenanstalt Hall in Tirol im Vormärz – eine totale Institution?" *Wiener Zeitschrift zur Geschichte der Neuzeit* 8, no. 1 (2008): 68–85.
- Dietrich-Daum, Elisabeth, and Elena Taddei. "Psychiatrische Versorgung am Land: Die Rolle der praktischen Ärzte am Beispiel der Südtiroler Landarztpraxis des Franz von Ottenthal (1818–1899)." *Virus. Beiträge zur Sozialgeschichte der Medizin* 8 (2009): 27–42. doi: 10.1553/VIRUS08S027
- Doerner, Klaus. *Manmen and the Bourgeoisie: A Social History of Insanity and Psychiatry*. Translated by Joachim Neugroschel and Jean Steinberg. London: Blackwell, 1981.
- Dopsch, Heinz, and Robert Hoffmann. *Salzburg: Die Geschichte der Stadt*. Salzburg: Pustet, 2008.
- Eghigian, Greg, ed. *The Routledge History of Madness and Mental Health*. London: Routledge 2017.
- Fellner, Günter. "'Irre' und Gesellschaft in Österreich 1780–1867." In *Justiz und Zeitgeschichte: Symposiumsbeiträge 1976–1993*, vol. 1, edited by Erika Weinzierl et al. Vienna: Jugend und Volk, 1995.

- Fillafer, Franz. *Aufklärung habsburgisch: Staatsbildung, Wissenskultur und Geschichtspolitik in Zentraleuropa 1750–1850*. Göttingen: Wallstein, 2020.
- Fossel, Viktor. *Geschichte des Allgemeinen Krankenhauses in Graz: Festschrift zur Feier des hundertjährigen Bestandes der Anstalt*. Graz: Leuschner & Lubensky, 1899.
- Foucault, Michel. *Discipline and Punish: The Birth of the Prison*. New York: Pantheon, 1977.
- Foucault, Michel. *History of Madness*. Translated by Jonathan Murphy and Jean Khalfa. London: Routledge, 2006.
- Foucault, Michel. *Madness and Civilization: A History of Insanity in the Age of Reason*. London: Mentor, 1967.
- Foucault, Michel. *Mental Illness and Psychology*. New York: Harper and Row, 1976.
- Foucault, Michel. *Security, Territory, Population: Lectures at the Collège de France, 1977–78*. London: Palgrave, 2007.
- Foucault, Michel. *The Birth of Biopolitics: Lectures at the Collège de France, 1978–79*. London: Palgrave, 2008.
- Foucault, Michel. *The Will to Knowledge: The History of Sexuality*. Vol. 1. London: Penguin, 1976.
- Frank, Johann Peter. *System einer vollständigen medicinischen Polizey*. 6 vols. Mannheim u. a.: 1779–1817.
- Frick, Karl. *Geschichte der Krankenhäuser Kärntens*. Klagenfurt: Carinthia, 1990.
- Gabriel, Eberhard. “Psychiatrische Einrichtungen im Erzherzogtum unter der Enns (Niederösterreich) im 19. Jahrhundert: Vom Irrenturm in Wien zu den Heil- und Pflegeanstalten für Geistesranke im Licht zeitgenössischer Darstellungen.” *Virus. Beiträge zur Sozialgeschichte der Medizin* 16 (2017) 193–208. doi: 10.1553/0x003bb5d1
- Gabriel, Eberhard et al., eds. *Zur Geschichte der Psychiatrie in Wien*. Vienna: Brandstätter, 1997.
- Goergen, Bruno. *Privat-Heilanstalt für Gemüthsranke. Eröffnet von Dr. Goergen in Wien: Etablissement privé pour la Reception des Aliénés par B. Goergen, Docteur en Medecine à Vienne*. Vienna: Wimmer, 1820.
- Goffman, Erving. *Asylums: Essays on the social situation of mental patients and other inmates*. New York: Anchor, 1961.
- Goffman, Erving. *Stigma: Notes on the management of spoiled identity*. Englewood Cliffs: Prentice-Hall, 1963.
- Grois, Bernhard. *Das Allgemeine Krankenhaus in Wien und seine Geschichte*. Vienna: Maudrich, 1965.
- Gröger, Helmut, Eberhard Gabriel, and Siegfried Kasper, eds. *Zur Geschichte der Psychiatrie in Wien*. Vienna: Brandstätter, 1997.

- Hahn-Oberthaler, Verena, and Gerhard Obermüller. *150 Jahre Gesundheit im Zentrum: Vom Allgemeinen Krankenhaus der Stadt Linz zum Keppeler Universitätsklinikum*. Linz: AKH, 2015.
- Hammer-Luza, Elke. *Im Arrest: Zucht-, Arbeits- und Strafhäuser in Graz (1700–1850)*. Vienna: Böhlau, 2019.
- Harrer, Ignaz. “Das Irrenwesen im Herzogtum Salzburg und die neue Salzburger Landesheilanstalt für Geisteskranke.” *Mitteilungen der Gesellschaft für Salzburger Landeskunde* 42 (1902): 1–48.
- Heidegger, Maria. “‘Zur Erregung eines angenehmen Lebensgefühls’ (J. C. Reil): Therapeutische Konzepte von Sexualität in der frühen Psychiatrie.” *Virus. Beiträge zur Sozialgeschichte der Medizin* 18 (2019): 127–47. doi: 10.1553/virus18s127
- Heidegger, Maria. “Der Teufel als Ohrwurm: Über das Hören und Spüren von Stimmen im Sinnesraum der Irrenanstalt.” *Österreichische Zeitschrift für Geschichtswissenschaft* 33, no. 1 (2022): 55–75.
- Heidegger, Maria. “Lärm macht (Un-)Sinn: Resonanzen in der frühen Anstaltspsychiatrie.” *Revisit. Humanities & Medicine in Dialogue* no. 1 (2022): 172–92.
- Heidegger, Maria. “Psychiatrische Pflege im Rahmen eines historischen Anstaltsmodells: Das Beispiel der ‘k. k. Provinzialirrenanstalt’ Hall in Tirol 1830–1850.” In *Who Cares? Pflege und Betreuung in Österreich – eine geschlechterkritische Perspektive*, edited by Erna Appelt, Maria Heidegger, Max Preglau, and Maria Wolf. Innsbruck: Studienverlag, 2010.
- Heidegger, Maria. “Schmerz, Männlichkeit und Religion: Selbstbestrafungen im Fokus der Tiroler Psychiatrie im Vormärz.” *L’Homme* 33, no. 2 (2022): 39–55.
- Heidegger, Maria. *Sorgen um die Seele: Psychiatrie, Religion und ‚Seelisches Leid‘ in Tirol, 1830–1850*. (Forthcoming.)
- Heidegger, Maria. “The Devil in the Madhouse: On the Treatment of Religious Pathologies in Early Psychiatry, Tyrol, 1830–1850.” In *Sign or Symptom? Exceptional Corporeal Phenomena in Medicine and Religion (19th and 20th century)*, edited Henk de Smaele, Tine van Osselaer and Kaat Wils-Verhaegen. Leuven: ULP, 2017.
- Heinse, Gottlob Heinrich. *Linz und seine Umgebungen: Mit einem Ueberblicke der merkwürdigen Städte und Gegenden von Oberösterreich*. Linz: Eurich, 1838.
- Heinz, Werner, ed. *Kleine Kulturgeschichte der Achtzähl*. Münster: Monsenstein und Vannerdat, 2016.
- Hof- und Staats-Handbuch des österreichischen Kaiserthumes*. Vol. 1. Vienna: Hof- und Staats-Druckerei, 1845.
- Hoffmann, Gustav, ed. *200 Jahre psychiatrisches Krankenhaus in Oberösterreich: Vom Pestlazarett zum Wagner-Jauregg-Krankenhaus*. Linz: Eigenverlag, 1988.

- Hoffmann, Joseph. *Das Wiener k. k. allgemeine Krankenhaus*. Vienna: AKH, 1873.
- Hoffmann, Gustav, Hans Rittmannsberger, Margit Scholta, and Werner Schöny. “Zur Geschichte der Psychiatrie in Oberösterreich.” *Psychiatria Danubina* 1, no. 3 (1989): 199–214.
- Huber-Reismann, Elfriede. *300 Jahre Altenversorgung und Pflege in Graz: Vom Armenhaus zur modernen Geriatrie*. Kumberg: Sublilium, 2024.
- Jetter, Dieter. “Wiener Irrenhausprojekte.” *Fortschritte der Neurologie und Psychiatrie* 49, no. 2 (1981): 43–52.
- Jetter, Dieter. “Zur Entwicklung der Irrenfürsorge im Donauraum.” *Medizinhistorisches Journal* 6, no. 2–3 (1971): 189–99.
- Jetter, Dieter. *Geschichte des Hospitals – Wien*. Darmstadt: WBG, 1982.
- Jetter, Dieter. *Grundzüge der Geschichte des Irrenhauses*. Darmstadt: WBG, 1981.
- Kaufmann, Doris. *Aufklärung, bürgerliche Selbsterfahrung und die ‘Erfindung’ der Psychiatrie in Deutschland, 1880–1850*. Göttingen: Vandenhoeck & Ruprecht, 1995.
- Kepplinger, Brigitte, Gerhart Marckhgott, and Hartmut Reese, eds. *Tötungsanstalt Hartheim*. Linz: Oberösterreichisches Landesarchiv, 2013.
- Klein, Kurt. *Historisches Ortslexikon – Wien. Statistische Dokumentation zur Bevölkerungs- und Siedlungsgeschichte*. Vienna, ÖAW, 2016. <https://www.oeaw.ac.at/vid/research/research-groups/demography-of-austria/historisches-ortslexikon/> Accessed May 2, 2025.
- Knörlein, Anton. “Kurzgefasste Geschichte der Heilanstalten und des Medicinalwesens in Linz.” *Jahrbuch des Oberösterreichischen Musealvereines* no. 15 (1855): 1–50.
- Knörlein, Anton. *Die Irren-Angelegenheiten Ober-Oesterreichs. Ein Vorwort zur Begründung einer Landes-Heilanstalt für Geistes- und Gemüthsranke*. Linz: Fink, 1851.
- Kutzer, Michael. *Anatomie des Wahnsinns: Geisteskrankheit im medizinischen Diskurs der frühen Neuzeit und die Anfänge der pathologischen Anatomie*. Hürtgenwald: Pressler, 1998.
- Künstl, Lisa. “‘Mögen in diesen lichten Räumen wenigstens recht viele auch das Licht des Verstandes wieder finden.’ Vom ‘Irrenhaus’ zum ‘Zentrum für Seelische Gesundheit.’” PhD thesis, University of Klagenfurt, 2005.
- Lederer, David. *Madness, Religion and the State in Early Modern Europe: A Bavarian Beacon*. Cambridge: CUP, 2006.
- Lehner, Ulrich. *Mönche und Nonnen im Klosterkerker: Ein verdrängtes Kapitel Kirchengeschichte*. Ruggell: Topos, 2015.
- Leibbrand, Werner, and Annemarie Wettley. *Der Wahnsinn: Geschichte der abendländischen Psychopathologie*. Erfstadt: Area, 2005.
- Lesky, Erna. “Wiener Psychiatrie im Vormärz.” *Gesnerus* 19, no. 3–4 (1962): 119–29.
- Lesky, Erna. *Die Wiener medizinische Schule im 19. Jahrhundert*. Vienna: Böhlau, 1965.

- Lesky, Erna. *Österreichisches Gesundheitswesen im Zeitalter des aufgeklärten Absolutismus*. Vienna: Rohrer, 1959.
- Lobenwein, Elisabeth, Gerhard Ammerer, Jutta Baumgartner, Thomas Mitterecker, eds. *Herrschaft in Zeiten des Umbruchs: Fürsterzbischof Hieronymus Graf Colloredo (1732–1812) im mitteleuropäischen Kontext*. Salzburg: Pustet, 2016.
- Lobenwein, Elisabeth. “Medizin- und sozialgeschichtliche Aspekte der Mirakelberichte von Maria Luggau in Kärnten (1740–1800).” *Virus. Beiträge zur Sozialgeschichte der Medizin* 8 (2009): 119–28. doi: 10.1553/virus08s119
- Lumetzberger, Theresa. *Das öffentliche Irrenwesen in Salzburg: Historie, Organisation und Bedeutsamkeit*. Saarbrücken: AV, 2021.
- Matsch, Erwin. *Der Auswärtige Dienst von Österreich(-Ungarn) 1720–1920*. Vienna–Böhlau, 1986.
- Münch, Reinhard. *Österreich gegen Napoleon*. Leipzig: Engelsdorfer, 2023.
- Koenig, Joseph Ernst. *Skizze von Grätz*. Vol. 2. N.p., 1792.
- Österreichisches Biographisches Lexikon 1815–1950. 16 vols. Vienna: VÖAW, 1957–2022.
- Pfeiffer, Paul. *Das Allgemeine Krankenhaus in Wien von 1784: Vor dem Hintergrund der Geschichte des Hospitalwesens und der thesesianisch-josephinischen Gesundheits- und Fürsorgepolitik im 18. Jahrhundert*. Berlin: Lit, 2012.
- Pichlkastner, Sarah. “Bier, Wein, Kapitalien – aber Insassinnen und Insassen? Das Wiener Bürgerspital zwischen wirtschaftlichem ‘Großunternehmen’ und karitativer Versorgungseinrichtung in der Frühen Neuzeit.” *Historia Hospitalium* 30 (2017): 305–18.
- Pichlkastner, Sarah. “Vom Physicus über die Hebamme bis zur Kindsdirne: Medizinisch-pflegerisches Personal im Wiener Bürgerspital und seinen Filialen in der Frühen Neuzeit.” *Virus. Beiträge zur Sozialgeschichte der Medizin* 16 (2017): 43–64.
- Pichlkastner, Sarah. “Eine Stadt in der Stadt: Insassinnen/Insassen und Personal des frühneuzeitlichen Wiener Bürgerspitals.” PhD diss., University of Vienna, 2020.
- Pillwein, Benedikt. *Beschreibung der Provinzial-Hauptstadt Linz und ihrer nächsten Umgebung mit der ältesten Geschichte und mit einem Umriss des Erzherzogthums Oesterreich ob der Enns als Einleitung*. Linz: Fink, 1824.
- Plass, Konrad. “Die Stiftung des Johann Adam Pruner in Linz.” *Historisches Jahrbuch der Stadt Linz* (1971): 33–98.
- Platz, Thomas. “Die Anfänge der stationären Versorgung in Kärnten und deren gesellschaftspolitischer Kontext im Vergleich zur heutigen Situation.” In *Psychiatrische Institutionen in Österreich um 1900*, edited by Eberhard Gabriel and Martina Gamper, 161–64. Vienna: Verlaghaus der Ärzte, 2009.

- Porter, Roy. *Madmen: A Social History of Madhouses, Mad-doctors & Lunatics*. Charleston: Tempus, 2006.
- Porter, Roy. *Madness: A Brief History*. Oxford: OUP, 2002.
- Posch, Paul. *Landeskrankenhaus Klagenfurt: Geschichte der Kranken-, Heil- und Pflegeanstalten des Landes Kärnten in Klagenfurt und der Klagenfurter Spitäler*. Klagenfurt: KDVG: 1987.
- Puschmann, Theodor. *Die Medicin in Wien während der letzten 100 Jahre*. Vienna: Perles, 1884.
- Rohrer, Joseph. *Neuestes Gemälde von Wien*. Vienna: Doll, 1797.
- Scheutz, Martin. “Demand and Charitable Supply: Poverty and Poor Relief in Austria in the Eighteenth and Nineteenth Centuries.” In *Health Care and Poor Relief in 18th and 19th Century Southern Europe*, edited by Ole Peter Grell, Andrew Cunningham, and Bernd Roeck, 52–95. Aldershot: Ashgate, 2005.
- Scheutz, Martin, Andrea Sommerlechner, Herwig Weigl, and Alfred Stefan Weiß, eds. *Europäisches Spitalwesen: Institutionelle Fürsorge in Mittelalter und Früher Neuzeit – Hospitals and Institutional Care in Medieval and Early Modern Europe*. Vienna: Oldenbourg, 2008.
- Scheutz, Martin, and Alfred Stefan Weiss. *Das Spital in der Frühen Neuzeit: Eine Spitallandschaft in Zentraleuropa*. Vienna: Böhlau, 2020.
- Scheutz, Martin and Alfred Stefan Weiß. *Spital als Lebensform: Österreichische Spitalordnungen und Spitalinstruktionen der Neuzeit 1–2*. Vienna: Böhlau, 2015.
- Schnopfhagen, Franz. “Die o. ö. Landes-Irren-Heil- und Pflegeanstalt Niedernhart-Linz.” In *Die Irrenpflege in Österreich in Wort und Bild*, edited by Heinrich Schläss. Halle a. S.: Marhold, 1912.
- Schwanninger, Florian and Markus Rachbauer, eds. *Krieg und Psychiatrie: Lebensbedingungen und Sterblichkeit in österreichischen Heil- und Pflegeanstalten im Ersten und Zweiten Weltkrieg*. Innsbruck: Studienverlag, 2022.
- Schwanninger, Florian and Zauner-Leitner, Irene. *Lebensspuren. Biografische Skizzen von Opfern der NS-Tötungsanstalt Hartheim*. Innsbruck: Studien-Verlag, 2013.
- Scull, Andrew. *Madness in Civilization: A Cultural History of Insanity from the Bible to Freud, from the Madhouse to Modern Medicine*. Princeton: PUP, 2015.
- Springer, Alfred. “Historiography and History of Psychiatry in Austria.” *History of Psychiatry* 2, no. 7 (1991): 251–61. doi: 10.1177/0957154X91002007
- Stohl, Alfred. *Der Narrenturm oder die dunkle Seite der Wissenschaft*. Vienna: Böhlau, 2000.
- Stohl, Alfred and Gert Hasenhütl. “Zur architektonischen Form des Narrenturms.” In *Der Narrenturm oder die dunkle Seite der Wissenschaft*, edited by Alfred Stohl, 257–64. Vienna: Böhlau, 2020.
- Streinz, Wenzel. *Die Versorgungs-Anstalten zu Grätz*. Graz: Leykam, 1843.

- Telsnig, Elisabeth. "...Trotl bin ich nicht": *Kreatives Schaffen in der Landesheilanstalt Salzburg 1849–1969*. Salzburg: Land Salzburg, 2018.
- Tettinek, Johann. *Die Armen-Versorgungs- und Heilanstalten im Herzogtume Salzburg*. Salzburg: Mayr, 1850.
- Toifl, Leopold. "Franzosenzeit in der Steiermark." *Zeitschrift des Historischen Vereines für Steiermark* 100 (2009): 27–42.
- Vitecek, Daniel. *Der Wiener Narrenturm: Die Geschichte der niederösterreichischen Psychiatrie von 1784 bis 1870*. Wiesbaden: Springer VS, 2023.
- Vocelka, Karl. *Glanz und Untergang der höfischen Welt: Repräsentation, Reform und Reaktion im habsburgischen Vielvölkerstaat. Geschichte Österreichs 1699–1815*. Vienna: Ueberreuter, 2001.
- Wagner, Michael. "Anmerkungen und Zusätze." In Philippe Pinel, *Philosophisch-medicinische Abhandlung über Geistesverirrungen oder Manie*, 410–45. Vienna: Schaumburg, 1801.
- Waltzbauer, Harald. *Vom Irrenhaus zur Christian-Doppler-Klinik. 100 Jahre Salzburger Landesnervenklīnik 1898–1998*. Salzburg: Müller, 1998.
- Watzka, Carlos. "Die 'Landes-Irrenanstalt Feldhof bei Graz' und ihre Insassen 1874–1913: Eine Skizze zur Entstehung der 'modernen' Anstaltspsychiatrie in der Steiermark." *Blätter für Heimatkunde* 80, no. 1 (2006): 14–40.
- Watzka, Carlos. "Heuhaufen und Nadeln: Zur Erforschung von Diskursen und Praktiken bezüglich psychischem Wohlbefinden und psychischem Leiden in der frühneuzeitlichen Steiermark." *Jahrbuch des Steiermärkischen Landesarchivs*, no. 5 (2022): 197–219.
- Watzka, Carlos. "Interpretationen des Irrsinns: Zur Pluralität der Wahrnehmungsmuster und Handlungsmuster betreffend psychisches Kranksein im frühneuzeitlichen Europa." *Archiv für Kulturgeschichte* 85, no. 1 (2003): 201–42.
- Watzka, Carlos. "Mehr als bloß Exorzismus: Zugänge der katholischen Kirche zur Therapeutik psychischer Erkrankungen im Österreich des 17. und 18. Jahrhunderts." In *Vor Freud. Therapeutik der Seele vom 18. bis zum 20. Jahrhundert*, edited Carlos Watzka and Marcel Chahrour. Vienna: VdÄ, 2008.
- Watzka, Carlos. "Psychiatrische Anstalten in Österreich 1780–1850: Eine Übersicht aus wissenschaftsgeschichtlicher und soziologischer Perspektive." *Österreich in Geschichte und Literatur* 53, no. 4 (2009): 356–72.
- Watzka, Carlos. "Stellenwert und Gestaltung der Therapie psychischer Erkrankungen in der frühneuzeitlichen Volksmedizin am Beispiel des Herzogtums Steiermark." *Würzburger medizinhistorische Mitteilungen* 24 (2005): 144–61.
- Watzka, Carlos. "Vom Armenhaus zur Landesnervenklīnik Sigmund Freud: Zur Geschichte psychisch Kranker und des gesellschaftlichen Umgangs mit ihnen in

- der steirischen Landeshauptstadt vom 16. bis zum 21. Jahrhundert.” *Historisches Jahrbuch der Stadt Graz* 36 (2006): 295–337.
- Watzka, Carlos. *Arme, Kranke, Verrückte: Hospitäler und Krankenhäuser in der Steiermark vom 16. bis zum 18. Jahrhundert und ihre Bedeutung für den Umgang mit psychisch Kranken*. Graz: Steiermärkisches Landesarchiv, 2007.
- Watzka, Carlos. *Vom Hospital zum Krankenhaus: Zum Umgang mit psychisch und somatisch Kranken im frühneuzeitlichen Europa*. Vienna: Böhlau, 2005.
- Weiß, Karl. *Geschichte der öffentlichen Anstalten, Fonds und Stiftungen für die Armenversorgung in Wien*. Vienna: Gemeinderat, 1867.
- Weiss, Norbert. “Gestörte Seelen in Behandlung.” In *Die Vermessung der Seele: Geltung und Genese der Quantifizierung von Qualia*, edited by Christian Bachhiesl, Sonja Bachhiesl, and Stefan Köchl. Vienna: Lit, 2015.
- Weiss, Norbert. *Im Zeichen von Panther & Schlange: Die Geschichte zum Jubiläum der steiermärkischen Landeskrankenanstalten*. Graz: KAGES, 2006.
- Welsperg-Raitenau, Philipp von. *Umständliche Beschreibung der Verfassung von den Armenversorgungsanstalten zu Grätz in Steyermark*. Graz: Widmanstetter, 1796.
- Wimmer, Johannes. *Gesundheit, Krankheit und Tod im Zeitalter der Aufklärung: Fallstudien aus den habsburgischen Erbländern*. Vienna: Böhlau, 1991.
- Wittelshöfer, Leopold. *Wien’s Heil- und Humanitätsanstalten, ihre Geschichte, Organisation und Statistik*. Vienna: Seidel, 1856.
- Zaisberger, Friederike. *Geschichte Salzburgs*. Vienna: Oldenbourg, 1994.
- Zillner, Franz Valentin. “Salzburgisches Irrenwesen.” *Allgemeine Zeitschrift für Psychiatrie und ihre Grenzgebiete* 27 (1871): 139–43.



The Beginnings of Pediatric Psychiatry in the Czech Lands

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Records concerning mental disorders among children are sparse for the earliest period of the field of psychiatry in Bohemia, but they do exist. For a long time, however, no public care was actually available for mentally ill children. This paper investigates the formation of child psychiatry as a separate field in the Czech Lands, tracing the emergence of public care for mentally ill children and the establishment of the first educational institutions for children and adolescents. In Bohemia, these efforts date to 1871, when Karel Slavoj Amerling founded the Ernestinum, an institute for “feeble-minded” children in Prague. In 1902, the first outpatient clinic for child psychiatry was established in Prague by Karel Herfort, the first professor of child psychopathology in Bohemia.

Keywords: pediatric psychiatry, mental disorders, children, Ernestinum, Karel Slavoj Amerling, Karel Herfort

Introduction

Miroslava, born in 1900, came into a family that was unable to provide even basic care, let alone love and safety. She was the only one of twelve children to survive and arrived at the Ernestinum institution as an orphan. Her father died in an asylum, and her mother succumbed to emphysema. Her childhood, marked by mental illness, physical ailments, neglect, and poverty, led her to institutional care, where she was placed more out of necessity than from any understanding of her needs. Medical records describe her as a thin, weak, and neglected girl whose development was delayed and who suffered not only from physical frailty but also from speech and cognitive disorders. From the outset, Miroslava’s life was a chain of defeats over which she had no control. At the Ernestinum institution, she was given—for the first time—a regular routine, professional supervision, and at least the basic conditions for a dignified life. Yet the scars of the past could not be erased. Her sick body and fragile psyche bore deep wounds.¹

1 Herfort, *Děti duševně vadné*, 6–8.

Miroslava's story is a reminder of a time when children with similar fates could end up in anonymous institutions, far from home, dependent on the goodwill of caregivers or the pity of their families or local communities if they were not placed in institutional care. It also bears witness to the prevailing view of intellectual disability and impairment at the time, which was judged more by merits of alleged societal usefulness than by human dignity. Her fate reminds us that behind every medical record lies a real child, with a name, a face, and an unheard story.

This story of a girl born in 1900 serves as a starting point for an analysis of the development of institutional care for children with intellectual disabilities in the Czech Lands at the turn of the nineteenth and twentieth centuries. Her fate, marked by neglect, illness, and institutionalization, reflects contemporary notions of usefulness, normality, and the perceived value of a child. Yet this case is not merely an individual narrative; it is symptomatic of broader structural transformations that shaped the emergence of child psychiatry as a distinct field.

This study aims to examine how a system of care for children with intellectual disabilities was formed in the Czech Lands, situating this development within wider Central European discourses and institutional practices. Particular attention is paid to the Ernestinum institute, the first facility for so-called “feebleminded” children in the Czech Lands, and its role in the professionalization of care. The Czech case is contextualized within the framework of the Habsburg Monarchy, where similar institutions were established in other regions (e.g., Austria and Hungary), offering a comparative perspective on the evolution of specialized care.

The term “feebleminded child” during the period under study was used to refer to a broad spectrum of individuals, from children with intellectual disabilities to those on the autism spectrum and even to children whose behavior deviated from prevailing social norms. In some cases, this designation was also associated with physical disabilities. This diagnostic ambiguity reflects the epistemological limitations of the time, while also illustrating why specialized institutions gradually emerged, not only to classify these children but also to provide education and care for them within the framework of a newly developing system.

In the discussion below, I trace the formation of child psychiatry as a separate field in the Czech Lands and describe the beginnings of public care for mentally ill children, especially the foundation of the first educational and care institution for children and adolescents. I focus on the development of a system of care for mentally disadvantaged persons in the Czech Lands in late nineteenth and early twentieth centuries until the outbreak of World War I. I explain some key concepts and situate the development in the Czech Lands in a wider European

context. Finally, I will introduce the activities of the Ernestinum Institute in Prague and analyze published case studies pertaining to its inhabitants. The study of these historical examples is interesting not only in and of itself; it also has the potential to enrich our understanding of the current forms of institutional care for children who face mental and intellectual challenges.

The key features of child psychiatry (pedo-psychiatry) were specified in detail only in 1933.² Child psychiatry, which includes both psychotherapy and care for the mental health of children and adolescents, is thus a relatively young field. It is at the intersection of medicine, pedagogy, psychology, and sociology, which reflects the complexity of human development and the importance of care for mental health from an early age. This field, which gradually emerged over the course of the nineteenth and twentieth centuries, underwent significant development in the Czech Lands. Its history reflects a growing awareness of the specific needs of mental health care for children and the roles of various factors, including genetic, environmental, and educational ones.

The secondary literature on the history of child psychiatry and mental disease in children is not extensive. So far, the most thorough book on this topic is the work of the German physician Gerhardt Nissen,³ who focuses on German-speaking lands and traces how both the understanding and treatment of mental disorders in children and adolescents developed over the centuries. Before the nineteenth century, mental disorders in children were usually either overlooked or ascribed to supernatural powers. Gradually, people began to seek natural causes, and more humane approaches to treatment were proposed. This contributed to the emergence of psychiatry and psychotherapy for children and adolescents as separate fields. In the Czech Lands, the subject (or topos) of so-called “feeble-minded” children⁴ has often been associated with an interest

2 Hort et al., *Dětská a adolescentní psychiatrie*; Hosák et al., *Psychiatrie and pedopsychiatrie*.

3 Nissen, *Kulturgeschichte seelischer Störungen*.

4 In the past, the term *slabomyslné dítě* (feeble-minded child) was used to designate children with a mental or intellectual disability. The term is currently considered obsolete and denigrating, and phrases such as “a child with a mental or cognitive disability” are preferred. The term “mental disability” can refer broadly to limited learning capacity, inability to adapt to new situations, and difficulties with communication. Mental disabilities can be caused by a variety of factors, including genetic predispositions, *in utero* infections, traumatic birth, or brain damage in early childhood. The intensity of a mental disability can vary from mild to severe, and mental disabilities can affect various areas of children’s lives, including their cognitive, social, and emotional abilities. Such individuals may need special support and services to reach their potential and have satisfying lives. In the text, for the most part, I use the terms in use in the given era. In many instances, an effort to translate them into terminology that would be more acceptable today might lead to inaccuracies.

in special education and therefore studied as part of the history of education and pedagogical analyses. Studies on educators dedicated to the education of mentally disadvantaged children are few and far between.⁵

Child psychiatry is thus a multidisciplinary subject. In the context of the Czech Lands, researchers can draw on sources in Czech, Slovak, and German, reflecting the linguistic and cultural landscape of the region during the historical periods under discussion.⁶ For example, contemporary publications on special education in these languages offer valuable insights. An older summary of the history of care for “feeble-minded” children was written by Karel Herfort.⁷ Among the relevant primary sources for the late nineteenth and early twentieth century include the collection *Zemský výbor Praha 1874–1928* (Provincial Committee Prague, 1874–1928), kept in the National Archives of the Czech Republic. Here, one finds some sources pertaining to the Ernestinum, the first institution dedicated to caring for “feeble-minded” children, which was founded in 1871.⁸ Unfortunately, all surviving sources relate only to a later period of this institute’s existence, after 1909. For the earlier phases of its existence, one must rely on various published bulletins and other publications by the Ernestinum’s directors, Karel Slavoj Amerling (1807–1884)⁹ and the aforementioned Karel Herfort (1871–1940).¹⁰

Terminology and Basic Definitions

In the nineteenth century, research on mental disorders in children was based primarily on the knowledge at the time of psychological disorders in adults. Only much later did physicians realize that, in mentally disturbed children, symptoms do not correspond to what is found in adults and therefore require specific diagnostic methods and therapeutic approaches.¹¹ For a long time, there was no clinical definition of the concept of “feeble-mindedness.”¹² In German, we find it

5 Titzl, *To byl český učitel*; Titzl, *Postižený člověk ve společnosti*.

6 Baier, *Bibliografie zur Geschichte der Sonderpädagogik*.

7 Herfort, *Historický vývoj péče o slabomyslné u nás*; Zeman, *Dějiny péče o slabomyslné*.

8 Národní archiv, *Zemský výbor Praha 1874–1928*, Box 8229, Inventory no. 5185; Boxes 8230, 8231, 8232, 8233, 8234, Inventory no. 5187.

9 Amerling, *Ernestinum*.

10 For particular relevant publications, see further in the text.

11 Nissen, *Kulturgeschichte*, 13–15.

12 This pertains to other terminology describing psychic anomalies. See Gstach, *Kretinismus und Blödsinn*, 160–92; Garz, *Zwischen Anstalt und Schule*, 14–18.

described with a number of terms, such as *Minderwertigkeit* (inferiority), *Schwachsinn* (feeble-mindedness), and *Abnormalität* (abnormality). In the Czech language of the late nineteenth century, physicians described children with the words *slabomyslný* (feeble-minded), *úchylný* (deviant, i.e., not conforming to the norm), and eventually *duševně vadný* (mentally defective).¹³ In psychiatry, the term “oligophrenia” was later used with the same meaning.¹⁴ *Ottův slovník naučný* (Otto’s Encyclopedia), published in Prague by the publishing house Ottovo nakladatelství between 1888 and 1909, is a comprehensive Czech-language reference work consisting of 28 volumes. It continues to serve as a reliable source of historical data within Czech academic discourse, particularly concerning the late nineteenth and early twentieth centuries. The encyclopedia characterizes intellectual disability using the term “stupidity,”¹⁵ defined as a deficiency in cognitive capacity. At the time, congenital mental impairment was commonly attributed to factors such as parental alcoholism,¹⁶ consanguinity, hereditary predisposition,¹⁷ or perinatal brain injury. Furthermore, childhood mental disorders were frequently believed to be associated with physical impairments, including hearing loss and other somatic disabilities.¹⁸

These assumptions were part of a broader historical context in which the medical supervision of reproduction began to take shape. The foundations of such oversight were laid in the nineteenth century, particularly during the Enlightenment and within the Habsburg Monarchy, when the state started to regard public health as a strategic concern. Gradually, the idea emerged that fertility, population health, and the perceived “quality” of the citizenry should be subject to expert and political regulation. In the latter half of the nineteenth century, physicians increasingly positioned themselves as authorities on both the human body and society, which significantly influenced reproductive discourse. At the turn of the century, eugenic ideas gained traction in the Czech lands, largely due to neurologist Ladislav Haškovec, who founded Česká eugenická společnost (the Czech Eugenic Society) in 1915.¹⁹

It was assumed that feeble-minded individuals focused mainly on satisfying their basic instincts. Feeble-mindedness was defined as a “less severe form of

13 Baier, *Bibliografie zur Geschichte der Sonderpädagogik*, 10–15.

14 Chlup, *Pedagogická encyklopedie*, 610.

15 “Slabomyslnost” [Feeble-mindedness] in *Ottův slovník naučný*, vol. 23 (1905), 325.

16 Novotný, *O alkoholismu*, 17–24.

17 See for example: Herfort, *Mendelismus*.

18 Herfort, “Úvod do studia dítěte slabomyslného,” 32.

19 Lacinová Najmanová, “Reproduction between Health and Sickness.”

innate idiocy” that found manifestation in a reduced ability to comprehend the world. Children with this affliction, it was posited, could nevertheless be brought up so that, in adulthood, they would be capable of managing in the general environment thanks to their ability to imitate proper, “normal” behaviors. Even so, any nonstandard situation demanding independent decision-making would immediately reveal their helplessness.²⁰ Herfort used the following classification:

- 1) Feeble-minded incapable of education (that is, neither work nor schooling). In this case, one should speak of *idiots*.
- 2) Feeble-minded capable of education, that is, *imbeciles*, who can be either
 - a) capable of work
 - a) capable of both schooling and work; these are referred to as *debilové* (morons).²¹

To describe intellectual and mental anomalies, terms such as *idiocy* or *imbecility* were used, and children with this diagnosis could be put in a mental institution, though for a long time only among adults. They were considered ineducable and untreatable, and no personality progress was expected. What physicians nevertheless assessed was the level of children’s cognitive abilities, differentiating between “stupidity,” “idiocy,” “imbecility,”²² and “cretinism.”²³

Nevertheless, as German psychiatrist Herman Emminghaus (1845–1904) reported, for instance, the English psychiatrist Henry Maudsley (1835–1918) also diagnosed other disorders in children, such as manias, melancholy, epileptic and choreic psychoses, as well as either affective or moral madness linked to inherited predispositions. The latter included some behaviors which today we would not include among mental disorders, such as egoism, various bad habits that can lead to destructive behaviors, violence, murderous inclinations, or premature sexual desires. According to views at the time, “morally mad children” were characterized by mental laziness which found expression in an unwillingness

20 “Blbost” [Stupidity] in *Ottáv slovník naučný*, vol. 4 (1891), 157–58.

21 Herfort, “Úvod do studia dítěte slabomyslného.”

22 Garz, *Zwischen Anstalt und Schule*, 12.

23 A developmental disorder caused by lack of iodine. Cretinism does not necessarily lead to mental retardation, however. Persons suffering from this disorder tend to be characterized by nonstandard appearance, loss of hearing, and disorders of coordination of movement and speech, which may have been interpreted as “feeble-mindedness.”

and inability to be educated, and they had a tendency to cheat and lie.²⁴ Various experts, including Herfort, also investigated possible links between mental and physical handicaps in children, and patients in his institution were carefully examined and treated also regarding their physical health.²⁵ Herfort is regarded as the founder of child psychiatry in the Czech lands. In 1902, he began to serve as a physician at the Ernestinum, the first institution in Prague dedicated to the education of individuals with intellectual disabilities, located in the Šternberk Palace in Hradčany. He later served as its director. I touch on further details concerning his work and legacy in the discussion below.

Another important concept in this context is “special education.” This term was first used in Czechoslovakia in 1954 and has been in regular use since 1972 (between these years, experts used the term “defectology”). In earlier times, terms such as “remedial education” and, in the German-speaking lands, “Heilpädagogik” (therapeutic education) were used.²⁶ In the late nineteenth and early twentieth centuries, we can also see the development of paedology, a theoretical approach to new trends in education, and pedo-pathology, which focused on children who did not meet the generally accepted norms.²⁷

The Beginnings of Pediatric Psychiatry

Child psychiatry started to develop as a specific discipline in the nineteenth century, when physicians and educators started to study mental disorders in children systematically. In the early nineteenth century, a children’s ward was created in Paris at the psychiatry clinic in Bicêtre. This approach to care focused mainly on children with mental retardation and problematic behaviors, such as delinquency. Of key importance was Philippe Pinel’s 1811 study on oligophrenia, which described the case of a feral child found in Aveyron. The cases of the Bavarian Kaspar Hauser and Victor of Aveyron,²⁸ as this boy came to be known,

24 Emminghaus, *Die psychischen Störungen des Kindesalters*, 25–26. See also a later study: Haškovec, *Děti nervové choré*.

25 Herfort, *Příspěvky k patologii vzrůstu u slabomyslných*.

26 In Germany, the term *Sonderpädagogik* is commonly used today.

27 Renotírová et al., *Speciální pedagogika*, 5–173.

28 Victor of Aveyron was a boy discovered in late eighteenth-century France who had lived for an extended period in the wilderness without human contact. His case attracted the attention of physician Jean-Marc Gaspard Itard, who attempted to educate Victor and assess the potential for developing his cognitive and linguistic abilities. Kaspar Hauser appeared in Germany in 1828, allegedly having been confined in isolation for most of his life, and his origins remain shrouded in mystery. Both cases became pivotal in the

both involved children who grew up in extreme isolation. Victor also suffered from severe mental and emotional retardation: he was severely oligophrenic and mostly incapable of verbal communication. Pinel considered this child ineducable and inferior even to domestic pets. He believed that Victor had a chronic and untreatable mental disorder. The French physician who specialized in otology, Jean-Marc Gaspard Itard, on the other hand, dedicated five years to Victor's care and managed to achieve some improvement in his social behaviors. Victor learned how to put on his clothes, he stopped urinating in public, he was able to differentiate between hot and cold, and he developed an emotional attachment to his caregiver. Nevertheless, despite various efforts, he did not learn how to speak.²⁹

The development of child psychiatry went hand in hand with advances in education. For instance, in the late nineteenth and early twentieth century, the Italian educator Maria Montessori focused on the treatment and education of children with mental handicaps, developed methods of educating children with various developmental disorders, and later trained special education teachers.³⁰ A little earlier, in 1887, the aforementioned Emminghaus, the founder of developmental psychopathology, published the first textbook of child psychiatry, *Die Psychischen Störungen des Kindesalters* (Mental Disorders of Childhood).³¹ In this volume, he highlighted the differences between the mental lives of children and adults and emphasized that these differences must be taken into consideration in both diagnostics and treatment. Nevertheless, until approximately the mid-nineteenth century, the education of so-called feeble-minded children took place in charitable institutions that were not part of the general educational system.

Emminghaus noted that child psychiatry is closely related to pediatrics.³²

study of child development in the absence of social stimulation and were examined as potential examples of intellectual disability. They highlighted the critical role of environment and early education in shaping mental capacities. These historical accounts continue to inform contemporary debates on the distinction between congenital cognitive impairment and the consequences of extreme social deprivation.

29 Nissen, *Kulturgeschichte*, 82–105.

30 Montessori, “Norme per una classificazione dei deficienti,” 144–67.

31 Emminghaus, *Die psychischen Störungen des Kindesalters*. For other systematic studies in German on so-called remedial pedagogy see Fuchs, *Schwachsinnige Kinder*.

32 The first book on pediatrics was published in 1544 in England. Its author was the lawyer and physician Thomas Phaer. Cf. Phaer, *The Booke of Chylidren*. In the fifteenth and sixteenth centuries, we find more descriptions of children with mental disorders, such as sleep problems, epilepsy, and bedwetting. Phaer describes various illnesses in children including anorexia, sleeplessness, epilepsy, enuresis (bedwetting), and mental retardation. See Still, *The history of paediatrics*. Cf. also Nissen, *Kulturgeschichte seelischer Störungen*, 36.

Nowadays, a pediatrician is both an anatomist and physiologist, a pathologist and child hygienist. He knows children healthy and ill, in all situations of life [...] He works ahead of the psychotherapist, as required by his profession. Without giving it a second thought, he develops psychology suited especially to children, and it is a natural, not systematic but intuitive psychology, which [...] grasps the main aspects of pathological psychic states of children. [...] A psychiatrist is also an anatomist, physiologist, and pathologist in the area of central organs of the nervous system. Detailed psychological work, where he investigates and proposes clinical diagnoses, has become second nature to him. [...] In any case, however, a physician is more familiar with the anatomical and physiological properties and diseases of the central organs of adults. Although he is well acquainted with the psychological characteristics of childhood, he does not live with them as a pediatrician does, because he is the first person to whom they reach out. [...] The mental life of children, both healthy and ill, is quite incommensurable with that of adults.³³

Emminghaus's study opened the door to a systematic study of psychic disorders of children in Central Europe. By emphasizing the differences between the mental lives of children and the mental lives of adults, he laid the foundations of child psychiatry as a separate field. He noted that, in children, intelligence, morality, and free will are not yet fully developed, and the behaviors of children are driven by desires and emotions, not by rational motivations.³⁴ Contemporary physiological psychology did not pay sufficient attention to the specific features of a child's psyche, leading to an absence of suitable diagnostic methods. Emminghaus also stated that the psychological development of children involves various stages of natural deviations, whereby significant abnormalities, such as premature intellectual or sexual maturity on the one hand or developmental delays on the other, can indicate a mental disorder. In practice, however, it is difficult to draw a clear distinction between a significant abnormality and behavior that is still part of the natural developmental process. Emminghaus also remarked that children have not yet reached their full intellectual potential, have

33 Emminghaus, *Die psychischen Störungen*, 2.

34 Hermann Emminghaus addressed issues of developmental psychology and pedagogy in his doctoral dissertation. However, it remains unclear when his theories were formally incorporated into the professional education of physicians. Today, he is widely regarded as the founding figure of child psychiatry in Germany. Regarding his academic career, in 1880 he was appointed Professor of Psychiatry at the University of Tartu, where he led the first independent department of psychiatry. From 1886 onward, he taught at the University of Freiburg.

little moral sense and free will, and they have some other specific psychological characteristics that disappear in adulthood.

Differences between children and adults can be observed not only in their thinking and emotions but also in the physiological aspects of mental disorders. Psychic disorders in children can persist into adulthood, but in some cases, they are in short duration, for instance in the case of pathological affects or a fit of rage. Still, such manifestations cannot be explained as mere temporary deviations from normal development. In many cases, they reflect deep changes in the child's psyche and require comprehensive treatment. Emminghaus also stressed the need for more case studies, since such material would contribute to a more systematic understanding of psychoses in children.

"Feeble-minded" Children in the Czech Lands and Their Treatment in the Ernestinum

The 1863 law on the right of domicile made explicit the legal obligation to provide care for so-called feeble-minded children. According to this law, the inhabitants of a city, town, or village were eligible for charitable funds to alleviate social issues and poverty. These funds were to be provided by the given municipality.³⁵ In the late nineteenth and early twentieth centuries, the Czech Lands reinforced various measures to link treatment with education, that is, to rehabilitate handicapped persons and to (re)integrate them into society. If children were incapable of such improvement, they gradually fell under institutional care. An important organ that advocated improvements in public care for the mentally ill was the Provincial Committee, which was elected by the Bohemian Diet.³⁶

In the last third of the nineteenth century, special schools and institutes for children with mental disorders were opened in the Czech Lands. The Ernestinum, which as mentioned above was founded in 1871 in Prague, was one of these institutions. It was headed by Amerling, who remained in this unsalaried position until his death. The institute was initially located in Kateřinská Street in Prague, but it later acquired a permanent seat in the Sternberg Palace in Hradčany, the castle district of Prague. Between 1871 and 1898, the institution bore the name Ústav idiotů Jednoty paní sv. Anny v Praze (Institute for Idiots of the Association

35 Ludvík, *Dějiny defektologie*, 21.

36 As of 1861, such councils were the supreme executive organs of state power in the provinces of the Austrian Empire and later Austria-Hungary. A provincial council was elected by the parliament of the province. In the Czech Lands, it had eight members and a president.

of Ladies and Maids of Saint Anne in Prague). Until 1879, Countess Maria Anna Franziska Desfours-Walderode, née Mayer von Mayersbach (1819–1879) was the leading figure and president of the society, as well as a generous sponsor. She also left the association and the institute a financial bequest in her will. Following her death, Countess Ernestina von Auersperg, née Festetics of Tolna (1831–1908), assumed leadership. In her honor, the institution was renamed Ernestinum in 1898. In the 1890s, Ernestina von Auersperg played a key role in modernizing both the building and the institute's facilities, as well as its therapeutic approaches.³⁷ At her initiative, Karel Herfort was appointed to the staff. A commemorative volume published by the Saint Anna Women's Association offers words of strong praise for Countess Ernestina: "Ernestina was, is, and remains the helmswoman who, with trust in God, steered the vessel of the institution for forty years—whether it sailed smoothly across oceans under clear sunshine and favorable winds, or whether the skies were shrouded in heavy clouds and fierce storms raged."³⁸ The third president of the association was Ernestina von Auersperg (1862–1935), the namesake niece of her predecessor, whom she succeeded in 1901.³⁹ After Amerling's death, the institute was headed by his wife, Františka Svatava Amerlingová (1812–1887), then by their nephew Čeněk Amerling, and after his resignation, by Herfort.⁴⁰

In his institution, Amerling advocated for the integration of education, medical care, and nature as a comprehensive approach to nurturing the development of children with intellectual disabilities. He believed in the healing power of nature, which he regarded as a fundamental element of mental balance and regeneration. Playful forms of instruction and practical activities were incorporated into the daily routine, thereby fostering the active engagement of the children in the learning process. He placed particular emphasis on manual skills, intended to promote future self-sufficiency and social integration. His methods were grounded in the principles of moral therapy, which emphasized a calm environment, respect, and human dignity. Elements of Amerling's

37 The association focused on providing specialized care and educational support for children with intellectual disabilities, reflecting early efforts in the field of special education. Cf. *Výroční zpráva spolku paní Svaté Anny za rok 1895*, 8–9; *Festbericht des St. Anna – Frauen – Vereines für das Jahr 1911*, *Zur Feier des vierzigjährigen Bestehens der Anstalt zur Erziehung und Pflege von Schwachsinnigen "Ernestinum" in Prag am Hradschin* Nr. 57, ÖStA HHStA SB Auersperg XXVII-100-12. Familien (Herrschafts-) Archiv (Depot).

38 *Festbericht des St. Anna – Frauen – Vereines für das Jahr 1911*, 10.

39 *Ibid.*

40 *Jahresbericht des Frauenvereines St. Anna, der Gründer und Erhalter der Anstalt für Schwachsinnige in Prag*, (Styblo, 1888); *Festbericht des St. Anna – Frauen – Vereines für das Jahr 1911*.

approach can be seen today in ecotherapy, horticultural therapy, and therapeutic play, with the combination of nature, movement, and creativity aligning with contemporary trends in child psychiatry. His vision was ahead of its time and continues to inspire modern therapeutic and educational practices. In 1883, the institute cared for 60 children and adolescents. Perhaps unsurprisingly, children who were aggressive, impulsive, or in other ways engaged in dangerous behaviors required increased supervision. Increased supervision was required for very quiet children, whose behavior normally gave no reason for concern, which is why it was all the more shocking when they suddenly did something dangerous. Amerling also noted that the children at the institute often took to music and arts but only rarely managed to learn to read, write, or count well.⁴¹ The scope of the institute's activities was nevertheless limited by the fact that it was operated not by the state but by a private association of wealthy women. It thus could not count on systematic or long-term financial support.⁴²

For comparison, at the time of its founding, the Ernestinum was the only institution in all of Austria dedicated to children with intellectual disabilities. This was preceded by two attempts by Austrian physicians to establish institutions for the mentally impaired, one in Salzburg in 1828 and another near Vienna in 1856.⁴³ These institutions, however, did not remain open for long. The emergence of institutions specializing in children with intellectual disabilities in Austria can be observed only in the 1890s, such as the Kierling-Gugging institute near Klosterneuburg.⁴⁴ In Hungary, specialized institutions for children with intellectual disabilities began to appear only at the turn of the nineteenth and twentieth centuries, often under the influence of German and Austrian models. A key figure in this development was Jakab Frimm (1852–1923), a physician and educator who played a significant role in introducing pedology and special

41 Amerling, *Ernestinum: Ústav idiotů*.

42 The Association of Ladies and Maids of St. Anne was responsible for the operation of the Ernestinum Institute until 1939. The occupation of Czechoslovakia by Nazi German forces in 1939 led to the dissolution of numerous civic associations, including the Association of Ladies and Maids of St. Anne. Care for the institute for children with intellectual disabilities was subsequently assumed by the Congregation of Scholastic Sisters of III. Regulated Monastic Order of St. Francis. During the communist era, on September 25, 1950, the institute was nationalized, and its name was officially changed from Ernestinum to “Special Children’s Home.” Over the course of the twentieth century, the institution was relocated several times. It is currently found in Dlačkovice (Litoměřice District), where it functions as a children’s home integrated with a primary school. Both entities are dedicated to serving children with special educational needs.

43 *Festbericht des St. Anna – Frauen – Vereines für das Jahr 1911*, 9.

44 Danbauer, “Die Heil- und Pflegeanstalt Gugging während der NS-Zeit.”

education in Hungary in the 1880s and 1890s. Frimm worked in Pest as a teacher and later as an inspector of schools for children with disabilities, where he advocated for the integration of medicine and pedagogy in the diagnosis and education of children with intellectual disabilities. His work emphasized the importance of systematic observation, individualized approaches, and the development of practical skills. His approach bore affinities with the efforts of Karel Herfort in the Czech lands. Frimm published methodological manuals for teachers and actively promoted the use of ability tests, while simultaneously warning against their mechanical application without consideration of broader contextual factors.⁴⁵

The next important step was the foundation of so-called auxiliary schools. The first such institute was founded in 1896 in Prague, and further schools in other towns and cities soon followed. These schools not only educated children but also taught them practical skills needed for their integration into society. In the early twentieth century, physicians, educators, and psychologists also had an opportunity to discuss the subject of children's mental health at a series of conferences that took place in 1909, 1911, and 1913. At the turn of the nineteenth and twentieth centuries, several international congresses were held addressing the issue of children with intellectual disabilities. Among the most active participants in these events was Karel Herfort. The primary impetus for organizing Czech conferences on this topic was the Third Austrian Conference on the Problem of Intellectual Disability, which had taken place in Vienna three years earlier, in 1906. Here, Herfort served as vice-chairman.⁴⁶ Such initiatives supported the development of child psychiatry as a multidisciplinary field. They laid the foundations for modern approaches to the diagnostics and treatment of mental disorders in children and adolescents and contributed to the eventual creation of the modern organizational structure of care for "feble-minded" children and the field of special education.⁴⁷

45 Lafferton, *Hungarian Psychiatry, Society and Politics*, 265–66.

46 *První český sjezd pro péči o slabomyslné; Druhý český sjezd pro péči o slabomyslné; Třetí český sjezd pro péči o slabomyslné*. See also: Čáda, *Moderní péče o slabomyslné; Čáda V ýsledky péče o slabomyslné*.

47 For the first comprehensive summary of the history of auxiliary education in Europe, see Frenzel, *Geschichte des Hilfsschulwesens*.

The Activities of Karel Herfort

As noted above, in the fields of medical and social care in the Czech Lands, the most notable pioneer of child psychiatry was Professor Karel Herfort. Herfort began his career as a physician in the provincial institute for the mentally ill in Dobřany⁴⁸ in the western part of Bohemia, where he had opportunities to observe patients and was thus able to formulate his own views on psychopathology. In 1902, he accepted a position in the Ernestinum in Prague, which specialized in providing care for “feeble-minded” children. One year later, he was appointed director of the institute. His approach combined medicine, pedagogy, and psychology. He repeatedly emphasized that no child should be labelled “ineducable,” and he called for an individual approach to each child.

The novelty and significance of Herfort’s ideas lay in his emphasis on educating so-called feeble-minded children. He highlighted the benefits of illustrative, entertaining, and practical education tailored to the needs of each child, and he stressed the beneficial effects of rural settings on the mental and physical health of children.⁴⁹

Child psychiatry in the Czech Lands was characterized by close links between psychology and pedagogy, both in theory and in practice. Herfort, for instance, studied medicine, but he also worked as an educator, and he collaborated over the course of his life with teachers at the abovementioned auxiliary schools. The effort that went into providing a suitable education for “feeble-minded” children was considerable. Herfort’s insight into the pedagogical essence of the issue was admirable: his insistence on the notion that there was no child who could not benefit from an education was grounded on the idea that education ought to be understood in a broader sense, that is, as methods leading to improvement in an individual’s mental and physical wellbeing.

48 The Psychiatric Hospital in Dobřany was established by a resolution of the Czech Provincial Assembly in 1874, with operations commencing in 1881. It functioned as a public institution, specifically a provincial asylum, dedicated to providing care for individuals with mental illnesses. Initially designed to accommodate 500–600 patients, the facility soon exceeded its capacity, housing over 1,400 patients by the end of the nineteenth century. This rapid growth necessitated the expansion of the hospital grounds with additional pavilions and technical infrastructure. The institution was constructed in accordance with contemporary European standards, emphasizing hygiene and a pavilion-based layout. For its time, it represented a progressive model of psychiatric care and quickly became one of the most prominent mental health facilities in the Czech lands.

49 Herfort, *Historický vývoj péče o slabomyslné u nás*.

Herfort advocated for the use of manual activities and physical education as the most effective approach to educating children with intellectual disabilities. He criticized attempts to apply standard curricula with merely reduced expectations, arguing that such methods failed to accommodate the specific cognitive limitations of these children and thus could lead to mental overload. Instead, Herfort promoted a practically oriented educational model focused on developing skills and competencies directly relevant to everyday life and future self-sufficiency. Physical education, in his view, served to enhance muscular strength and improve motor coordination. However, he placed particular emphasis on manual work, which he regarded not only as a means of cultivating technical proficiency and preparing children for potential engagement in craft-based vocations, but also as a multidimensional pedagogical tool. According to Herfort, manual activities foster concentration, attention, creativity, imagination, and inventiveness. They contribute to the development of both fine and gross motor skills and exert a formative and therapeutic influence. His pedagogical approach was grounded not in abstract theory but in experiential learning and active engagement. He believed that genuine progress in children with intellectual disabilities arises not from the accumulation of knowledge but from guiding the body and hands toward purposeful activity, autonomy, and practical applicability in real-life contexts.⁵⁰

Herfort's case studies offer an overall impression of the children at the Ernestinum.⁵¹ Each such study included the child's first name, sex, age, and family background, but any further information was anonymized. First, Herfort described some cases of "severe idiocy," that is, children in whom any considerable progress in their mental or physical state was considered very unlikely. Based on their behaviors, it was thought they could not be trained in a craft or any other activity that would enable them to support themselves and live independently. In the case histories, we find various complications, such as genetic disadvantage, illness in childhood, or various accidents. Alcoholism in the family is found only in one case. In several cases involving children with intellectual disabilities, Herfort investigated the potential impact of sexually transmitted infections (particularly syphilis and gonorrhoea) that were present in

50 Herfort, *Děti duševně vadné*.

51 In 1932, a publication was released compiling the seminal studies and articles of Karel Herfort, including detailed case reports. This collection served as an essential resource for students of child psychiatry, enabling them to deepen their expertise in the field. See Herfort, *Soubor prací*.

the parents. Moreover, in each of these cases, the given patient's family members were incapable of providing care.

In its inaugural year, the Ernestinum admitted only ten children, despite overwhelming public interest in such an institution, as evidenced by 205 recorded applications for child placement. However, according to documents from the Association of Ladies and Girls of St. Anne, public financial contributions during the first year of the institution's existence were exceedingly rare, and efforts to persuade the public of the necessity of such a facility proved challenging. Subsequently, the institution was granted use of the Sternberg Palace in Hradčany, which enabled it to expand and take in more children. According to data from annual reports, the institution cared for a total of 906 children between 1871 and 1911. In 1911, 136 residents were housed at the facility. It is estimated that within the Monarchy, as many as 10,000 children in need lacked access to charitable institutions of other types (e.g., institutes for the blind, orphanages, general psychiatric hospitals, etc.). Most of these children came from the territory of Bohemia, with only a small proportion coming from other regions of the Monarchy.⁵²

During Herfort's tenure at the Ernestinum, admission to the institution was restricted to children under the age of 13, provided they were deemed capable of personal development through education and had not been diagnosed with any infectious diseases. Emphasis was placed on individualized care, hygiene, and the assessment of intellectual capacity. Care was predominantly provided by female staff, primarily composed of religious sisters, although the exact staff-to-child ratio remains unknown. Funding was provided by charitable associations, notably the Association of Ladies and Maids of St. Anne, which organized philanthropic collections supported by prominent members of the House of Habsburg, including Empress Elisabeth of Austria, Dowager Crown Princess Stéphanie of Belgium, and Archduchess Marie Valerie of Austria. Sometimes, the children's families made financial contributions. However, Herfort advocated for solidarity and systemic state support, rather than differentiating care based on the financial means of individual families. For instance, thanks to subsidies from the Provincial Committee, the Ernestinum was able to admit 50 children from destitute backgrounds.⁵³

52 *Výroční zpráva spolku paní Svaté Anny*, 12; *Festbericht des St. Anna – Frauen – Vereines für das Jahr 1911*, 14.

53 Herfort, *Děti duševně vadné*, 7; Karel Herfort, *Vrozené a časné získané choroby duševní*.

Moreover, in each of these cases, family members were unable to provide adequate care for the children. A typical scenario involved the child's mother having been abandoned by her partner, which, combined with the necessity of employment, rendered her incapable of ensuring appropriate care. In such instances, the Ernestinum functioned as "a respite facility." The shared characteristics of these children allegedly included apathy and a lack of interest in their surroundings or, in contrast, restlessness and aggressivity. Their language development is described as delayed or as having come to a full halt, and the same applied to their hygienic habits and social skills. Some of these children even had to leave the Ernestinum due to their alleged "unmanageability." They were then admitted to the Prague institute for the mentally ill. However, no information is available regarding the specific methods of treatment used for the children in the institute in Prague.

It is likely that these children suffered some form of moderate to severe mental retardation, in some cases accompanied by damage to the central nervous system. Generally speaking, therapy in these children may have focused on the development of basic self-care, social skills, and the reduction of aggressive behaviors. In children who were incapable of communicating clearly, therapeutic efforts sometimes aimed to nurture these skills, for instance through the use of visual or alternative methods (pictograms, gestures). In Herfort's times, nonverbal children were likely to be excluded from care due to their inability to communicate with a therapist and thus achieve further progress.⁵⁴

These children came from different socioeconomic circumstances, but most were from lower to middle class families. In every case, the families were fully dependent on the Ernestinum as the only institution in Bohemia that could provide care for their offspring. Some of the children in the care of these Ernestinum were orphans who had no support from their families (or no family members to provide support), and some were from families that belonged to the lower social classes or families that had been affected by alcoholism and sexually transmitted diseases. These children also tended to suffer from various physical ailments, sometimes due to poor nutrition.⁵⁵ The cost of their care was fully covered by the Bohemian Provincial Council.

In the second group, Herfort included children whom he described as suffering not only from severe idiocy (like the children in the first group), but

54 Herfort, *Úvod do studia dítěte slabomyslného*, 7–10.

55 Herfort, *Děti duševně vadné*.

also from epileptic seizures of varying severity, which led to mental stagnation and delayed development. They were notable for fits of rage, inappropriate or dangerous behaviors, and poor hygienic habits. More generally, they demonstrated abnormal behaviors and an inability to react properly or predictably to common stimuli. Their backgrounds varied. Some were from families that belonged to the lower class (laborers or small farmers), while others hailed from upper-middle-class families (lawyers, professors), but socioeconomic background seemed to have little effect on their health. Children from wealthier families had access to better care (for instance, a university professor was able to pay for his son's stay in a private sanatorium in Grinzing, near Vienna), but even in these cases, the results were limited due to the severity of the children's health issues. In this group, the diagnostic reports indicate likely damage to the central nervous system after severe epileptic seizures, high fevers, scarlatina, or perinatal hypoxia. Herfort regarded these children as incapable of education (which admittedly contracted his belief, mentioned in the discussion above, that no child was unable to benefit from some education), but he did not indicate, in his records, whether they were dismissed from the Ernestinum. He may have thought that, with suitable care, they might improve.⁵⁶ At the time, however, physicians did not yet have at their disposal any anti-epileptic medication that could minimize the intensity of epileptic seizures in children. Bromide had been used since 1857, but only rarely and only in women, and after 1912, phenobarbital was also available,⁵⁷ but Herfort makes no mention of having prescribed such medication for his patients. Thus, the only thing he could do was to minimize the factors that might trigger epileptic seizures.

Herfort does not describe physical restraints as a standard method. Rather, they were used only in exceptional cases and only temporarily, primarily for safety purposes. Emphasis was placed on non-medical therapeutic approaches, such as psychotherapy, structured daily routines, physical activity, and occupational engagement. The primary triggers of seizures included stress, disorder, and weakened discipline, as well as the children's prior adverse family environments. Consequently, the staff sought to mitigate these factors by fostering a calm institutional atmosphere, implementing a restorative regimen, maintaining discipline, and providing firm yet compassionate guidance. Additionally, children

⁵⁶ Herfort, *Úvod do studia dítěte slabomyslného*, 10–15.

⁵⁷ See Eadie and Bladin, *A Disease Once Sacred*.

were engaged in purposeful activities, such as handicrafts and occupational therapy.⁵⁸

Herfort also lists a number of cases of children and adolescents from a variety of socioeconomic backgrounds whose stay in the institute led to partial success. Some children and youngsters learned to read better and were better able to take care of themselves, but few were ready for independent life. In his notes concerning each of these individuals, Herfort mentions delayed development of speech and motor abilities as well as a limited ability to do basic math. Their shared characteristics included problems with aggression, anger, or inappropriate behavior in the company of others, as well as an inability to engage in more complex manual tasks. Nevertheless, Herfort's institute tried to provide them training based on their individual abilities. It tended to focus on manual skills, such as carpentry, basketweaving, bookbinding, and painting, as well as labor in the field, gardening, etc. The goal was to ensure that the patients would be able to find employment upon leaving the institute. Still, in many cases, the youngsters were not capable of independent life, even after having had intensive care.

For instance, with regards to a 15-year-old child named Vilém, Herfort notes that, although in the institute he functioned as a capable assistant of the head gardener, after leaving the institute, he was unable to keep any job for a longer period of time. People apparently ridiculed him and showed him little respect, which quite possibly made Vilém's feel isolated and led to aggressive reactions and loss of employment.⁵⁹

Herfort also mentions three individuals who stayed in the institute voluntarily for their entire lives. In effect, they were unable to live outside the institute. In the case of one female, Johanna, this was associated with sexual abuse by various men, repeated pregnancies, and a number of illegitimate children. In each of these cases, the individuals had limited education, and their abilities were limited to simple or repetitive manual work.⁶⁰

In the twentieth century, child psychiatry started to focus on newly identified psychic disorders and their treatment. Frequently debated subjects included, for instance, autistic disorders (which were initially considered a form of childhood schizophrenia), bipolar disorder, self-harm, and the consequences of sexual abuse. Considerable attention was also paid to more accurate diagnostics and the creation of standardized treatment methods. This shift was closely linked to

58 The source consists of case studies published in Herfort, *Děti duševně vadné*.

59 Herfort, *Úvod do studia dítěte slabomyslného*, 15–27.

60 *Ibid.*, 27–31.

the development of biological psychiatry, which emphasized the neurobiological and genetic underpinnings of mental disorders. The standardization of diagnostic criteria, particularly through instruments such as the *Diagnostic and Statistical Manual of Mental Disorders* (or DSM, the first edition of which was published in 1952 by the American Psychiatric Association), enabled more precise differentiation of individual conditions and the formulation of targeted treatment protocols. Developmental psychology and trauma research also played a significant role, contributing to a deeper understanding of children's psychological development. As a result, child psychiatry evolved into an interdisciplinary field, integrating neuroscience, psychology, and the study of a given child's broader social context.⁶¹

An important phenomenon of this time was the emergence of pediatric pathology, which focused on children whose behaviors did not conform to the norm. The case studies from the Ernestinum present children whose behaviors significantly diverged from the societal norms of their time. A representative example is a girl named Anežka, who was described in school records as “very wicked.” At the age of eleven, she was still attending the second grade of elementary school, where she exhibited aggressive behavior toward her peers, including hitting, kicking, frequently disrupting lessons, and negatively influencing other children through her inappropriate conduct. She was disobedient, repeatedly ran away from home, and committed theft, and her actions were considered not only pedagogically challenging but also morally deviant. From the perspective of society at the time, she was viewed as a child who defied standards of obedience and proper conduct.⁶² Similarly problematic was a twelve-year-old boy named Antonín. From an early age, he displayed signs of restlessness, and he was virtually unmanageable during his school years, leaving his seat during lessons, causing disturbances, shouting, and drumming on his desk during communal prayer. His interactions with peers were inappropriate. He kissed classmates, stole money from home to buy sweets and toys, and occasionally engaged in public masturbation. He frequently started fires and destroyed property, such as setting curtains ablaze. His behavior was characterized as unrestrained and dangerous both to himself and to others and was thus deemed seriously socially unacceptable.⁶³ Both Anežka and Antonín offer archetypal cases of children who failed to respect the organs of authority,

61 Hort, *Dětská a adolescentní psychiatrie*.

62 Herfort, *Děti duševně vadné*, 16–17.

63 *Ibid*, 10–12.

school norms, or family expectations of their time. Their behaviors, which ranged from aggression and theft to destructive acts, were interpreted as moral and social failures. At the Ernestinum, they received care, and efforts were made to rehabilitate them through structured education, discipline, and engagement in manual labor.

The goal was to find ways to rehabilitate such children and integrate them into general society. Nevertheless, children with severe abnormalities were often institutionalized, and their care was combined with education and efforts towards socialization.⁶⁴ Child psychiatry in the early twentieth century was thus closely connected with psychology and pedagogy. Already in the nineteenth century, it was apparent that the effective treatment and education of children with mental disabilities requires cooperation among physicians, educators, and psychologists. In the Czech Lands, these kinds of collaborative effort took the form of professional conferences, special schools, and specialized courses for teachers.

In the nineteenth and twentieth centuries, child psychiatry underwent dramatic development. Though initially marginalized within the science of psychiatry, it evolved into a separate field that takes into account the specific features of the mental lives of children and adolescents. From the mid-nineteenth century, we can observe the beginnings of the emergence of forms of systemic care for “feble-minded” children. The first representatives of this field spurred the creation of dedicated institutions and the establishment of specialized conferences, thus creating a firm foundation for further developments in the field.

In the Czech Lands of the late nineteenth and early twentieth centuries, considerable progress was made in the field of child psychiatry. The establishment of the Ernestinum was an especially notable milestone, as was the work of Karel Herfort. Despite limited resources and social prejudice, which often hampered the effective social integration of youths who were leaving the Ernestinum, this initiative laid foundations for modern approaches to the diagnostics and treatment of children with specific needs, approaches which remain relevant to this day. As revealed in the discussion above, the Ernestinum, an institute initially founded by a private association and only later supported by the state, played a pivotal role in this process. It was a leading institution in this field, and soon, others followed. A similar institution, dedicated to the care of “feble-minded” boys, was founded in Bohemia by the Provincial Council in 1910 in Hradec Králové. Later, similar institutes were founded in Opařany, with the transformation of an

64 Zeman, *Sto let psychiatrické léčebny Opařany*, 21–25.

older institution dedicated to care for adults, in Hloubětín, at the initiative of the Association for the Care of the Feeble-minded in the Czechoslovak Republic, and in Slatiňany, near Chrudim, with the creation of an institution which focused on providing care for children with severe mental handicaps.⁶⁵

Conclusion

The case studies published by Karel Herfort show that the care children received in the Ernestinum led to the improvement of some skills. However, while the desired outcome was to prepare children to lead a fully independent life, few achieved this goal. A general review of the cases described by Herfort shows mixed results. In some areas, the children achieved partial success, for instance in basic work skills, reading, writing, counting, and core social skills. But we find no cases where the young adults who were leaving the Ernestinum were capable of independent life outside the institute. Many were able to engage in useful occupations within the institute. They worked as porters, gardeners, or assistants, doing undemanding manual work. Others became popular thanks to their joyful dispositions and the efforts made by the staff, who respected their limitations and helped them develop basic social skills. The staff, who were mostly nuns, also cared for and supervised the health of patients with more severe health conditions, such as epilepsy. The institute provided a safe environment. For instance, it offered a safe place to a woman who, due to deep naivety and poor orientation in space and time, often became the target of unwanted attention from random men and was generally susceptible to manipulation.

Nevertheless, the patients described in Herfort's case studies experienced failures after leaving the institute and during their attempts to transition to independent life. They remained dependent on supervision and were incapable of more complex tasks or independent decisions. In some cases, one can identify disorders of the autistic spectrum, which therapeutic methods of that time were unable to address. One of the most important lessons is that, in the early twentieth century, there were no support programs to help people leaving institutional care integrate into society at large, and the Ernestinum itself could not provide any support in this regard. Furthermore, young people who were leaving the Ernestinum often encountered intolerance on the part of society. Social prejudice and the absence of support programs thus hampered the

65 Ludvík, *Dějiny defektologie*.

effective integration of former Ernestinum patients. This was an aspect of care for young people with mental disabilities that would only begin to be addressed in subsequent decades.

Moreover, the Czech discourse on so-called feeble-mindedness at the time, while influenced by dominant German terminology, such as *Schwachsinn* and *Minderwertigkeit*, developed its own linguistic and conceptual nuances. Czech terms like *slabomyslný*, *úchylný*, and *duševně vadný* were often vague and encompassed a wide spectrum of mental and behavioral deviations. Despite this imprecision, the Czech approach was marked by a greater emphasis on individualization and educational optimism. This was particularly evident in the work of Karel Herfort, who strongly advocated the view that no child should ever be considered uneducable. The relationship between medicine and special education in the Czech context was largely complementary rather than competitive. Physicians and educators collaborated closely, with medicine providing diagnosis and care, while pedagogy focused on practical education and social development. This interdisciplinary cooperation, manifested in joint conferences and shared institutional practices, underscores the Czech effort to create a more humane and inclusive framework for children with mental disabilities, even though the societal structures of the time remained insufficient to support their full integration. This development demonstrates that the Czech approach to “feeble-mindedness” was not merely a passive recipient of foreign theories but actively adapted and reshaped these ideas in accordance with domestic needs and values.

Archival Sources

Österreichisches Staatsarchiv, Haus-, Hof- und Staatsarchiv (ÖStA HHStA)

SB Auersperg XXVII-100-12. Auersperg, Familien (Herrschafts-) Archiv (Depot)
Národní archiv [Czech National Archives], Prague

Zemský výbor Praha 1874–1928

Bibliography

Amerling, Karel Slavoj. *Ernestinum: Ústav idiotů Jednoty paní sv. Anny v Praze: stav po 12 letech trvání (1871–1883)* [Ernestinum: The institute for idiots of the Association of Ladies of St Anne in Prague: Its state after 12 years of existence, 1871–1883]. Prague: Pedagogická fakulta Univerzity Karlovy, 1998.

- Baier, Herwig. *Bibliografie zur Geschichte der Sonderpädagogik und des Sonderschulwesens in den böhmischen Ländern: deutsch-tschechisch, tschechisch-deutsch*. Frankfurt am Main: Peter Lang, 2001.
- Čáda, František. *Moderní péče o slabomyslné a důležitost našich sjezdů: přednáška, kterou ke zhabájení II. českého sjezdu pro péči o slabomyslné a školství pomocné v Brně proslovil František Čáda* [Modern care for the feeble-minded and the importance of our congresses. A lecture]. Prague: František Čáda, 1912.
- Čáda, František. *Výsledky péče o slabomyslné* [The results of care for the feeble-minded]. Prague: František Čáda, 1914.
- Chlup, Otokar, Josef Kubálek, Jan Uher, eds. *Pedagogická encyklopedie* [Paedagogical encyclopaedia], Vol. II. Prague: Novina, 1939.
- Danbauer, Angela. “Die Heil- und Pflgeanstalt Gugging während der NS-Zeit.” MA thesis, University of Vienna, 2012.
- Druhý český sjezd pro péči o slabomyslné a školství pomocné dne 29. a 30. září 1911 v Brně* [The Second Czech Congress for Care of the Feeble-minded and Auxiliary Education, September 29–30, 1911, Brno]. Prague: Sjezdový výbor, 1912.
- Eadie, Mervyn J., and Bladin, Peter F. *A Disease Once Sacred: A History of the Medical Understanding of Epilepsy*. Eastleigh: John Libbey, 2001.
- Emminghaus, Hermann. *Die psychischen Störungen des Kindesalters*. Tübingen: Laupp, 1887.
- Frenzel, Franz. *Geschichte des Hilfsschulwesens*. Halle a S.: Karl Marhold, 1918.
- Fuchs, Arno. *Schwachsinnige Kinder, ihre sittlich religiöse, intellektuelle und wirtschaftliche Rettung: Versuch einer Hilfssulpädagogik*. Gütersloh: Druck und Verlag Bertelsmann, 1912.
- Garz, Jona Tomke. *Zwischen Anstalt und Schule. Eine Wissensgeschichte der Erziehung “schwachsinnige” Kinder in Berlin, 1845–1914*. Bielefeld: transcript Verlag, 2022.
- Gstach, Johannes. *Kretinismus und Blödsinn: zur fachlich-wissenschaftlichen Entdeckung und Konstruktion von Phänomenen der geistig-mentalen Auffälligkeit zwischen 1780 und 1900 und deren Bedeutung für Fragen der Erziehung und Behandlung*. Heilbrunn: Klinkhardt, 2015.
- Haškovec, Ladislav. *Děti nervově choré* [Children with nervous disorders]. Prague: Melantrich, 1921.
- Herfort, Karel. “Úvod do studia dítěte slabomyslného” [Introduction to the study of a feeble-minded child]. In *Soubor prací univ. prof. MUDr. Karla Herforta*, edited by Karel Herfort, 7–34. Prague: Nákladem Spolku pro péči o slabomyslné v R.Č.S., 1932.
- Herfort, Karel. *Děti duševně vadné: Obrázková knížka bez obrázků* [Mentally defective children: An illustrative book without illustrations]. Prague: Melantrich, 1920.
- Herfort, Karel. *Historický vývoj péče o slabomyslné u nás: přednáška konaná dne 20.XII.1929 v Brně na pracovním sjezdu, pořádaném zemským spolkem pro péči o duševně úchylné na Moravě* [Historical development of care for the feeble-minded in our country: A lecture

- delivered on July 20, 1929 in Brno at a working meeting organized by the Provincial Association for Care of the Mentally Deviant in Moravia]. Prague: Karel Herfort, 1930.
- Herfort, Karel. *Mendelismus a dědičnost duševních vlastností* [Mendelism and heredity of mental characteristics]. Prague: Karel Herfort, 1925.
- Herfort, Karel. *Příspěvky k patologii vzrůstu u slabomyslných* [Contributions to the pathology of growth in the feeble-minded]. Prague: Karel Herfort, 1917.
- Herfort, Karel. *Soubor prací univ. prof. MUDr. Karla Herforta* [Collected works of University Professor Dr Karel Herfort]. Prague: Nákladem Spolku pro péči o slabomyslné v R.Č.S., 1932.
- Herfort, Karel. *Vrozené a časně získané choroby duševní: Zpráva o činnosti v Ernestinu r. 1902–1918* [Congenital and early-acquired mental disorders: Report on activities at Ernestinum, 1902–1918]. Třeboň: K. Herfort, [1919].
- Hort, Vladimír et al. *Dětská a adolescentní psychiatrie* [Paediatric and adolescent psychiatry]. Prague: Portál, 2008.
- Hosák, Ladislav et al. *Psychiatrie and pedopsychiatrie*. Prague: Karolinum Press, 2016.
- Jahresbericht des Frauenvereines St. Anna, der Gründer und Erhalter der Anstalt für Schwachsinnige in Prag*. Prague: Styblo, 1888.
- Lacinová Najmanová, Veronika. “Reproduction between Health and Sickness: Doctors’ Attitudes to Reproductive Issues in Interwar Czechoslovakia.” *The Hungarian Historical Review* 10, no. 2 (2021): 301–27.
- Lafferton, Emese. *Hungarian Psychiatry, Society and Politics in the Long Nineteenth Century*. Cham: Palgrave Macmillan, 2022.
- Ludvík, František. *Dějiny defektologie. (Historický nárys péče o mládež vyžadující veřejné ochrany a pomoci)* [The history of defectology: A historical outline of care for youths who require public protection and care]. Prague: SPN, 1956.
- Montessori, Maria. “Norme per una classificazione dei deficienti in rapporto ai metodi speciali di educazione.” In *Atti del Comitato Ordinatore del II Congresso Pedagogico Italiano 1899–1901*, 144–67. Naples: Trani, 1902.
- Nissen, Gerhardt. *Kulturgeschichte seelischer Störungen bei Kindern und Jugendlichen*. Stuttgart: Klett-Cotta, 2005.
- Novotný, Václav. *O alkoholismu, jeho významu zdravotnickém a sociálním* [On alcoholism and its impact on health and social life]. Prague: F. Topič, 1902.
- Ottův slovník naučný* [Otto’s Encyclopaedia]. Prague: Otto, 1888–1909.
- Phaer, Thomas. *The Boke of Chyldren*. London: Edward Whitechurch, 1544.

- První český sjezd pro péči o slabomyslné a školství pomocné dne 27., 28. a 29. června 1909 v Praze*
[The First Czech Congress for Care of the Feeble-minded and Auxiliary Education, 27–29 June 1909 in Prague]. Prague: Self-published, 1909.
- Renotierová, Marie, and Ludmila Ludíková at al. *Speciální pedagogika* [Special pedagogy]. Olomouc: Univerzita Palackého, 2004.
- Still, George Frederic. *The History of Paediatrics: The Progress of the Study of Diseases of Children up to the End of the XVIIIth century*. London: Oxford University Press, 1931.
- Sto let psychiatrické léčebny Opařany (1887–1987): poznámky k vývoji psychiatrie, psychiatrického a pedopsychiatrického ústavnictví a DPL Opařany zvlášť – pro srovnání se současností, a zejména poučení pro budoucnost* [One hundred years of the psychiatric sanatorium in Opařany, 1887–1987]. Opařany: Dětská psychiatrická léčebna v Opařanech, 1987.
- Titl, Boris. *Postižený člověk ve společnosti* [A handicapped person in society]. Prague: Univerzita Karlova, Pedagogická fakulta, 2000.
- Titl, Boris. *To byl český učitel: František Bakule, jeho děti a zpěváčci* [This was a Czech teacher: František Bakule and his singers]. Prague: Společnost Františka Bakule, 1998.
- Třetí český sjezd pro péči o slabomyslné a školství pomocné 5. a 6. října 1913 v Polské Ostravě*
[The third Czech congress for care of the feeble-minded and auxiliary education, October 5–6, 1913 in Polish Ostrava]. Prague: Sjezdový výbor, 1914.
- Výroční zpráva spolku paní Svaté Anny za rok 1895*. Prague, 1896.
- Zeman, Josef. *Črty z pedopatologie* [Sketches from paedopathology]. Prague: Dědictví Komenského, 1928.
- Zeman, Josef. *Dějiny péče o slabomyslné* [The history of care for the feeble-minded]. Prague: Spolek pro péči o slabomyslné, 1939.



On Mad Dogs and Their Relation to Human Medicine: The Discourse on Canines in Nineteenth-Century Medical Studies in Porto

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This study offers a discussion of the presence of non-human animals, specifically dogs, in the studies of Porto doctors in the nineteenth century. It emphasizes the relationship between humans and dogs in the context of rabies contamination, using inaugural dissertations presented to the Porto Medical and Surgical School as primary sources. This work offers a contribution to an emerging historical overview of the “One Health” movement, which was established in the twentieth century but has roots in earlier periods. The paper argues that there were other elements in the fight against rabies, a zoonosis that troubled Portuguese society in the period covered by this article and required a multiplicity of actions by human medicine, veterinary medicine, the population, and political authorities to manage effective solutions to combat the disease. It offers an illustrative example of how the organization of human society is not shaped solely by humans, as the analysis of the relevant historical sources reveals the prominent, if indirect, role of other non-human animals in shaping social structures. The theoretical and methodological framework of this work is grounded in the history of science and environmental history.

Keywords: history of science; history of medicine; environmental history; non-human; animals and human medicine; medical knowledge

Things go even further: reason is completely lost; sometimes it's a sweet, sad, melancholic madness; sometimes there are passing fits of incoherence; persecution mania, and there are patients who can't resist suicide; finally, the disturbances can be less severe and there is nothing but extravagance of ideas and language; in women, hysterical madness is frequent.¹

This is a medical description of rabies symptoms from the end of the nineteenth century in the city of Porto, Portugal. The disease, sometimes confused with

1 Moreira, “A Raiva,” 57.

episodes of madness, terrified Portuguese society, endangered the population, and triggered a strong mobilization among human and non-human animals for its effective control.

This study examines the role of dogs as one of the primary vectors in the transmission of rabies to humans² and also the uses to which dogs were put in the development of prophylactic measures against the rabies virus in Portugal, with particular emphasis on the city of Porto in the nineteenth century, a period marked by the consolidation of changes initiated in the previous century.³ Even today, we remain aware that the primary mode of rabies transmission to humans is through the bite of an infected dog.⁴

The transmission of rabies occurs through interspecies interaction. In the Portuguese context of the nineteenth century,⁵ political authorities relied on the support of a society immersed in a landscape of transformations within the medical field. During this period, medicine, religion, and methods of treating illness increasingly diverged, driven by a series of technological innovations that laid the foundation for clinical medicine.⁶

At the turn of the nineteenth and twentieth centuries, Carlos Alberto Salgado de Andrade defended and presented at Escola Médico-Cirúrgica do Porto his inaugural dissertation, entitled “Ligeira Contribuição para o Estudo da Raiva” (A small contribution to the study of Rabies in Portugal).⁷ He argued that “rabies is an infectious-contagious disease,⁸ originating in the dog, and transmitted by infection to all warm-blooded animals.”⁹ According to the newly graduated physician, since it was a disease originating (or at least thought to originate) in the dog, “in order better to understand the danger wherever it may

2 This article focuses on the presence of dogs; however, the research adopts a broader scope, aimed at identifying and understanding the various non-human animals mentioned in medical writings, particularly in the nineteenth century.

3 Palma, “The influence of miasmatic theory.”

4 WHO, “Global burden of dog-transmitted human rabies”; Woods et al. *Animals and the Shaping of Modern Medicine*.

5 We still need more studies on rabies to clarify the calamity that occurred in Porto at the time. So far, it is known that, in Portugal, the number of deaths caused by rabies in hospital sources is not precise. In any case, as we will see later in this study, specialized centers were established in the country for the development of the anti-rabies serum. Marques, “O Instituto Bacteriológico Câmara Pestana,” 1–30.

6 Abreu, *Public Health and Social Reforms in Portugal*.

7 Andrade, “Ligeira contribuição.”

8 An infectious and contagious disease is a pathology caused by biological agents (such as viruses, bacteria, fungi, and parasites) that can be transmitted from one person or animal to another. Cf. van Seventer and Hochberg, *Principles of Infectious Diseases: Transmission, Diagnosis, Prevention, and Control*, 22–39.

9 Andrade, “Ligeira contribuição.”

exist and to avoid it as much as possible, we will study rabies in humans and in dogs, successively.”¹⁰

At this point, it is important to note that this article is not a study in human medicine aimed solely at the human species. I aim to contribute to the perspective that supports the “One Health” initiative. Sarah J. Pitt and Alan Gunn state in the paper *One Health Concept* (2024)¹¹ that this framework constitutes a comprehensive approach to the study and management of infectious diseases, recognizing the intricate interdependence among humans, animals, plants, and the environment. Where does this concept originate? Pitt and Gunn demonstrate that in the mid-twentieth century, the American veterinary scientist Calvin Schwabe (1927–2006) first analyzed the parallels between human and animal health and welfare, introducing the concept of “One Medicine.” He underscored the importance of an integrated and multidisciplinary perspective from which veterinary professionals could contribute to the broader field of medicine. Epidemics among animals, known as epizootics, can also have an impact on humans.¹²

Schwabe further emphasized the relevance of incorporating the social sciences and developing effective communication strategies to foster community engagement in efforts to prevent and control infectious diseases. In the early twenty-first century, this concept evolved to encompass the health of entire ecosystems, including plants, wildlife, and geographic regions. The publication of the *Manhattan Principles on Conservation* in 2004 advocated for a holistic understanding of the dynamic interactions between humans and animals. The global outbreak of the Severe Acute Respiratory Syndrome coronavirus (SARS-CoV-1) from 2002 to 2004 further demonstrated the significant risks that zoonotic diseases pose to human populations. It was around this period that the term “One Health” was formally introduced, marking the consolidation of a unified vision for addressing human, animal, and environmental health within an integrated framework.¹³

This understanding of human health as interconnected with the health of the environment and other animals predates the formal establishment of the concept.¹⁴ The case of Carlos Alberto Salgado de Andrade mentioned in the paragraph above offers a clear illustration of this. The relationship between

10 Ibid., 2.

11 Pitt and Gunn, *The One Health Concept*, 1–2.

12 Jones, “Animal Diseases (Zoonotic),” 19.

13 Pitt and Gunn, *The One Health Concept*, 1–2.

14 Woods et al. *Animals and the Shaping of Modern Medicine*, 163.

humans and other animals has changed significantly in recent years, yet the interaction itself, as well as the advantages and disadvantages of such coexistence, is not new in history. Especially in the context of zoonoses, although Andrade has argued that “this subject belongs more to Veterinary Medicine than to Human Medicine, I have no doubt, nevertheless, in presenting here some considerations that may help us understand rabies in this animal, which is almost always the source of transmission to humans.”¹⁵ Consequently, the fight against the virus that causes rabies requires joint measures, as can be observed both historically and in the present day. This is what was proposed by the foundation of the “One Health” initiative, which calls for coordinated actions to address challenges that impact the stability of human health.¹⁶

Likewise, disease control takes place through interactions or “interspecies encounters,” as argued by Anna Lowenhaupt Tsing in her 2015 book *The Mushroom at the End of the World*.¹⁷ Among diverse human and non-human conditions, as well as within particular ecosystemic configurations, forms of collaboration are made possible, often reflected in the shaping of structures and dynamics oriented toward the needs of the human species. Thus, the prevention of many diseases (including the prevention of the spread of many diseases), among them rabies, calls for joint efforts between human medicine and veterinary medicine.

This allows us, via an analysis of nineteenth-century Portuguese discourses on rabies, to contribute to a more nuanced understanding of the historical roots of the “One Health” perspective. Rabies is recognized as the only Neglected Tropical Disease (NTD)¹⁸ that can be effectively prevented through vaccination. Studies on rabies in any field, such as history, can help highlight the importance of vaccines. The disease has been considered eradicated in Portugal since 1961, with the last autochthonous case recorded in the country in 1960. Although Portugal only officially declared eradication decades later, its case followed the broader

15 Andrade, “Ligeira contribuição,” 11.

16 Evans and Leighton, “A history of One Health,” 413–20; Farah and Martin, *Mobs and Microbes*.

17 Tsing, *The Mushroom at the End of the World*.

18 The World Health Organization has issued the following statement: “Neglected tropical diseases (NTDs) are a diverse group of conditions caused by a variety of pathogens (including viruses, bacteria, parasites, fungi and toxins) and associated with devastating health, social, and economic consequences. NTDs are mainly prevalent among impoverished communities in tropical areas, although some have a much larger geographical distribution. It is estimated that NTDs affect more than 1 billion people, while the number of people requiring NTD interventions (both preventive and curative) is 1.495 billion. The epidemiology of NTDs is complex and often related to environmental conditions. Many of them are vector-borne, have animal reservoirs and are associated with complex life cycles. All these factors make their public-health control challenging.” For more information see: WHO, *Neglected tropical diseases*.

European context of disease elimination of autochthonous cases,¹⁹ as seen in Denmark (1889), Scandinavia (before 1900), Austria (1914), Germany (1914 and subsequently in 1939), the United Kingdom (1922), the Netherlands (1923), the former Czechoslovakia (1930s and 1940s), and Hungary (1930s and 1940s).²⁰

In Portugal, disease control was achieved primarily through the mandatory vaccination of dogs, established by Decree No. 11242 in 1925.²¹ Eradication has been the result of a successful and well-implemented vaccination program, in which politics, medicine, veterinary science, and society committed themselves to controlling and combating the spread of the rabies virus. In the Netherlands and Germany, the first legislation aimed at controlling rabies in dogs and cats dates back to 1875 and 1880, respectively.²²

To address my objective, the article first provides an overview and contextualization of rabies research with regard to the case analyzed in this study. It then presents the sources and background information on the medical training institution of the physicians and authors under study and provides an analysis of how dogs are referenced in works concerned with the understanding of human medicine, as well as how rabies is discussed in the contexts of the connection between dogs, humans, medicine, and medical knowledge. Through this structure, I hope to identify traces of an early initiative that emphasized the need for efforts that value the connection between the various components of the ecosystem shared by the human species.

19 Although some concerns remain regarding rabies in the wild. Cf. Blancou, “Rabies in Europe”; Matouch, “Rabies in Poland, Czech Republic and Slovak Republic.”

20 Müller et al., “Rabies elimination in Europe,” 31.

21 *Diário do Governo*, 1925–11–16, n.º 247/1925, Série I de, Ministério da Agricultura – Direcção Geral dos Serviços Pecuários, 1452–1453.

22 Müller et al., “Rabies elimination in Europe,” 31.

By addressing aspects of the “One Health” approach, I use historical research as a direct tool to understand and address the challenges of the present. The existence and trajectory of diseases have a significant impact on society. They drive changes within human communities, leading to the emergence of technological and pharmaceutical innovations aimed at promoting health. Diseases foster interaction among various agents,²³ including physicians, policymakers, and non-human actors, such as dogs, who are used in the development: of solutions from which society as a whole may benefit.

Rabies and Non-Human Animals in Context

The nineteenth century was a period of profound transformation in medicine. The transition era marked a break with earlier practices, enabling the implementation of new procedures, a shift that has been well recognized in the secondary literature.²⁴ From Hippocratic-Galenic to clinical medicine, the agents serving the field of medicine, physicians, surgeons, and pharmacists entered a period marked by the emergence and/or identification of new diseases,²⁵ as well as new forms of treatment.

In Portugal, surgery began to be institutionally recognized in relation to medicine, at least formally, in the eighteenth century, in part as a result of the measures implemented by the Marquis of Pombal and the reforms of the University of Coimbra.²⁶ However, within the medical sphere, it is evident that this equivalence did not occur immediately, despite being established on paper.²⁷ Only in the nineteenth century can we observe this integration taking place in a more

23 Bruno Latour developed the concept of Actor-Network Theory (ANT), which encompasses various processes for analyzing interspecies relationships. He proposed a framework for examining sources and the agents involved within them. While I recognize and value Latour’s contribution to the discussion of non-human agency, my approach does not adhere to his specific model of ANT analysis. For further discussion on ANT, see Latour, *The Pasteurization of France*; Latour, *Reassembling the Social*.

24 Pita, *Farmácia, Medicina e Saúde Pública*; Porter, *The Greatest Benefit to Mankind*.

25 Esteves and Pinto, “Quando a morte espreita.”

26 Sebastião José de Carvalho e Melo (1699–1782), the Marquis of Pombal, served as ambassador of King João V to the English and Austrian courts. During the reign of King José I, he was appointed Secretary of State for Foreign Affairs and War (1750). Later, King José I, entrusted him with the governance of the kingdom, appointing him Prime Minister. The monarch acknowledged his merit for the work carried out in the reconstruction of the lower part of Lisbon after the earthquake of 1755. Among the most significant measures implemented by Sebastião José de Carvalho e Melo were reforms in education, public administration, finance, and the military system. Maxwell, *Pombal, Paradox of the Enlightenment*.

27 Palma, *Cirurgiões, práticas e saberes*, 27–44.

consistent manner, also driven by the abandonment of medical theories that had previously underpinned medical thought and practice. Across the globe, the late eighteenth century marked the conclusion of various processes and the beginning and recognition of different organizational systems across multiple areas of society.²⁸

There is no stage of this transformative period that was carried out solely through human activity. Although historical investigation cannot rely on documentary sources produced by other agents involved in the changes that took place over the centuries discussed here, human-produced sources allow us to inquire into and perceive the presence of these other vectors, such as dogs, in medical writings. In this sense, the case of rabies stands out as a compelling example of the relationship between humans and dogs.

As Abigail Woods states in the book coedited by her entitled *Animals and the Shaping of Modern Medicine: Medicine and Biomedical Sciences in Modern History* published in 2018,²⁹ rabies has received considerable attention and prominence in historical scholarship. It is a disease transmitted by the animal known in many cultures as “man’s best friend,” and it prompted decisions and public health interventions ranging from prophylaxis to the extermination of dogs showing symptoms of rabies. In Portugal, in her study *Allies or Enemies? Dogs in the Streets of Lisbon in the Second Half of the Nineteenth Century*,³⁰ Inês Gomes examines the duality inherent in human coexistence with non-human animals, particularly dogs, whereby an animal regarded as a loyal and faithful companion could, when afflicted with rabies, become a deadly threat.

Woods points to historical studies on rabies in different parts of the world during the same period addressed in this article, including South Africa,³¹ the United States of America,³² and the United Kingdom,³³ in which the dog, along with other disease-transmitting animals, appears as a key vector in understanding the history of rabies.³⁴ Observations regarding the connections between human and animal health are longstanding, and the study of the history of rabies is a relevant and significant topic within this field. One reason for this is the fact

28 Porter, *The Greatest Benefit to Mankind*, 303.

29 Woods et al., *Animals and the Shaping of Modern Medicine*, 258.

30 Gomes, “Allies or Enemies? Dogs in the Streets of Lisbon.”

31 Lance, “Class and Canicide in Little Bess”; Brown, *Mad Dogs and Meerkats*.

32 Teigen, “Legislating Fear.”

33 Pemberton and Worboys, *Mad Dogs and Englishmen*; Howell, *At Home and Astray*.

34 Woods et al. *Animals and the Shaping of Modern Medicine*, 258–59.

that “rabies kills”³⁵ is more than just a slogan, and thus, this is one of the key factors that led the World Health Organization (WHO) to establish World Rabies Day in 2007, observed annually on September 28.³⁶

In Portugal, as shown by historiography and sources explored in the article, the first anti-rabies vaccination took place in Lisbon on January 25, 1893.³⁷ Previously, individuals who had been bitten by rabid animals were sent to Paris, which represented a significant financial investment by the state and a considerable personal effort on the part of the patient. In Lisbon, the first institution to carry out these vaccinations was founded on March 9, 1895. The institution was the Real Instituto Bacteriológico de Lisboa (Royal Bacteriological Institute of Lisbon), with Professor Luiz da Câmara Pestana³⁸ serving as its first director. In northern Portugal, the Pasteur Institute of Porto was inaugurated in 1896,³⁹ just three years after the establishment of the Lisbon institute.

However, as Carlos Alberto Salgado de Andrade notes in his inaugural dissertation, the institute in Porto did not receive any formal funding: “This Institute, without any official support and solely through the initiative of the esteemed clinician Dr. Arantes Pereira, was inaugurated.”⁴⁰ Before the founding of the Institute in Porto, Alexandra Esteves and Sílvia Pinto explain that patients from northern Portugal had to travel to Lisbon, bringing with them the head of the animal, already dead, so that tests could be conducted to verify the presence of the rabies virus.⁴¹

35 From a historiographical perspective, certain details and episodes stand out as particularly significant. An epizootic of canine rabies was documented in Hungary in 1586, with another recorded in 1722. In 1711, Gensel reported a severe rabies outbreak “among wild animals” in the same region, which was subsequently transmitted to both dogs and humans. In November 1829, a wolf attacked eleven individuals in Măramaros County in Transylvania (Județul Maramureș, today in Romania), four of whom later died from rabies. A similarly alarming case occurred in 1766 near Warsaw, where a rabid wolf bit 23 people, all of whom succumbed to the disease. Matouch, “Rabies in Poland, Czech Republic and Slovak Republic,” 22.

36 WHO, *28 September is World Rabies Day*.

37 Marques, “O Instituto Bacteriológico Câmara Pestana.”

38 Luís da Câmara Pestana (1863–1899) stands out as one of the key figures in the introduction and consolidation of bacteriology in Portugal at the end of the nineteenth century. A graduate of the Lisbon Medical-Surgical School, Câmara Pestana was among the first Portuguese physicians to systematically apply the experimental methods derived from the discoveries of Louis Pasteur and Robert Koch, contributing to the modernization of medical and laboratory practices in the country. Cf. Almeida, *Dicionário CIUHCT*.

39 Marques, “O Instituto Bacteriológico Câmara Pestana”; Maio, *Breve História da Raiva em Portugal*.

40 Andrade, “Ligeira contribuição,” 71.

41 Esteves and Pinto, “Quando a morte espreita,” 147.

| Numero de ordem | Nomenclatura vulgar das moléstias | Especies animais sujeitas ao regimen sanitario |
|-----------------|-----------------------------------|--|
| 1.º | Peste bovina | Todas as especies ruminantes. |
| 2.º | Peripneumonia exsudativa .. | Bovinas. |
| 3.º | Raiva | Todas. |
| 4.º | Baceira ou febre carbunculosa | Todas, menos a especie porcina. |
| 5.º | Carbunculo symptomatico ... | Todas, menos a especie porcina. |
| 6.º | Tabardilho ou mal rubro ... | Porcina. |
| 7.º | Mormo, laparão | Equina, asinina. |
| 8.º | Gafeira ou morrinha | Ovina, caprina. |
| 9.º | Tisica tuberculosa | Bovina, aves de creação. |
| 10.º | Febre aphtosa | Bovina, ovina, caprina e porcina. |
| 11.º | Sarna | Ovina, caprina e equina. |
| 12.º | Diphtheria | Bovina, aves de creação. |
| 13.º | Daurina, moléstia do coito... | Equina, asinina. |
| 14.º | Cholera das gallinhas..... | Todas as aves de creação e outras. |

Figure 1. Decree (Ministry of Public Works – Diário do Governo No. 287, December 17, 1886). Available at: <https://legislacaoregia.parlamento.pt/V/1/60/68/p916> (accessed November 12, 2025).

The prevention of the spread of rabies among humans depends on the control of rabies in dogs,⁴² as the high incidence of the disease was due to attacks by rabid dogs.⁴³ In Lisbon, as early as 1876, there was a directive that mandated a 60-day quarantine in suspected cases and the culling of the animal if rabies was confirmed.⁴⁴ With regard to the Portuguese State, on December 16, 1886, a decree was issued (Ministry of Public Works, Diário do Governo, no. 287, dated December 17, 1886) approving the organizational plan for livestock services. Among various provisions, the decree included proposals that outlined “Hygienic and Sanitary Police Services for Animals.”⁴⁵ The document identified epizootic diseases and zoonoses that should be monitored as a prophylactic measure for public health.

Rabies was either included among the group of diseases attributed to specific animals or, in some cases, to all animals. It ranked third in the table listing the “common nomenclature of diseases,” in which all animals were classified under the category of “animal species subject to sanitary regulation.”

42 Maio, *Breve História da Raiva em Portugal*, 59.

43 Esteves and Pinto, “Quando a morte espreita,” 146.

44 Maio, *Breve História da Raiva em Portugal*, 4–30.

45 Decreto, 16 de Dezembro de 1886. Decreto (Ministério das Obras Publicas – Diário do governo n.º 287 de 17 de dezembro) approvando o plano da organização dos serviços pecuários.

At the end of the nineteenth century, the physician Eduardo Abreu was sent by the Portuguese administration, by the Ministry of the Kingdom, to Paris to study the development of the rabies vaccine.⁴⁶ He eventually became the target of criticism from fellow medical professionals because of the way he conducted experiments on animals, and they questioned Abreu's understanding of chemical and medical process. Although it has been found that Eduardo Abreu had limited contact with Louis Pasteur, he was undeniably one of the key figures behind the transformative actions of the period under discussion, as already discussed in the secondary literature. He was one of the acknowledged agents in the medical policy measures adopted in Portugal for the control and prevention of rabies.

Regarding Louis Pasteur, historian of medicine and biomedical sciences José Pedro Sousa Dias, in his analysis of the reception of Pasteur's work, emphasizes that the absence of formal medical education posed significant obstacles in Pasteur's engagement with the medical community. There are records suggesting that the early stages of Pasteur's work were accelerated precisely by the fact that he was working with animals and veterinarians. However, once he began engaging with the medical profession, he encountered obstacles that stemmed, in part, from the conservatism and resistance to change that characterized many members of the medical establishment at the time.⁴⁷

The development of laboratory techniques, new treatment methods, and medications that support human medicine is the result of interdisciplinary efforts. Veterinary medicine played a prominent role in the nineteenth century, as it continues to do today, in the control of zoonoses, such as rabies. Veterinarians were essential in drafting reports and administering vaccines. Nevertheless, as Alexandra Isabel Gomes Marques recounts in her doctoral dissertation, there was a heated debate in the Chamber of Deputies⁴⁸ aimed at discussing the reorganization of the Bacteriological Institute of Lisbon, which was expected to establish structures for the development of treatment against diphtheria.⁴⁹

Some of the key figures involved in the debate (for instance, physicians João Franco and António Teixeira de Sousa), although they did not dismiss the contributions of veterinarians, did not support the integration of these

46 Dias, "Da Cólera à Raiva," 435–49.

47 Ibid.

48 The Chamber of Deputies in Portugal at the end of the nineteenth century was the country's representative legislative body, equivalent to the present-day Assembly of the Republic.

49 Marques, "O Instituto Bacteriológico Câmara Pestana," 35.

professionals into the reform of the Institute. Elvino de Brito, a veterinary physician who advocated for the creation of a specific post for a veterinarian within the Institute, also held differing political affiliations. João Franco and António Teixeira de Sousa belonged to the Regenerator Party,⁵⁰ while Elvino de Brito was a member of the Progressive Party. To summarize the episode, which is skillfully analyzed by Marques, the reorganization of the Institute did not include the integration of veterinary professionals in the development of diphtheria treatment. In an ironic twist of fate, not long thereafter, Câmara Pestana himself acknowledged having relied on the assistance of a veterinarian to produce the anti-diphtheria serum.⁵¹

In late nineteenth-century Portugal, the study and control of rabies reflected broader transformations in the medical science and public health. Figures such as Eduardo Abreu and Luís da Câmara Pestana played important roles in adopting bacteriological methods inspired by Louis Pasteur, despite professional disputes and institutional resistance. The tensions between physicians and veterinarians, which came to the forefront in the debates over the reorganization of the Lisbon Bacteriological Institute, revealed the interdisciplinary challenges and political divisions shaping scientific progress in this period. Human medicine, veterinary medicine, and the environment are strongly interconnected within the public health policy agenda.⁵² The coexistence of human and non-human within their ecosystems gives rise to interspecies encounters, which foster the emergence of diseases, the development of medicines, new technologies, and new areas of activity within human society.⁵³

50 The Regenerator Party (1851–1919) was one of the main political forces of the rotativism system during the period of the Portuguese constitutional monarchy, alternating in power with the Progressive Party (1876–1910). Emerging during the Regeneration period (1851–1868), it consolidated itself as a conservative-oriented party, in opposition to the more liberal-leaning Progressive Party. Lucas, *Partidos e política na Monarquia*, 19–45.

51 Ibid.

52 Palma et al., “It’s Not Only the Sea”; Palma, “The influence of miasmatic theory.”

53 Tsing, *The Mushroom at the End of the World*; Palma, “The influence of miasmatic theory.”

The Discourse on Dogs in the Inaugural Dissertations Presented at the Porto Medical-Surgical School

The primary corpus of sources used in this study consists of a set of inaugural dissertations,⁵⁴ 53 of them, written between 1867 and 1899 and defended and presented at the Porto Medical-Surgical School (EMCP). The school was founded in 1836, and in 1911, upon its integration into the Polytechnic Academy, became part of the University of Porto.⁵⁵ The texts are currently accessible in the Digital Repository of the University of Porto,⁵⁶ providing a rich collection for studies in the history of medicine.⁵⁷ The authors of these dissertations are not prominent figures of Portuguese medicine. Little is known about them. Rather, they are marginalized and overlooked individuals in the historiography of medicine, yet they left behind valuable records that allow us to delve into public health policies and the evolution of medical thought during a profoundly transformative period.⁵⁸

In all the dissertations under discussion, references to dogs are generally and predominantly though not exclusively associated with rabies. The subject of rabies and dogs also appear in studies that are not directly dedicated to the disease itself, and they are only mentioned as a subsidiary topic. This is the case with the dissertation by João Machado de Araújo, “Breve estudo sobre asepsia em cirurgia” (A brief study on surgical asepsis), defended in 1875,⁵⁹ the text of Francisco José de Sousa’s “Algumas palavras sobre a opoterapia: tratamento de certas doenças por extractos d’orgãos animais” (Some remarks on opotherapy: the treatment of certain diseases using extracts from animal organs), 1899,⁶⁰ and

54 In the field of medicine, students were required to produce a dissertation at the end of their studies, as stipulated in Article 154 of the Decree of April 23, 1840 (D. Maria II, 1840, p. 119), enacted during the second reign of Queen Maria II (1826–1827, 1834–1853). The decree sought to regulate the medical-surgical schools of Lisbon and Porto. This requirement, however, was not well received by medical students, as evidenced in the prefaces to many dissertations, where authors often stated that their work merely fulfilled an academic obligation. Despite this, these dissertations constitute an important source for the history of medicine, reflecting a period of profound transformation in medical thought and practice. Palma, “The influence of miasmatic theory.”

55 Ferraz, *A Real Escola Médico-Cirúrgica do Porto*.

56 The Open Repository of the University of Porto can be accessed at the following link: <https://repositorio-aberto.up.pt> Accessed April 26, 2025.

57 Palma, “The influence of miasmatic theory”; Palma, “Inconstancia do clima”; Vieira, “As teses inaugurais da Escola Médico-cirúrgica do Porto.”

58 Palma, “The influence of miasmatic theory.”

59 Araújo, “Breve estudo sobre asepsia.”

60 Sousa, “Algumas palavras.”

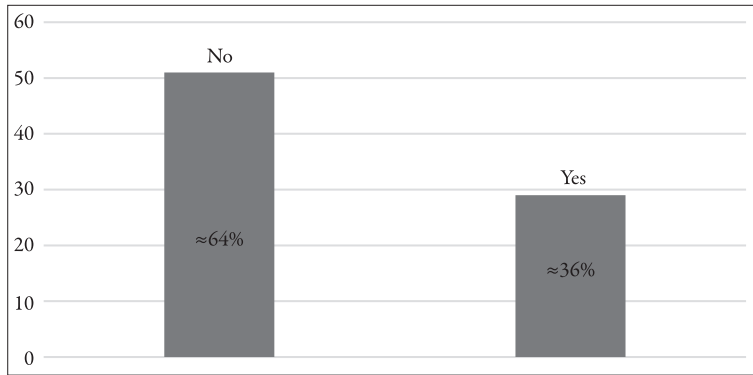


Figure 2. Index of the presence of dogs as a subject in the Inaugural Dissertations Presented at the Porto Medical-Surgical School

the thesis of António Augusto Chaves de Oliveira’s “Estudo sobre os diversos systemas de remoção das immundicias adoptados nas principaes cidades da Europa e sua applicação à cidade do Porto” (Study on the various systems of waste removal adopted in the principal cities of Europe and their application to the city of Porto), defended in 1866.⁶¹ Dogs are present in approximately 36 percent of the medical dissertations focused on human medicine that we have analyzed thus far.

Within the collection of works, there are also direct references to rabies in the titles of the dissertations. This is represented by the case of Miguel Carlos Moreira, who defended his dissertation “A Raiva: (estudo historico, clinico e prophylactico)” (Rabies: (historical, clinical, and prophylactic study)⁶² in 1897 and the case of José da Costa Silva Júnior, who presented “Breve estudo sobre a prophylaxia da raiva” (A brief study on rabies prophylaxis)⁶³ in 1889.

In the case of studies on rabies, it is not surprising to find references to dogs, as they are the primary vectors of transmission to humans and thus appear prominently in works concerning human medical treatment. In dissertations that are not exclusively focused on rabies, certain elements from the tendencies of nineteenth-century medicine can be identified, a context I have emphasized in the thesis statement of this article. What these dissertations mirror is that in the nineteenth century, medicine increasingly incorporated laboratory-based analytical technologies, which helps explain the inclusion of non-human animals,

61 Oliviera, *Estudo sobre os diversos systemas*.

62 Moreira, “A Raiva.”

63 Silva Júnior, “Breve estudo.”

such as dogs, in studies of human medicine. In most cases, these references relate to experiments carried out on these animals.

The inaugural dissertations also support the perception that, within the parameters of Portuguese medicine during the period under analysis, the pace of developments occurring throughout nineteenth-century Europe was being followed. Arnaud Tarantola, in his volume *Four Thousand Years of Concepts Relating to Rabies in Animals and Humans, Its Prevention and Its Cure*,⁶⁴ which was published in 2017, points out that extensive experimental work was carried out on the immunization of animals, giving us the example of the German city of Jena in 1804, where physician Georg Gottfried Zinke experimentally transmitted rabies without a bite by applying the saliva of rabid dogs to the tissues of animals. A similar experiment took place in 1813, conducted by Hugo Altgraf zu Salm-Reifferscheidt. Beyond immunization, Tarantola also mentions a case from 1805 in Turin, where Francesco Rossi reported having experimentally transmitted rabies to dogs by inserting segments of the sciatic nerve from rabid cats into a fresh wound.

In the case of Portugal, when reading the inaugural dissertations, one notices that things were not done differently. Experiments with non-human animals were proposed within the field of human medicine in Portugal, too. For example, António José da Mota Campos Júnior, who defended his inaugural dissertation “Estudos recentes sobre o tétano” (Recent studies on tetanus)⁶⁵ in 1892, made such proposals. Campos Júnior argued that: “it was experimentally demonstrated that the dog is not resistant to a small amount of pure culture. We know that the passage of a virus from one animal species to another sometimes attenuates, sometimes exacerbates its virulence: thus, rabies is attenuated.”⁶⁶ Discussion of experiments is also included in the work of Júlio Artur Lopes Cardoso, who defended his dissertation “O Micróbio” (The microbe)⁶⁷ in 1883. He drew the following conclusion: “a small portion of encephalic matter extracted from a rabid individual was introduced into the brain of a dog, and in less than 15 days, the animal developed the disease.”⁶⁸ In these cases, dogs do not appear as vectors of rabies. On the contrary, they were literally inside the laboratories, in the fight against the disease. Thus, they ceased to be active in the transmission of rabies and

64 Tarantola, “Four Thousand Years of Concepts,” 5.

65 Campos Júnior, “Estudos recentes.”

66 *Ibid.*, 49.

67 Cardoso, “O Micróbio.”

68 *Ibid.*, xxx.

became passive vectors, used in the process of developing prophylactic measures against the rabies virus through the medical research conducted by physicians at the Porto Medical-Surgical School.

While dogs appear in historiography in various contexts, in the case of the sources under discussion here, we find references to these animals both in a figurative sense and in human rituals.⁶⁹ It is worth reiterating that the human species has coexisted with dogs for a very long time, and that the domestication of canines dates back over 5,000 years. More than mere objects at the service of humanity, dogs have contributed to shaping the decisions and procedures adopted by humans.⁷⁰

It becomes evident that the coexistence between dogs and humans constitutes a significant “interspecies encounter” which, among other factors not addressed in this study, supports the argument that these non-humans contributed to the process of understanding disease transmission to humans. From this coexistence, viewed through the scientific lens adopted in this research, emerged the development of effective treatments for diseases affecting both animals and humans.⁷¹

The studies conducted at the Porto Medical-Surgical School reveal that Portuguese physicians were aware of the developments taking place abroad and were actively engaged in scientific research and in the renewal of medical thought across Europe. The analysis presented here has focused on the perception of animals as vectors of disease transmission, as well as tools in the development of experiments. Furthermore, as an analysis of the discourse reveals, the attention devoted by physicians to the roles of canines in the spread of the disease and the experimental procedures they used in the laboratory show clearly that these physicians considered the animals and their relationship to human health an important factor in the search for effective treatments to diseases as early as the nineteenth century.

The medical dissertations defended in Porto reveal that this aspect of human–non-human relationships captured the interest of physicians in the city’s medical school, and that, in harmony with findings in the study of the histories of zoonotic diseases so far, the presence of non-human animals was crucial to the development of various medical treatments, such as vaccines.⁷²

69 Fidalgo, “Impressões de uma visita”; Cruz, “Cemitérios.”

70 Pearson, “Dogs, History, and Agency.”

71 Dentinger, “The Parasitological Pursuit”; Andrade, “Ligeira contribuição.”

72 Snowden, *Epidemics and Society*, 83–96.

The Pasteur Institute in Paris, one of the major points of reference in scientific research and innovation in the late nineteenth century for Portuguese physicians and physicians worldwide, based much of its laboratory experimentation on the investigation of relationships between humans and non-humans. These early experiments contributed to the development of a notion of health grounded in the interface between human beings, other animals, and the environment, which forms the foundation of the current initiative known as “One Health.”⁷³

Raiva, Aerophobia, Hidrophobia, Tétanorábico...

The nomenclature used to define rabies in the nineteenth century was varied. This is a delicate aspect, as it relates to the different ways in which the same disease was referred to in historical sources, which makes data collection more challenging. Carlos Salgado de Andrade notes in his dissertation that the names by which this disease had been known are numerous and derive from the symptoms manifested in patients, such as intense thirst and a fear of water.⁷⁴ Indeed rabies can manifest in several forms. Here, we refer specifically to human rabies in its furious form, characterized by hyperactivity, hallucinations, behavioral changes, hydrophobia (fear of water), and, at times, aerophobia (fear of air currents or fresh air).⁷⁵

Given the nature of some of the symptoms associated with rabies, there were instances in which physicians interpreted them as episodes of madness. It is no coincidence that one of the common ways to refer to a dog afflicted with rabies is as a “mad dog.”

In the case of rabies in other animals, such as dogs, studies since the twentieth century have questioned the diagnosis of hydrophobia in these animals, given that dogs do not develop a fear of water. In 1939, Joaquim Augusto de Barros, in his doctoral thesis in veterinary medicine, asserted that “the rabid dog is not hydrophobic, that is, it does not have a fear of water.”⁷⁶ In 1950, during a conference held at the Clube Fenianos Portuenses by the Portuguese League for Social Prophylaxis, under the theme “Rabies, a Disease Common to Humans and Animals: Methods of Control and Prophylaxis,” Manuel Lema Monteiro

73 Woods et al. *Animals and the Shaping of Modern Medicine*, 1–20.

74 Andrade, “Ligeira contribuição.”

75 WHO, *Global Framework to Eliminate Human Rabies*.

76 Biblioteca Municipal do Porto. 582.1939. Joaquim Augusto de Barros. “Diagnóstico da Raiva no cão.” Tese de doutoramento em Medicina Veterinária. Escola Superior de Medicina Veterinária, 1929.



Figure 3. Nomenclature of rabies in the sources. Source: Inaugural Dissertations Presented at the Porto Medical-Surgical School. Image created using AntConc.

formulated the following argument: “the notion that the rabid animal does not drink and has a fear of water continues to be deeply rooted; and yet, the rabid dog does drink, it drinks frantically.”⁷⁷

The fight against rabies required care not only for human health but also for the health of other animals. It is important to highlight the varying symptoms of the same disease, which was given different names and presented differently in different organisms, as humans live in communities and as an integral parts of ecosystems. Thus, in order to remain healthy, humans must devote attention to the health of all of the members of these ecosystems.⁷⁸ The observations made concerning similar symptoms in both humans and animals and the importance of providing care for the health of animals as well as humans may offer albeit modest evidence that among the newly graduated physicians of the EMCP, there was a degree of attention given to dogs, as seen in comments that also attest to the restoration of the animals’ health regarding other diseases. Carlos Alberto Salgado de Andrade, for instance, provided a detailed account of the dog’s behavior:

77 Biblioteca Pública Municipal do Porto. 3.1. 72.13. Monteiro M L. Liga Portuguesa de Profilaxia Social. “A raiva, doença comum ao homem e aos animais. Métodos de combate e profilaxia.” *Conferência Realizada no Clube Fenianos Portuenses*, em 4 de julho de 1950.

78 Woods et al., *Animals and the Shaping of Modern Medicine*, 1–20.

The animal avoids its owners, retreats to its usual resting place, to the corners of the house, beneath the furniture. It is called and responds, obeying slowly, as if reluctantly; instead of its characteristic joy, it approaches with its body hunched, fur bristled, head lowered, tucked between its paws and beneath its chest [...] Appetite then ordinarily decreases, food is chewed with difficulty, and later rejected altogether, with swallowing becoming extremely painful.⁷⁹

He also highlighted the estimated number of dogs cured through treatment, emphasizing that the number of dogs saved from rabies by this method⁸⁰ was over 70 percent.⁸¹ José da Costa Silva Júnior, who presented “Breve estudo sobre a prophylaxia da raiva” (A brief study on rabies prophylaxis) in 1899, reported that among the 19 vaccinated dogs, not a single case of rabies was observed.⁸² Thus, the report is not limited to an exclusive discussion of the restoration of human health.

In the nineteenth century, up to the point covered by this study, the only decree or law issued by the Portuguese state concerning animal care is the aforementioned decree (Ministry of Public Works, *Diário do Governo*, No. 287, December 17, 1886), which approved the organizational plan for livestock services, ordering the monitoring of epizootic diseases. Nevertheless, even if comprehensive legislation was lacking at this point, physicians proposed guidelines on how to handle animals in order to control the transmission of rabies as part of narratives that reflected the medical profession’s role in the organization of society. Once again, Silva Júnior’s thesis can be cited as an example. He stated that, “in regions where the use of a muzzle is adopted, when an unmuzzled dog is seen on the streets, it immediately becomes suspect and should be seized by the competent authorities,” suggesting that the state should find ways to introduce and enforce rules to control interaction between human and non-human animals.⁸³

Human concern for and relationships with dogs have changed over time, but upon analyzing nineteenth-century discourses, we also find evidence of a more attentive and affectionate form of care, one that condemned the mistreatment of these animals. The following excerpt provides an example of this approach:

79 Andrade, “Ligeira contribuição,” 14.

80 For more, see: Andrade, “Ligeira contribuição,” 82.

81 Andrade, “Ligeira contribuição,” 82.

82 Silva Júnior, “Breve estudo,” 46.

83 *Ibid.*, 87.

Poisoning of stray dogs. Unfortunately, our police make use of this method in the very place where the animals are found—a degrading practice, almost entirely abandoned elsewhere—because these animals, in the throes of a terrible agony, provoke public outrage, often leading to acts of revenge against the agents of this practice, which common sense and humanity alike condemn.⁸⁴

We aim to argue that the inaugural dissertations defended at the Porto Medical-Surgical School reveal that nineteenth-century Portuguese medicine actively participated in the broader European scientific transformations of its time. The presence of dogs, whether as experimental subjects, disease vectors, or recipients of medical care, illustrates the complex and evolving understanding of human–animal relationships within medical thought. Far from being marginal references, these animals became essential to the development of experimental practices, the study of zoonotic diseases, and the emergence of preventive measures such as vaccination. Moreover, the diversity of terms used to describe rabies and its symptoms underscores both the diagnostic challenges of the period and the evolving nature of medical classification. Ultimately, these dissertations not only attest to Portugal’s engagement with contemporary scientific advances but also highlight an early awareness of the interconnectedness between human and animal health, an idea that foreshadows the modern concept of “One Health.”

Final Consideration

Rabies, that could be mistaken for an episode of madness, in the nineteenth century, was a disease that concerned Portuguese society, prompting action by political authorities, supported by medical and public health knowledge, to combat the threat. The role of human medicine, in conjunction with veterinary medicine, was one of the key elements that strengthened the response, and to this day, prophylaxis in non-human animals remains the most effective means of preventing rabies outbreaks. This study contributes to the analysis of the presence of canines in the dissertations by physicians in Porto in the nineteenth century, shedding some light on shifting understandings of the relationship between humans and non-humans in the past. It reflects a complex interaction among humans, dogs, the environment, and medicine, with implications for the factors that influenced public health within the Portuguese medical context.

84 Ibid., 85.

The article provides an overview and contextualization of rabies research, with a focus on the presence of a non-human animal. The selected sources offer insights into the medical knowledge produced at the Porto Medical-Surgical School, which aligned with European medical thought during the period under study. Within these sources, focused primarily on human medicine, non-human animals, particularly dogs, are also present, demonstrating that the development of medical techniques and scientific observations relied on the presence of both human and non-human animals. Consequently, this underpins the thesis that the history of human medicine is not shaped by humans alone. The sources present early traces of what later, in the second half of the twentieth century, would come to represent the “One Health” approach, even before the formal articulation and institutionalization of the concept. The article therefore considers the history of medicine as a field, which can also be written as a history of “interspecies encounters,” where non-human animals, such as dogs, are present and participate, even if indirectly, in decision-making processes and the shaping of agendas aimed at addressing the challenges faced by human society.

Archival Sources

Biblioteca Pública Municipal do Porto [Municipal Library of Porto]

582.1939. Joaquim Augusto de Barros. “Diagnóstico da Raiva no cão.” Tese de doutoramento em Medicina Veterinária. Escola Superior de Medicina Veterinária, 1929.

3.1. 72.13. Monteiro M L. Liga Portuguesa de Profilaxia Social. “A raiva, doença comum ao homem e aos animais. Métodos de combate e profilaxia.” *Conferência Realizada no Clube Fenianos Portuenses*, em 4 de julho de 1950.

Bibliography

Abreu, Laurinda. *Public Health and Social Reforms in Portugal (1780–1805)*. Newcastle upon Tyne: Cambridge Scholars Publishing, 2016.

Almeida, Maria Antónia Pires de. “Pestana, Luís da Câmara.” *Dicionário CIUHCT, Cientistas, Engenheiros e Médicos em Portugal*. Accessed October 1, 2025. doi: 10.58277/LDJF6010

Andrade, Carlos Alberto Salgado. “Ligeira Contribuição para o Estudo da Raiva” [A small contribution to the study of Rabies in Portugal]. Inaugural diss., Escola Médico-Cirúrgica do Porto, 1901. <https://hdl.handle.net/10216/16392>. Accessed April 25, 2025.

- Araújo, João Machado de. “Breve estudo sobre asepsia em cirurgia” [A brief study on surgical asepsis]. Inaugural diss., Escola Médico-Cirúrgica do Porto, 1875. Available at <https://hdl.handle.net/10216/16304>. Accessed April 25, 2025.
- Blancou, Jean. “Rabies in Europe and the Mediterranean Basin: From Antiquity to the 19th Century.” In *Historical Perspective of Rabies in Europe and the Mediterranean Basin: A Testament to Rabies by Dr. Arthur A. King*, edited by Jean Barrat, and François-Xavier Meslin, 15–24. Paris: World Organisation for Animal Health (OIE), 2004.
- Brown, Karen. *Mad Dogs and Meerkats: A History of Resurgent Rabies in Southern Africa*. Athens: Ohio University Press, 2011.
- Campos Júnior, António José da Mota. “Estudos recentes sobre o tétano” [Recent studies on tetanus]. Inaugural diss., Escola Médico-Cirúrgica do Porto, 1892. Available at: <https://hdl.handle.net/10216/16677>. Accessed April 25, 2025.
- Cardoso, Júlio Artur Lopes. “O Micróbio” [The microbe]. Inaugural diss., Escola Médico-Cirúrgica do Porto, 1883. Available at: <https://hdl.handle.net/10216/16369>. Accessed April 25, 2025.
- Cruz, Manuel Pereira da. “Cemitérios” [Cemeteries]. Inaugural diss., Escola Médico-Cirúrgica do Porto, 1882. Available at: <https://hdl.handle.net/10216/16457>. Accessed April 25, 2025.
- Decreto, 16 de Dezembro de 1886. Decreto (Ministério das Obras Publicas – Diário do governo n.º 287 de 17 de dezembro) aprovando o plano da organização dos serviços pecuarios. Available at: <https://legislacaoregia.parlamento.pt/V/1/60/68/p916>. Accessed April 25, 2025.
- Dentinger, Rachel Mason. “The Parasitological Pursuit: Crossing Species and Disciplinary Boundaries with Calvin W. Schwabe and the Echinococcus Tapeworm, 1956–1975.” In *Animals and the Shaping of Modern Medicine: Medicine and Biomedical Sciences in Modern History*, edited by Abigail Woods, Michael Bressalier, Angela Cassidy, and Rachel Mason Dentinger, 161–91. Cham: Palgrave Macmillan, 2018.
- Diário do Governo, 1925–11–16, n.º 247/1925, Série I de Ministério da Agricultura – Direcção Geral dos Serviços Pecuários, páginas 1452–1453. Available at: <https://diariodarepublica.pt/dr/detalhe/decreto/11242-1925-202604>. Accessed April 25, 2025.
- Dias, José Pedro Sousa. “Da Cólera à Raiva” [From cholera to rabies]. In *Assim na Terra como no Céu, Ciência, Religião e Estruturação do Pensamento Ocidental*, edited by Clara Pinto Correia and José Pedro Sousa Dias, 435–49. Lisbon: Relógio D’Água, 2003.

- Esteves, Alexandra and Sílvia Pinto. “Quando a morte espreita: as epidemias no Minho entre o século XIX e as primeiras duas décadas do século XX.” *Revista M. Estudos sobre a morte, os mortos e o morrer* 6, no. 11 (2021): 128–50. doi: <https://doi.org/10.9789/2525-3050.2021.v6i11.128-150>
- Evans, B. R. and Frederick A. Leighton. “A history of One Health.” *Revue scientifique et technique International Office of Epizootics* 33, no. 2 (2014): 413–20. doi: 10.20506/rst.33.2.2298
- Farah, Leila Marie, and Samantha L. Martin. *Mobs and Microbes Global Perspectives on Market Halls, Civic Order and Public Health*. Leuven: Leuven University Press, 2023.
- Ferraz, Amélia Ricon. *A Real Escola Médico-Cirúrgica do Porto* [The Royal Medical-Surgical School of Porto]. Porto: Edições Centenário, 2013.
- Fidalgo, Domingos Lopes. “Impressões de uma visita às cadêas do Aljube e Relação do Porto: higiene” [Impressions of a visit to the prisons of Aljube and Relação in Porto: Hygiene]. Inaugural diss, Escola Médico-Cirúrgica do Porto, 1889. Available at: <https://hdl.handle.net/10216/17053>. Accessed April 26, 2025.
- Gomes, Inês. “Allies or Enemies? Dogs in the Streets of Lisbon in the Second Half of the Nineteenth Century.” In *Science, Technology and Medicine in the Making of Lisbon*, edited by Ana Simões and Maria Paula Diogo, 323–43. Leiden: Brill, 2022. doi: 10.1163/9789004513440_016
- Howell, Philip. *At Home and Astray: The Domestic Dog in Victorian Britain*. London: University of Virginia Press, 2015.
- Jones, Susan D. “Animal Diseases (Zoonotic).” In *Encyclopedia of Plagues*, edited by Joseph Byrne, 19–23. Westport: Greenwood Publishing Group, [2008].
- Lance, Van Sittert. “Class and Canicide in Little Bess: The 1893 Port Elizabeth Rabies Epidemic.” *South African Historical Journal* 48 (2003): 207–34. doi: 10.1080/02582470308671932
- Latour, Bruno. *The Pasteurization of France*. London: Harvard University Press, 1988.
- Latour, Bruno. *Reassembling the Social: An Introduction to Actor-Network-Theory*. Oxford: Oxford University Press, 2005.
- Lucas, Patrícia Isabel Gomes. “Partidos e Política na Monarquia Constitucional: o caso do partido Regenerador (1851–1910)” [Parties and politics in the constitutional monarchy: The case of the Regenerator Party, 1851–1910]. PhD diss., Faculdade de Ciências Sociais e Humanas (FCSH), 2019. Available at: <http://hdl.handle.net/10362/66164> Accessed September 25, 2025.
- Marques, Alexandra Isabel Gomes. “O Instituto Bacteriológico Câmara Pestana: ciência médica e cuidados de saúde (1892–1930)” [The Câmara Pestana Bacteriological Institute: Medical science and healthcare, 1892–1930]. PhD thesis, Universidade de

- Évora, 2019. Available at: <http://hdl.handle.net/10174/27791> Accessed April 26, 2025
- Matouch, Oldřich. “Rabies in Poland, Czech Republic and Slovak Republic.” In *Historical Perspective of Rabies in Europe and the Mediterranean Basin: A Testament to Rabies by Dr. Arthur A. King*, edited by Jean Barrat and François-Xavier Meslin, 65–77. Paris: World Organisation for Animal Health (OIE), 2004.
- Maxwell, Kenneth. *Pombal, Paradox of the Enlightenment*. Cambridge: Cambridge University Press, 1995.
- Moreira, Miguel Carlos. “A Raiva: (estudo historico, clinico e prophylactico)” [Rabies: historical, clinical, and prophylactic study]. Inaugural diss., Escola Médico-Cirúrgica do Porto, 1897. Available at: <https://hdl.handle.net/10216/16510> Accessed 26 April, 2025.
- Müller, Thomas, P. Demetriou, J. Moynagh, F. Cliquet, A. R. Fooks, Franz Josef Conraths, Thomas C. Mettenleiter, and Conrad Martin Freuling. “Rabies elimination in Europe – a success story.” *Rabies Control – towards sustainable prevention at the source: Compendium of the OIE Global Conference on rabies control, 7–9 September 2011*, 31–43. Incheon–Seoul, 2012.
- Oliveira, António Augusto Chaves de. “Estudo sobre os diversos systemas de remoção das immundicias adoptados nas principaes cidades da Europa e sua applicação à cidade do Porto” [Study on the various systems of waste removal adopted in the principal cities of Europe and their application to the city of Porto]. Inaugural diss., Escola Médico-Cirúrgica do Porto, 1886. <https://hdl.handle.net/10216/18204> Accessed 26 April 26, 2025.
- Palma, Monique. “The influence of miasmatic theory on the construction of the Hospital Geral de Santo António in Porto in the nineteenth century.” *História, Ciências, Saúde-Manguinhos* 31, no. 11 (2024): 1–17. doi: 10.1590/s0104-59702024000100053.
- Palma, Monique, João Alveirinho Dias, Joana Gaspar Freitas. “It’s Not Only the Sea: A History of Human Intervention in the Beach-Dune Ecosystem of Costa da Caparica (Portugal).” *Journal of Integrated Coastal Zone Management* 21, no. 4 (2021): 227–47.
- Palma, Monique. *Cirurgiões, práticas e saberes cirúrgicos na América portuguesa no século XVIII*. Espanha: Fundacion Academia Europea e Iberoamericana de Yuste, 2021.
- Pearson, Chris. “Dogs, history, and agency.” *History and Theory* 52, no. 4 (2013): 128–45.
- Pemberton, Neil and Michael Worboys. *Mad Dogs and Englishmen: Rabies in Britain 1830–2000*. Basingstoke: Palgrave Macmillan, 2007.

- Pita, João Rui. *Farmácia, Medicina e Saúde Pública em Portugal (1772–1836)* [Pharmacy, medicine, and public health in Portugal, 1772–1836]. Coimbra: Livraria Minerva Editora, 1996.
- Pitt Sarah J. and Alan Gunn. “The One Health Concept.” *British Journal of Biomedical Science* 81 (2024): 1–15. doi: 10.3389/bjbs.2024.12366
- Porter, Roy. *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present*. London: Fontana Press, 1999.
- Silva Júnior, José Costa. “Breve estudo sobre a prophylaxia da raiva” [A brief study on rabies prophylaxis]. Inaugural diss., Escola Médico-Cirúrgica do Porto, 1889. Available at: <https://hdl.handle.net/10216/16926>. Accessed April 26, 2025.
- Snowden, Frank M. *Epidemics and Society: From the Black Death to the Present*. New Haven and London: Yale University of Press, 2020.
- Sousa, Francisco José. “Algumas palavras sobre a opherapia: tratamento de certas doenças por extractos d’orgãos animais” [Some remarks on opherapy: the treatment of certain diseases using extracts from animal organs]. Inaugural diss., Escola Médico-Cirúrgica do Porto, 1899. Available at: <https://hdl.handle.net/10216/17222>. Accessed 26 April 26, 2025.
- Tarantola, Arnaud. “Four Thousand Years of Concepts Relating to Rabies in Animals and Humans, Its Prevention and Its Cure.” *Tropical Medicine and Infectious Disease* 2, no. 5 (2017): 2–21. doi: 10.3390/tropicalmed2020005.
- Teigen, Philip. M. “Legislating Fear and the Public Health in Gilded Age Massachusetts.” *Journal of the History of Medicine and Allied Sciences* 62 (2007): 141–70.
- Tsing, Anna. *The Mushroom at the End of the World*. New Jersey: Princeton University Press, 2015.
- Van Seventer Jean Maguire, Natasha S. Hochberg. “Principles of Infectious Diseases: Transmission, Diagnosis, Prevention, and Control.” *International Encyclopedia of Public Health* (2017): 22–39. doi: 10.1016/B978-0-12-803678-5.00516-6
- Vieira, Ismael. C. “As teses inaugurais da Escola Médico-cirúrgica do Porto (1827–1910): uma fonte histórica para a reconstrução do saber médico.” *Revista Cultura Espaço & Memória, CEM* 3 (2018): 251–60.
- Woods, Abigail, Michael M. Bresalier, Angela Cassidy and Rachel Mason Dentinger. *Animals and the Shaping of Modern Medicine and Biomedical Sciences in Modern History*. Cham: Palgrave Macmillan, 2018. doi: 10.1007/978-3-319-64337-3
- WHO. *Global Framework to Eliminate Human Rabies Transmitted by Dogs by 2030* (2016). https://www.woah.org/fileadmin/Home/eng/Media_Center/docs/Zero_by_30_FINAL_online_version.pdf Accessed April 26, 2025.

WHO. *28 September is World Rabies Day*. <https://www.who.int/campaigns/world-rabies-day> Accessed April 26, 2025.

WHO. *Global burden of dog-transmitted human rabies*. <https://www.who.int/teams/control-of-neglected-tropical-diseases/rabies/epidemiology-and-burden> Accessed April 26, 2025.

WHO. *Neglected tropical diseases*. https://www.who.int/health-topics/neglected-tropical-diseases#tab=tab_1 Accessed September 22, 2025.

Discipline and Superiority: Neurasthenia and Masculinity in the Hungarian Medical Discourse*

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“The nerve is still a mystery, which is why neurasthenia is in vogue,” wrote Viktor Cholnoky, the renowned Hungarian writer in 1904.¹ Indeed, neurasthenia, a mental disorder considered a typically male ailment, was at the forefront of medical discourses in the late nineteenth and early twentieth centuries, yet so far, it has largely escaped the attention of Hungarian medical historians. Neurasthenia can be interpreted through multiple analytical frameworks, and connections can be drawn between neurasthenia and experiences of modernization, nationalism, and social inequalities; the emergence of the middle class and consumer society; and the professionalization of psychology, among other factors. This paper aims to explore how neurasthenia, as a male mental disorder, was discussed in the Hungarian medical discourse in the late nineteenth and early twentieth centuries. I argue that this medical concept contributed to the medicalization of male sexuality and also reinforced the existing social gender hierarchy. Male sexuality and male social roles are the focus of the paper, but I also briefly explore how anxieties over modernity and the perceived decline of the nation were linked to other male mental disorders, such as paralysis progressiva.

Keywords: neurasthenia, masculinity, male sexuality, medicalization

Masculinity and Neurasthenia

In a criminology article, police captain József Vogel described the case of a 26-year-old financial manager who became homosexual as a prisoner of war after World War I. Vogel claimed that prisoners with “weak nerves” often masturbated due to the lack of “normal sexual intercourse.” This behavior, he claimed, can induce neurasthenia. These men then would completely abandon “normal” sexual habits and turn to homosexuality.²

This case reminds us that sexuality has always been a subject of curiosity and, with the emergence of the modern sciences, also of scientific interest. As Michel

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1 Cholnoky, “Betegségdivatok,” 609.

2 Vogel, “Homosexualitás,” 121–22.

Foucault suggested, society did not directly repress sexuality but rather made it a subject of knowledge. In the eighteenth and nineteenth centuries, the scientific discourse about sexuality served to control and regulate the body in the alleged cause of public health, productivity, and national progress.³ The pathologization of “abnormal” sexual behaviors, such as onanism or frigidity, established sexual norms for both women and men. Medical discourse incorporated female and male sexuality into biopolitical efforts, thereby establishing sexual norms necessary for fertility and “normal” marital sexuality.⁴

Medical concepts became an integral part of the discourses about humanity and its environment, which sought to capture social, political, and economic changes at the level of the body. Social pathologies were given a medical interpretation. The medical focus on the male body was closely connected to the emergence of modern notions of masculinity, which found expression in stereotypes reflecting social values and norms surrounding male body and psyche.⁵ Sexuality no longer exclusively served social reproduction, but, according to male bourgeois etiquette, it also had to satisfy the sexual needs of women. Male honor demanded that a husband be potent but also gentle within the confines of marriage.⁶ At the end of the nineteenth century, an alleged crisis of masculinity emerged as part of pervasive everyday experience. Women’s emancipation and the purported effeminization of men were considered the greatest threats to masculinity, along with the alleged crimes and forms of sexual deviance attributed to various minority groups, such as Jews. The perceived decline of masculinity was expressed in medical terms. Physical frailty or degenerated appearance were interpreted as symptoms of moral decay, sin, sexual aberrations, and, frequently, mental illness.⁷

Physicians identified sharp boundaries between purportedly normal sexuality and sexual deviance, which was seen as pathological. Yet the normalization of male and female sexuality took different forms, and their interpretation was based on gender essentialism. Male sexual over- or underperformance was referred to as onanism or impotence, and women were labeled as frigid or nymphomaniacal. These gendered interpretations of sexuality were explained with references to

3 Foucault, *The History of Sexuality*.

4 Foucault, *Abnormal*.

5 Moose, *The Image of Man*.

6 Nye, “Honor, Impotence.”

7 Moose, *The Image of Man*, 56–76.

anatomical and biological differences, providing a “scientific” explanation of gender inequalities.⁸

The medicalization of male sexuality and especially masturbation is a well explored historical topic. In the eighteenth century, religious moral judgement of masturbation was replaced by scientific investigation.⁹ Nevertheless, masturbation continued to be regarded as the archetypal form of selfish, unproductive, deviant sexuality. The onanist was often accused of retreating into individualism and neglecting his role in national reproduction.¹⁰ A prevailing belief among physicians held that masturbation is harmful to health and potentially led to insanity.¹¹

In the late nineteenth century, various medical diagnostic terms, including neurasthenia, were also closely associated with masculinity and male sexuality. The term neurasthenia was popularized by the American physician George M. Beard in the second half of the nineteenth century, and Beard’s influential work popularized the concept worldwide.¹² The term, which is derived from Ancient Greek, literally means “weakness of the nerves.” The condition was viewed by medical experts as nervous exhaustion as a consequence of burdensome intellectual labor and overstimulation of the nervous system.¹³ It was closely associated with the emergence of modernization, as processes such as urbanization, industrialization, technological development, and the expansion of education, freedom and thus personal responsibility put additional stresses on the nervous system.¹⁴ According to Beard, in addition to the modern lifestyle and burdensome intellectual work, excessive sexuality or, in contrast, sexual continence or forced abstinence could cause neurasthenia.¹⁵

Beard felt that neurasthenia was a typically American ailment, and this, he believed, indicated the leading role of the American nation in the spread of modern civilization. The use of the term “Americanitis,” as neurasthenia was later

8 Laqueur, *Making Sex*.

9 Szasz, “The Medicalization of Sex.”

10 Laqueur, *Solitary Sex*.

11 See Hare, “Masturbatory Insanity”; Zachar and Kendler, “Masturbatory Insanity.”

12 Beard, *Neurasthenia*. Though term neurasthenia was not coined by Beard, he made it a popular medical concept. See Campbell, “The making of ‘American’,” 160.

13 Nowadays, neurasthenia is considered in medical literature a predecessor of chronic fatigue syndrome. See Straus, “History”; Abbey and Garfinkel, *Neurasthenia*.

14 Beard, *American Nervousness*, 171–73. This association between modernization and mental diseases was hardly new. Beard’s concept is closely linked to George Cheyne’s work written in the early eighteenth century. See Cheyne, *The English Malady*.

15 Beard and Rockwell, *Sexual neurasthenia*.

labeled, was hardly a critique of modernity. Rather, it expressed a certain faith in the superiority of the American nation, which was allegedly marked by nervous sensitivity. These refined sensibilities, according to this theory, contributed to the rise of modern civilization, i.e., economic, technological, social, and political progress, and this in turn created further stimulation for the nervous system. This “vicious circle” made the American nation not only the custodian of modern civilization but, at the same time, paradoxically neurasthenic. Beard provided a medical legitimization for American exceptionalism, reinforcing the perceived hierarchy among nations.¹⁶ Moreover, neurasthenia served as an indicator of social inequalities within a society, since it was not equally widespread among different social strata. Its prevalence was closely linked to one’s proximity to modernity. Beard considered elite social groups, especially urban intellectual men, more susceptible to neurasthenia due to their deeper connection with modern civilization. In contrast, groups at the lower end of the social spectrum, such as “savage peoples” (African or Native Americans), the rural population, manual laborers, and women were perceived as less affected by the disease. Beard’s analysis could medically explain and validate the success of the social elite, suggesting that while Yankee businessmen and cultivated upper-class women benefited from modern progress, they bore a “high price” because of their susceptibility to neurasthenia.

Medical terms such as neurasthenia captured an understanding of the new modern male, a figure who was mentally stressed by the accelerated lifestyle and his obligations. This description of masculine identity was not limited to the United States. It soon gained international recognition, albeit in various forms. The adaptation of the term reflected local circumstances and was deeply intertwined with discourses about the nation.

In European discourses, neurasthenia expressed a fear of social decadence and the perceived decline and degeneration of nations and empires. In the British medical discourse, neurasthenia and other mental diseases thought to be more common among men were considered an important factor in the accelerating pace of national decadency.¹⁷ The disease came to be more frequently diagnosed in late nineteenth-century France in the context of growing concern about the decline of “true” manhood. Neurasthenia was regarded as an ailment caused by the cultural and moral weakness of men, exacerbated by urbanization and

16 Schuster, *Neurasthenic Nation*; Campbell, “The making of ‘American’”; Dickson et al., “Introduction.”

17 Milne-Smith, *Out of His Mind*, 221–23.

industrialization. This discourse intersected with national anxieties about France's political and military power, suggesting that the "recovery" of masculinity, male emotional self-discipline, and physical strength could lead to the renewal of national vigor.¹⁸ In Spain, neurasthenia provided a medical description of "proper" masculinity, the decline of which was closely linked to the decline of the Spanish Empire. The medicalization of the decadent bourgeoisie male elite served to maintain their social status, while their vulnerability was presented as a main cause of the Spanish nation's crisis.¹⁹ Concerns about masculine values and male sexual performance, intertwined with broader discourses about national strength and progress, appeared even in Russia, Japan, or Argentina.²⁰

By the late nineteenth century, neurasthenia had also become a significant medical category in Central Europe. The German medical and broader discourse followed the international trends, and discussions of neurasthenia were intertwined with the perceived consequences of modernization. Between the 1880s and the 1910s, interpretations of the disease underwent a transformation. Physicians shifted from viewing nervousness as a mental stress to interpreting it as a sign of degeneration requiring biopolitical intervention.²¹ At the same time, neurasthenia became an integral part of the new bourgeois masculine identity, and diagnoses of neurasthenia were used to express everyday anxieties about sexual performance.²² In Austria-Hungary, the allegedly degenerative potentials of the ailment gained significance, and because of the Empire's multiethnic composition, the disease was often employed to provide a medical explanation of ethnic differences and reinforce, under the guise of science, a "civilizational hierarchy" among nations. Neurasthenia was frequently presented as a disease of the Austrian-German bourgeois elite, while "Slavic" or "Eastern" nations were seen "too primitive" for neurosis.²³ In order to arrive at a nuanced grasp of the Hungarian discourse, it is crucial to know the German and Austrian scientific contexts, as the concept of neurasthenia reached Hungary through the scientific literature in German.²⁴

These analyses suggest that neurasthenia transcended mere medical description and became a crucial term through which social anxieties about

18 Forth, "Neurasthenia and Manhood."

19 Ruiz, "Neurasthenia," 98.

20 Ruggiero, *Modernity in the Flesh*; Goering, "Russian nervousness"; Frühstück, "Male anxieties."

21 Kaufmann, "Neurasthenia"; Roelcke, "Electrified Nerves"; Schmiedebach, "The Public's View."

22 Radkau, "The Neurasthenic Experience."

23 Hofer, *Nervenschwäche*.

24 Moavcsik, "Könyvismertetés."

masculinity and national identity were expressed. My objective in the discussion below is to present the medicalization of male sexuality in Hungary. To explore this, I analyze the discourse among the Hungarian physicians in the late nineteenth and early twentieth centuries. I argue that while neurasthenia was part of the biopolitical discourse, it also served to provide discursive reinforcement of male social roles and, thus, social inequalities. The Hungarian medical discourse followed the international scientific arguments, reflecting a growing fear of degeneration and national decline. Perceived male sexual dysfunctions, namely excessive masturbation or impotence, were integral parts of the diagnosis. However, in Hungary, anxiety about national decline was expressed with a different diagnosis, namely a diagnosis of *paralysis progressiva*. As Michael S. Kimmel has suggested, the perceived crisis of masculinity often emerged when gender relations were under intensive transformation, and this notion of crisis was a tool that served to maintain the existing social hierarchy.²⁵ The emerging bourgeois male identity, expressed in medical categories such as neurasthenia, was closely associated with modernity, intellectual capacity, and civilization. This stereotype of masculinity stood in sharp contrast with femininity, which was characterized as emotional, instinctive, and suggestible.

Medical and Organic Explanations in Hungarian Medical Discourse

Beard's influential concept of neurasthenia reached the Hungarian medical community quickly through German translations. In 1881, Hungarian medical journals reviewed the German translation of Beard's work on neurasthenia, which was originally published in 1880.²⁶ The term was rapidly adopted, as shown by the fact that the 1883 *Magyar Lexikon* (Hungarian Lexicon) dedicated a separate article to neurasthenia, which was translated as "nervous weakness."²⁷

Hungarian physicians identified heredity as a significant factor in the development of the disease, establishing a relative consensus that neurasthenia is a pathological condition stimulated by external conditions. Jakab Salgó, a physician in the Royal National Asylum at Lipótmező in Budapest, the central asylum of Hungary, criticized those who described "nervousness" as a pandemic, suggesting that such views led to harsh criticism of "our familiar social institutions." He contended that "nervousness is a disease, a pathological

25 Kimmel, "The Contemporary 'Crisis' of Masculinity."

26 Moravcsik, "Könyvismertetés."

27 *Magyar Lexikon*, 591–92.

life process,” the prevalence of which is partly due to doctors’ better recognition of the disease.²⁸

University professor Jenő Kollarits offered an organic explanation rooted in a different conceptual framework. He contended that nervousness is not a “disease” in the conventional sense, since this term covers externally acquired disorders. He claimed that nervousness is an inherited trait: “The character is made up of the chemical and physical features of the nervous system, which react according to the structure inherited from our ancestors. And the reaction is triggered by external circumstances and can be developed to a certain level, e.g. by education, but only within the individual’s capacity.”²⁹ He called the deviation of the nervous system “heredoanomaly,” which could manifest as degeneration (heredodegeneration) or, in some cases, even amelioration or genius (heredoamelioratio). Therefore, both madness and genius were considered hereditary neurological conditions, while nervousness, including hysteria and neurasthenia, was interpreted as an inherited neurological predisposition.³⁰

Fear of social degeneration also led to the emergence of eugenic discourses among physicians. University professor and forensic psychiatrist Ernő Moravcsik stated that between 60 and 70 percent of neurasthenic patients suffered from their condition because of hereditary reasons. According to him, the “pathological disposition” is also reflected in the degenerated physical appearance of the face and the deformity of the body, yet he claimed that this “degenerative condition [...] could be ameliorated and eliminated over time through consistent interbreeding with healthier ones.”³¹ Ernő Jendrassik, a prominent neurologist and also a professor at University of Budapest and the director of Internal Medicine at the Budapest Hospital of the Brothers of Mercy, linked degeneration to various social pathologies or cults,

such as vegetarians, who without any rational reason live exclusively on plant food, and furthermore, they consume eggs and milk as plant food. Similar to them are the anti-alcoholics who were not alcoholics and who want to reform their fellowmen, but who are looking for victims not at the kiosks where spirits are sold, but among those who drink moderately.

28 Salgó, *Az idegességéről*, 5.

29 Kollarits, *Jellem és idegesség*, 93–96.

30 This idea fits well into the contemporary cult of the genius. Kollarits founded his approach on Cesare Lombroso’s *Genio e follia* (Genius and insanity), which was translated into Hungarian in 1906. Kollarits, *Jellem és idegesség*, 12.

31 Moravcsik, *A neurasthenia*, 15.

Similar also are those who seek to reform humanity, and among them there are many who play a great role in the world, precisely because of these neurasthenic peculiarities or exceptional abilities.³²

The ideas of the psychoanalytic school also bore strong affinities with this medical approach or organic explanation. Freud took an early interest in Beard's theory and the concept of neurasthenia, as both of them attached great importance to sexuality in the genesis of the disease.³³ According to Freud, "psychoneuroses," including hysteria, phobia, or obsessional neurosis, were rooted in early psychosexual development. He distinguished the former category from "actual neuroses," such as anxiety neurosis and neurasthenia. This latter term referred to the somatically induced distortion of sexual behavior, namely "onanism" and "coitus interruptus."³⁴ Freud argued that these "abnormal" sexual practices lead to self-intoxication, which weakens male sexual vigor. Meanwhile, he rejected the idea that the primary connection between masturbation and mental illness is psychological, a notion rooted in feelings of guilt or fear of social stigma.³⁵ Sándor Ferenczi, Freud's Hungarian friend and associate, agreed that neurasthenia is a "disease whose material carrier is undoubtedly some pathological alteration in the tissues of the nervous system."³⁶ Ferenczi explained neurasthenia as a consequence of autotoxicity (or self-intoxication) caused by excessive strain.³⁷ According to him, the potential causes could be defecation issues, "self-poisoning with abnormal metabolites,"³⁸ or the misdirected fulfilment or wasting of libido on an "inappropriate object."³⁹ He emphasized "excessive onanism," which often occurs discreetly, such as when a patient fumbles with something in his pockets.⁴⁰ In the conclusion to his essay, Ferenczi claimed that masturbation (and neurasthenia) manifests in symptoms such as diminished sexual potency and premature ejaculation. Ferenczi argued

32 Jendrassik, "A neurastheniáról, part 2," 523.

33 Beard and Rockwell, *Sexual neurasthenia*.

34 Groenendijk, "Masturbation," 73–74.

35 *Ibid.*, 86–87.

36 Ferenczi, "A neurastheniáról," 17.

37 The concept of autotoxicity was quite popular at the time. See Budai, *Kenotaxin*; Biró, *A neurasthenia sexualis*.

38 Ferenczi, "A neurastheniáról," 18; Ferenczi, *A hisztéria*, 39–46.

39 Ferenczi, *A pszichoanalízis*, 32.

40 Ferenczi. "A neurastheniáról," 18; Ferenczi, *A hisztéria*, 39–46.

that, unlike in the case of hysteria, effective treatment for neurasthenia is the restoration of a “normal sexual life.”⁴¹

Thus, the Hungarian medical discourse on neurasthenia showed a broad consensus on two key points. First, it was generally accepted that the condition is rooted in somatic or pathological factors, with an inherited neurological predisposition often interpreted as degeneration. Some physicians directly linked bodily degeneration to social pathologies or decadence. Second, there was a shared conviction that external factors, such as sexual stimuli, trigger this disease, indicating that the nervous system is stressed beyond its inherent capacity.

Neurasthenia as a Male Disease

Hungarian physicians did not interpret neurasthenia as a male disease. Furthermore, the distinction between various forms of nervous disorders, such as hysteria, neurasthenia, or hypochondria, was viewed with skepticism.⁴² At the same time, however, it was also clear for some of them that in medical practice, there was a meaningful difference between hysteria and neurasthenia. Károly Laufenauer, the leader of the Department of Neurology and Psychiatry at the Budapest University, provided a thoughtful self-analysis of diagnostic practices and the social stereotypes reflected in the diagnoses of hysteria and neurasthenia. He defended women against the frequent and unjust accusation that they were the people primarily afflicted with nervousness:

I must rise to the defense of women who are so often and so unfairly attacked, as if the circle of women would establish the house and ground of nervousness. This is not the case, nervousness among women is no more common compared to men, and it is true that when we speak about very few hysterical men and many more hysterical women, we ignore the fact that we know of very few neurasthenic women and many more neurasthenic men. However, I have been convinced for many years, and no one will ever dissuade me, and I hope that this view will gain acceptance, that there is no difference between hysteria and neurasthenia; they are siblings, or even more than that, because these two names mean exactly the same thing and refer to the same disease.

41 Ferenczi, *A pszichoanalízis*, 26–31.

42 Kollarits, *Jellem és idegesség*, 143.

For this reason, and perhaps because of opportunism, since to say someone is hysterical today is almost an insult, the term neurasthenia is more appropriate for women's nervousness, thus, in a few years, we will see the dishonoring term hysteria disappear from the nomenclature of diseases to make way for the rightly and correctly applied name of neurasthenia for both sexes.⁴³

Statistical evidence confirms Laufenauer's contention that, contrary to widespread social belief, insanity was not a typically female condition. In Hungarian national asylums, men outnumbered women dramatically. Between 1899 and 1902, the ratio stood at 651 women for every 1,000 men in the asylums. Although this ratio shifted somewhat after World War I, a significant disparity remained. In 1918–1919, there were 724 women for every 1,000 male patients in state-owned national asylums.⁴⁴ The population census reinforces this pattern from a different perspective, underscoring that, relative to Western and Northern European nations (such as Germany, the United Kingdom, and the Scandinavian and Baltic states), the preponderance of men in institutions for the mentally ill in Hungary was remarkable.⁴⁵

Laufenauer's reflections on the prejudices behind the disease categories are noteworthy, especially his views concerning the offensive nature of the term hysteria. The statistics reveal that, in clinical practice, women were predominantly diagnosed with hysteria, while men were more frequently labeled neurasthenic. Before World War I, the gender imbalance was striking. Among women, there were 17 times more patients diagnosed with hysteria, whereas men were represented 17 times more among neurasthenics. However, these diagnoses were relatively rare in asylums, with only 1.6–1.7 percent of patients diagnosed with hysteria and fewer than 1 percent with neurasthenia in the national asylums.⁴⁶ The comparative rarity of these diagnoses may derive from the perception that such conditions were not particularly severe or threatening to individuals or society. Under the law, only those deemed dangerous were committed to asylums. Interestingly, in the 1920s, gender discrimination in these categories declined sharply, though it did not disappear.⁴⁷

43 Laufenauer, *Előadások*, 176–77.

44 Szél, "Az elmebetegség II," 600. Other sources confirm these data, see for example: *Magyarország elmebetegügye az 1899 évben*.

45 Szél, "Az elmebetegség I," 462.

46 Szél, "Az elmebetegség II," 607.

47 *Ibid.*, 608.

It is also worth noting that Jews were heavily overrepresented among the mentally ill in asylums. Before World War I, Jews comprised about 5 percent of Hungary's population, yet they constituted 15 percent of those diagnosed as mentally ill and 30 percent of those diagnosed as neurasthenics. In other words, almost one in three individuals diagnosed with neurasthenia was Jewish.⁴⁸ For a more complex analysis, it would be interesting to see how the diagnosis of neurasthenia varied across different socio-professional groups, although data on this subject is scarce. However, the striking overrepresentation of Jews is revealing, as they were a highly educated group with a strong urban background, perceived as successful in economic and intellectual endeavors. Thus, based on these data, the cautious conclusion can be drawn that neurasthenia was applied as a descriptive framework of the social elite both in discourse and in medical practice.

Male Sexuality

Most physicians associated both neurasthenia and hysteria with sexuality. In the eighteenth and nineteenth centuries, physicians increasingly linked both conditions to sexual behavior, focusing on masturbation as a central theme in their explanations of mental illnesses. The morally loaded term “onanism” was transformed from a religious concern into a medical issue that was allegedly connected to various forms of abnormality and insanity.⁴⁹ The somatization of masturbation was used to explain the practice, which was thought of as a form of male “madness,” a clear reflection of the attitudes of the era toward sexuality.⁵⁰

For men, there were two primary forms of allegedly “abnormal” sexuality: the decline of sexual vigor and the improper indulgence of the libido. The former referred to conditions such as impotence and premature ejaculation, while the latter included behaviors such as masturbation, promiscuity, and sex with prostitutes. This description of madness served to emphasize a socially approved framework of male sexuality characterized as heterosexual, vigorous, and monogamous.

Jakab Salgó identified adolescence and sexual maturation as a critical turning point when nervous symptoms often emerged.⁵¹ During this transition period,

48 Ibid., 604; 611.

49 Hare. “Masturbatory insanity.”

50 Foucault, *Abnormal*, 59–60, 227–57.

51 Salgó, *Az idegességéről*, 20–23.

intensified sexual stimuli and desires could lead to excessive sexual needs, causing symptoms of neurasthenia, such as masturbation and exhibitionism. Flirtatious girls kissed boys and used clothing and jewelry to adorn themselves, while boys were allegedly prone to committing perverted sexual acts. Salgó contended that asexual behavior and a lack of libido were also abnormal and should also be understood as signs of neurotic disease. The interplay between strong sexual desires and neurotic sensitivity could lead to complex emotional states, including bitterness, world-weariness, and suicidal ideation. Salgó's notions combined medical analysis with moral condemnation, implying that deviations from expected sexual behavior were often tied to broader violations of moral standards, including behaviors such as lying, adopting a vagabond lifestyle, and stubborn and selfish conduct, which, Salgó contended, contributed to the transgression of legal and moral rules.

Kornél Preisich, a famous private pediatrician, offered advice for parents who sought to prevent onanism among children.⁵² He encouraged them to make it impossible for the children to move, which essentially meant tying them up. He also proposed that children should not be left alone before bedtime, and they should not be given blankets or, if they were given a blanket, then they should be required to keep their hands above it. This strict moral judgment surrounding “self-pollution” permeated society, revealing the widespread conviction that it was necessary to regulate sexuality. Other specialists and professionals, in addition to physicians, were involved in this practice of social control.⁵³ Innovations emerged within educational circles to create garments specifically designed to prevent masturbation, such as the anti-onanism shirt patented by Hungarian teacher Bernát Gáspár in 1914.

In the contemporary medical discourse, masturbation, which came to be regarded as the most obvious sign of neurasthenia, was mostly associated with young men, if, however, not regarded as an exclusively “male” sin. The use of the term onanism, a pejorative synonym for masturbation, implied that women were excluded from this issue, since they were incapable of committing the “sin

52 Preisich, “Az egészséges,” 57.

53 Magyar Királyi Szabadalmi Hivatal, 16997. lajstromszámú szabadalom (1914) [Royal Hungarian Patent Office, patent no. 16997] https://library.hungaricana.hu/hu/view/SZTNH_SzabadalmiLeirasok_016997 Accessed September 2, 2025.

of Onan.”⁵⁴ Onanism almost exclusively referred to male masturbation in the contemporary medical discourse.

Sexual neurasthenia,⁵⁵ another term introduced by Beard, referred to a condition specific to men and occurring in midlife. It was characterized by a lack of sexual vigor, impotence, and an inability to have fulfilling and satisfying sexual intercourse. Miksa Weinberger, a Hungarian balneologist, claimed that approximately 30 percent of the cases of neurasthenia were linked to sexual issues, and he categorized male sexual difficulties as a subset of neurasthenia when somatic causes were absent.⁵⁶ He identified two subtypes. The first was the “pathological waste of semen,” which meant promiscuous and licentious behavior and masturbation. The distinctive syndromes were called “pollutio” and “spermatorrhoea.” Weinberger emphasized the physiological aspect of this behavior, i.e., the remorse and guilt felt by the onanist after he has committed his “sin.” But at the same time, Weinberger also emphasized that his intention was not “to deny the harmful consequences of onanism,” which causes “fatigue and hypersensitivity of the nervous system in the brain, as well as the spinal cord.”⁵⁷ The second subtype, called “impotentia coeundi,” referred to sexual underperformance, including the lack of libido, erectile dysfunction, and premature ejaculation. Weinberger argued that the psychological cause of this disease is performance expectations and the fear of failure. As one of his patients complained, “when he began his honeymoon,

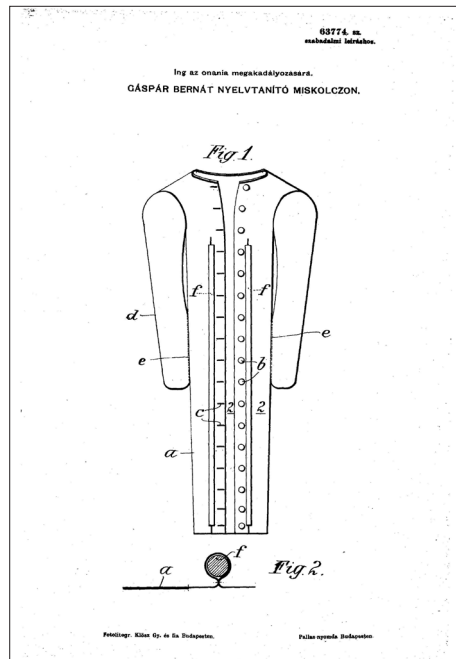


Figure 1. A specifically designed shirt for preventing onanism. Magyar Királyi Szabadalmi Hivatal, 63774. lajstromszámú szabadalom (1900) [Royal Hungarian Patent Office, patent no. 63774]. https://library.hungaricana.hu/hu/view/SZTNH_SzabadalmiLeirasok_063774 Accessed September 2, 2025

54 The term onanism derives from the Bible, although it is based on a misinterpretation of Onan’s interrupted sexual intercourse. Bullough and Voght, “Homosexuality,” 145–46.

55 Beard and Rockwell, *Sexual neurasthenia*.

56 Weinberger, *A neurasthenia sexualis*.

57 *Ibid.*, 6–7.

he was frightened that he might not be able to perform coitus, and this thought dominated him so much that he did not even get an erection in response to the sensual excitement he was seeking.”⁵⁸

Károly Hudovernig, the head of the Psychiatric Department at Szent János Hospital, highlighted the vulnerability of middle-aged, unmarried men, who decided to settle down and get married. Such men have doubts concerning their sexual performance, and they fear that they might not be able to satisfy their wives’ sexual needs. Symptoms such as masturbation, sexual abstinence, excessive sexuality, and involuntary “pollution” (ejaculation, nocturnal emission) were common. Hudovernig noted that many of his patients blamed their condition on their earlier sex lives, which had included careless affairs, which had ultimately led to “the decline of male vigor.”⁵⁹ These men

were not the enemies of an active sex life, but saw it simply as a series of accidental and vagabond episodes; their whole life had passed without any serious affection or more or less permanent liaison, and their sexual lives had consisted only of sporadic coitus each time with a different medium, for certain individuals more frequently than for others, therefore they sought and found the objects of their sexual satisfaction among the public or private loose women⁶⁰ at all times, and because of their age and the trends in sexual pleasures, they often sought the exciting and perverse manipulations of these professional sex objects. [...] they regarded the accidental female partner only as a natural and public canal for sexual arousal and needs.⁶¹

Hudovernig considered male promiscuity and a restrained sex life (asexuality or the loss of libido) medical issues. However, he rejected Freudian theory, which explains everything in terms of sexuality. However, he completely agreed with the notion that there was no reason to seek any somatic cause of neurasthenia. Neurasthenia, he believed, was a psychological issue caused by anxiety and fear surrounding sexual performance. The doctor’s job was thus to “relieve the psyche from the incubus.”⁶²

58 Ibid., 13.

59 Hudovernig, *A sexualis neurasthenia*.

60 “Vulgivaga” is a medieval neo-Latin term used to denote allegedly promiscuous women (as it refers, according to its Latin roots, to “wandering among the common people”). It was also used as a euphemistic name for prostitutes.

61 Hudovernig, *A sexualis neurasthenia*, 4–5.

62 Ibid., 7–8.

Although Weinberger and Hudovernig were also heavily involved in the medicalization of male sexuality, their more sophisticated approach took into consideration the psychological and social aspects of sexuality. A notable aspect of this medical discourse is that many Hungarian physicians, familiar with the Freudian theory, sought to combine somatic therapies with psychoanalysis. However, the application of psychoanalysis met an ambivalent response. Many practitioners dismissed it, regarding it as a reductionist explanation that linked mental illness solely to psycho-sexual development. Weinberger argued that treatments such as balneotherapy (a therapeutic practice that uses bathing in mineral-rich waters, thermal springs, mud, or gases as a form of health treatment) would be ineffective if psychoanalytical methods were not also incorporated. He encouraged physicians to study patients' "background, lifestyle, family circumstances, and potential occupational problems."⁶³ One of his contemporaries, urologist Mór Porosz, who worked at the Department of Dermatology and Venereology at the University of Budapest, employed faradization (electric stimulation) of the prostate as a somatic treatment, but he also believed that neurasthenia was caused by guilt often felt by men after certain sexual activities, such as masturbation or failures in sexual performance.⁶⁴ Porosz cited one of his patients, who expressed deep shame after masturbation: "I felt disgusted with myself for my miserable, uncontrollable passion. [...] When I was alone, I reproached myself loudly. [...] I became a big misanthrope, and misogynist."⁶⁵ Porosz argued that while masturbation did not generate pathological changes, it created a disturbance in mood driven by guilt. Despite this psychological explanation, Porosz was convinced that the faradization of the prostate could be the best treatment to solve the core problem, namely excessive libido.⁶⁶ In this case, the guilt felt by the patient may have been in response to his fear of judgement and social stigma. Masturbation was considered a "disgusting activity" by society, and these kinds of widespread social norms may well have caused the patient's sense of frustration and shame.

Some physicians argued that neurasthenia could turn a heterosexual into a homosexual or could find expression in other "abnormal" sexual practices. "Life produces many indescribable variations," one of them wrote.⁶⁷ Sexual

63 Weinberger, "A neurasthenia gyógyítása," 326.

64 Porosz, "Az onania."

65 Porosz, "Az onania," 150–51.

66 "A psychosexualis impotentia."

67 Moravcsik, *A neurasthenia*, 33.

“aberrations” such as homosexuality, fetishism, and masochism were connected to neurasthenia.⁶⁸

The medical discourse on neurasthenia reveals that male sexuality was subjected to a scrutiny similar to the scrutiny to which female sexuality was subjected in the discourse on hysteria. Any deviation from medically defined “normal” male sexual performance was deemed pathological, regardless of whether the underlying cause was classified as physical or psychological. The latter interpretation often labelled socially nonconformist behaviors and emotional tensions as pathological. Tensions surrounding sexual underperformance were frequently dismissed as unfounded anxiety or phobia, revealing the pervasive medicalization of male sexuality. The aforementioned Ernő Jendrassik noted the interesting case of a 17-year-old boy, who was sent to different doctors to cure his “pollution” (nocturnal emission):

Three years ago (he was only 14 years old!), the patient was sent “pro coitu” [to have sexual intercourse]⁶⁹ by his family members. The serious young man did not like this encouragement, nor did he masturbate. With all this in mind, I asked the boy what unpleasant consequences he feels because of pollution. To which he replied in total denial, and at the same time he added, that “both the doctor and the specialist were surprised that I didn’t have any problem. They said, I should have.” Isn’t this the most obvious neurasthenic upbringing?⁷⁰

Jendrassik’s question, which is phrased in the form of a rebuke, reveals that he blamed the other doctors because of the approach they took to the treatment of harmless “pollution.”

These contemporary studies illustrate how medical discourse maintains social differences and inequalities between genders. The discourse about neurasthenic men underscores a double standard, often referred to as Freud’s “double sexual morality,” which imposed severe social restrictions on female sexuality.⁷¹ The imperative of preserving female virginity shows this moral disparity. Promiscuous women and especially prostitutes were objectified and stigmatized as the “disgusting and infectious canal” of male sexual needs.⁷² Social expectations or obligations diverged for men who, if resorting to prostitution or masturbation,

68 Jendrassik, “Általános idegbajok,” 456.

69 Or in other words, he was sent to gain sexual experience, presumably among prostitutes.

70 Jendrassik, “A neurastheniáról, part 6,” 590.

71 Freud, “Civilized Sexual Morality.”

72 Vargha, “A bűn medikalizálása.”

faced social condemnation and the consequent burden of guilt. As the sources clearly show, this dual morality gave men the latitude to lead a promiscuous sex life while also imposing on them a social obligation to identify themselves with “normal” masculinity and embody a masculine identity. Men who failed to meet these expectations were often labeled insane or neurasthenic.

Neurasthenia and Male Roles in Society

The term neurasthenia was closely linked not solely to male sexuality but also to the social roles assigned to men, and this understanding of the ailment reflected the values, norms, expectations, and stereotypes that were associated with masculinity. The differences between the ways in which neurasthenia was understood and diagnosed and the ways in which hysteria was diagnosed offer insights into the ways in which the medical discourse of the time reinforced social differences between men and women. In 1926, Ferenc Völgyesi, a renowned physician and hypnotizer,⁷³ explained his view of the distinction between the “neurasthenic male psyche” and the “hysterical female psyche” in a widely read advisory book:

The hysterical type is definitely closer to primordial nature. She is quick-witted, instinctive in all her actions. Her spiritual life is overwhelmingly emotional. For her, logic, common sense, reason, truth, rationality are unknown and non-existent concepts, and to confront her with them is clearly unreasonable. [...] she is receptive and reproductive, which means that she is passive, less autonomous and not made for productivity, for creating new things and not for organizing. [...] In contrast, the fact is that the neurasthenic, more masculine spiritual type does not think with his “heart” as she does, but “always with his head.” [...] The hysterical one can swim in happiness, carouse, have fun and enjoy the pleasures in life, while the neurasthenic one, being a light sleeper who lies awake all night compared to the former, goes to bed at night not sleeping the sleep of the just, but full of worries about what tomorrow will bring (the hysterical one simply doesn’t care). [...] The hysterical one can be and therefore must be governed, not by logical arguments, but by hetero-suggestion, by the imperative and uncontroversial “declarations” of others, sometimes by reasonable force. It goes without saying that this is also dominant in the case of hysterical children, and this distinction is even more important in

73 On the extraordinary career of Völgyesi, see Gyimesi, “Hypnotherapies.”

parenting than in adult governance. In contrast, the neurasthenic one doesn't respect any dogma or authority. [...] The neurasthenic one only really believes what he feels and is convinced of as a logical truth, but he believes it fanatically and to the end.⁷⁴

Völgyesi's summary clearly reveals both the contemporary cultural stereotypes attached to men and women and also the power imbalance between men, women, and children. He describes women as emotional, instinctive, reproductive, careless, a bit naive and simple, like children, who can be easily manipulated or hypnotized and who thus need to be governed by men, who are rational, intellectual, independent, productive, and determined and therefore hold responsibility for the whole family. This paternalistic view suggests that male nervousness, captured in the concept of neurasthenia, is linked to the social expectation placed on men as breadwinners.

The aforementioned Károly Laufenauer offered another revealing insight into gender roles, arguing that neurasthenia is linked to men's family life and work. His description affirms the patriarchal structure of family:

The most common cause of this nervousness [evolving in married life] is excessive intellectual work, effort without rest, as we say, a very rampant eagerness. It cannot be denied that the married status drives men to work more than the unmarried status. There is a psychological reason behind this; the person who starts a family lives not only for the present but also for the future, thinking of his children, of the possible reduction of his own workforce, and this constantly pushes him to acquire wealth to ensure the existence of his family. Therefore, the first and main concern of every careful wife should be that the head of the family not overwork himself and follow a suitable work schedule.⁷⁵

Salgó was convinced that every illness has a somatic cause. He also agreed, however, that "intense, exhausting and devouring, physical and intellectual work" put a strain on the nervous system, which could lead to nervousness, especially in individuals whose nervous systems are "less developed."⁷⁶ Since this midlife nervousness, which often culminated in a mental crisis, was often connected with everyday struggles, its root was different. For men, burdensome work and the struggle to play the role of the breadwinner contributed to the disease, while for women, the exhausting experiences of childbirth and parenting played an

74 Völgyesi, "A hipnózis," 355–57.

75 Laufenauer, *Előadások*, 174.

76 Salgó, *Az idegességről*, 6–7.

important role. Interestingly, Salgó emphasized that it was not physical labor that exhausted men. Rather, it was the demands of intellectual work that could be debilitating.⁷⁷ In his book *A szellemi élet hygiénája* (The Hygiene of Mental Life), he argued that paralysis progressiva⁷⁸ (another disorder considered to affect primarily men at the time) was closely connected with intellectual activities such as education or office work, which could overstimulate the brain.⁷⁹ Salgó noted that the people who were most frequently diagnosed with paralysis were members of social groups who had to face overwork (surmenage) alongside family issues, or in other words, married male intellectuals and office workers between 35 and 40 years of age. Men's social and family duties as breadwinners protected women from the strains of everyday struggles, according to Salgó: "Marriage takes a burden off the woman's shoulders, and this finds expression in the small number of [cases of] paralyzes [among women]."⁸⁰ Salgó cynically added that the social transformation of the time, namely female emancipation, had caused an increase in the number of women diagnosed with paralysis. This fact, he claimed, "may add a few drops of bitterness to the goblet of feminism's successes."⁸¹ He remarked that the feminist movement and revolution had had casualties: "No wonder that this sharp and ruthless war, into which women have entered with more zeal and enthusiasm than preparation and practice, affects women with its worse consequences. No great social transformation can be achieved without victims."⁸²

As Salgó's argument exemplifies, like the medicalization of femininity, the creation of exclusive medical categories such as neurasthenia and paralysis, with which women were rarely diagnosed, also served to maintain gender inequalities. These gender differences were also reflected in social values. The medical concepts were adopted (and possibly created) presumably in part because they offered medical explanations for differing social roles and obligations. Jakab Fischer, a physician in Bratislava, cited an illuminating case. One of his female patients complained about her husband, who had been diagnosed by Fischer with

77 Lafferton, "The Hygiene," 242–46.

78 Today, it is called syphilitic paresis or GPI (general paralysis of the insane), which is a mental disease caused by syphilis.

79 Many doctors argued that the symptoms of neurasthenia and paralysis are very similar, and it is difficult to distinguish between the two diseases. See, for example, Fischer, "A neurasthenia"; Jendrassik, "Általános idegbajok," 458.

80 Salgó, *A szellemi élet*, 144.

81 Ibid., 142.

82 Ibid., 143.

neurasthenia. The wife reported that her husband “avoids companionship, cares little for his family, his clothes are sloppy, and he is more wasteful than before [...] He cannot do his work, not only because he tires very quickly, but because he already shows the symptoms of memory lapses. His memory is worsening.”⁸³ As her description makes clear, a normal, healthy man was sociable, hardworking, thrifty, and elegant, or at least took care to dress appropriately.

Physicians of the time claimed that men played a leading role in developing civilization, albeit at a considerable cost to their mental wellbeing. Ernő Moravcsik went back to the Beardian concept, claiming that

it puts an increased strain on the brain, when the rapid development and progress of all fields of science, art, literature, industry, and commerce requires the acquisition of a wider and more intensive knowledge, it shows various ways of acquiring wealth, material wellbeing and pleasure, it aggravates the struggle for existence together with the growing demands, it stimulates increased physical and mental activity, and it brings a series of material and mental crises and convulsions during changing circumstances.⁸⁴

At that point, the global progress of civilization acquired a localized shape in the medical discourse, tying it to the struggles of the Hungarian nation. Unlike empires such as the United Kingdom, the United States, or Spain, the decline of Hungary was framed not within the context of imperialism but rather as a matter of relative backwardness. According to medical analyses, the general progress of civilization and development in Western countries led to “growing demand and aspirations” in Hungary, thereby placing additional pressures on people to “chase wealth.”⁸⁵ However the gap between desires and economic conditions was too large, and thus only individuals who invested additional intellectual and physical efforts were able to satisfy their needs. Physicians stated that this relentless pursuit often culminated in mental health issues, namely paralysis. This disease, which was seen as affecting only male patients, was conceptualized as the “Hungarian insanity.”⁸⁶ István Hollós, a physician in the Royal National Asylum at Lipótmező who became later a famous psychoanalyst, found that, while in Western Europe a mere 10 percent of those who had been diagnosed as mentally ill suffered from paralysis, in Hungary, this figure reached nearly

83 Fischer, “A neurasthenia,” 3–4.

84 Moravcsik, “A neurasthenia,” 17.

85 Weinberger, *A neurasthenia gyógyításáról*, 324.

86 Thewrewk, “A magyar elmebaj.”

30 percent. Hollós blamed the snobbery of the Hungarian middle classes, coupled with their ambition to appear better than they actually were.⁸⁷ Salgó provided a similar social explanation for this phenomenon, claiming that the Hungarian nation had embraced the same needs and desires as its more advanced Western counterparts. Yet, due to historical reasons, Hungarian society struggled to accumulate the sufficient capital to fulfill these aspirations:

We possess all the advancements and comforts that the development of science and taste has brought to humanity, and all the mental and physical pleasures that only the most sophisticated culture could have developed. Our soul and body are not only capable of the finest pleasures, but also desire them. However, we are not strong enough to obtain them, to satisfy our sophisticated desires. [...] The wide gap between our aspirations and our strength is the reason why we stimulate our strength too hard, thus presenting ourselves as gentlemen.⁸⁸

Physicians highlighted their responsibility to recover the “most important” figure of the workforce, the educated man. Their task was not merely to help the suffering patients, but also to reinvigorate them and facilitate their reintegration into society. Salgó argued that

nervous exhaustion is more than a mere medical issue; it has evolved into a social issue. [...] It is clear that the well-understood interests of society require that adequate provisions be made for low-income or penniless nervous patients. This is not dictated by the much clichéd slogan of humanity, but by public interest. [...] The poorer we are in material goods, the stronger should be the conviction that the true and inalienable wealth of any nation is the human being and his capacity for work. The money we spend on them is money saved.⁸⁹

In support of this biopolitical approach, Fischer emphasized the substantial value of human capital. He argued that “the state’s most valuable wealth lies in its human resources. This is not only a humanistic but also an economic thesis. Furthermore, as health is the most valuable for the people, it follows that the most important interest of the state is to improve, develop, and preserve the health of its citizens. Consequently, the state’s most important objective must be healthcare.”⁹⁰

87 Hollós, *Adatok a paralysis progressivához*.

88 Salgó, *A szellemi élet*, 149.

89 Salgó, *Az idegességről*, 62–64.

90 Fischer, “Elmebetegügy Magyarországon,” 3.

Conclusion

The medical discourse on neurasthenia seems controversial. Historically, it was linked to male vigor and performance, both sexually and occupationally. Male sexuality was strictly disciplined, and any deviation from “normal” sexuality or behavior, such as masturbation, premature ejaculation, promiscuity, asexuality, impotence, or homosexuality, was categorized as an aberration or anomaly. These deviations were often described as pathological conditions requiring somatic treatment. In several cases, the hereditary predisposition of the nervous system was cited as the underlying cause of an abnormal sexual libido, which could lead to behaviors deemed undesirable, such as masturbation. However, a closer examination of the descriptions offered in specific medical cases reveals that the anxiety experienced by many young patients derived from fear of social stigma. Numerous cases illustrate that these individuals did not perceive themselves as ill. Rather, their sexuality was labeled as abnormal by their families or by the medical authorities. While psychological explanations spread among physicians, the pathological explanation remained predominant.

A similar argument can be seen in the case of men’s work. Any deviation from the expected performance was viewed as a medical issue. Men who were industrious or exceptionally accomplished were labelled potential victims of neurasthenia. It is worth noting that this aspect of the discourse served to reinforce existing social hierarchies, inequalities, and power dynamics at the discursive level. Neurasthenia came to be seen as a sign of superiority, industriousness, modernity, geniality, and intellectual potential, qualities which stood in sharp contrast with the nature of female hysteria. Women were often described as emotional, instinctive, suggestive, and needing to be governed by men. In this context, the significance of men’s work was highlighted in the medical texts. According to the contemporary medical discourse, the work performed by men not only maintained the family financially but also put additional strains on men’s nervous systems.

This description is loaded with moral implications. It clearly suggests that jobs requiring intellectual engagement, such as teaching, art, law, and public office, are the most dangerous for men’s health. The responsibilities associated with these professions extended beyond mere economic subsistence. They were understood as contributions to humanity as a whole. Thus, the medical discourse on neurasthenia reveals not only how this condition was understood as a consequence of individual struggles but also how it was used to buttress

broader social values and power structures, ultimately shaping the understanding of masculinity in the given historical context.

Bibliography

- “A psychosexualis impotentia analytikai értelmezése és gyógyítása” [The analytical understanding and therapy of psychosexual impotence]. *Orvosi Hetilap* 52, no. 47 (1908): 867–68.
- Abbey, Susan E. and Paul E. Garfinkel. “Neurasthenia and Chronic Fatigue Syndrome: The Role of Culture in the Making of a Diagnosis.” *The American Journal of Psychiatry* 148, no. 12 (1991): 1638–46. doi: 10.1176/ajp.148.12.1638
- Beard, George M. and Alphonso D. Rockwell. *Sexual Neurasthenia (Nervous Exhaustion): Its Hygiene, Causes, Symptoms and Treatment with a Chapter on Diet for the Nervous*. New York: E. B. Treat, 1884.
- Beard, George M. *American Nervousness: Its Causes and Consequences, a Supplement to Nervous Exhaustion (Neurasthenia)*. New York: G. P. Putnam’s Sons, 1881.
- Biró, József. *A neurasthenia sexualis és a latens tuberculosis* [Neurasthenia sexualis and latent tuberculosis]. Budapest: Pesti Lloyd Társulat, 1913.
- Budai (Bauer), Kálmán. *Kenotoxin és Neurasthenia* [Kenotoxin and neurasthenia]. Budapest: Brózsza Ottó Könyvnyomda, 1911.
- Bullough, Vern L. and Martha Voght. “Homosexuality and Its Confusion with the ‘Secret Sin’ in Pre-Freudian America.” *Journal of the History of Medicine and Allied Sciences* 28, no. 2 (1973): 143–55.
- Cheyne, George. *The English Malady (1733)*. Edited by Roy Porter. London–New York: Routledge, 2013.
- Campbell, Brad. “The Making of ‘American’: Race and Nation in Neurasthenic Discourse.” *History of Psychiatry* 18, no. 2 (2007): 157–78. doi: 10.1177/0957154X06075214
- Cholnoky, Viktor. “Betegségdivatok” [Disease trends]. *A Hét*, September 18, 1904.
- Dickson, Melissa, Emilie Taylor-Brown, and Sally Shuttleworth. “Introduction.” In *Progress and Pathology: Medicine and Culture in the Nineteenth Century*, edited by Melissa Dickson, Emilie Taylor-Brown, and Sally Shuttleworth, 1–24. Manchester: Manchester University Press, 2020.
- Ferenczi, Sándor. *A hisztéria és a pathoneurózisok: Pszichoanalitikai értekezések* [Hysteria and pathoneuroses: Psychoanalytic essays]. Budapest: Dick Manó, 1919.
- Ferenczi, Sándor. “A neurastheniáról” [About neurasthenia]. *Gyógyászat* 45, no. 11 (1905): 164–66.

- Ferenczi, Sándor. *A pszichoanalízis rövid ismertetése* [A brief summary of psychoanalysis]. Budapest: Animula, 1997.
- Fischer, Jakab. "A neurasthenia és a paralysis progressiva kezdő szakasza" [Neurasthenia and the early stage of paralysis progressiva]. *Gyógyászat* 45, no. 12 (1905): 180–82.
- Fischer, Jakab. "Elmebetegügy Magyarországon" [Insanity in Hungary]. *Közegészségügyi Szemle* 1, no. 8–9 (1890): 615–623.
- Forth, Christopher E. "Neurasthenia and Manhood in fin-de-siècle France." In *Cultures of Neurasthenia*, edited by Marijke Gijswijt-Hofstra and Roy Porter, 329–61. Leiden: Brill, 2001.
- Foucault, Michel. *Abnormal: Lectures at the Collège de France 1974–1975*. London–New York: Verso, 2003.
- Foucault, Michel. *The History of Sexuality*. Vol. 1, *An Introduction*. New York: Pantheon Books, 1978.
- Freud, Sigmund. "'Civilized' Sexual Morality and Modern Nervous Illness." In *The Standard Edition of the Complete Psychological Works of Sigmund Freud*. Vol. 9, (1906–1908): *Jensen's 'Gradiva' and Other Works*, edited by James Strachey, 177–204. London: Vintage, 2001.
- Frühstück, Sabine. "Male anxieties: nerve force, nation, and the power of sexual knowledge." *Journal of the Royal Asiatic Society* 15, no. 1 (2005): 71–88.
- Groenendijk, Leendert F. "Masturbation and Neurasthenia: Freud and Stekel in Debate on the Harmful Effects of Autoerotism." *Journal of Psychology & Human Sexuality* 9, no. 1 (1997): 71–94. doi: 10.1300/J056v09n01_05
- Goering, Laura. "Russian Nervousness: Neurasthenia and National Identity in Nineteenth-Century Russia." *Medical History* 47, no. 1 (2003): 23–46.
- Gyimesi, Julia. "Hypnotherapies in 20th-Century Hungary: The Extraordinary Career of Ferenc Völgyesi." *History of the Human Sciences* 31, no. 4 (2018): 58–82.
- Hare, E. H. "Masturbatory Insanity: The History of an Idea." *Journal of Mental Science* 108, no. 452 (1962): 1–25.
- Hofer, Hans-Georg. *Nervenschwäche und Krieg: Modernitätskritik und Krisenbewältigung in der Österreichischen Psychiatrie (1880–1920)*. Vienna–Cologne–Weimar: Böhlau Verlag, 2004.
- Hollós, István. *Adatok a paralysis progressivához Magyarországon* [Data on paralysis progressiva in Hungary]. Budapest: Schmidl Sándor könyvnyomdája, 1903.
- Hudovernig, Károly. *A sexualis neurasthenia egy alakja előrehaladottabb korban* [A form of sexual neurasthenia in advanced age]. Budapest: Brózsá Ottó Nyomdája, 1912.
- Jendrassik Ernő. "A neurastheniáról" (Part 2) [About neurasthenia]. *Orvosi Hetilap* 49, no. 30 (1905): 523–25

- Jendrassik Ernő: “A neurastheniáról” (Part 6) [About neurasthenia]. *Orvosi Hetilap* 49, no. 34. (1905): 588–90.
- Jendrassik, Ernő. “Általános idegbajok” [General nervous disorders]. In *A belorvostan tankönyve* [The textbook of internal medicine], vol. 2, edited by Ernő Jendrassik, 369–462. Budapest: Universitas, 1914.
- Kaufmann, Doris. “Neurasthenia in Wilhelmine Germany: Culture, Sexuality, and the Demands of Nature.” In *Cultures of Neurasthenia from Beard to the First World War*, edited by Marijke Gijswijt-Hofstra and Roy Porter, 161–76. Amsterdam–New York: Rodopi, 2001.
- Kimmel, Michael S. “The Contemporary ‘Crisis’ of Masculinity in Historical Perspective.” In *The Making of Masculinities: The New Men’s Studies*, edited by Harry Brod, 121–53. Boston: Allen & Unwin, 1987.
- Kollarits, Jenő. *Jellem és idegesség* [Charakter and nervousness]. Budapest: Orvosi Könyvkiadó Társulat, 1918.
- Lafferton, Emese. “The Hygiene of Everyday Life and the Politics of Turn-of-the-Century Psychiatric Expertise in Hungary.” In *Psychology and Politics: Intersections of Science and Ideology in the History of Psy-Sciences*, edited by Anna Borgos et al., 239–54. Budapest–New York: Central European University Press, 2019.
- Laqueur, Thomas W. *Making Sex: Body and Gender from the Greeks to Freud*. Cambridge: Harvard University Press, 1990.
- Laqueur, Thomas W. *Solitary Sex: A Cultural History of Masturbation*. New York: Zone, 2003.
- Laufenauer, Károly. *Előadások az idegélet világából* [Lectures about the realm of the nervous system]. Budapest: Természettudományi Könyvkiadó Vállalat, 1899.
- Magyar Lexikon: Az egyetemes ismeretek encyklopaediája* [Hungarian Lexicon. Encyclopedia of universal knowledge]. Vol 12. Budapest: Wilckens és Waidl, 1883.
- Magyarország elmebetegügye az 1899 évben. Közléteszti a M. Kir. Belügyministerium* [Insanity in Hungary in 1899. Published by the Hungarian Royal Ministry of Internal Affairs]. Budapest: Scmidl Sándor Könyvnyomdája, 1900.
- Milne-Smith, Amy. *Out of His Mind: Masculinity and Mental Illness in Victorian Britain*. Manchester: Manchester University Press, 2022.
- Moravcsik, Ernő. *A neurasthenia. (Idegesség)* [Neurasthenia. Nervousness]. Budapest: Pfeifer Ferdinánd, 1917.
- Moose, George L. *The Image of Man: The Creation of Modern Masculinity*. New York–Oxford: Oxford University Press, 1996.
- Nye, Robert A. “Honor, Impotence, and Male Sexuality in Nineteenth-Century French Medicine.” *French Historical Studies* 16, no. 1 (1989): 48–71.

- Porosz, Mór. “Az onania következményeiről” [About the consequences of onanism]. *Gyógyászat* 45, no. 10 (1905): 149–51.
- Preisich, Kornél. “Az egészséges és beteg gyermek” [Healthy and sick children]. In *Az egészség enciklopédiája: Tanácsadó egészséges és beteg emberek számára* [Encyclopedia of health: Advice for healthy and sick people], edited by József Madzsar, 41–82. Budapest: Enciklopédia Rt, 1926.
- Radkau, Joachim. “The Neurasthenic Experience in Imperial Germany: Expeditions into Patient Records and Side-looks upon General History.” In *Cultures of Neurasthenia from Beard to the First World War*, edited by Marijke Gijswijt-Hofstra and Roy Porter, 199–217. Amsterdam–New York: Rodopi, 2001.
- Roelcke, Volker. “Electrified Nerves, Degenerated Bodies: Medical Discourses on Neurasthenia in Germany, circa 1880–1914.” In *Cultures of Neurasthenia from Beard to the First World War*, edited by Marijke Gijswijt-Hofstra and Roy Porter, 177–97. Amsterdam–New York: Rodopi, 2001.
- Ruiz, Violeta. “Neurasthenia, Civilisation and the Crisis of Spanish Manhood, c. 1890–1914.” *Theatrum Historiae*, no. 27 (2020): 95–119.
- Ruggiero, Kristin. *Modernity in the Flesh: Medicine, Law, and Society in Turn-of-the-Century Argentina*. Stanford: Stanford University Press, 2004.
- Salgó, Jakab. *A szellemi élet hygiénája* [The hygiene of mental life]. Budapest: Franklin-Társulat, 1905.
- Salgó, Jakab. *Az idegeségről* [About neurasthenia]. Budapest: Lampel, 1907.
- Schmiedebach, “The Public’s View of Neurasthenia in Germany: Looking for a New Rhythm of Life.” In *Cultures of Neurasthenia from Beard to the First World War*, edited by Marijke Gijswijt-Hofstra and Roy Porter, 219–38. Amsterdam–New York: Rodopi, 2001.
- Schuster, David G. *Neurasthenic Nation: America’s Search for Health, Happiness, and Comfort, 1869–1920*. New Brunswick, NJ–London: Rutgers University Press, 2011.
- Straus, Stephen E. “History of Chronic Fatigue Syndrome.” *Reviews of Infectious Diseases* 13, Suppl. 1 (1991): 2–7.
- Szasz, Thomas. “The Medicalization of Sex.” *Journal of Humanistic Psychology* 31, no. 3 (1991): 34–42.
- Szél, Tivadar. “Az elmebetegség mint, tömegjelenség. I. közlemény” [Insanity as mass phenomenon. Part I]. *Magyar Statisztikai Szemle* 7, no. 5 (1929): 453–76.
- Szél, Tivadar. “Az elmebetegség mint, tömegjelenség. II. rész” [Insanity as mass phenomenon. Part II]. *Magyar Statisztikai Szemle* 7, no. 6. (1929): 489–614.
- Vogel, József. “Homosexualitás” [Homosexuality]. In *A modern bűnözés I* [Modern crime I], edited by Gyula Turcsányi, 115–52. Budapest: Rozsnyai Károly Kiadása, 1929.

- Thewrewk, István. “A magyar elmebaj” [Hungarian insanity]. *Pesti Napló*, April 17, 1910.
- Vargha, Dóra. “A bűn medikalizálása” [The medicalization of crime]. *Budapesti Negyed* 13, no. 47–48 (2005): 166–98.
- Völgyesi, Ferenc. “A hipnózis, szuggesztió, hisztéria és neuraszténia” [Hypnosis, suggestion, hysteria, and neurasthenia]. In *Az egészség enciklopédiája: Tanácsadó egészséges és beteg emberek számára* [Encyclopedia of health: Advice for healthy and sick people], edited by József Madzsar, 340–58. Budapest: Enciklopédia Rt, 1926.
- Weinberger, Miksa. “A neurasthenia gyógyítása intézetekben és fürdőhelyeken” [Treatment of neurasthenia in institutes and bath]. *Gyógyászat* 39, no. 21 (1899): 324–27.
- Weinberger Miksa. *A neurasthenia sexualis gyógyításáról* [About the treatment of sexual neurasthenia]. Budapest: Franklin-Társulat, 1902.
- Zachar, Peter and Kenneth S. Kendler. “Masturbatory Insanity: The History of an Idea, Revisited.” *Psychological Medicine* 53, no. 9 (2023): 3777–82.



“We Cannot See Ourselves Reflected in All Italian Institutions”: Reform Psychiatry, Habsburg Legacies, and Identity-Making in the Upper Adriatic Area*

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This article analyses the development of criticisms of psychiatric institutions and restraint-based treatments for psychiatric and neurological patients as a foundation for identity-making processes in the Upper Adriatic from a long-term perspective. Between the 1960s and 1980s, the region, which was once part of the Habsburg Empire but was by then divided between Italy and Yugoslavia, became a hub for the deinstitutionalization of a psychiatric system still burdened by its Fascist legacy. This reform fostered renewed identity-making within local society, rooted in early Habsburg-era psychiatry. As early as the late nineteenth and early twentieth centuries, Austrian psychiatry in this region had embraced non-restraint and outpatient therapies based on the liberal idea of modernity, which exerted a lasting influence on the psychiatric institutions in Trieste and Gorizia. World War I and the dissolution of the Habsburg Monarchy brought Italian rule, under which Fascism transformed psychiatry into a tool of repression, eradicating alternative treatments and creating a clash between psychiatric cultures. This clash became foundational to the development of an identitarian model, rooted in Habsburg nostalgia and a presumed local “tradition” of alternative psychiatry during periods of profound crisis and transformation, particularly the reforms in the institutional world of psychiatry in the 1960s–70s.

Keywords: deinstitutionalization of psychiatry, non-restraint, Upper Adriatic region, Habsburg psychiatry, Fascist psychiatry

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Introduction

Can psychiatry and criticism of psychiatry contribute to shaping forms of social, political, and cultural self-identification over the long term? This article explores this question by examining the history of psychiatry and reforms in the field of psychiatry within the context of the Upper Adriatic from the mid-nineteenth to the twentieth century, focusing on the region's two principal psychiatric hospitals in Trieste and Gorizia.

A long-term perspective has proven valuable in international psychiatric historiography, particularly in revealing the interplay between continuity and disruption in institutional practices, especially concerning the balance between constraint and non-restraint psychiatry.¹ Following this approach, this study aims to investigate a largely overlooked aspect of the region's psychiatric history, situating it within the broader debate on the "Habsburg legacies" after World War I.² Established in the early twentieth century by Habsburg authorities, both asylums were among the most progressive in the Austrian network, promoting outpatient care and non-restraint therapies.³ The collapse of the Habsburg Empire marked a traumatic transition, as psychiatric institutions were absorbed into the Italian (from 1922, Fascist) system, dismantling the experimental foundations of the practice and relegating these institutions to the margins of a centralized national model. After World War II, however, they reemerged as pioneering sites of radical deinstitutionalizing reforms of psychiatric care in the 1960s and 1970s.⁴ These radical transformations unfolded in a porous borderland, shaped by a multilingual, cross-border society during a period of détente and the gradual fall of the Iron Curtain.⁵

Historiography has largely focused on the repeated geopolitical upheavals within this macro-region. Since the end of World War I, the Upper Adriatic has been a complex geopolitical, cultural, and ideological borderland. Formerly part of the Habsburg Empire's Littoral (Küstenland), it encompassed Trieste, Gorizia, and the Margraviate of Istria. The region was multilingual and multicultural, with Italian, Slovenian, Croatian, and German widely spoken, and it was marked by

1 Brink, *Grenzen der Anstalt*.

2 Timms and Robertson, *The Habsburg Legacy*; Miller and Morelon, *Embers of Empire*.

3 Caltana, "Psychiatrische Krankenanstalten in der Provinz der Monarchie"; Topp, *Freedom and Cage*.

4 Setaro, "The Gorizia Experiment."

5 Bucarelli, "The Adriatic Section of the Iron Curtain"; Klabjan, "Twinning across the Adriatic."

socioeconomic contrasts between rural areas and urban centers.⁶ The Great War and the collapse of the empire ushered in a prolonged period of instability, with shifting borders and statehoods from 1918 to 1991, a condition that prompted scholars to refer to the region as a “crisis hotspot.”⁷ These upheavals shaped psychiatry not only as a medical discipline but also as part of a broader cultural and social system.⁸ This article adopts a long-term perspective to examine how diverse “medical/psychiatric cultures” shaped self-identification within the medical profession and local communities from the Habsburg era onward. It highlights continuities and ruptures in the enduring conflict between containment psychiatry and non-restraint approaches and in the ways in which medical and civil societies characterized and perceived themselves. Debates on repressive psychiatry and open-door, outpatient treatments began well before World War I and persisted despite the Fascist era of control and repression, resurfacing in later decades after World War II. Although psychiatry played a central role in the region’s history, historiography has largely treated it as marginal, underestimating its impact on cultural and social structures, even as it constituted a significant element of both continuity and change.

By considering these questions from the critical perspective of entangled and transnational history,⁹ this study moves beyond national historiographies to challenge the notion of distinct psychiatric “traditions” shaped by present-day nation states, which repeatedly conceive the evolution of psychiatry exclusively within national frameworks, thereby overshadowing both transnational and local dimensions of its developments.¹⁰ Instead, it highlights the dynamics and involvement of local innovations and their persistence over decades of geopolitical change. Recent scholarship has emphasized the profound social and cultural influence of psychiatric networks within the late Habsburg Empire, particularly the distinctive dialogue between asylum and society, and the deep embedment of these networks within the local social and cultural fabric.¹¹ Historiography has also pointed to continuities in the field of psychiatry after the dissolution of the empire, exploring the formation and endurance of a shared Habsburg “psychiatric landscape,” despite the post-World War I fragmentation

6 Verginella, “Il paradigma città/campagna.”

7 Wörsdörfer, *Krisenherd Adria*; Cattaruzza, *Italy and Its Eastern Border*; Klabjan, “Borders in Arms.”

8 Kersting, *Psychiatriereform als Gesellschaftsreform*; Gijswijt-Hofstra et al., *Psychiatric Cultures Compared*.

9 Werner and Zimmermann, “Beyond Comparison”; Wilson and Donnan, *A Companion to Border Studies*.

10 See Shorter, *A History of Psychiatry*, 34–46.

11 Blackshaw and Wieber, *Journeys into Madness*.

of the Central European macro-region.¹² Nonetheless, research on psychiatry in the Upper Adriatic remains fragmented and predominantly shaped by postwar national and ethnocentric frameworks, which limit a fuller understanding of the multicultural and transnational character of Habsburg psychiatry and its legacies.¹³

A long-term horizontal approach is crucial if we seek to offer a nuanced analysis of enduring psychiatric structures, practices, and medical cultures, but it must also intersect with a vertical perspective that examines the interplay between psychiatric and administrative structures at both the central and peripheral levels.¹⁴ Recent research has challenged Vienna's dominance in the development of Central European psychiatry, highlighting the importance of decentralized psychiatric networks in which peripheral regions developed autonomous systems for mental health care within the broader imperial framework.¹⁵ This perspective reveals parallel developments across the Habsburg psychiatric landscape and also highlights the persistence of practices and continuities in the post-Habsburg era, particularly in those same peripheries. These peripheral areas were shaped by the characteristic Habsburg federalist and local-autonomist structure, as well as by the formation of everyday habitus and mentalities that became deeply embedded within the social, political, and cultural frameworks of local societies, even over the long term.¹⁶ These dynamics helped shape evolving psychiatric approaches and foster enduring self-identifications in regions with autonomist traditions. This is evident in the Upper Adriatic, where, despite rapid border and regime changes from 1918 to 1975, forms of medical culture remained rooted in psychiatry and criticisms of the field of psychiatry and played a central role in a broader process of self-identification.

12 Dietrich-Daum et al., *Psychiatrische Landschaften*.

13 In this region, psychiatry continues to be regarded as a “special” issue or an “epiphenomenon,” since a comprehensive perspective remains absent. Existing studies are largely fragmented into local narratives that analyze single hospitals, without considering the existence and functioning of a broader integrated system that operated transregionally and even transnationally. In broader histories of health, psychiatry is also too often reduced to the level of “specialized hospitals.” See *L'ospedale psichiatrico di San Giovanni a Trieste*, Plesnicar, *L'ospedale psichiatrico di Gorizia*, *Psibiatrična bolnišnica Vojnik*; Zupanič Slavec, *Zgodovina zdravstva*.

14 Müller, *Zentrum und Peripherie in der Geschichte der Psychiatrie*.

15 Hofer, *Nervenschwäche und Krieg*; Topp, *Freedom and Cage*; Ableidinger, “Whose experts?”

16 Cohen, “Our Laws.”

*Post-World War II Psychiatric Reform and “Habsburg nostalgia”:
Rediscovering or Reinvigorating a Psychiatric “Tradition”?*

Between the 1960s and 1970s, the northeastern Italian region of Friuli-Venezia Giulia became a key center of the international radical psychiatric reform and deinstitutionalization movements, with the asylums in Gorizia and Trieste at the forefront. Led by Franco Basaglia and his wife and collaborator Franca Ongaro, the psychiatric teams implemented radical open-door therapeutic approaches inspired by experiments such as Dingleton, Villa 21, and Kingsley Hall.¹⁷ This deinstitutionalizing experiment, first in Gorizia (1961–1970), then in Trieste (1971–1980), emerged from a peripheral region along the Iron Curtain,¹⁸ sparking intense social and cultural debate both in Italy and abroad. The reform enshrined patients’ human and civil rights, protected them from abuse, and promoted outpatient care. It culminated in the passage of Law no. 180 by the Italian parliament in 1978.¹⁹ This legal recognition led to the gradual dismantlement of a repressive psychiatric system still marked by eugenic-biologicistic legacies, replacing it with a decentralized, community-based model aimed at the social reintegration of individuals with mental health issues.²⁰

In June 1974, the first “Conference of Democratic Psychiatry” was held in Gorizia, bringing together key figures involved in psychiatric reform in Italy and abroad. At the time, Franco Basaglia had been director of the Trieste asylum for three years and was already in the process of dismantling it.²¹ The conference aimed to draft a manifesto calling for the closure of psychiatric hospitals and the transformation of care in Italy, although it also provoked broader international interest across Europe, as well as North and South America.²² Gorizia was chosen as the venue due to its role as the first experimental site of reform a decade earlier. This small northeastern Italian town was split after World War II by the border between the Italian Republic and the Yugoslav Federation. In accordance with the terms of the 1947 Paris Peace Treaty, the border between Italy and Yugoslavia (and thus, the Iron Curtain) ran through its center, dividing

17 Crossley, *Contesting Psychiatry*; Wall, “The birth and death of Villa 21”; Fussinger, “Therapeutic Community.”

18 On the complex relationship and interplay between center and periphery in the history of psychiatry, see Müller, *Zentrum und Peripherie in der Geschichte der Psychiatrie*.

19 Badano, “The Basaglia Law.”

20 Foot, *The Man Who Closed the Asylums*, 107–30; Slavich, *All’ombra dei ciglietti giapponesi*.

21 Crossley, *Contesting Psychiatry*, 164–70.

22 Burns and Foot, *Basaglia’s international legacy*.

it into Italian Gorizia and Yugoslav Nova Gorica. The Gorizia asylum, under Italian control, stood with its eastern wall symbolically aligned with both the state border and the Iron Curtain.²³

Among the many national and international attendees (primarily psychiatrists, physicians, and psychologists) was Silvino Poletto, a prominent figure in both the regional and national Italian Communist Party.²⁴ During the conference, Poletto delivered a speech emphasizing the broader significance of the psychiatric reform initiated by the “Basaglia team” at the Gorizia asylum. However, his address took an unexpectedly local-historical and “identitarian” turn, linking the present with the past of these border territories through the concept of “tradition.” In his speech, he characterized the province of Gorizia as a key historical site for critical assessments of and opposition to repressive containment practices in psychiatry:

One of the qualities of the “Basaglia School” (by which I mean the group of those involved in the association of social and psychiatric workers – practitioners, assistants, and so on) is that it taught us the importance of returning to our history and learning how to read into traditions. In the traditions of the province of Gorizia, there was a doctor (Luigi Pontoni, A.N.) who, in 1901, 73 years ago (at that time Austria-Hungary was in power, though that matters less), wrote something I am going to read to you. It will show how, in the Gorizia area, Basaglia’s team was able to succeed and also knew how to connect with a tradition that stemmed from the Vienna school. [...] A concept was introduced: that mental alienation is an illness, and that the person affected, like any other patient, has the right to receive care without any restriction of personal freedom, except where absolutely necessary in cases of urgent need. This principle would later inspire the modern open-door asylum and find fuller expression in the agricultural colonies attached to the hospital. This happened in 1901! A tradition worth remembering. 70 years of psychiatric practice have contributed to a rich heritage at the local, regional, and national levels.²⁵

23 Slavich, *All’ombra dei cigliegi giapponesi*.

24 Basaglia himself was an anti-fascist, having participated in the partisan movement during the war, and, particularly during the 1970s, he grew closer to the Italian Communist Party, which eventually gave active support to the legal recognition of the reform, as well as to international left-wing political and psychiatric organizations. See Foot, *The Man Who Closed the Asylums*.

25 *La pratica della follia*, 26–27. All translations from non-English sources and secondary literature are mine.

This account, offered by a non-specialist “insider,” presents an alternative perspective on the classic historiographical narrative of the reforms in the field of psychiatry in Italy in the 1960s. The dominant narrative tends to frame these revolutionary initiatives through national lenses, focusing on post-World War II Italian psychiatry, Basaglia’s personal trajectory, and the team’s involvement in international networks. However, in this portrayal, the local context is often overlooked or obscured, with the histories of both hospitals either omitted or only briefly mentioned.²⁶

Poletto’s speech introduced a valuable shift in perspective. The territory, he suggested, was not merely a testing ground for external, global theories. Rather, it was a historically fertile site with its own cultural heritage of critical thought on mental health and psychiatry and early practices of non-restraint and patient rights as part of a local “tradition.” Framing the reform within the region’s unique context, Poletto evoked its Habsburg and Central European psychiatric roots, in contrast to the narrow focus on the Italian national perspective. The imaginary of the “Vienna School,” rooted in a long-standing tradition of *peregrinatio medica* undertaken by generations of physicians from all the imperial crownlands (including those from Trieste, Gorizia, and the Austrian Littoral),²⁷ emerged as a historical model linked to humanitarianism and, above all, modernity during the ambivalent fin-de-siècle period.²⁸ It formed a dialogical historical bridge between the local territory, transnational space, psychiatry, and identity.

The key word used by Poletto in his programmatic speech is “tradition,” a term introduced at a moment of radical paradigm change in psychiatric theory and practice. Poletto employed it in a decidedly essentialist way, seeking to trace an objective and direct line of development from Habsburg times to his own day. Nevertheless, this strong emphasis on “tradition” in psychiatric practice as a marker of self-identification appears, in fact, to be part of a much more complex cultural and social process: it cannot simply be reduced to something transmitted across generations that conditions the experiences and perceptions of individuals or communities.²⁹ Rather, it must be understood as a construct continually reevaluated, reexamined, and renegotiated by the very actors who carry it forward, particularly during moments of crisis, when new ideas and paradigms emerge that challenge and conflict with established beliefs and habits,

26 Foot, *The Man Who Closed the Asylums*; Setaro, “The Gorizia Experiment.”

27 Surman, “Peregrinatio Medica.”

28 See Le Rider, *Modernity and Crises of Identity*.

29 Adcock et al., “A History of Political Science,” 5–6.

prompting actors, through their agency, to call into question and rethink the inherited construct.³⁰ “Tradition” is thus intrinsically bound both to the concept of “heritage,” a central notion in studies of the historical evolution of territories in the former Habsburg space, and, at the same time, to a continuous process of negotiation and adaptation.

This complex identitarian discourse did not emerge in a vacuum. Poletto’s cultural archaeology of psychiatry and reformism formed part of a broader local movement, which rethought self-identification by drawing on a past that resisted seamless integration into an absolute national (Italian) narrative. Instead, it resonated with a post-World War II revival of “Habsburg nostalgia.”³¹ The radical psychiatric reforms in Gorizia and Trieste had a profound impact beyond medicine, influencing the countercultural movements of 1968 and offering a foundation for broader cultural, social, and political self-definition.³² Local practitioners involved in the deinstitutionalization process in the Upper Adriatic began revisiting the region’s psychiatric history, reflecting on the origins of local institutions under the Habsburg Monarchy, and explicitly engaging with imperial legacies.³³ This revival took place within the specific geopolitical and historical framework of the Alps-Adriatic détente.

Over the course of these decades, the Italian Julian March region, particularly the cities Trieste and Gorizia, underwent a period of crisis and transformation due to various factors.³⁴ After its incorporation into Italy following World War I, the region, once a strategic outlet of the Habsburg Empire, entered a prolonged phase of decline. Trieste, in particular, was reduced from the principal commercial port of a multinational empire to a peripheral harbor of a nation state. After World War II, the new border between Italy and Yugoslavia cut Trieste and Gorizia off from their historical economic hinterlands, and the 1975 Treaty of Osimo, which formalized the post-World War II border, ultimately guaranteed the region’s geopolitical and economical marginalization. Gorizia was divided by the Iron Curtain, and Trieste suffered deep economic difficulties, exacerbated by industrial and shipbuilding reforms in the 1960s that dismantled its historic

30 Hall and Bevir, “Traditions,” 828–29.

31 Ballinger, “Imperial Nostalgia”; Hametz, “Presnitz in the Piazza”; Schlipphacke, “The Temporalities of Habsburg Nostalgia”; Klabjan, “Habsburg Fantasies.”

32 Foot, *The Man who Closed the Asylum*, 187–200; Kersting, *Psychiatriereform als Gesellschaftsreform*.

33 Spazzapan, “Appunti per una storia dell’assistenza psichiatrica a Gorizia”; Slavich, *All’ombra dei cigliegi giapponesi*.

34 Cattaruzza, *Italy and Its Eastern Border*, 260–65.

maritime infrastructure.³⁵ A deep local crisis of repositioning affected politics, society, and professional spheres, including the medical-psychiatric field. In response to the sweeping transformations of the 1950s–1970s, older forms of localist, regionalist, and municipalist self-identification resurfaced, especially in the former free port city of Trieste.³⁶ Rooted in the complex and diversified structure of the Habsburg Monarchy,³⁷ these tendencies reemerged just as the Italian state was formally acknowledging the region's historical distinctiveness by establishing Friuli-Venezia Giulia as an autonomous region in 1963.³⁸

At the same time, the Upper Adriatic entered a new phase of reorganization, coinciding with the onset of détente between the Cold War blocs and the rise of transnational cooperation among countries that had once been part of the Habsburg Empire. In the Alps-Adriatic macro-region, détente involved reactivating former Habsburg-era channels and structures. The “Alpe-Adria Working Community” emerged, fostering political, economic, and cultural collaboration, including cross-border healthcare initiatives and efforts to revive networks disrupted by postwar geopolitical divisions.³⁹ In this unique context, the psychiatric reforms in Gorizia and Trieste were interconnected with vibrant exchanges involving psychiatrists and institutions from former Habsburg successor states, including Austria, Yugoslavia and Czechoslovakia. Central and Southeastern European psychiatrists, such as Vladimír Hudolin and Miroslav Plzák, engaged in close transnational collaboration and dialogue with Basaglia's team in Gorizia and Trieste.⁴⁰

A complex and enduring process of identity redefinition began in the 1960s, centered on the “rediscovery” of a mythical imperial past. Trieste's intellectual class began reviving a Central European heritage and constructing a broader identity discourse alongside notions of Italian national belonging.⁴¹ Historical and literary scholarship increasingly explored the distinct position of the Upper Adriatic and Trieste, moving beyond nationalist, ethnocentric narratives that

35 Sapelli, *Trieste italiana*, 209–40; Andreozzi and Panariti, “L'economia di una regione nata dalla politica”; Fragiaco, *Italia matrigna*.

36 Negrelli, “Trieste nel mito.”

37 Negrelli, *Al di qua del mito*.

38 Degrassi, “L'ultima delle regioni a statuto speciale”; Cattaruzza, *Italy and Its Eastern Border*, 252–254.

39 Blasich et al., *Organizational Models for Primary Care in Alps-Adria*; Nečák, “Die Alpen-Adria-Region 1945 bis 1991”; Ružičić-Kessler, “The Path to Interregional Cooperation in Cold War Europe.”

40 AB, Correspondences, b. 22 and 23. On the development of transnational projects in the field of deinstitutionalized care for alcohol-addicted patients between Yugoslavia and Italy, see Hudolin, *Praktični priručnik*.

41 Lunzer, *Triest*.

had fragmented the region into a mosaic of allegedly conflicting ethnocentric identities. Claudio Magris's 1963 study on the Habsburg myth in Austrian literature and Arduino Agnelli's 1971 work on the genesis of Mitteleuropa were pivotal examples of a local cultural canon that reconnected Trieste and the region with the Habsburg legacy, Vienna, and the Monarchy's former territories.⁴² This shift was also reflected in broader international scholarship (exemplified for instance by the writings of American historian Dennison Rusinow), which in the 1960s began examining the persistence of "Austrian heritage" in the Italian borderlands that had once been part of the Danube monarchy.⁴³

The narrative evoking the innovative spirit of the "Golden Habsburg years" contrasted sharply with the contemporary decline and marginalization of the Upper Adriatic as a militarized periphery.⁴⁴ A yearning for the multicultural, cosmopolitan, and modernist character of Habsburg Trieste became intertwined with renewed interest in psychiatry, psychoanalysis, and mental health. Central to this was the rediscovery of the region's Habsburg-Viennese medical heritage, which positioned Trieste and the Upper Adriatic as a transnational "bridge" between Central Europe and Italy in transferring innovations in the medical and "psy" disciplines from the Viennese modernist center at the fin de siècle. In the early 1970s, medical historian Loris Premuda portrayed Trieste's bilingual Italian- and German-speaking doctors as symbols of this bridging role.⁴⁵ By connecting Trieste to Vienna rather than Rome, Premuda framed the region as part of the Central European path to modernity and promoted a narrative of crisis recovery and transnational identity. The reference to the prestigious "Viennese school" thus became a strategic means of reclaiming Trieste's historical centrality, echoed in Silvino Poletto's address, as Italy confronted the burdens of its past and the legacy of fascism.

During the experiments in Gorizia and Trieste, the local intellectual class began constructing a cultural canon around mental health and the "unconscious," mythologizing Trieste as a multicultural city tied to modern and alternative mental health care: a city in crisis reimagined itself through the lens of the "psy"

42 Magris, *Il mito absburgico*; Agnelli, *La genesi del mito della Mitteleuropa*.

43 See Rusinow, *Italy's Austrian Heritage*.

44 Hametz, "Presnitz in the Piazza," 131.

45 Premuda, "Die vermittelnde Funktion von Triest." Admittedly, it is worth noting that, in this portrayal, these figures overshadowed the role of members of the local Slovenian- or Croatian-speaking medical community. Thus, this narrative reflected the prevalent anti-Slavic sentiment of the local Italian-speaking bourgeoisie.

sciences. In 1968, Giorgio Voghera, a Jewish writer from Trieste, published his memoirs, blending his childhood experiences with the rise of psychoanalysis within Trieste's social fabric and intelligentsia and portraying the Adriatic city as a distinctive "city of psychoanalysis."⁴⁶ Psychoanalysis, introspective psychology, alternative mental care methods, and Habsburg imperial modernity, alongside pre-Holocaust Central European Jewish identity, were also explored in the seminal 1981 book by historians Angelo Ara and Claudio Magris on Habsburg Trieste and its multicultural identity.⁴⁷ These works helped shape a powerful cultural canon for local self-identification, grounded in the revival of Habsburg Trieste as the "first Italian city of psychoanalysis," a title tied to the pioneering contributions of local psychiatrists Edoardo Weiss and Vittorio Benussi, who played key roles in spreading Austrian psychoanalytic theories and practices in Italy.⁴⁸ Crowning this mythologization is the 1978 film *La città di Zeno* (The City of Zeno) by Trieste director Franco Giraldi, based on the 1923 novel *La coscienza di Zeno* (Zeno's Conscience) by Italo Svevo, the penname of Trieste Jewish writer Hector/Ettore Schmitz.⁴⁹ The novel presents the psychoanalytic diary of Zeno Cosini, a denizen of Trieste who suffers from "neurasthenia" and seeks treatment from local psychoanalysts during the final years of Habsburg rule and the early days of Italian governance.⁵⁰ The film links present-day, declining Trieste to its vibrant Habsburg past through the bright influence of psychoanalysis in the Adriatic port city. In this construction of a historical, localist mythology around the "psy" concept, Giraldi included interviews with Franco Basaglia and other figures from the local intelligentsia, further legitimizing the process of self-identification.

The psychiatric reform movement in Trieste and Gorizia in the 1960s and 1970s was more than medical reform. It became, quite unintentionally, part of a broader process of local self-identification. Deinstitutionalization brought together scientists, policymakers, and cultural figures in a shared space shaped by the region's complex past. In this context, Communist deputy Silvino Poletto's 1974 speech at the "Democratic Psychiatry" convention in Gorizia stands out.

46 Voghera, *Gli anni della psicanalisi*.

47 Ara and Magris, *Trieste*.

48 Premuda, "Die vermittelnde Funktion von Triest," 103–5; Marhaba, "La psicologia"; Corsa, *Edoardo Weiss*.

49 The entire documentary movie is available on the YouTube platform: <https://www.youtube.com/watch?v=VsatItB6kH4> Accessed April 17, 2025

50 Hofer, "Krankheit im Konjunktiv"; Pappalardo, "One Last Austrian Cigarette."

Referring to Habsburg Gorizia, Habsburg physician Luigi Pontoni, and the region's tradition of humane care, Poletto contrasted the traditions of the city and region with fascist authoritarianism and postwar traumas of border changes and identity crisis. Beyond nostalgia, his reference to the Habsburg past was a deliberate assertion of regional distinctiveness and a demand for recognition of the prominent figures of the region as active contributors to a world in transformation.

*The Origins of Reform Psychiatry and Non-Restraint
in the Habsburg Littoral*

The lunatic is merely a sick person who can be cured. Dementia is sometimes a temporary condition. Delusion, whether arising from the dark oblivion of sorrow that causes it or under the influence of specific treatments, can subside and even dissipate. The alienist, upon receiving the afflicted individual into his asylum, does not lose hope of restoring his or her reason. However, to care for these patients effectively, we must feel compassion for them. We must be moved by their pain and suffering. [...] Today, we are no longer moved by their pain. The mathematical positivism of our time seeks to demonstrate, with the utmost precision, that there is no muscle more useless or dangerous than the heart. [...] In this way, we have entered the realm of egoism, where the rigid tones of calculation and speculation prevail.⁵¹

In his 1901 essay, Gorizian physician Luigi Pontoni set out his vision for the new psychiatric hospital in Gorizia. He emphasized the need to move beyond rigid positivism in psychiatry and advocated a new doctor–patient relationship as the foundation of a more humane and effective approach to psychiatric care. 70 years later, Silvino Poletto could easily have encountered such texts in the Provincial Library of Gorizia, where Pontoni had outlined forward-thinking approaches to the treatment of mental illness.

Luigi Pontoni, a prominent figure in the local Habsburg medical community, trained at the University of Vienna and served as head physician at the Civic Female Hospital in Gorizia.⁵² He stood out as a strong advocate

51 Pontoni, *La questione del manicomio in crisi acuta*, 3–4.

52 ASTs, RG VG, b. 224.2, f. Categoria 2201a, Organizzazione servizi sanitari, Medici dei comuni e distretti.

for psychiatric reform, promoting new kinds of psychiatric hospitals based on modern scientific principles. Inspired by the open-door policies and work therapy used in German asylums like Alt-Scherbitz, his motto was “Freedom and work.”⁵³ Although Pontoni later criticized the slow progress of Austrian psychiatry compared to its German counterpart,⁵⁴ he included detailed maps of German and Austrian institutions like those in Danzig or Vienna in his efforts to persuade the Gorizian provincial government and the Triestine Lieutenancy to adopt the pavilion model.⁵⁵ Pontoni’s advocacy for modern asylum design based on international and imperial models shows how psychiatry had become a major public issue by the turn of the century, reaching beyond political and social elites. His writings reflect the active debate on psychiatric reform in the Littoral, which involved both professionals and the bourgeoisie from the 1860s onward. Criticism of forced custodial psychiatry and support for more humane, non-restraint approaches aligned with the liberal bourgeois aspirations for broader social and cultural reform.

The library of the former Trieste Medical Association, now part of the university’s medical faculty library, contains scientific and popular texts from the turn of the twentieth century that sharply criticized inhumane psychiatric practices and called for radical reform or even the closure of psychiatric institutions.⁵⁶ This collection reflects the active involvement of the medical-psychiatric community of Trieste in the broader debate on patients’ rights and psychiatric reform, which, from the 1890s to World War I, extended beyond Vienna into the empire’s provinces. Psychiatry in Gorizia and Trieste was part of a larger Habsburg network, influenced by reformist movements which challenged restrictive practices. Shaped by social and political discussions on patients’ rights, local psychiatric networks mirrored trends in Austrian psychiatry and politics, culminating in the tardive 1916 imperial ordinance on interdiction.⁵⁷ The involvement of expert psychiatrists, political figures, and public debates, alongside the construction of two of the most modern hospitals in the empire outside the imperial capital,⁵⁸ highlights the dynamic mobilization within the

53 Pontoni, *La questione del manicomio in crisi acuta*, 8.

54 Pontoni, *Un progetto di grande riforma*, 24.

55 Pontoni, *Considerazioni*, 10; Idem, *Un progetto di grande riforma*.

56 See Dahl, *Der Bankrott der Psychiatrie*; Lugaro, *I problemi odierni della psichiatria*.

57 Ableidinger, “Psychiatrie als Diskurs- und Politikfeld”; Idem, “Whose experts?”

58 See Schlöss, *Die Irrenpflege in Österreich*; Hofmök, *Heilanstalten in Österreich*.

Littoral's medical, political, and bourgeois circles and the region's prominent role within the broader imperial network.⁵⁹

Psychiatry in the Littoral region during the second half of the nineteenth century was in dire need of radical reform. Since 1785, only one psychiatric asylum, the Saint Justus hospital, had operated in the entire Littoral crownland. Located in the medieval district of Trieste, it housed patients from the city, Istria, and Gorizia-Gradisca.⁶⁰ By the mid-nineteenth century, the facility was grossly inadequate, occupying the former episcopal seat of Trieste. The few surviving patient records from the 1840s–1860s show widespread use of violent restraints, including straitjackets and chains.⁶¹ From the 1860s onward, political authorities in the Littoral began to recognize the rising prevalence of mental disorders. They attributed this rise to new political and socioeconomic factors or simply the increased recognition of such disorders due to the professionalization of psychiatry. In August 1862, Trieste's mayor, Stefano de Conti, expressed his concerns to the Littoral's Lieutenant, Friedrich Moritz von Burger, about the state of psychiatry in the province, stating that, “the need for an asylum that met the requirements of this province and aligned with the progress of psychiatry had long been recognized.”⁶² A new psychiatry “would meet the most pressing needs of the present as well as those of the not-too-distant future, considering that the number of in-patients in our asylum has doubled in the last decade and that, since 1849 – as in many other parts of the Empire, and unfortunately in this region as well – the number of cases of mental illness has increased disproportionately.”⁶³

The outdated conditions and practices at the Saint Justus asylum were increasingly seen as a stain on Trieste's aspirations to modernity.⁶⁴ Over time, administrators and officials in the region began to engage more seriously with psychiatric reform through expert assessments and official reports. In 1877, the Lieutenant of Trieste, Felix Pino Freiherr von Friedenthal, condemned the state of the asylum, noting its failure to meet contemporary medical or ethical standards. He acknowledged that scientific treatment was often impossible and that confinement in such an institution could even worsen a patient's condition.

59 Topp, *Freedom and Cage*.

60 De Rosa, “Dal Conservatorio dei poveri al manicomio di San Giovanni,” 28.

61 ASTs, OPP, b. 1 (1843–1858).

62 ASTs, IRLI, b. 130, f. 12750.

63 ASTs, IRLI, b. 24, f. 5693.

64 Canestrini, “Frenocomio civico ‘Andrea di Sergio Galatti’ in Triest,” 132.

The asylum was no longer seen as a place of healing, but as a source of harm that contributed to the chronic nature of mental illness:

The only asylum for the Littoral region in Trieste is too small to accommodate all those in need of medical care, which, if administered at the onset of illness and in a timely manner, could restore reason to many of these unfortunate individuals. As a result, there are frequent refusals to admit these people, who, either left to fend for themselves or rendered harmless to themselves and others by methods that are sometimes inhumane, often slip into an incurable state of chronicity. Furthermore, the facility in Trieste [...] no longer meets the advancements of modern science.⁶⁵

Concerns about the inhumane treatment of patients, including harsh confinement and even acts of violence committed by the nursing staff, were already evident in the new guidelines for the Trieste psychiatric hospital, which were discussed and approved by the city council in 1873: “[Nurses, A. N.] must not use coercive means without prior authorization from the doctors. In urgent cases, if it becomes necessary to apply this measure, they shall do so collectively, as the patient, merely by the presence of multiple nurses, ceases all violence or reprisals.”⁶⁶

Thanks to close collaboration with scientific experts, the political authorities in the Littoral developed a growing knowledge of psychiatric advances across the Habsburg Empire and beyond. This fostered a more refined understanding of mental illness, better diagnostic tools, and new treatment possibilities. A crucial shift came with the official recognition of the distinction between “curable” and “incurable” mental illnesses, which redefined illness and shaped the cultural and social acceptability (and unacceptability) of individuals with mental or neurological conditions.⁶⁷ This distinction influenced how health systems were organized, prompting the separation of patient categories to enable more appropriate care. As one Lieutenancy’s report of 1862 stated, “the incurable maniacs must be separated from the curable, and to achieve this, either two separate establishments must be built or a single institution must be divided entirely into two distinct sections, one dedicated to the admission and care of

65 APGo, ARPGo: Asylum, b. 110, f. 5163/IV.

66 Istruzione interna per il civico manicomio di Trieste, approvata dalla Delegazione municipale nella seduta 2 aprile 1873 (BCTs, R.P. 1199, N. 23223).

67 Schwarz, *Chronisch psychisch Kranke*.

the incurable and the other for the detention and psychiatric treatment of the curable.”⁶⁸

From the 1880s onwards, doctors and other professionals from the Littoral’s bourgeois professions, including engineers and architects, produced numerous pamphlets addressing the region’s psychiatric crisis and aimed at informing policymakers and civil society.⁶⁹ These echoed earlier critiques of the outdated and inhumane conditions at Trieste’s Saint Justus asylum.⁷⁰ Most of these assessments reiterated the core ideas of Dr. Pontoni’s essays: respectful patient care, the separation of curable and chronic cases, modern diagnostics, and psychiatry as a means of treatment and reintegration rather than control. Central to their proposals was the Anglo-German “open-door system,” with (preferably asymmetrical) pavilion layouts and agricultural colonies for occupational therapy. Both the bourgeoisie and the psychiatric community of Trieste were also inspired by the Geel model of family-based care for incurable patients,⁷¹ which gained new prominence across Europe and North America in the late nineteenth century.⁷²

Trieste’s psychiatric reforms followed Central and Northern European models, and expert commissions traveled across the continent to study asylum practices. The concept of “modernity” in psychiatric science became the dominant framework, overriding political and nationalist ideologies. In the late nineteenth century, Trieste, like other Littoral provinces, saw rising nationalist tensions with the increasing prominence of parliamentary politics, as Italian, Slovene, and Croatian parties gained influence locally and imperially.⁷³ The National-Liberal Party, which represented much of Trieste’s Italian-speaking elites, aligned with an idealized vision of “Italian-ness” and a pro-Italy irredentist political stance, and it gained control of the Trieste municipality for decades starting from the 1860s onwards.⁷⁴ However, in 1896, a traveling commission was organized by the irredentist city council to study the most modern models

68 APGo, ARPGo: Asylum, b. 110, f. 20049/2837.

69 See Plesnicar, *L’ospedale psichiatrico di Gorizia*.

70 See Mazorana, *Il nuovo manicomio di Trieste, Progetto di un nuovo manicomio*; Tommasi, *Relazione*; Veronese, *La questione del manicomio*.

71 Veronese, *La questione del manicomio*, 16–19.

72 Villa, *Geel*, 159–235.

73 Cattaruzza, “Nationalitätenkonflikt in Triest”; Catalan, “Trieste”; Winkler, *Wahlrechtsreformen und Wahlen in Triest*; Millo, “Un porto fra centro e periferia”; Klabjan, “Scramble for Adria”; Verginella, “The Fight for the National Linguistic Primacy.”

74 Cattaruzza, *Italy and Its Eastern Border*, 7–49.

of psychiatric hospitals and therapies across Europe. In its final report, the commission openly criticized Italian psychiatry as conservative and outdated.⁷⁵ Hopes for reform in Italy had largely faded in the face of the conservative, organicist, and criminalizing approach to mental illness adopted by the majority of the Italian psychiatric community. This culminated in Law no. 36 of 1904, which effectively undermined non-restraint care.⁷⁶ Italian institutions failed to reflect the modern ideals sought by the elites of Trieste, who instead turned to British and German-Austrian non-restraint systems as models of progress. In liberal, bourgeois Trieste, many of the cherished ideals (if not the ideology) of modernism often proved more influential than the irredentist nationalism embodied by the municipal administration.⁷⁷ In fields like medicine and psychiatry, these ideals enabled more flexible and negotiable expressions of national and ideological identity.⁷⁸

“Above all, the asylum must be entirely removed from the appearance of a prison or convent. It must therefore create a pleasant impression for both the in-patient and the visitor, helping to lift the spirits of those who must rely on such an institution.”⁷⁹ These maxims by the Triest engineer Natale Tommasi from 1893 stemmed from the sociopolitical principles of late nineteenth-century bourgeois liberal society. The creation of facilities that, in line with modernist and scientific theories, embodied a prototype of “caged liberty” was intended to address the issue of respecting patients’ individual rights and challenging entrenched sociocultural prejudices and the stigma surrounding mental illness.⁸⁰ However, it was far removed from the deinstitutionalizing reforms and anti-psychiatric theories of the later twentieth century,⁸¹ as well as from efforts to question the hierarchical, paternalistic doctor–patient relationship. The mentally ill still had to be controlled and governed from above, but also cared for and, where possible, cured, with the ultimate goal of reintegrating as many patients as possible into society.⁸²

After extensive discussions, planning, and study trips, the Littoral was ultimately endowed with two of the most modern asylums in the Habsburg

75 Topp, *Freedom and Cage*, 45–46.

76 De Peri, “Il medico e il folle,” 1129–34; Colaianni, *Il no-restraint nella psichiatria italiana*.

77 Pappalardo, *Modernism in Trieste*, 32.

78 Rahden, *Jews and the Germans*, 89–93; Horel, *Multicultural Cities of the Habsburg Empire*, 15.

79 Tommasi, *Relazione*, 1.

80 See Finzen, *Stigma psychische Krankheit*.

81 Topp, *Freedom and Cage*, 12–15.

82 Karge et al., *From the Midwife’s Bag to the Patient’s File*, 13.

Monarchy. The original plan for a single central asylum for the entire crownland was abandoned in favor of a division.⁸³ The new municipal asylum in Trieste, located in the semi-rural district of Saint John, began operating in 1908.⁸⁴ Named after the Triest businessman and benefactor Andrea di Sergio Galatti, its construction reflected the hybrid public-private model of welfare/philanthropy promoted by the cosmopolitan upper- and middle-class elites and their active role in shaping a more “liberal” asylum model.⁸⁵ In 1911, the smaller provincial asylum in Gorizia was opened in the rural suburb San Pietro/Šempeter, named after Emperor Franz Joseph I.⁸⁶ As with other asylum projects in the Monarchy (such as the projects in Mauer-Öhling, Salzburg, Steinhof close to Vienna, Prague, and Kroměříž), planners identified the psychiatric hospital in Alt-Scherbitz, Saxony as the most advanced model of “non-restraint” or “open-door” care.⁸⁷ This choice reflected both the wider anti-psychiatric movement that emerged in the empire in the 1890s and the unique socio-political context of society in Trieste, which was increasingly divided between political liberalism and nationalism, particularly among Italian and Slovenian movements.⁸⁸ Consequently, both institutions adopted asymmetrical pavilion layouts, and the Gorizia asylum also incorporated an agricultural colony. These psychiatric hospitals on the Adriatic coast emerged as models of modern psychiatric theory and practice, founded on principles of non-restraint, work therapy, outpatient care, and family-based treatment.⁸⁹ This is evidenced by numerous custody transfers to relatives or legal guardians, as recorded in patient files preserved in the asylums’ archives.⁹⁰ At their inauguration, they were staffed by a new generation of psychiatrists trained at imperial universities, particularly Vienna, Graz, Innsbruck, and Prague. These practitioners promoted reform psychiatry grounded in modern scientific methods. Efforts were also made to reflect the region’s linguistic diversity. A notable example was the appointment of Fran Göstl, an Austro-Slovenian

83 Plesnicar, *L’ospedale psichiatrico di Gorizia*.

84 Canestrini, “Frenocomio civico ‘Andrea di Sergio Galatti’ in Triest.”

85 On the central role of philanthropy in the hybrid public-private construction of welfare facilities in Trieste, see Di Fant, *Dalla beneficenza al welfare*. For a comprehensive and nuanced analysis of the organization of bourgeois elites in Trieste, see Millo, *L’élite del potere a Trieste* and Millo, “Das Triestiner Bürgertum.”

86 Frasnich, “Landes-Irrenanstalt Franz Josef I. in Görz.”

87 *Ibid.*, 108, 127.

88 Topp, *Freedom and Cage*, 39–58.

89 From 1903, the Mauer-Öhling asylum in Lower Austria became a model for institutionalized family therapy. See Starlinger, “Kaiser-Franz-Josef-Landes-Heil- und Pflegeanstalt Mauer-Oehling,” 225.

90 ASTs, OPP; APGo, OPP.

psychiatrist trained at the Wagner-Jauregg school in Vienna and a strong advocate of non-restraint and family therapy (particularly for patients suffering from alcohol addiction), as chief physician of the new hospital.⁹¹

Liberalism, Economy, and Psychiatry: Non-Restraint Praxis in a Free Port City

Most historical research on psychiatry has focused primarily on documents from major asylums. However, within the Habsburg Monarchy, asylums constituted only one part of a broader and more complex psychiatric system. Psychiatrists, including those employed in public hospitals, often maintained private practices for affluent, paying patients.⁹² In addition, other public health institutions such as clinics and hospital wards were gradually established over the course of the nineteenth century. Medical records from asylum archives, such as those of the Sergio Galatti Hospital in Trieste and the Franz Joseph I Hospital in Gorizia, show that most of the patients were hospitalized only after multiple admissions and brief periods of observation in a specialized psychiatric observation ward within the local civic hospitals.

In the port city of Trieste, a special ward for psychiatric and neurological patients was added to the main civil hospital in 1872, expanded in 1884, and formally designated as the “eighth ward” in 1886.⁹³ This development addressed the growing need to manage psychiatric cases amid rapid population growth driven by the city’s economic expansion and industrialization. The ward functioned as a kind of first-aid station, offering prompt reception, observation, and short-term treatment for psychiatric and neurological patients, following the model of the British “after-care” system.⁹⁴ It also functioned as a triage point, where “chronic” and “non-curable” patients were identified and then transferred to the main asylum, while most patients, diagnosed as “curable” and expected to be treated shortly, were either discharged or entrusted to family care. As a result, most psychiatric patients in Trieste and the wider Littoral region were hospitalized for a maximum of six to eight weeks, with only one-third requiring longer stays and eventual transfer to the asylum.⁹⁵ The ward was substantial, with

91 Göstl, “V Gorici za svetovne vojne”; Zupanič-Slavec, “Dr. Fran Göstl.”

92 Hofer, *Nervenschwäche und Krieg*; Corsa, *Edoardo Weiss*.

93 Camera dei medici di Trieste, *Memoriale*, 4–5; De Rosa, “Dal Conservatorio dei poveri al manicomio di San Giovanni,” 31.

94 Gusina, “Parere,” 60.

95 *Ibid.*, 59.

an 81-bed observation room and an outpatient service for “nervous and mental diseases,” staffed by a head physician, a doctor, an assistant, and 38 nurses. In the early 1920s, it admitted an average of 650 patients annually, which was slightly above the European average, as Trieste’s hospital also served as a regional hub for areas including Friuli, Istria, Gorizia, Dalmatia, and, in many cases, southern Carniola.⁹⁶

The Austrian imperial psychiatric system adopted a gradual and hybrid approach to the admission and treatment of psychiatric and neurological cases. This approach was based first on the ministerial ordinance of May 14, 1874, no. 71⁹⁷ and later formalized by the imperial ordinance of June 28, 1916, no. 207,⁹⁸ which aimed to regulate the legal procedures for the incapacitation of mental patients better.⁹⁹ Between society and the closed asylum, there existed a hybrid area formed by observation wards in major civil hospitals across the Monarchy. Admission to these wards was simplified, requiring only a medical certificate. This accessible form of hospitalization was justified on both scientific and ethical grounds. Early intervention aimed to prevent the worsening of conditions, while avoiding full asylum confinement helped reduce the social stigma for both patients and their families. Unlike main asylums, which were obliged to report patients to the police within 24 to 48 hours as mentally ill and potentially dangerous, hospital observation wards and psychiatric clinics were given up to eight days before they were required to notify the authorities.¹⁰⁰ This provision made it possible for patients to receive medical and psychiatric care without being formally labeled asylum inmates, offering treatment in a less stigmatizing environment.

This form of daily rehabilitation and observation ward, which embodied the ideas promoted by German psychiatrist Adolf Dannemann regarding non-restraint therapies in psychiatric clinics, became a distinctive feature of the German and Habsburg psychiatric systems.¹⁰¹ It was commonly found in many city hospitals throughout the Monarchy.¹⁰² The Ministerial Ordinance of

96 Ibid., 68.

97 71. Verordnung des Ministeriums des Innern im Einvernehmen mit dem Justizministerium vom 14. Mai 1874.

98 207. Kaiserliche Verordnung vom 28. Juni 1916 über die Entmündigung.

99 Hermann, *Entmündigungsordnung*.

100 Gusina, “Parere,” 61.

101 Finzen, *Eine kurze Geschichte der psychiatrischen Tagesklinik*, 9; Schott and Tölle, *Geschichte der Psychiatrie*, 306–19.

102 Gusina, “Parere,” 59.

1874 no. 71 granted local authorities, whether regional, provincial, or municipal, significant autonomy when it came to the organization of psychiatric facilities. As a result, the ward, which came to be regarded as a center of excellence in Habsburg Trieste, was created and operated as a blend of both imperial and local initiatives in response to the specific needs of the city and the surrounding region. The ward was shaped by the same liberal political and social ideology that was driving the development of modern, non-restraint asylums.

A quantitative analysis of medical records from the eighth ward of Trieste's civic hospital reveals a well-structured outpatient practice, marked by the daily administration of pharmacological treatments (mostly sedatives) and short-term therapies tailored to individual patients. In some cases, patients were admitted multiple times over the course of months or years, and treatment continued beyond discharge through outpatient or family-based care, following the signing of an official certificate by relatives or guardians who assumed legal responsibility for the patient. The records also show that both patients and their families exercised a degree of agency within the institution. Most admissions were voluntary, initiated by the patient or his or her relatives on the basis of a medical certificate, except in cases of compulsory admission ordered by civil or police authorities due to violent behavior which purportedly posed a threat to public safety. Some cases even illustrate how family members could legally contest decisions made by physicians or the district judge responsible for public safety and request the patient's discharge if they were willing to accept full legal responsibility.¹⁰³

Beyond humanitarian concerns and scientific progress, the self-proclaimed modern city of Trieste required a more responsive system of mental health care. The goal was to address the endemic problems stemming from the rapid growth of its free port and industry, as well as the largely unmanaged urban influx of poor and needy workers of diverse national backgrounds drawn by the expanding job market. This model of outpatient and short-stay psychiatric care was located in the city center, in contrast to the new asylum situated on the outskirts (see Fig. 1).¹⁰⁴ Its central location allowed for swift admissions, short stays, and early forms of family-based care. The institution reflected Trieste's urban, demographic, and economic transformation. It was located in a district of the "new city," developed alongside the old town in the second half of

103 See ASTs, OCTs, 8th ward, b. 584, f. 7831 and 10070.

104 Gusina, "Parere," 59.

the nineteenth century and inhabited largely by the working-class population employed in the port and urban industries. When the ward was established in the early 1870s, Trieste was experiencing renewed economic growth and a deep structural shift from a commercial center and free port to an industrial port city, following a temporary stagnation crisis after 1855.¹⁰⁵ The city's population surged from around 105,000 in 1857 to approximately 226,000 by 1910,¹⁰⁶ driven by mass migration from surrounding provinces, such as Istria, Gorizia-Gradisca, and Carniola, as well as from Central and Eastern Europe, the Italian and Balkan peninsulas, and the wider Mediterranean basin.¹⁰⁷ This rapid and largely unregulated expansion created acute social pressures, as urban infrastructure lagged behind. Large sections of the city became densely populated, and working-class residents lived under severely deteriorated conditions.¹⁰⁸

From a liberal bourgeois and capitalist perspective, the presence of a psychiatric outpatient department for short stays in the main civic hospital functioned as a form of soft control for a working-class society. It provided a less invasive and more immediate form of care and shelter for workers who, rather than being rendered inactive and confined to an asylum on the fringes of the socioeconomic fabric, were needed for the functioning of Trieste's port and industrial system. Thus, scientific, sociopolitical, humanitarian, and economic dimensions converged in psychiatric practice, with the simultaneous aims of control, assistance, treatment, the preservation of social respectability, and the rapid reintegration of patients into the labor market. In a liberal bourgeois city such as Trieste,¹⁰⁹ entirely devoted to commercial and economic development and guided by the principle of the "primacy of economy," such a system was fundamental to the operation of its social and production structures.¹¹⁰ In this sense, the eighth ward of the Trieste hospital served as a vital mechanism with which to maintain the city's social and production systems.¹¹¹ It functioned more

105 Millo, "Un porto fra centro e periferia."

106 Luzzatto Fegiz, *La popolazione di Trieste*. For a more comprehensive analysis of urban demographic growth within the Habsburg Monarchy between 1848 and 1914, see Horel, *Multicultural Cities of the Habsburg Empire*, 40–61.

107 Breschi et al., "Storia minima della popolazione di Trieste," 116; Andreozzi, "L'organizzazione degli interessi a Trieste"; Cattaruzza, "Die Migration nach Triest."

108 Cattaruzza, *La formazione del proletariato urbano*.

109 Millo, "Das Triestiner Bürgertum"; Catalan, "Trieste."

110 Cattaruzza, "Il primato dell'economia"; Ara, "The 'Cultural Soul' and the 'Merchant Soul'."

111 About the "rehabilitation science," see Mitchell and Snyder, "Minority Model," 42.

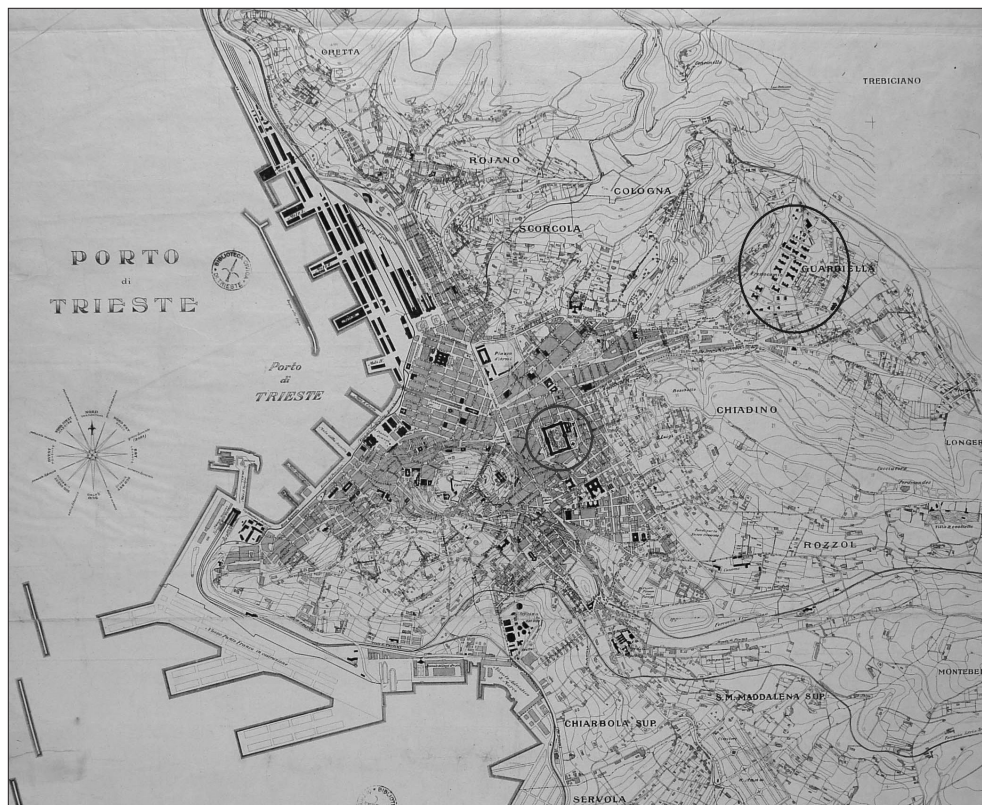


Figure 1. Map of the city of Trieste (extract), circa 1920: the larger circle marks the location of Andrea di Sergio Galatti, the new provincial psychiatric hospital, situated in the peripheral district of Saint John; the smaller circle indicates the Civic Hospital of Trieste, where the eighth psychiatric division was located in the heart of the new part of town (BCTs: Port of Trieste, Scale 1:10,000, ca. 1920)

as a rehabilitation institute, particularly for patients not diagnosed as chronic and seen as intellectually able enough to be an active part of working society.¹¹²

Postwar Transition and Fascism: A Clash between Psychiatric Cultures

After decades of internal difficulties and stagnation in the late nineteenth century, the modernization of the two asylums and the evolving psychiatric system on the Adriatic coast stood out, together with examples such as Vienna's Steinhof. This progress was particularly striking when compared to the neighboring Italian peninsula, with the contrast most evident between the Austrian Littoral and the

112 Roulstone, "Disabled People, Work and Employment"; Bösl et al., *Disability History*.

Italian province of Friuli. Udine's new asylum, inaugurated in 1904 (the year in which the Italian asylum law was passed), was hailed as the most advanced example of Italian psychiatry.¹¹³ Under its future director, Giuseppe Antonini, it was conceived as an open-door, wall-free facility with a pavilion layout and an agricultural colony, although its rigidly symmetrical design conflicted with the Alt-Scherbitz non-restraint model, which favored asymmetry to minimize any suggestion that patients were under some form of control.¹¹⁴ While the Littoral's lack of a modern asylum briefly fueled irredentist claims portraying Italian Friuli as more progressive,¹¹⁵ these faded as Udine's asylum soon encountered resistance from provincial authorities and drifted from its founding ideals, adopting containment practices in line with national legislation. Disillusioned, Antonini acknowledged Italy's psychiatric backwardness in a 1909 publication following his visit to Steinhof.¹¹⁶ More significantly, the opening of the Littoral asylums deepened the divide between the Austrian and Italian psychiatric systems. Reformist hopes among Italian psychiatrists, who were often inspired by German models, were ultimately thwarted by internal opposition, the restrictive framework of the Italian 1904 law, and the outbreak of World War I.¹¹⁷

The psychiatric system of the Austrian Littoral was deeply disrupted by World War I and its aftermath. The Upper Adriatic became a war zone along the Isonzo Front, and this had a severe impact on psychiatric care. In Gorizia, once a model of Habsburg psychiatry, the hospital was repeatedly caught in the crossfire after Italy declared war on Austria-Hungary in May 1915. By the end of that year, patients and staff had been evacuated to the main mental hospital in Kroměříž, and the facilities were almost completely destroyed.¹¹⁸ While Trieste's mental hospital remained physically intact, it faced serious setbacks, including severe shortages of materials, funds, and personnel. Many physicians were conscripted into the Austro-Hungarian army. There was also a sharp rise in the demands placed on the facilities at the hospital due to its proximity to the front. After the war, psychiatry in Trieste came under even greater strain with the mass influx of returning refugees, prisoners, and soldiers passing through the port city.

113 *L'ospedale psichiatrico provinciale di Udine*.

114 Topp, *Freedom and Cage*, 44–45.

115 Juch, *Il manicomio di Udine*.

116 Antonini, "Il grande nuovo manicomio di Vienna in Steinhof." See Topp, *Freedom and Cage*, 58, 172–74.

117 Novello, "Fondazione e fine del manicomio di Udine," 238–240; Babini, *Liberi tutti*, 13–43.

118 The psychiatric hospital in Gorizia was reopened by the fascist Italian authorities in 1933, but under entirely different principles and as an act of political propaganda. See *L'ospedale psichiatrico provinciale di Gorizia*.

Furthermore, the end of the war and the conquest of the former Littoral by the Italian army in November 1918 dealt an additional blow to local psychiatric institutions. The greatest shock came from the abrupt and violent shift from being part of a multicultural empire to inclusion in a nation state which, shortly after the war, became one of Europe's earliest totalitarian regimes, as the fascist dictatorship rose to power in October 1922. In the former Littoral, now part of the so-called Italian "new provinces," this transition was even more abrupt than in the rest of Italy. As early as 1920, this newly annexed multilingual border region bore witness to a particularly harsh rise of fascist squads, culminating in the violent persecution of non-Italian-speaking populations and increasing pressure for forced nationalization. These nationalistic sentiments sparked the brutal assault and burning down of the Narodni Dom building, which had been the cultural, political, and economic center of the Slovenian bourgeoisie in the heart of the city. The attack took place in July 1920. It was carried out by Fascist squads which acted with the approval of the Italian army and police.¹¹⁹

From the perspective of the science of psychiatry, this transition also represented a profound rupture within an already devastating context, triggering a clash between distinct medical and psychiatric cultures. The introduction of Italian psychiatric practice, characterized by a rigid adherence to an organicist conception of mental illness as codified by the 1904 law,¹²⁰ led to a marked divergence in the "new provinces," such as the former Austrian Littoral and South Tyrol.¹²¹ In the mid-1920s, fascist local authorities, in line with the broader agenda of the fascist regime, initiated a general reform of the public health system, focusing on restructuring civil hospitals and asylums, particularly in Trieste. Between 1923 and 1925, the public health system and especially psychiatric care in Trieste came under direct attack and reform by the new fascist administration. Under the guise of cost-cutting and system rationalization, plans were made to dismantle the city hospital's eight wards for psychiatric and neurological patients and to replace them with a similar, though fundamentally different, service located within the main asylum.¹²² The primary target of this reform was the hospital's flexible system of hospitalization and outpatient care, which did not

119 Kacin-Wohinz and Verginella, *Primorski upor fašizmu*; Hametz, *Making Trieste Italian*; Vinci, *Sentinelle della patria*; Pergher, *Mussolini's Nation-Empire*; Klabjan and Bajc, *Ogenj, ki je zajel Evropo*.

120 Babini, *Liberi tutti*, 13–20; Petracci, *I matti del duce*, 20–77.

121 For the transition in the South Tyrol and Trentino region, see Dietrich-Daum et al., *Psychiatrische Landschaften* and Grillini, *La guerra in testa*.

122 *Relazioni, pareri e proposte sulle riforme*, 11–16.

require the formal denunciation of the patient to the public security forces. In the Italian system, such outpatient and observation wards were virtually non-existent. Furthermore, under Italian law, the procedure for admitting an “alienated person” involved greater oversight than under Austrian law, as it required the involvement of municipal, provincial, and medical authorities, along with supervision by the public security forces. Moreover, since the Italian law was rooted in a more strongly criminalizing approach to psychiatric illness than in Habsburg Trieste, it required the immediate denunciation of individuals upon admission to an asylum.¹²³ As a result, asylums in Italy functioned more as juridical than medical institutions.¹²⁴

A heated confrontation between the former Habsburg medical class in Trieste and the new Italian hospital administration and authorities erupted between 1923 and 1925. The medical elite in Trieste, rooted in the prestigious and internationally recognized “Viennese Medical School”¹²⁵ and shaped by the Habsburg medical and psychiatric tradition, still belonged to a defeated and collapsed empire. After November 1918, it found itself at odds with a victorious nation state and a rising authoritarian regime, which sought to assert control through the reorganization of medicine and psychiatry. The conflict was not merely a professional reaction to a perceived violation of independence and identity, nor was it simply a dispute between differing medical and psychiatric traditions. It was also a deeper clash between two opposing political and social visions: on one side, a liberal (albeit paternalistic and class-based) conception of care and rights; on the other, an illiberal and totalitarian project intent on limiting civic and political freedoms. Though this topic has not yet been adequately studied, there is consensus in the secondary literature on the fascist regime’s political use of psychiatric institutions to control, discipline, and silence not only anti-fascist opponents but also anyone deemed incompatible with its vision of the new social order. Fascism took advantage of the repressive, police-oriented nature of the 1904 psychiatric law, which was incorporated into the authoritarian legal framework of the *leggi fascistissime* (the so-called “very fascist laws”) and codified by the “Unified Text of Public Security Laws” in 1925–1926, precisely the very same years in which the psychiatric ward in Trieste was closed. Psychiatry thus became part of the fascist state’s control apparatuses for enforcing “public

123 Tamburini, Ferrari and Antonini, *L’assistenza degli alienati in Italia*, 687.

124 Corbellini and Jervis, *La razionalità negata*, 49–50.

125 Lohff, “Gedanken zum Begriff ‘Wiener Medizinische Schule.’”

security”¹²⁶ and pursuing its broader eugenic ambition to reshape Italian society (and the Italian “race”).¹²⁷

A new regulation for the Trieste public health system was finally issued in 1927, replacing the Austrian legislation. The new text, which was intended to align with the regulations and practices of Italian psychiatry, reflected the law’s core conception, centered on the absolute notion of the mentally ill person’s dangerousness as “a threat to himself and others” and a source of “public scandal.” The forced custody and hospitalization of the patient were prescribed, directly undermining the non-restraint practice. Consequently, in 1925, the eighth ward of the main civil hospital in Trieste was closed. Since the services it had provided were essential for urban society and well-integrated into the public health system, they could not be easily discontinued. As a result, a smaller version of the ward was established in a pavilion at the Sergio Galatti psychiatric hospital, but it still lost its original hybrid character. This change followed the general trend in fascist public health policies, which aimed to create a new kind of outpatient dispensary system for people who suffered from mental illnesses.¹²⁸

This change also affected family custody and care practices. While outpatient and family therapy had also been in place in the Italian Kingdom since the late nineteenth century, these services were significantly reduced during World War I and further curtailed under the Fascist regime, which cut provisions for families caring for mentally or neurologically ill relatives.¹²⁹ Although patients could still be entrusted to family care, the principle of non-restraint and patient release was altered after the closure of the eighth ward. A patient was now only released from the main asylum after he or she had been registered with the police as a potential public threat, and the release was done on an “experimental basis,” meaning the patient was still subject to ongoing checks by police and sanitation personnel every four months. Furthermore, the admission process became more complex, involving the physician, the mayor, the police, and the provincial

126 Peloso, *La guerra dentro*, 44–45. The reform of these key branches of healthcare was enacted through Royal Decree-Law No. 1832 of August 15, 1925, converted into Law no. 562 of March 18, 1926, and its related regulations, approved by Royal Decree no. 2330 of November 21, 1929. The reform simultaneously aimed at the professionalization, moralization, and fascist alignment of the health sector, with the declared objective of advancing the fascist revolution within Italian society. See ASTs, RP VG, b. 827, f. 27603.

127 Quine, *Population Politics*, 17–51; Peloso, *La guerra dentro*; Petracci, *I matti del duce*; Piazzi et al., “The History of Italian Psychiatry during Fascism”; Baratieri, “Wrapped in Passionless Impartiality?”; Cassata, *Building the New Man*.

128 Scarfone, “Outpatient Clinics.”

129 Guarnieri, “Madness in the Home.”

court, which had to approve the final admission.¹³⁰ As a result, patients no longer enjoyed the protections once offered by the Austrian imperial ordinance and the eighth division of the civil hospital in Trieste against public denunciation and social stigma.

Facing these shocking shifts, beneath their repeated proclamations of loyalty to the new nationality and state, local psychiatrists and authorities began to develop a “culture of defeat.”¹³¹ This culture became embedded in the collective “long memory” of the local medical and civil society over the course of the interwar period and the immediate postwar period, continuing into the 1960s and 1970s.¹³² Following the collapse of his faith in the promises of modernism and progress in the sciences, the former chief physician of the eighth ward, Eugenio Gusina, expressed his bitter disappointment with the changing situation and launched a vivid and emotional attack against the forced process of the “Italianisation” of the psychiatry system in the former Littoral. He went so far as to make the incisive pronouncement that I have borrowed in the title of this article: “we cannot see ourselves reflected in all Italian institutions.”¹³³

Conclusion: Tracing a Genealogy of “Tradition” through Psychiatry Reform

Opposition to coercive psychiatric practices and the promotion of anti-restraint reforms became central to discourses of “tradition” and “heritage” in the identity-making processes of post-Habsburg societies. The aim of the analysis here has not been to evaluate the truthfulness of such discourses in an essentialist sense, but rather to reconstruct a genealogy of identity narratives that were continually reshaped, transmitted, and revived in moments of profound crisis over the course of the twentieth century.

The case study of the Upper Adriatic, positioned on the margins of the former Habsburg Empire, is not intended merely as a local history. Instead, it is a contribution to a broader interpretative framework relevant to the history of psychiatry and the study of post-imperial transitions in Central Europe. From a long-term perspective, it highlights psychiatry as a field where continuities and ruptures in political order, cultural practices, and professional identities were repeatedly negotiated.

130 De Rosa, “Dal Conservatorio dei poveri al manicomio di San Giovanni,” 40.

131 Schivelbusch, *Die Kultur der Niederlage*.

132 Zonabend, *La Mémoire longue*.

133 Gusina, “Parere,” 56.

Two moments proved particularly significant in this process. The first followed the empire's dissolution, during the "Italianization" of the Upper Adriatic and the rise of fascism in the region and the Italian state in the 1920s. The second emerged in the 1960s–1970s, amid economic crisis, geopolitical détente, and the rise of deinstitutionalizing psychiatric reforms. In both phases, psychiatry served as a strong marker of self-identification for a local society in the former Habsburg Central European space. Yet this was not a matter of superficial "nostalgia" for a lost world. Rather, it was a complex response to a profound contemporary "dilemma" that confronted actors with paradigm shifts of cultural and political order, as well as with personal and professional crises.¹³⁴ "Habsburg traditions" were not immutable legacies but constructs that required constant reinterpretation and adaptation to contemporary needs. The turn to an imagined imperial past and efforts to reintegrate into Austrian and Central European psychiatric networks thus represented more than a superficial "Habsburg fantasy."¹³⁵ They were part of an ongoing exercise in identity construction, grounded in the rediscovery of reformist traditions disrupted by both World Wars and interwar authoritarianism.

By the 1960s and 1970s, familiar motifs of late nineteenth-century "modernism" (mobility, multilingualism, and liberal humanism) were reactivated as resources for professional, cultural, and even political self-definition. The psychiatric reform movement initiated in Gorizia and culminating in Trieste became both a local and a transnational reference point, enabling the reconfiguration of a historically fragmented space within the Alpe Adria region. Although historically uneven, the ideological contrast between Habsburg humanism and Fascist authoritarianism proved an enduring and influential rhetorical topos. It legitimized both local and transnational identities centered on non-coercive care, and it positioned the region as historically innovative and responsive to global transformations. At its core lay a post-Habsburg self-identification shaped by the empire's distinctive interplay between local and imperial loyalties, which fostered enduring habitus and mentalities resilient to twentieth-century upheavals.¹³⁶ The construction of a genealogy of reformist psychiatric tradition ultimately served the needs of the present, for to create a "tradition" is to shape and plan a future by recalling the past.¹³⁷

134 Hall and Bevir, "Traditions," 828.

135 Klabjan, "Habsburg Fantasies."

136 Cohen, "Our Laws," 106.

137 Glassie, "Tradition," 176.

In this sense, the Upper Adriatic experience provides a direct answer to the question posed at the outset: the field of psychiatry (and its critics) did indeed contribute to shaping forms of collective, professional, and cultural self-identification. Far from occupying a marginal position, psychiatric reform became a privileged lens through which broader cultural and geopolitical reconfigurations were articulated, and within the post-Habsburg world, it emerged as a key site for understanding identity-making in post-imperial and borderland contexts.

Archival Sources

Archivio Basaglia [Basaglia Archive, Venice] (AB)

Correspondences (1953–1974)

Archivio Provinciale di Gorizia [Provincial Archive of Gorizia] (APGo)

ARPGo: Archivio della Rappresentanza Provinciale di Gorizia 1861–1923 [Archive of the Provincial Government of Gorizia]

OPP: Ospedale psichiatrico provinciale [Provincial Psychiatric Hospital]

Archivio di Stato di Trieste [State Archive of Trieste] (ASTs)

IRLL: Imperial-Regia Luogotenenza per il Litorale [Imperial and Royal Lieutenancy for the Littoral]

RG VG: Regio Governatorato per la Venezia Giulia [Royal Governorate for the Julian March]

RP VG: Regia Prefettura per la Venezia Giulia [Royal Prefecture for the Julian March]

OPP: Ospedale psichiatrico provinciale [Provincial Psychiatric Hospital]

OCTs: Ospedale Civico di Trieste [Civic Hospital of Trieste]

Biblioteca Civica di Trieste [City Library of Trieste] (BCTs)

Istruzione interna per il civico manicomio di Trieste, approvata dalla Delegazione municipale nella seduta 2 aprile 1873 (BCTs, R.P. 1199, N. 23223)

Lorenzutti, Ettore. Progetto del nuovo manicomio. Rapporto illustrativo (BCTS, R.P. misc. 4/3926)

Bibliography

Primary Sources

207. Kaiserliche Verordnung vom 28. Juni 1916 über die Entmündigung (Entmündigungsordnung), *Reichsgesetzblatt* 43 (1916): 481–92.

71. Verordnung des Ministeriums des Innern im Einvernehmen mit dem Justizministerium vom 14. Mai 1874, mit welcher Bestimmungen in Betreff des Irrenwesens erlassen werden, *Reichsgesetzblatt* 24 (1874): 179–84.
- Antonini, Giuseppe. “Il grande nuovo manicomio di Vienna in Steinhof.” *Note e riviste di psichiatria, diario del San Benedetto. Manicomio provinciale di Pesaro* 2, no. 2 (1909): 40–49.
- Camera dei medici di Trieste. *Memoriale diretto all’inclito consiglio della città in oggetto della deficienza di spazio nel civico ospedale e della riorganizzazione del personale medico addetto allo stabilimento*. Trieste: Tipografia Augusto Levi, 1895.
- Canestrini, Luigi. “Frenocomio civico ‘Andrea di Sergio Galatti’ in Triest.” In *Die Irrenpflege in Österreich in Wort und Bild*, edited by Heinrich Schlöss, 132–39. Halle: Carl Marhold, 1912.
- Dahl, Richard. *Der Bankrott der Psychiatrie*. Vienna–Leipzig: Robert Coen, 1905.
- Fratnich, Ernst. “Landes-Irrenanstalt Franz Josef I. in Görz (Küstenland).” In *Die Irrenpflege in Österreich in Wort und Bild*, edited by Heinrich Schlöss, 108–31. Halle: Carl Marhold, 1912.
- Gössl, Fran. “V Gorici za svetovne vojne.” *Življenje in svet*, September 5, 1938, 150–51.
- Gusina, Eugenio. “Parere del dott. Eugenio Gusina primario dell’VIII divisione sulla progettata soppressione dell’VIII divisione psichiatrica.” In *Relazioni, pareri e proposte sulle riforme da introdursi nell’esercizio dell’Ospedale civico a scopo di economie*, 55–72. Trieste: Caprin, 1923.
- Hermann, Rudolf. *Entmündigungsordnung. Kaiserliche Verordnung vom 28. Juni 1916, Reichsgesetzblatt Nr. 207, über die Entmündigung*. Vienna: Manz, 1916.
- Hofmokl, Eugen. *Heilanstalten in Österreich: Darstellung der baulichen, spitalhygienischen und ärztlich-administrativen Einrichtungen in den Krankenhäusern Entbindungsanstalten und Irren-Anstalten ausserhalb Wiens*. Vienna and Leipzig: Alfred Hölder, 1913.
- Juch, Giuseppe. *Il manicomio di Udine: reminiscenze e confronti: un cittadino goriziano ai suoi concittadini*. Gorizia: Tipografia Giuseppe Juch, 1905.
- L’ospedale psichiatrico provinciale di Gorizia*. Gorizia: Tipografia sociale, 1933.
- L’ospedale psichiatrico provinciale di Udine nei suoi primi cinquant’anni di vita 1904–1954*. Udine: Arti grafiche friulane, 1954.
- Lugaro, Ernesto. *I problemi odierni della psichiatria*. Milan: R. Sandron, 1906.
- Mazorana, L. *Il nuovo manicomio di Trieste*. Trieste: Tipografia della Società dei Tipografi, 1899.
- Pontoni, Luigi. *Considerazioni del Dr. Luigi Pontoni circa le tre proposte della giunta provinciale di Gorizia sulla questione del manicomio*. Gorizia: Seitz, 1900.
- Pontoni, Luigi. *La questione di manicomio in crisi acuta*. Gorizia: Seitz, 1901.

- Pontoni, Luigi. *Un progetto di grande riforma sul nostro campo sanitario*. Gorizia: Tipografia Ilariana, 1914.
- Progetto di un nuovo manicomio per la città di Trieste*. Trieste: Tipografia della Società dei Tipografi, 1897.
- Relazioni, pareri e proposte sulle riforme da introdursi nell'esercizio dell'Ospedale civico a scopo di economie*. Trieste: Caprin, 1923.
- Schlöss, Heinrich. *Die Irrenpflege in Österreich in Wort und Bild*. Halle: Carl Marhold, 1912.
- Starlinger, Joseph. "Kaiser-Franz-Josef-Landes-Heil- und Pflegeanstalt Mauer-Oehling, Nieder-Oesterreich." In *Die Irrenpflege in Österreich in Wort und Bild*, edited by Heinrich Schlöss, 217–26. Halle: Carl Marhold, 1912.
- Tamburini, Augusto, Giulio Cesare Ferrari, and Giuseppe Antonini. *L'assistenza degli alienati in Italia e nelle varie nazioni*. Turin: Unione Tipografico-Editrice torinese, 1918.
- Tommasi, Natale. *Relazione e descrizione tecnica concernente il progetto per la erezione di un manicomio interprovinciale in Trieste*. Trieste: Tipografia Pastori, 1893.
- Veronese, Francesco. *La questione del manicomio per le tre provincie di Trieste, Istria e Gorizia*. Venice: Tipografia dell'emporio, 1889.

Secondary Literature

- Ableidinger, Clemens. "Psychiatrie als Diskurs- und Politikfeld: Entstehung und Entwicklung des Politikfelds mental health unter Franz Joseph I." Ph.D. diss., University of Vienna, 2023.
- Ableidinger, Clemens. "Whose Experts? How Federalism Shaped Psychiatry in the Late Habsburg Monarchy." *History of Psychiatry* 35, no. 2 (2024): 158–76.
- Adcock, Robert, Mark Bevir and Shannon C. Stimson. "A History of Political Science: How? What? Why?" In *Modern Political Science Anglo-American Exchanges since 1880*, edited by Robert Adcock, Mark Bevir, and Shannon C. Stimson, 1–17. Princeton and Oxford: Princeton University Press, 2007.
- Agnelli, Arduino. *La genesi dell'idea di Mitteleuropa*. Milan: Giuffrè, 1971.
- Andreozzi, Daniele and Loredana Panariti. "L'economia di una regione nata dalla politica." In *Il Friuli-Venezia Giulia. Storia d'Italia*, vol. 2 of *Le regioni dall'Unità a oggi*, edited by Roberto Finzi, Claudio Magris, and Giovanni Miccoli, 807–89. Turin: Einaudi, 2002.
- Andreozzi, Daniele. "L'organizzazione degli interessi a Trieste (1719–1914)." In *La città dei traffici (1719–1918): Storia economica e sociale di Trieste*, vol. 2, edited by Roberto Finzi, Giovanni Panjek, and Loredana Panariti, 191–231. Trieste: Lint, 2003.
- Ara, Angelo. "The 'Cultural Soul' and the 'Merchant Soul': Trieste between Italian and Austrian Identity." In *The Habsburg Legacy: National Identity in Historical Perspective*,

- edited by Ritchie Robertson and Edward Timms, 58–66. Edinburgh: Edinburgh University Press, 1994.
- Ara, Angelo and Claudio Magris. *Trieste: Un'identità di frontiera*. Turin: Einaudi, 1982.
- Babini, Valeria. *Liberi tutti: Manicomi e psichiatri in Italia: una storia del Novecento*. Bologna: Il Mulino, 2009.
- Badano, Valentina. “The Basaglia Law. Returning Dignity to Psychiatric Patients: The Historical, Political and Social Factors that Led to the Closure of Psychiatric Hospitals in Italy in 1978.” *History of Psychiatry* 35, no. 2 (2024): 226–33. doi 10.1177/0957154X231224650
- Ballinger, Pamela. “Imperial Nostalgia: Mythologizing Habsburg Trieste.” *Journal of Modern Italian Studies* 8, no. 1 (2003): 84–101. doi 10.1080/1354571022000036263
- Baratieri, Daniela. “‘Wrapped in Passionless Impartiality?’ Italian Psychiatry during the Fascist Regime.” In *Totalitarian Dictatorship: New Histories*, edited by Mark Edele and Giuseppe Finaldi, 138–56. New York–London: Routledge, 2014.
- Blackshaw, Gemma and Sabine Wieber, eds. *Journeys into Madness: Mapping Mental Illness in the Austro-Hungarian Empire*. New York: Berghahn, 2012.
- Blasich, Giorgio et al. *Organizational Models for Primary Care in Alps-Adria. Health Protection for the Elderly: Health Prevention of Non-Selfsufficiency: A Proposal for an Analysis Methodology*. Alpes-Adria Working Community, Commission IV Health and Social Affairs, Project Group Organizational Models for Primary Care, 1997.
- Bösl, Elsbeth, Anne Klein and Anne Waldschmidt, eds. *Disability History. Konstruktionen von Behinderung in der Geschichte: Eine Einführung*. Bielefeld: Transcript, 2010.
- Breschi, Marco, Aleksej Kalc and Elisabetta Navarra. “Storia minima della popolazione di Trieste (secc. XVIII–XIX).” In *La città dei gruppi (1719–1918): Storia economica e sociale di Trieste*, vol. 1, edited by Roberto Finzi and Giovanni Panjek, 69–238. Trieste: Lint, 2001.
- Brink, Cornelia. *Grenzen der Anstalt: Psychiatrie und Gesellschaft in Deutschland 1860–1980*. Göttingen: Wallstein, 2010.
- Bucarelli, Massimo. “The Adriatic Section of the Iron Curtain: Italy, Yugoslavia, and the Question of Trieste during the Cold War.” In *Breaking down Bipolarity: Yugoslavia's Foreign Relations during the Cold War*, edited by Martin Previšić, 171–89. Berlin–Boston: De Gruyter Oldenbourg, 2021. doi: 10.1515/9783110658972-011
- Burns, Tom, and John Foot, eds. *Basaglia's International Legacy: from Asylum to Community*. Oxford–New York: Oxford University Press, 2020.
- Caltana, Diego. “Psychiatrische Krankenanstalten in der Provinz der Monarchie: Görz und Triest.” *Psychopraxis* 11, no. 5 (2008): 10–18. doi: 10.1007/s00739-008-0068-5

- Cassata, Francesco. *Building the New Man: Eugenics, Racial Science and Genetics in Twentieth-Century Italy*. Budapest–New York: CEU Press, 2011.
- Catalan, Tullia. “Trieste: ritratto politico e sociale di una città borghese.” In *Friuli e Venezia Giulia: Storia del '900*, 13–32. Gorizia: LEG, 1997.
- Cattaruzza, Marina. “Die Migration nach Triest von der Mitte des 19. Jahrhunderts bis zum Ersten Weltkrieg.” In *Die Moderne und ihre Krisen: Studien von Marina Cattaruzza zur europäischen Geschichte des 19. und 20. Jahrhunderts. Festgabe zu ihrem 60. Geburtstag*, edited by Sacha Zala, 83–114. Göttingen: V&R Unipress, 2012.
- Cattaruzza, Marina. “Il primato dell’economia: l’egemonia politica del ceto mercantile (1814–1860).” In *Il Friuli-Venezia Giulia*, vol. 1 of *Storia d’Italia: Le regioni dall’Unità a oggi*, edited by Roberto Finzi, Claudio Magris, and Giovanni Miccoli, 149–79. Turin: Einaudi, 2002.
- Cattaruzza, Marina. *Italy and Its Eastern Border, 1866–2016*. London–New York: Routledge, 2017.
- Cattaruzza, Marina. *La formazione del proletariato urbano: Immigrati, operai di mestiere, donne a Trieste dalla metà del secolo XIX alla Prima guerra mondiale*. Turin: Musolini, 1979.
- Cattaruzza, Marina. “Nationalitätenkonflikt in Triest im Rahmen der Nationalitätenfrage in der Habsburgermonarchie 1850–1918.” In *Deutschland und Europa in der Neuzeit*, edited by Ralph Melville, Clauss Scharf, Martin Vogt, and Ulrich Wengenroth, 709–26. Stuttgart: Franz Steiner, 1988.
- Cohen, Gary B. “Our Laws, Our Taxes, and Our Administration: Citizenship in Imperial Austria.” In *Shatterzone of Empires: Coexistence and Violence in the German, Habsburg, Russian and Ottoman Borderlands*, edited by Omer Bartov and Eric Weitz, 103–21. Bloomington: Indiana University Press, 2013.
- Colaiani, Luigi. *Il no-restraint nella psichiatria italiana: Storia di una scomparsa*. Fasano: Schena, 1992.
- Corbellini, Gilberto and Giovanni Jarvis. *La razionalità negata: Psichiatria e antipsichiatria in Italia*. Turin: Bollati Boringhieri, 2008.
- Corsa, Rita. *Edoardo Weiss a Trieste con Freud: alle origini della psicoanalisi italiana: le vicende di Nathan, Bartol e Veneziani*. Rome: Alpes, 2013.
- Crossley, Nick. *Contesting Psychiatry: Social Movements in Mental Health*. London–New York: Routledge, 2006.
- Degrassi, Michele. “L’ultima delle regioni a statuto speciale.” In *Il Friuli-Venezia Giulia. Storia d’Italia: Le regioni dall’Unità a oggi*, vol. 1, edited by Roberto Finzi, Claudio Magris, and Giovanni Miccoli, 759–804. Turin: Einaudi, 2002.

- De Peri, Francesco. "Il medico e il folle: istituzione psichiatrica, sapere scientifico e pensiero medico fra Otto e Novecento." In *Malattia e medicina. Storia d'Italia*, vol. 7, edited by Franco della Peruta, 1060–140. Turin: Einaudi, 1984.
- De Rosa, Diana. "Dal Conservatorio dei poveri al manicomio di San Giovanni. 1773–1970." In *L'ospedale psichiatrico di San Giovanni a Trieste: storia e cambiamento 1908–2008*, 26–47. Trieste: Electa, 2008.
- Di Fant, Annalisa, ed. *Dalla beneficenza al welfare: dall'Istituto generale dei poveri di Trieste all'Azienda pubblica di Servizi alla Persona ITIS (1818–2009)*. Trieste: La mongolfiera Libri, 2009.
- Dietrich-Daum, Elisabeth, Hermann J. W. Kuprian, Siglinde Clementi, Maria Heidegger, and Michaela Ralsler, eds. *Psychiatrische Landschaften: Die Psychiatrie und ihre Patientinnen und Patienten im historischen Raum Tirol seit 1830*. Innsbruck: Innsbruck University Press, 2011.
- Finzen, Asmus. *Kurze Geschichte der psychiatrischen Tagesklinik*. Bonn: Edition Das Narrenschiff im Psychiatrie-Verlag, 2003.
- Finzen, Asmus. *Stigma psychische Krankheit: Zum Umgang mit Vorurteilen, Schuldzuweisungen und Diskriminierungen*. Cologne: Psychiatrie-Verlag, 2013.
- Foot, John. *The Man Who Closed the Asylums: Franco Basaglia and the Revolution in Mental Health Care*. London: Verso, 2015.
- Fragiacomo, Paolo. *Italia matrigna: Trieste di fronte alla chiusura del cantiere navale San Marco (1965–1975)*. Milano: Franco Angeli, 2019.
- Fussinger, Catherine. "'Therapeutic Community', Psychiatry's Reformers and Anti-psychiatrists: Reconsidering Changes in the Field of Psychiatry after World War II." *History of Psychiatry* 22, no. 2 (2011): 146–63. doi: 10.1177/0957154X11399201
- Gijswijt-Hofstra, Marijke, Harry Oosterhuis and Joost Vijsselaar, eds. *Psychiatric Cultures Compared: Psychiatry and Mental Health Care in the Twentieth Century: Comparisons and Approaches*. Amsterdam: Amsterdam University Press, 2005.
- Glassie, Henrie. "Tradition." In *Eight Words for the Study of Expressive Culture*, edited by Burt Feintuch, 176–97. Urbana: University of Illinois Press, 2003.
- Guarnieri, Patrizia. "Madness in the Home: Family Care and Welfare Policies in Italy before Fascism." In *Psychiatric Cultures Compared. Psychiatry and Mental Health Care in the Twentieth Century: Comparisons and Approaches*, edited by Marijke Gijswijt-Hofstra, Harry Oosterhuis, and Joost Vijsselaar, 312–28. Amsterdam: Amsterdam University Press, 2005.
- Hall, Ian and Mark Bevir. "Traditions of British International Thought." *The International History Review* 36, no. 5 (2014): 823–34.
- Hametz, Maura. *Making Trieste Italian, 1918–1954*. Woodbridge: Boydell Press. 2005.

- Hametz, Maura. "Presnitz in the Piazza: Habsburg Nostalgia in Trieste." *Journal of Austrian Studies* 47, no. 2 (2014): 131–54.
- Hofer, Hans-Georg. "Krankheit im Konjunktiv: Die Neurasthenie als Möglichkeitsform." In *Schwache Nerven, starke Texte: Thomas Mann, die bürgerliche Gesellschaft und der Neurasthenie-Diskurs*, edited by Birgit Stammberger, Birte Lipinski and Cornelius Borck, 37–59. Frankfurt am Main: Vittorio Klostermann, 2021.
- Hofer, Hans-Georg. *Nervenschwäche und Krieg: Modernitätskritik und Krisenbewältigung in der österreichischen Psychiatrie 1880–1920*. Vienna–Cologne–Weimar: Böhlau, 2004.
- Horel, Catherine. *Multicultural Cities of the Habsburg Empire 1880–1914: Imagined Communities and Conflictual Encounters*. Budapest–Vienna–New York: CEU Press, 2023.
- Hudolin, Vladimir. *Praktični priručnik i adresar klubova liječenih alkoholičara Jugoslavije i Italije*. Zagreb: Savez za zaštitu i unapređivanje duševnog zdravlja i suzbijanje ovisnosti u SRHrvatskoj, 1985.
- Kacin-Wohinz, Milica and Marta Verginella. *Primorski upor fašizmu 1920–1941*. Ljubljana: Društvo Slovenska Matica, 2008.
- Karge, Heike, Friederike Kind-Kovács and Sara Bernasconi, eds. *From the Midwife's Bag to the Patient's File: Public Health in Eastern Europe*. Budapest: CEU Press, 2017.
- Kersting, Franz-Werner, ed. *Psychiatriereform als Gesellschaftsreform: Die Hypothek des Nationalsozialismus und der Aufbruch der sechziger Jahre*. Paderborn: Schöningh, 2003.
- Klabjan, Borut. "Borders in Arms: Political Violence in the North-Eastern Adriatic after the Great War." *Acta Histriae* 26, no. 4 (2018): 985–1002. doi 10.19233/AH.2018.40
- Klabjan, Borut. "Habsburg Fantasies: Sites of Memory in Trieste/Trst/Triest from the *Fin de Siècle* to the Present." In *Borderlands of Memory: Adriatic and Central European Perspectives*, edited by Borut Klabjan, 59–88. Oxford: Peter Lang, 2019.
- Klabjan, Borut. "'Scramble for Adria': Discourses of Appropriation of the Adriatic Space before and After World War I." *Austrian History Yearbook* 42 (2011): 16–32. doi: 10.1017/S0067237811000026
- Klabjan, Borut. "Twinning across the Adriatic: History, Memory and Municipal Co-Operation between Italy and Yugoslavia during the Cold War." *Urban History* 51, no. 4 (2024): 763–76. doi:10.1017/S0963926823000160
- Klabjan, Borut and Gorazd Bajc. *Ogenj, ki je zajel Evropo: Narodni dom v Trstu 1920–2020*. Ljubljana: Cankarjeva založba, 2021.
- L'ospedale psichiatrico di San Giovanni a Trieste: storia e cambiamento 1908–2008*. Trieste: Electa, 2008
- Le Rider, Jacques. *Modernity and Crises of Identity: Culture and Society in Fin-de-Siècle Vienna*. Oxford: Polity Press, 1993.

- Lohff, Brigitte. “Gedanken zum Begriff ‘Wiener Medizinische Schule.’” In *Strukturen und Netzwerke: Medizin und Wissenschaft in Wien 1848–1955*, edited by Daniela Angetter et al., 41–72. Göttingen: Vandenhoeck & Ruprecht, 2018.
- Lunzer, Renate. *Triest: eine italienisch-österreichische Dialektik*. Klagenfurt–Vienna: Wieser, 2002.
- Luzzatto Fegiz, Pierpaolo. *La popolazione di Trieste 1875–1928*. Trieste: La editoriale libraria, 1929.
- Magris, Claudio. *Il mito absburgico nella letteratura austriaca moderna*. Turin: Einaudi, 1963.
- Marhaba, Sadi. “La psicologia.” In *La storia e la culturale: Enciclopedia monografica del Friuli Venezia Giulia*, vol. 3, 2279–84. Udine: Editori Istituto per l’Enciclopedia del Friuli Venezia Giulia, 1981.
- Miller, Paul and Claire Morelon, eds. *Embers of Empire: Continuity and Rupture in the Habsburg Successor States after 1918*. New York: Berghahn, 2019.
- Millo, Anna. “Das Triestiner Bürgertum: Kollektives Verhalten, politische Beteiligung, kulturelle Identität.” In “*Durch Arbeit, Besitz, Wissen und Gerechtigkeit...*”: *Bürgertum in der Habsburgermonarchie*, edited by Hannes Stekl, Peter Urbanitsch, Ernst Bruckmüller, and Hans Heiss, 69–81. Vienna: Böhlau, 1992.
- Millo, Anna. *L’élite del potere a Trieste: una biografia collettiva. 1891–1938*. Milan: Franco Angeli, 1989.
- Millo, Anna. “Un porto fra centro e periferia (1861–1918).” In *Il Friuli-Venezia Giulia: Storia d’Italia. Le regioni dall’Unità a oggi*, vol. 1, edited by Roberto Finzi, Claudio Magris and Giovanni Miccoli, 181–235. Turin: Einaudi, 2002.
- Mitchell, David and Sharon Snyder. “Minority Model: From Liberal to Neoliberal Futures of Disability.” In *Routledge Handbooks of Disability Studies*, edited by Nick Watson, Alan Roulstone and Carol Thomas, 42–50. London–New York: Routledge, 2012.
- Müller, Thomas, ed. *Zentrum und Peripherie in der Geschichte der Psychiatrie. Regionale, nationale und internationale Perspektive*. Stuttgart: Franz Steiner, 2017.
- Nečak, Dušan. “Die Alpen-Adria-Region 1945 bis 1991.” In *Alpen-Adria: Zur Geschichte einer Region*, edited by Andreas Moritsch, 485–516. Klagenfurt: Hermagoras, 2001.
- Negrelli, Giorgio. *Al di qua del mito: Diritto storico e difesa nazionale nell’autonomismo della Trieste asburgica*. Udine: Del Bianco, 1978.
- Negrelli, Giorgio. “Trieste nel mito.” In *Il Friuli-Venezia Giulia: Storia d’Italia. Le regioni dall’Unità a oggi*, vol. 2, edited by Roberto Finzi, Claudio Magris and Giovanni Miccoli, 1337–69. Turin: Einaudi, 2002.
- Novello, Mario. “Fondazione e fine del manicomio di Udine (1904–1999): Attualità di una storia.” *Atti dell’Accademia “San Marco” di Pordenone* 24 (2022): 223–76.

- Pappalardo, Salvatore. *Modernism in Trieste: The Habsburg Mediterranean and the Literary Invention of Europe, 1870–1945*. New York: Bloomsbury Academic, 2021.
- Pappalardo, Salvatore. “One Last Austrian Cigarette: Italo Svevo and Habsburg Trieste.” *Prospero. Rivista di Letterature Straniere, Comparatistica e Studi Culturali* 16 (2011): 67–88.
- Peloso, Paolo Francesco. *La guerra dentro: La psichiatria italiana tra fascismo e resistenza (1922–1945)*. Verona: Ombre corte, 2008.
- Pergher, Roberta. *Mussolini’s Nation-Empire: Sovereignty and Settlement in Italy’s Borderlands 1922–43*. Cambridge: Cambridge University Press, 2018.
- Petracci, Matteo. *I matti del Duce: Manicomi e repressione politica nell’Italia fascista*. Rome: Donzelli, 2014.
- Piazzini, Andrea et al. “The History of Italian Psychiatry during Fascism.” *History of Psychiatry* 22, no. 3 (2011): 1–17.
- Plesnicar, Marco. *L’ospedale psichiatrico di Gorizia Francesco Giuseppe I. 1861–1911*. Mariano del Friuli: Edizioni della Laguna, 2011.
- Premuda, Loris. “Die vermittelnde Funktion von Triest für die Wiener Schule in Italien.” In *Wien und die Weltmedizin*, edited by Erna Lesky, 99–115. Vienna–Cologne–Graz: Böhlau, 1974.
- Quine, Maria Sophia. *Population Politics in Twentieth-Century Europe*. New York: Routledge, 1996.
- Rahden, Till van. *Jews and the Germans: Civil Society, Religious Diversity, and Urban Politics in Breslau: 1860–1925*. Madison: University of Wisconsin Press, 2008.
- Roulstone, Alan. “Disabled People, Work and Employment.” In *The Routledge Handbook of Disability Studies*, edited by Nick Watson, Alan Roulstone and Carol Thomas, 211–24. London–New York: Routledge, 2012.
- Rusinow, Dennison I. *Italy’s Austrian Heritage, 1919–1946*. Oxford: Clarendon Press, 1969.
- Ružičić-Kessler, Karlo. “The Path to Interregional Cooperation in Cold War Europe: The Alps-Adriatic Region.” In *Breaking down Bipolarity: Yugoslavia’s Foreign Relations during the Cold War*, edited by Martin Previšić, 189–210. Berlin–Boston: De Gruyter Oldenbourg, 2021. doi 10.1515/9783110658972-012
- Sapelli, Giulio. *Trieste italiana: mito e destino economico*. Milan: Franco Angeli, 1990.
- Scarfone, Marianna. “Outpatient Clinics, Visiting Nurses and Propaganda: Spaces, Actors and Tools of Mental Hygiene in Interwar Italy.” *Social History of Medicine* 37, no. 2 (2024): 328–48.
- Schivelbusch, Wolfgang. *Die Kultur der Niederlage: Der amerikanische Süden 1865, Frankreich 1871, Deutschland 1918*. Berlin: Alexander Fest Verlag, 2001.

- Schlipphacke, Heidi. "The Temporalities of Habsburg Nostalgia." *Journal of Austrian Studies* 47, no. 2 (2014): 1–16.
- Schott, Heinz and Rainer Tölle. *Geschichte der Psychiatrie: Krankheitslehren, Irrwege, Behandlungsformen*. Munich: C.H. Beck, 2006.
- Schwarz, Renate. *Chronisch psychisch Kranke: Begriffsbestimmung und psychosoziale Wirklichkeit einer Betroffenen in der Ära der Reformpsychiatrie*. Munich–Vienna: Profil, 1993.
- Setaro, Marica. "The Gorizia Experiment: The Genesis of Therapeutic Practices in Basaglia's Psychiatric Community (1962–68)." In *Doing Psychiatry in Postwar Europe*, edited by Gundula Gahlen, Volker Hess, Marianna Scarfone, and Henriette Voelker, 56–83. Manchester: Manchester University Press, 2024. doi: 10.7765/9781526173485.00008
- Shorter, Edward. *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*. Hoboken: John Wiley & Sons, 1996.
- Slavich, Antonio. *All'ombra dei ciliegi giapponesi: Gorizia 1961*. Merano: Alfabeta, 2018.
- Spazzapan, Bernardo. "Appunti per una storia dell'assistenza psichiatrica a Gorizia dal '600 ad oggi." In *Oltre l'antipsichiatria. Dopo nove anni a Gorizia, riflessioni critiche da un ex Ospedale Psichiatrico*, 101–9. Padova: Piccini, 1981.
- Surman, Jan. "'Peregrinatio Medica.' Mobilität von Mediziner*innen in den Jahren 1848–1914 und die Konstruktion einer Hauptstadtuniversität." In *Strukturen und Netzwerke: Medizin und Wissenschaft in Wien 1848–1955*, edited by Daniela Angetter et al., 411–23. Vandenhoeck & Ruprecht: Göttingen, 2018.
- Timms, Edward and Ritchie Robertson, eds. *The Habsburg Legacy: National Identity in Historical Perspective*. Edinburgh: Edinburgh University Press, 1994.
- Topp, Leslie. *Freedom and Cage: Modern Architecture and Psychiatry in Central Europe, 1890–1914*. University Park, PA: Pennsylvania State University Press, 2017.
- Verginella, Marta. "Il paradigma città/campagna e la rappresentazione dualistica di uno spazio multietnico." *Contemporanea* 11, no. 4 (2008): 779–92.
- Verginella, Marta. "The Fight for the National Linguistic Primacy: Testimonies from the Austrian Littoral." In *Language Diversity in the Late Habsburg Empire*, edited by Markian Prokopovych, Carl Bethke and Tamara Scheer. Leiden–Boston: Brill, 2019: 26–49. doi: 10.1163/9789004407978_004
- Villa, Renzo. *Geel, la città dei matti: L'affidamento familiare dei malati mentali: sette secoli di storia*. Rome: Carocci, 2020.
- Vinci, Annamaria. *Sentinelle della patria: Il fascismo al confine orientale 1918–1941*. Bari: Laterza, 2011.
- Voghera, Giorgio. *Gli anni della psicanalisi*. Bologna: Cappelli, 1968.

- Wall, Oisín. “The birth and death of Villa 21.” *History of Psychiatry* 24, no. 3 (2013): 326–40.
- Werner, Michael and Bénédicte Zimmermann. “Beyond Comparison: Histoire Croisée and the Challenge of Reflexivity.” *History and Theory* 45 (2006): 30–50.
- Wilson, Thomas and Hasting Donnan, eds. *A Companion to Border Studies*. Oxford: Blackwell, 2012.
- Winkler, Eduard. *Wahlrechtsreformen und Wahlen in Triest 1905–1909: Eine Analyse der politischen Partizipation in einer multinationalen Stadtregion der Habsburgermonarchie*. Munich: Oldenbourg, 2000.
- Wörsdörfer, Rolf. *Krisenberd Adria 1915–1955: Konstruktion und Artikulation des Nationalen im italienisch-jugoslawischen Grenzraum*. Paderborn: Schöningh, 2004.
- Zonabend, Françoise. *La Mémoire longue. Temps et histoires au village*. Paris: PUF, 1980.
- Zupanič-Slavec, Zvonka. “Dr. Fran Göstl, psihiater in kulturnik velike širine.” *Zdravniški vestnik* 65, no. 4–5 (1996): 283–85.

Der Wiener Narrenturm.

Die Geschichte der niederösterreichischen Psychiatrie von 1784 bis 1870.
By Daniel Vitecek. Wiesbaden: Springer VS, 2023. pp. 442.

Daniel Vitecek's monograph on the development of psychiatric care in Lower Austria with a particular focus on Viennese institutions, which is based on the author's dissertation defended in 2022 at the Medical University of Vienna, fills a long-standing gap in Austrian medical historiography. While sporadic research has been done on Lower Austrian institutions, most of these works either remained sketchy¹ or were steeped in myths and speculations around Vienna's first purpose-built asylum,² exploring the early decades of the so-called "Narrenturm" (Fools' Tower) without much historical grounding. Vitecek is the first researcher to undertake this admittedly challenging task with a purely source-based historical methodology, reconstructing the evolution of the institutional network of mental health care in the Lower Austrian region in meticulous detail, from the pre-history of psychiatric care in the medieval and early modern periods until the 1870s. While archival sources, especially for the early period, are fragmentary and scattered, Vitecek makes creative use of narrative sources, including travelogues, eyewitness accounts, and newspaper articles and reports detailing institutional life, complemented by medical literature, royal and regional decrees regulating admission, treatment, and finances, and institutional statistics scattered among archival sources and printed material.

The volume, after an introductory section in which Vitecek addresses the lacunae in the secondary literature and the consequences of these for the largely unwritten history of Austrian psychiatry³ and its links to other

* Supported by the National Research, Development and Innovation Office of Hungary (project no. OTKA PD 142913).

1 Cf. Dieter Jetter, "Wiener Irrenhausprojekte," *Fortschritte der Neurologie-Psychiatrie* 49, no. 2 (1981): 43–52; Eberhard Gabriel, "Psychiatrische Einrichtungen im Erzherzogtum unter der Enns (Niederösterreich) im 19. Jahrhundert. Vom Irrenturm in Wien zu den Heil- und Pflegeanstalten für Geisteskranke im Licht zeitgenössischer Darstellungen," *Virus: Beiträge zur Sozialgeschichte der Medizin* 16 (2017): 193–207. doi: 10.1553/0x003bb5d1

2 Cf. Alfred Stohl, *Der Narrenturm oder die dunkle Seite der Wissenschaft* (Vienna: Böhlau, 2000).

3 Tyrol and Styria are among the better-researched regions in Austria, see for example: Carlos Watzka, *Vom Hospital zum Krankenhaus: Zum Umgang mit psychisch und somatisch Kranken im frühneuzeitlichen Europa* (Cologne–Weimar–Vienna: Böhlau, 2005); Carlos Watzka, *Arme, Kranke, Verrückte: Hospitäler und Krankenbäuser in der Steiermark vom 16. bis zum 18. Jahrhundert und ihre Bedeutung für den Umgang mit psychisch Kranken* (Graz: Landesarchiv, 2007); Elizabeth Dietrich-Daum et al, *Psychiatrische Landschaften: Die Psychiatrie und ihre Patientinnen und Patienten im historischen Raum Tirol seit 1830* (Innsbruck: Innsbruck University Press, 2011).

regions of the Habsburg Monarchy, employs a chronological approach to the evolution of institutions and broader health care measures aimed at the mentally ill, a patient group with rather fluid and loose boundaries. In the first part of the book, Vitecek reconstructs what he terms “decentralized psychiatric care” in Lower Austria from the medieval and early modern periods, exploring the origins of mental health care in the poor relief system tied to Vienna’s numerous institutions offering both shelter and basic medical care. Vitecek’s aim here is to debunk the long-existing myth that the establishment of the Narrenturm in 1784 was a radical “zero hour” in psychiatric institutionalization in Lower Austria.

Joseph II’s reforms centralized existing forms of care embedded in hospitals, almshouses, and religious institutions, bringing the scattered practices into the new General Hospital, where the Narrenturm served as the designated space for the mentally ill. Its architecture, round and cellular, reflected Enlightenment ideals of order but also the imperative of security and the practice of segregation characteristic of contemporary approaches to the treatment of mental disturbances. The early decades were marked by custodial confinement with limited therapeutic ambition, though practices gradually professionalized under dedicated physicians and the 1792 addition of the infirmary (the Lazarett, a former plague house delivering care to patients diagnosed as more “peaceful,” which by 1803 had its own medical staff. Vitecek, as a detour from the strictly chronological narrative focusing on the evolution of institutions, also turns to how the institution was perceived from the outside, showing the ways travel reports from the late eighteenth and early nineteenth centuries shaped the enduring image of the Narrenturm as both an Enlightenment curiosity and a place of misery.

By the 1820s and 1830s, the Narrenturm had become a “contested space,” marked by persistent overcrowding resulting in ineffective treatment, the widespread use of coercive methods, idleness, and isolation from the outside world. Efforts to alleviate pressure led to the creation of an institution for the incurable “peaceful” patients in Ybbs an der Donau (1817) and to repeated, unrealized plans for a more modern asylum in Bründlfeld. At the same time, private initiatives also appeared on the market of mental health care. Former Narrenturm physician Bruno Görge’s private institution, the first viable undertaking of this kind at Oberdöbling (later associated with university professors Maximilian Leidesdorf and Heinrich Obersteiner), offered an alternative model of more individualized and genteel care for paying patients. While this period, from the establishment of the Narrenturm until the mid-

nineteenth century, is described as the era of “centralized psychiatric care,” Vitecek emphasizes how the institutional landscape was already diversifying into public, private, and branch facilities, giving way to further decentralization from the mid-century in a more professionalized, expertly manner and against an institutionally more feasible backdrop.

The 1840s form the centerpiece of the book, with the figure of Hungarian-born physician, Michael Viszánik at its core. Viszánik, who led the institution from 1839, becoming a central figure in mental health care in Lower Austria, combined in his work administrative and health care reform with public advocacy. His 1845 account on the Narrenturm, which is one of the most comprehensive and widely cited sources on the history of the institution, with a retrospective account of the first roughly 50 years of its history, including statistical data and a selection of case histories, describes a mid-century institution in flux. As primary physician, Viszánik introduced hydrotherapy, an early form of “occupational therapy,” and educational schemes. With these comparatively innovative steps, he sought to humanize conditions, and he portrayed himself publicly as the reformer who had freed patients from chains, much like his Parisian predecessor, Philippe Pinel. Yet his efforts coincided with severe structural constraints, including overcrowded wards, inadequate buildings, and scarce resources. Polemical publications such as Oscar Mahir’s sensationalist 1843 account painted the tower as a place of barbarity and neglect, shaping the “black legend” that would dominate its afterlife in both medical and historical discourse. Vitecek carefully disentangles contemporary criticism, self-promotion, and later retellings of this account, showing how the institution’s image became a battlefield between reformist claims and public scandal.

The final chapters offer a careful, source-based reconstruction of the gradual displacement of the tower by newer institutions, providing entirely new perspectives into the planning and building history of the Provincial Asylum in Bründlfeld, which finally opened in 1853. The institution, following the Prague model developed largely by Josef Gottfried Riedel (who was appointed to serve as the first director of the Viennese institution in 1851), embodied the “relatively connected model,” combining healing and custodial functions in an approach that became the main model for mental health care by mid-century, following the examples of the Illenau Asylum in Achern in Baden-Württemberg and the Halle-Nietleben Provincial Asylum in Saxony. However, this model soon revealed its own shortcomings. In this period, Ybbs evolved into a more integral psychiatric establishment, while the Narrenturm persisted only as a residual care

facility for the “unclean and dangerous” until its closure in 1869, replaced by a newer institution in Klosterneuburg. With this transition, Viennese psychiatry entered a multilateral phase that extended to Gugging-Kierling (1885–1890), Mauer-Öhling (1902), and ultimately Am Steinhof (1907), giving way to a new decentralized phase in psychiatric care in Lower Austria on an entirely new and more professional footing.

The narrative part of the volume is complemented by an impressively detailed and meticulous statistical reconstruction of the patient population in the different phases of institutional development in Lower Austria, from the early period of the Narrenturm until the 1870s. Vitecek reconstructs admission and discharge tendencies, diagnoses, and their changing conceptual and terminological framing, as well as the social composition of patients along with their geographical origin. This part is accompanied by appendices with maps, timelines, and primary sources that anchor the narrative in rich documentation, and illustrations are provided throughout the book from each phase of this history, from contemporary depictions of the institutions to ground plans and even photographs depicting the current state of the remaining buildings, such as the Narrenturm functioning as a museum today or the asylum in Klosterneuburg.

While the well-researched, carefully structured, and precisely detailed book offers the most comprehensive account of the first roughly eight decades of psychiatry in Lower Austria and thus serves and will hopefully continue to serve for many years as an important handbook and an eminent reference for historians of psychiatry in the Central European region, where the influence of Austrian psychiatry was extensive and enduring, some shortcomings should also be addressed. The volume’s overreliance on statistical data and charts sometimes overshadows analysis, and while the main tendencies are largely made visible in a quantitative manner, their qualitative analysis and contextualization remains sketchy. The narrative fails to offer in-depth explanations of, for example, the geographical distribution of patients or gendered diagnostic categories. It also offers little analysis, and while the book presents an impressive array of information and data, it does not situate this information in broader tendencies in mental health care—neither regional nor wider European tendencies. Thus, the history of the asylums in Lower Austria is left disconnected and decontextualized, even from their immediate surroundings. This partly stems from Vitecek’s overreliance on the Austrian historiography of medicine, and while the anti-psychiatry “movement” of the 1960s is shortly mentioned in the introduction, its relevance to the social historical turn in the history of medicine,

and especially psychiatry (which gave new impetus to critical reflections, in the 1970s and 1980s, on the history of institutions), remains somewhat understated and overlooked. These critical reflections notwithstanding, however, Daniel Vitecek's book merits praise as a serious undertaking, offering the first sourced-based account of early psychiatric institutionalization in Lower Austria and hopefully inspiring more in-depth analyses of the history of mental health care both in Austria and beyond.

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The Hungarian Historical Review is a peer-reviewed international journal of the social sciences and humanities with a focus on Hungarian history. The journal's geographical scope—Hungary and East-Central Europe—makes it unique: the Hungarian Historical Review explores historical events in Hungary, but also raises broader questions in a transnational context. The articles and book reviews cover topics regarding Hungarian and East-Central European History. The journal aims to stimulate dialogue on Hungarian and East-Central European History in a transnational context. The journal fills lacuna, as it provides a forum for articles and reviews in English on Hungarian and East-Central European history, making Hungarian historiography accessible to the international reading public and part of the larger international scholarly discourse.

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Hungarian Historical Review

Central European Perspectives on the History of Psychiatry

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