

C. SAVONA-VENTURA

**MENTAL DISEASE IN
MALTA**



Association for the Study of Maltese Medical History

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for
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Our Lady of Mount Carmel Hospital, Malta

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Contents

<i>Foreword by L.M. Bonnici</i>	7
<i>Introduction by E. Borg</i>	9
<i>Hospice Care for the</i>	11
<i>Mentally Infirm</i>	11
<i>Ospizio</i>	14
<i>Villa Franconi</i>	14
<i>Asylum for Imbeciles</i>	16
<i>Therapeutic measures</i>	29
<i>Mechanical restraint methods</i>	40
<i>Chemical sedation</i>	45
<i>Physical therapeutic methods</i>	47
<i>Surgical therapeutic methods</i>	53
<i>Occupational & Recreational therapy</i>	53
<i>General Health Care</i>	58

Foreword

PSYCHIATRY – A word which even in today's modern and emancipated age, is surrounded with many myths, speculation and taboos. In this publication "*The History of Psychiatry in Malta*", the word is given honourable meaning. A meaning which in the past and more so in the future will hopefully instigate life improvement for many who might experience mental disorders.

Yet even today, the hospital where the science of psychiatry has evolved so much, is still writing its own history. The hospital has been one of the first Maltese hospitals to move towards full autonomy in its own management and hospital administration. It is no coincidence that this publication is going to print for the first time in the same period that the hospital has seen its first board of directors being formed. The first official Board Meeting was held in July 2003.

I feel it is my duty to thank all the people involved in the setting up of the museum and this publication. Thanks are due to Dr. C. Savona-Ventura who prepared the text for this monograph. Particular thanks are due to the numerous Mount Carmel Hospital staff who have voluntarily worked towards the setting up of the first psychiatric museum within the hospital grounds. In particular, sincere thanks are due to Mr. Edward Borg the first CEO of Mount Carmel who initiated the idea, and the hard work of Mr. Rayfonz Borg, a hospital employee who took this venture seriously and carried out a lot of research on the exhibits in the museum. I recommend all interested parties to find time to visit this museum, which in itself is a monument to all those who worked towards improving and evolving psychiatric treatment in Malta.

I am sure that “*The History of Psychiatry in Malta*” together with the psychiatric museum within Mount Carmel Hospital, will be promoters to give a better and more fruitful meaning in years to come, to the word *Psychiatry*.

Louis M. Bonnici
Chairman: Board of Directors
August 2004

1

Introduction

At the dawn of the third millennium, if we compare our age of information and rapid medical and technological discoveries with medical and psychiatric practices of two hundred years ago, it is difficult for us to imagine life in a psychiatric institution of the mid-nineteenth century. It is difficult to understand how the medical and psychiatric professionals of the 1800s could keep themselves abreast with psychiatric breakthrough developments happening elsewhere in the world. Notwithstanding, by the late nineteenth century, the work and dedication of the psychiatric professionals at Mount Carmel Hospital (at that time known as the Lunatic Asylum), was recognized and held in high esteem. So much so that in 1893 the hospital was awarded a medal and a certificate by a commission set up by the congress of the USA. This award was given 'for structural and sanitary improvements and evidence of general comfort and welfare **on** inmates.' This certificate is displayed at the psychiatric museum to bear witness of the ingenuity and resourcefulness of the people who endeavored to advance the torch of knowledge in an area which was feared by many and understood by few.

Before the construction of Mount Carmel Hospital was completed in 1861, mentally infirm patients were held at the *Sacra Infermeria*, at the Floriana *Ospizio* and at *Villa Franconi*. The latter was a former residence belonging to Bali' Fra Fabrizio Franconi, a Knight of the Order of St John. This psychiatric museum houses artifacts, photographs and documents that span time barriers to bear testimony of the treatment given to mental patients over two centuries. These exhibits pertain to the history of psychiatric treatment in Malta with emphasis on events at Mount Carmel

Hospital. The primary roles of this museum is that of a place for keeping valuable and historical artifacts safe, while making them available for public inspection. The latter role is of especial importance since it is by the dissemination of knowledge and information that misconceptions and prejudice against the mental sector can be dispelled.

It would not have been possible to display such an extensive collection of objects had it not been for the enthusiasm and commitment of a number of hospital employees. In this regard I like to acknowledge the work carried out by Rayfonz Borg, Alfred Baldacchino and Gerald Cachia whose patience and skill were invaluable for the restoration of the exhibits. I also like to mention the contribution of Tiziana Sammut who painstakingly photographed each exhibit and electronically edited each picture. Special thanks go to Dr C. Savona-Ventura whose advice and knowledge made possible the publication of this book.

This psychiatric museum stands as a tribute to the hundreds to people who, over the years, dedicated their lives and abilities to the understanding and treatment of mentally sick persons. The displayed objects link us to past generations in the same manner that our tools and apparatus will, one day, link us to future ones. It is only by caring for and exhibiting the knowledge and artifacts we inherited from our predecessors that we can do justice to their work.

Edward Borg,
Executive Officer,
Our Lady of Mount Carmel Hospital.
September 2004

2

Hospice Care for the Mentally Infirm

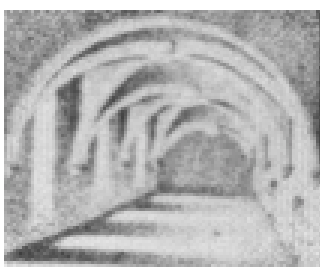
The institutional care of the mentally infirm in Malta was apparently a late concept that probably appeared after the establishment of the Valletta *Sacra Infermeria*. It is possible that cases of mental disease were during the late Medieval period transferred to asylums in Sicily. In May 1519, a mentally infirm male patient is recorded to have been confined under supervision at *Santo Spirito* Hospital while awaiting transfer to the *Fossa alu burgo* in Sicily¹. In 1535, the English Knight Fra George Aylmer was charged for "*certain crimes*" before the Council of the Order. The Commissioners concluded "*that he was not completely of a sound mind*" and that Fra Aylmer was to live "*in a suitable place*" in Gozo². Since the suitable place of residence was not defined, it is very likely that no such place was catered for by the state. In 1554, Fra Jean de Fuxan was certified of unsound mind and because of his fury was assessed as constituting a danger. He was sent back to his preceptory in the care of his relatives. Similarly in 1563, after being deprived of his knighthood for certain crimes, Roderick d'Abreu succumbed to *furor ac dementia* and was placed under the care of appointed curators pending the regaining of his mental functions. Similar care was afforded to Fra Geronimo Zaportella who after the 1565 siege suffered from *mente captus* requiring the appointment of curators to care for him. In 1582, Fra Fabritio del Carretto was also

¹ S. Fiorini: *Santo Spirito Hospital at Rabat, Malta. The early years to 1575*. Department of Information, Malta, 1989, p.43

² NML: AOM 1720, f.81t, 117, 120t, 128t. As in reported P. Cassar: *Landmarks in the Development of Forensic Medicine in the Maltese Islands*. University Publications, Malta, 1974, p.14

found to be suffering from *mente captus* and had his income frozen and given an annual trust of 500 *scudi* for his needs³.

Sacra Infermeria & Casetta



Sacra Infermeria Lunatic wards

With the building of the Valletta *Sacra Infermeria* after 1574, provisions were made to receive and care for mentally infirm individuals. The manageable patients were kept in a room especially reserved for them where they were bound and chained to their beds. If these became unmanageable and dangerous to themselves and others, they were transferred to the basement ward of the *Infermeria*.

Here they were restrained by pinioning, and by chaining their arms and at times even their legs to the walls of the chamber. Since the windows of the basement wards opened on street level, the antics of these patients served as a source of entertainment to passers-byes who teased the patients to excite them further. The care of the patients in the ward was entrusted to the warden who was supervised by the chaplains to ensure that the patients ate their food⁴.

³ NML: AOM 87, f.57v; AOM 91, f.88,129, 185v; AOM 96, f.83v. As reported in G. Bonello: In and Out of the Knights' Prisons – Detention and Escapes 1530-1600. *Histories of Malta – Convictions and Conjectures*. Fondazzjoni Patrimonju Malti, Malta, vol. 4, p.11

⁴ F.V. Inglott: *Brief Historical Account of the treatment of the Insane in Malta*. NML Manuscript 377, 1867; *Notizia della Sacra Infermeria e della carica delli Commissarj delle Povere Inferme*. R. Bernaba, Rome, 1725 [English translation: E.E. Hume: *Medical Work of the Knights*

Chained inmate

The mental wards were described by the British philanthropist John Howard who visited them in April 1786. The wretched patients were “served by the most unfeeling and inhuman persons.....eight or nine of them were highly entertained with a delirious dying patient”. The inmates were kept chained to the walls in tiny rooms⁵. The total number of monthly inmates in the *Sacra Infermeria* ward for the mentally infirm amounted to 18 individuals during the period covering 1st May 1787 to 30th April 1789⁶.



When the patients were declared incurable or became too numerous, they were transferred to the *Floriana Ospizio*, where they were similarly confined and chained to the walls in small casement rooms⁷. Female patients after 1725 were cared for in two rooms reserved for them at the *Casetta*. This accommodation was augmented in 1783 by annexing an adjacent building⁸. These

Hospitallers of Saint John of Jerusalem. J. Hopkins Press, Baltimore, 1940, p.137-148], p.8

⁵ J. Howard: *An account of the principal Lazarettos in Europe*. London, 1789, p.59.

⁶ NML: AOM P.R. 6408. As reported by A. Mifsud: *Knights Hospitallers of the ven. Tongue of England in Malta*. Herald Print, Malta, 1914, fn. p.140

⁷ F.V. Inglott, 1867: *op. cit.*, f.5

⁸ P. Cassar: *Medical History of Malta*. Wellcome Historical Medical Library, London, 1965, p.364

arrangements persisted until the French period when the female patients were transferred to the *Ospizio* at Floriana and the male patients to the newly established Civil Hospital at Valletta.

Ospizio

In 1816 both male and female patients were transferred to the *Casa di Carita`* or *Ospizio* at Floriana to join those who had been previously confined there. The total number of inmates in March 1816 at the *Ospizio* amounted to 46. By 1823, the wards set aside for the care of the insane had become so full that patients were being refused admission and proposals were made to augment the asylum. In July 1826, the number of inmates numbered 67. In the subsequent years, adjoining buildings were taken over and structural alterations undertaken to improve the situation. By 1835, it became evident that the *Ospizio* was not suitable for the care of the mentally infirm patients and proposals were put forward by the Commissioners of Charity for the establishment of a dedicated mental asylum⁹.

Villa Franconi

A Mental Asylum was established at Floriana in an old mansion known as *Villa Franconi*¹⁰. Eighty mentally infirm patients of both sexes were in September 1835 transferred to the new asylum, leaving the severe cases behind at the *Ospizio*. By January 1836, the

⁹ P. Cassar: *The Institutional Treatment of the Insane in Malta*.

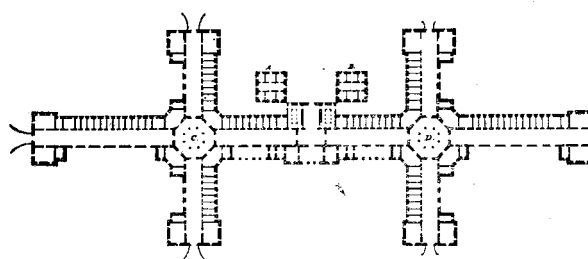
Government Printing Office, Malta, 1949, p.5-7

¹⁰ *Villa Franconi* was the residence of Bali Fra Fabrizio Franconi, erected in 1739. After its conversion into an asylum, it remained to be known as "*Ta' Frankuni*", an term that has been retained in the Maltese vernacular to refer to Mental Hospitals. It was situated in the area bounded by present day Granaries Square and New Street overlooking the Grand Harbour, now occupied by a block of buildings.

number of inmates had been augmented to 116. Structural changes were undertaken to increase the number of rooms or cells [including a padded room] and in 1838, the mentally infirm patients remaining at the *Ospizio* were transferred to *Villa Franconi*. The location of the asylum in a residential area was not ideal, and the inmates were often the subject of deridement from curious and idle neighbours who whiled away time teasing and exciting patients.

The number of patients continued to increase and by 1848, the total number of inmates amounted to 170. The asylum had reached its full capacity, even though it had in 1838 been augmented by incorporating an adjoining house. By 1851, recommendations were being made by the Commissioners of Charitable Institutions and the Visiting Physician to provide a new asylum in a more suitable location. This recommendation was taken up by the authorities, and a public competition for the submission of plans for the new joint *Ospizio*-Lunatic Asylum were published in the Government Gazette in September 1852.

*The New Lunatic Asylum - Malta
Ground Plan*



*Wings A and B for newly admitted
Patients, who were to be
placed under close observation
These Blocks were done away
with in 1881, and A was
converted into a "Kitchen",
and B into a "Wash-House".
C and D Day-Rooms or
"Salles de Reunion".*

*Plans prepared by Mr. F. Cianciolo in 1852
and built between 1865 and 1891*

The original plan of the hospital at Attard.

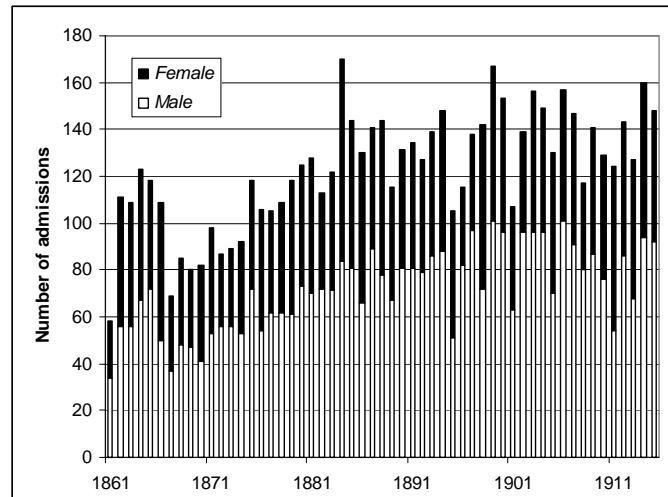
Plans were submitted by G. Bonavia, V. Mallia & A. Caruana, G. Grognet, G. Diacono, and F. Cianciolo. The latter plans were selected, and cost estimates were presented to Governor Sir. W. Reid. The cost was estimated to amount to 40,000 pounds and was considered excessive. A proposal to build only a dedicated Lunatic Asylum at an estimated cost of £14,000 was put forward and F. Cianciolo¹¹ was requested to modify his designs in accordance to the new brief. A site situated on the limits of Attard was chosen and construction commenced in September 1853, the building being completed in 1861¹².

Asylum for Imbeciles

The new Asylum was planned according to the pavilion-corridor type of one-storey; the main wards radiating out from central circular halls. It was designed to accommodate 180-200 inmates. It possessed ample agricultural land that the patients could work. Two hundred and fifty three patients were transferred from *Villa Franconi* to the new Lunatic Asylum during the night in July 1861.

¹¹ The qualifications of Francesco Cianciolo, an Italian refugee, have been queried. After commencement of construction, it was discovered that he had copied the 1818 plans of Wakefield Asylum.

¹² P. Cassar, 1949: *op. cit.*, p.11-20



Number of admissions 1861-1915

From its initiation, it became evident that accommodation space in the new asylum was inadequate, and proposals were made to augment the hospital with a further wing to house criminal and noisy patients. This was not acted upon, but in 1864 it became necessary to restrict admissions to cases where asylum care was absolutely necessary. By 1867, the inmate population had reached 337. In spite of a policy of restricted admission and attempts at "boarding-out" inmates, the population continued to increase reaching 404 in 1884. The asylum authorities continued to petition the government to augment the asylum building, but it was only in 1889, after a series of cholera epidemics, that structural augmentation was undertaken. By December 1898, the inmate population had increased to 653¹³.

¹³ P. Cassar, 1949: *op. cit.*, p.23-34

In 1893, the "Asylum for Imbeciles [Malta]" was awarded a medal and certificate of special merit "for structural and sanitary improvements and evidence of general comfort and welfare on inmates" by the World's Columbian Commission set up by the Congress of the USA after the plans and photographs were exhibited at the International Exhibition held at Chicago¹⁴.

19th century Medical Superintendents to Lunatic Asylum

- Dr. G. Clinquant 1850-1851
- Dr. A. Ghio 1851-1857
- Dr. G. Desalvo 1857-1858
- Dr. G.B. Ciaja 1858-1867
- Dr. G. Xuereb 1867-1873
- Dr. P.P. Agius 1873-1875
- Dr. A. Gulia 1875-1882
- Dr. F. Xuereb 1882-1900
- Dr. L.G. Bonello appointed 1900

¹⁴ Certificate held at the present Mental Hospital Museum, Attard

3

Therapeutic measures

No treatment was available or given to mentally infirm patients in the lunatic asylums during the Hospitaller Period. They were generally restrained and often beaten in the belief that they were possessed by the devil¹⁵. However in the late eighteenth century, attempts at depleting the frenzied constitution by physical means and then strengthening the body were being tried out by a number of European doctors. Recourse was made of opium, solitary confinement in darkened rooms, cold baths, a 'lowering' diet, venesection, purgatives and bitters. It is not known whether these methods were in use at the lunatic asylums in Malta, but a number of Maltese practitioners showed an active academic interest in various forms of mental disease. In 1723, Giorgio Imbert [b.1702, d.1786; Principal Physician to *Sacra Infermeria*; 1782 *Protomedicus*] published at Montpellier his thesis dealing with the clinical picture of depression discussing its diagnosis and treatment [*De morbus animi*. Montpellier, 1723]. Salvatore Bernard [b.1724; d.1806: Principal Physician to *Santo Spirito* Hospital] in 1749 similarly published in Catania a treatise on the nature and basis of nervous and mental phenomena [*Trattato filosofico-medico dell'uomo e sue principali operazioni*. Catania, 1749]. He also wrote a paper on the causation of mental disease entitled *Sull' origine della pazzia* that was never published¹⁶.

¹⁵ F.V. Inglott, 1867: *op. cit.*, p.5

¹⁶ P. Cassar: *French influence on Medical development in Malta*. Ministry of Education, Malta, 1987, p.5, 8

The breakthrough in the management of mental infirmity came with the publication of the Frenchman Philippe Pinel's book entitled "*Traite medico-philosophique sue l'Alienation Mentale*" [France, 1801]. Pinel [b.1745; d.1826] advocated a more humane treatment of the insane thus freeing - literary and figuratively - the mentally infirm from their chains. He completely rejected the use of chains and beating as a corrective measure, though he did resort to restrictive measures, such as the straitjacket and fetters, in excitable and agitated individuals. He advocated the use of psychotherapeutic measures including occupational therapy and physical exercise¹⁷. Pinel's revolutionary concepts were introduced in the Malta Lunatic Asylum by Dr. Thomaso Chetcuti in 1838. Dr. Chetcuti was appointed Visiting Physician to the Lunatic Asylum in 1838 and soon after freed the inmates from their chains and banished physical beating administered with a view of sedating the patients. He restricted the use of seclusion but continued to use restrictive measures in restless and dangerous patients. Attention was given to the general health of the inmates¹⁸. He applied the physical methods of therapy advocated at the time. These included cold applications to the head to relieve cerebral irritation, tepid baths to allay excitement, the use of laxatives, venesection using leeches and lancing, and the application of vesicants on the head and neck. He also believed in the role of psychotherapy including gentle handling of the patients and occupational therapy¹⁹.

¹⁷ E.H. Ackerknecht: *A Short History of Psychiatry*. Hafner Publishing Co., London, 1959, p.36-43

¹⁸ T. Chetcuti: Descrizione del pubblico manicomio di Malta. *Il Filologo Maltese*, 17th June - 22nd July 1841

¹⁹ T. Chetcuti: Sulle manie. *Il Filologo Maltese*, 10th February - 30th March 1841a



Chetcuti Tommaso: b. Mosta (Malta) 15/06/1797 d. Mosta (Malta) 17/03/1863;

Education: Private school, Lija (Malta); Seminary, Mdina (Malta); 1815-1818 University of Malta, Valletta (Malta); 1818-1822 University of Naples (Italy); 1838 proceeded overseas to visit mental asylums in Italy, France and Great Britain.

Qualified: Doctorate in jurisprudence [Malta, 1818]; M.D. [Naples, 1821, 1822].

Career: Private medical practitioner at Rabat, Malta (1822); Assistant Physician to Santo Spirito (1824) becoming Medical Superintendent (1834); Medical Superintendent to the temporary hospital set up in the Magisterial Palace at Mdina to deal with cholera epidemic (1837); Visiting Physician to Lunatic Asylum (1838-1863); offered professorship of Medicine (1856) but turned down opportunity because of low remuneration. **Achievements:** Published a number of publications relating to psychiatry - *Sulle Manie* [*Il Filologo Maltese*, 10th February - 30th March 1841]; *Descrizione del pubblico manicoio di Malta* [*Il Filologo Maltese* 17th June - 22nd July 1841]; *Sulla Monomania Omicida Istiniva* [Malta, 1847]. Also published a work on the 1837 cholera epidemic in Malta - *Notizie storiche e patologiche-cliniche sul cholera che divampo` in Malta e Gozo nell'estate del 1837* [Malta, 1888]. Also co-authored with Nicola Zammit a report on medical education - *Rapporto ragionato della commissione incaricata dalla Societa` Medica di esaminare il progetto di studi relativamente alla medicina* [Malta, 1842]. Other publications included *Al Sig. G.C. Schinas Professor di Medicina nell'Universita` di Studi di Malta* [Malta, 1842]; *Discorso inaugurale recitato il 1mo dicembre 1841* [*Il Filologo Maltese*, 9th December 1841, p.52]; and *Discorso inaugurale* [Malta, 1846]. Member and president of the *Societa` Medica d'Incoraggiamento*. Chetcuti's main achievement was the reform he introduced in the management of mentally infirm patients²⁰.

²⁰ G. Gulia: *Biografia di Tommaso Chetcuti*. Malta, 1863; P. Cassar: Dr. Thomas Chetcuti. *Scientia*, 1949, 15 (3):p.110

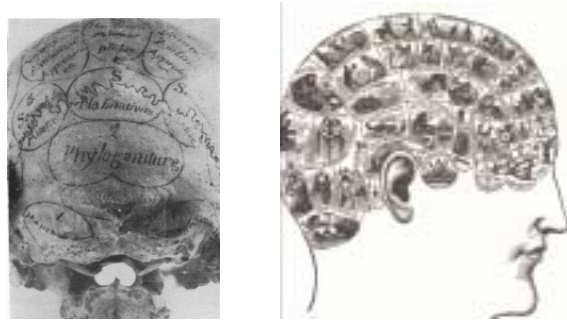
Another person who may have had some influence on the management concepts of mental disease in Malta was William Pargeter who served as chaplain to the British garrison in Malta. Pargeter's attitudes towards psychiatric disorders was based on the emerging ideas of the so-called moral treatment and stressed the importance of rapport between doctor and patient. He must be considered one of the early reformers of psychiatric management in the United Kingdom. There is no evidence however that he influenced Maltese psychiatric practice in any way during his stay.

Pargeter William: b. U.K. 1760 d. Oxfordshire, U.K. 1810; **Education:** Bart's Hospital, London; University of Aberdeen. *Qualified:* M.D. [Aberdeen, 1786]. **Career:** 1795 joined Royal Navy as Chaplain first on H.M.S. Alexander then as Chaplain to the garrison in Malta. Retired from the sea and medicine in 1802. **Achievements:** Published a number of publications, one relating to psychiatry written before his joining the Royal Navy - *Observations on Maniacal Disorders* [Reading, U.K., 1792, +140p.; reprinted Leipzig, 1793]; *Formulae Medicamentorum Selectae* [London 1795, +58p.]; and *A Sermon preached in the Protestant Chapel in La Valetta in the Isle of Malta, on Sunday succeeding the Funeral of Sir Ralph Abercromby, K.B. Commander-in-Chief of His Britannia Majesty's Forces in the Mediterranean, etc. 1801*²¹.

Other contemporary Maltese physicians who also followed French thoughts on psychiatric concepts were the Professor of Medicine G.C. Schinas [d. 1856; appointed Professor of Medicine in 1833] and Dr. Chetcuti's successor to the post of Medical Superintendent of the mental hospital Dr. Giuseppe Clinquant [b. 1812, d. 1868; Superintendent 1850-1851]. Both doctors concurred with the writings of the Frenchman F.J.V. Broussais who believed that one could tell the character traits of an individual by a careful examination of the protuberances on the skull. Known as

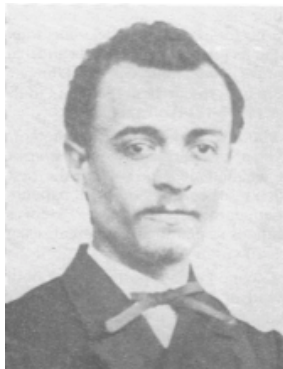
²¹ D. Leigh: *The historical development of British Psychiatry. Volume 1: 18th and 19th centuries*. Pergamon Press, London, 1961, p.62-68

phrenology, this concept enjoyed a short period of popularity in Malta.



Phrenology skull

Dr. Clinquant in 1839 undertook the publication in Italian of the text of lectures delivered by Broussais²². Pinel's concept of management of mental patients remained in the forefront of Maltese thought throughout the nineteenth century.



Dr. Amabile Gulia

Dr. Amabile Gulia, medical superintendent to the mental hospital [1875-1882], continued to emphasise the beneficial effect that an attractive hospital environment and a sympathetic approach to the patient have on promoting the well-being of the mentally sick²³.

The teaching of medical students in matters of mental disease was left to the appointed professor of medicine. By 1839, theoretical

²² P. Cassar: Relics of Phrenology in Malta. *St. Luke's Hospital Gazette*, 1975, 10:p.14-22

²³ *Rivista medica*, 30th September 1890, p.2

instruction was being imparted to students²⁴; however the practical aspect of teaching started only after 1863 when Prof. Giuseppe O. Galea, then Professor of Medicine, was appointed Visiting Physician of the Lunatic Asylum. A separate professorship in mental disease was created in 1904, with Prof. G. Ullo Xuereb [b.1862, d.1928] being appointed to the post. He retained the post until 1927²⁵.



Galea, Giuseppe Odoardo: Professor of Medicine, Physiology, Pathology and Hygiene at the University of Malta 1856-1902; Held clinical appointments at the general hospital; appointed Visiting Physician to Lunatic Asylum 1863-1902. His colleagues in 1900 commissioned a bronze bust, presently held at the Malta Medical School.

The changing concepts in the aetiology of mental disease can be seen by the shift in the aetiological causes identified in admissions to the Lunatic Asylum in 1905 and 1930 [vide table below]. Moral causes included episodes of domestic trouble and adverse social circumstances; mental anxiety or worry; overwork; religious excitement; love affairs; and fright & nervous shocks. Physical causes were considered to include intemperance of drink & sexual activity; self sexual abuse; venereal disease; parturition & puerperal state; uterine & ovarian disorders; puberty or old age; fevers; privation & starvation; other bodily disease; previous attacks & epilepsy; hereditary influence & congenital defects; besides other and unidentified causes²⁶.

²⁴ *Il Filologo*, 18th December 1839, p.27

²⁵ P. Cassar, 1965: *op. cit.*, p.458

²⁶ R. Micallef: Office of the Comptroller of Charitable Institutions. *Malta Government Gazette suppl.*, 8th December 1905, 4867:p.22; F. Mercieca:

Causes of Insanity	1904		1930	
	Predisposing cause	Exciting causes	Predisposing cause	Exciting causes
Moral	24	40	0	55
Physical	156	94	155	108

The spectrum of mental disease types in 1920 included a large variety of diagnostic labels such as idiocy [cases: 16], imbecility [46], moral insanity [2], mental degeneration [4], mania [68], melancholia [32], lypoemia [33], maniacal depressive insanity [162], delusional insanity [198], obsessional insanity [7], neurasthenic insanity [7], hysterical insanity [19], epileptic insanity [40], dementia praecox [58], cerebral arterio sclerosis [2], senile insanity [8], dementia [39], toxic psychosis [2], alcoholism [21], cerebral syphilis [2], general paralysis of the insane [1], psychasthenia [3], confusional insanity [1], and choreic insanity [1]. There were a further four cases that had not been classified²⁷.

Many of the modern therapeutic methods of managing mental disease were introduced by Dr. Victor Vassallo in the first half of the twentieth century.

Office of the Charitable Institutions. *Reports on the working of Government Departments during the financial year 1930-31*. Government Printing Office, Malta, 1932, R:p.34

²⁷ J. Benjacer: Office of the Charitable Institutions. *Reports on the working of Government Departments during the financial year 1919-20*. Government Printing Office, Malta, 1921, L:p.8

Vassallo Victor: b. Valletta, Malta 27/04/1902 d. Malta 22/10/1971;

Education: Flores College, Malta 1910-1918; University of Naples 1919-1926; Bethlem, Maudsley and National Hospitals (U.K.). **Qualified:** M.D. [Naples, 1926]; D.P.M. [Royal College of Physicians & Surgeons, London, 1930]; M.D. hon. [University of Malta, 1964]. **Career:** 1930-1932 Clinical Assistant at Maudsley Hospital and Tavistock Clinic, London;



1932-1937 Resident Physician and 1937-1962 Medical Superintendent, Mental Hospital, Malta; 1932-1962 Professor of Psychiatry and 1962 Professor Emeritus, University of Malta; 1945 offered post of Chief Government Medical Officer but turned down offer. **Achievements:** Published a number of monographs and articles relating to psychiatry. Acted as Vice-President of the International Congress on Mental Health (London, 1948); elected Dean to the Faculty of Medicine and Surgery, University of Malta and served on both Senate and Council of the University; elected Member of the Malta Medical Council and after 1962 served as President to the Medical Officers Union. Member also of a number of international associations. Awarded O.B.E. (1943) and Coronation Medals (1937, 1943). Also awarded an Honorary M.D. from the University of Malta (1964)²⁸.

Dr. Vassallo was succeeded to the post of Medical Superintendent of the Lunatic Asylum by Dr. J. Pullicino.

Pullicino Joseph: b. Paola, Malta 01/03/1920; **Education:** Lyceum, Malta; University of Malta 1939-1946; University of London 1949-1951; worked in various mental hospitals in London. **Qualified:** Ph.C.

²⁸ Vassallo, Prof. Victor. *Malta Who's Who*, 1965. Progress Press, Malta, 1965, p.246; C. Savona-Ventura: Vassallo, Victor. *Maltese Biographies of the Twentieth Century* [M.J. Schiavone, L.J. Scerri, eds.]. PIN, Malta, 1997, p.556

[Malta, 1942]; B.Sc. [Malta, 1944]; M.D. [Malta, 1946]; D.P.M. [London, 1951]. **Career:** 1946-1947 Assistant Resident Medical Officer, Central Hospital, Malta; 1947-1949 TR.M.O. Hospital for Mental Disease, Malta; 1950-1951 Clinical Assistant, Maudsley Hospital, London; 1951-1952 Fellow Trainee in Child Psychiatry, Hospital for Sick Children, London; 1952-1962 R.M.O., 1962-1964 acting Superintendent, 1964 Superintendent, Hospital for Mental Disease, Malta. 1960 Lecturer in Psychiatry, University of Malta²⁹.

While the formal training of medical students in psychiatric conditions can be said to have been initiated with the amalgamation of the post of Professor of Medicine and Visiting Physician to the Lunatic Asylum in 1863; the formal training of nurses in psychiatric states was delayed well into the twentieth century. Nursing care of the mental patients was in 1871 entrusted to the Nursing Nuns of the Sisters of Charity. Because of the previous positive experience in the Orphan Asylum, the Medical Superintendent of the Lunatic Asylum and the Commissioners of Charity on the 15th December 1869 requested the authorities to employ nuns belonging to the order of the Sisters of Charity in the Female Division of the Lunatic Asylum³⁰. The suggestion was well received by the Comptroller of Charitable Institutions and the Governor, and on the 16th September 1870 the Governor authorised the gradual appointment of Sister of Charity nuns to those positions that fell vacant in all the government Charitable Institutions. On the 13th October 1871, a number of Italian nuns arrived in Malta to take up the positions at the Lunatic Asylum, the Central Hospital and the Ospizio. Three Sisters of Charity were employed in the female division of the Lunatic Asylum together with eight attendants and two servants under the

²⁹ Pullicino, Joseph. *Malta Who's Who*, 1965. Progress Press, Malta, 1965, p.198; C. Savona-Ventura: Pullicino, Joseph. *Maltese Biographies of the Twentieth Century* [M.J. Schiavone, L.J. Scerri, eds.]. PIN, Malta, 1997, p.469

³⁰ M&H Arch: *Letters to Government from 5th March 1872 to 31st January 1872*, fols.230. In: P. Cassar, 1965: *op. cit.*, p.407

control of a matron. The Mother Superior was called the Chief Ward Attendant, whereas the other two Sisters were known as Head Ward Attendants³¹. By January 1888, the Lunatic Asylum female staff had been augmented to sixteen employees under the supervision of six Sisters of Charity. These Sisters occupied the positions of Chief Female Ward Attendant, Deputy-Chief Female Ward Attendant in charge of two convalescent wards, two Sisters-in-Charge of female wards and two Sisters in charge of occupational activities, and laundry/pantry. Only one sister, who was in charge of the ward for the bodily infirm was a qualified nurse³². The last member of the Order working at Mount Carmel Hospital retired in 1998.

The first course to train nurses in the Central Hospital was proposed by Dr. T. Bonnici in April 1882, however the early course of studies did not apparently include any instruction as to how to deal with mental disease. Standards in nursing training reached comparable levels by 1947 when the program of nursing studies was raised to the standards of British Nursing Schools culminating in formal recognition in 1952 by the General Nursing Council for England and Wales³³. Psychiatric nursing training received the attention it was due in 1947 when Dr. Paul Cassar gave a series of lectures to the Mental Asylum's attendant, these being eventually published in a handbook for nurses³⁴. The net definite step to augment the training in psychiatric nursing was made in the late 1960 after the

³¹ P. Cassar: *The institutional Treatment of the Insane in Malta*. Government Printing Office, Malta, 1949, p.37-38,41-42

³² P. Cassar, 1949 *op. cit.*, p.37-38,41-42

³³ C. Savona-Ventura: *Outlines of Maltese Medical History*. Midsea Publ., Malta, 1997, p.107-108. In 1890, the Medical Superintendent for the Mental Asylum, Dr. Frederick Xwereb delivered a series of lectures to the attendants working in the Asylum.

³⁴ P. Cassar: *Tagħlim fuq il-Mard Mentali għall-Infermieri*. Government Printing Press, Malta, 1950, +30p.

arrival of Ms Evelyn Zimmerman in 1967 who was the World Health Organisation Mental Health and Psychiatric Nursing Advisor to the Department of Health in Malta. Her teaching manual entitled *Teaching Guide for Mental Health and Psychiatric Nursing* was translated and stencilled in Maltese as *Mount Carmel Hospital: In-service Training Programme ghan-Nursing Personnel Impjegati f'dan l-Isptar*. Zimmerman also undertook the running of an in-service course that led to the eventual recognition in 1987 of the trainees as Enrolled Nurse for the Mentally Sick [ENMS] and Registered Mental Nurse [RMN]³⁵. Formal professional nursing training can be said to have been introduced by the Institute of Health with its Diploma in Psychiatric Nursing in 1992.

Cassar Paul: b. Zejtun, Malta 29/06/1914; **Education:** Lyceum, Malta; University of Malta; post-graduate training in psychiatry in several hospitals in the U.K.. **Qualified:** Ph.C. [Malta, 1936]; B.Sc. [Malta, 1937]; M.D. [Malta, 1940]; D.P.M. [Royal College of Physicians & Surgeons, London, 1944]; FRCPsych [founder member, 1971]; D.Litt. (*hon. causa*) [Malta, 1984]. **Career:** 1940-1942



worked in emergency hospital services during the war; 1942-1945 Clinical Assistant at the National Hospital, Maida Vale Hospital for Mental Disease and Maudsley Hospital in London and Royal Edinburgh Mental Hospital in Edinburgh; 1945-1964 Physician at Mount Carmel Hospital, Malta; 1964 Consultant Psychiatrist in the Medical and Health Department. Also served as lecturer in clinical psychiatry at the University of Malta. **Achievements:** Published a

³⁵ J. Incorvaja: *A Comparative study of educational attitudes between First, Second and Third level Nurses working in Psychiatric Practice in Malta*. M.Sc. (Nursing Education) Thesis: Institute of Health Care, University of Malta, 1999, p.8-10

large number of monographs and articles relating to medical history. Awarded D.Litt. Honoris Causa by the University of Malta for his contribution in the field of medical history in 1984, and received the Midalja għall-Qadi tar-Repubblika in 1995; was raised to Cross Commander of the Order of Merit of the Sovereign Military Order of St. John in 1995³⁶.

Mechanical restraint methods

The 1851 *“Instructions for the Guidance of the officers and Servants of the Government Charitable Institutions of the Islands of Malta & Gozo”* required the Lunatic Asylum keepers to maintain an impartial and humane conduct abstaining from every means of mechanical restraint that was not formally prescribed by the Medical Officer, as well as abstaining from every form of act or expression of violence³⁷. In spite of the "humane" management introduced by Dr. Chetcuti and enforced by the administration, mechanical restraint continued to be employed throughout the nineteenth century. Various implements were used to mechanically restrain restless violent patients and to manage epileptic fits. To control against abusive use of restraining measures, all cases wherein this was used had to be recorded in a *"Restraint Book"* introduced in 1863³⁸.

The straitjacket, consisting of a loose canvas covering with leather straps fastened by a lock, continued to be regularly used until 1881, after which date the jacket was used only as an emergency measure in highly agitated or suicidal individuals. By July 1894 the Lunatic

³⁶ A. Ellul Galea: Cassar, Paul. *Maltese Biographies of the Twentieth Century* [M.J. Schiavone, L.J. Scerri, eds.]. PIN, Malta, 1997, p.163

³⁷ *Instructions for the Guidance of the officers and Servants of the Government Charitable Institutions of the Islands of Malta & Gozo*. Government Press, Malta, 1851, p.43

³⁸ Lunatic Asylum Archives [LA Arch]: *Restraint Book*, manuscript, 1866-1871

Asylum held only 14 straitjackets, the other government hospitals having a further 26 jackets³⁹. Straitjackets were also used by the Police to assist in the transportation of agitated patients to the Asylum⁴⁰. In October 1886, canvas suits and mittens for use in particularly destructive inmates started to be use.

The use of the straitjacket continued to be used in the twentieth century. In 1938, the Medical Superintendent of the Asylum Dr. V. Vassallo reported that "the only form of mechanical restraint used is the so-called "strait jacket". This form of restraint is only resorted to when patients are considered actively harmful to themselves, when they keep removing surgical dressing etc. There was no occasion to use this form of restraint during the year"⁴¹.

Other forms of personal bodily restraints including the binding of the hands using handcuffs or leather wristlets sometimes attached to a waist-strap; canvas or leather mitts and muffs. The legs were also occasionally bound using leather anklets or manacles. These restraints were applied to all dangerous patients at night.

Handcuffs remained in use until October 1873, while hand-binding continued to be applied to exceptionally restless patients until September 1875. Dangerous patients who were restless and violent were occasionally further restrained from injuring themselves by using restraint beds and chairs. These were also used to manage

³⁹ LA Arch: *Letters issued*, manuscript, 4.vii.1894. As reported in P. Cassar: *The Institutional Treatment of the Insane in Malta*. Government Printing Office, Malta, 1949, p.44

⁴⁰ E. Attard: *Il-Pulizija f'Malta*. PIN, Malta, 2000, pl.5

⁴¹ V. Vassallo: Report on the Hospital for Mental Disease for 1938. *Annual Report on the Health Conditions of the Maltese Islands and on the work of the Medical and Health Department for the year 1938*. Malta Government Gazette suppl. 29th December 1939, 154: Appendix MK, p.158

epileptic fits. After 1875, close vigilance of all dangerous patients was introduced, these being housed in one dormitory under the supervision of two attendants⁴².



Strait Jacket



Manacles

Another management option for dangerous inmates was the use of seclusion in a single room or padded room. The construction of seclusion rooms for noisy and violent patients was first requested by Dr. G.B. Cijaja in November 1861. These were completed in October 1872. The rooms were far from ideal. They were badly lighted and ventilated. The windows, provided with iron bars, were situated near the ceiling. These windows were enlarged and lowered in 1894. Toilet facilities were absent or included only iron pails chained to the walls. In 1883, Dr. F. Xuereb proposed that an iron vessel should be placed in the corner of the rooms to enable collection without obviating opening the door. The doors were massive and heavily bolted. Patients could be watched through inspection holes in the door. In July 1888, the practice of seclusion was regulated by the Special Board responsible for the Lunatic Asylum. All secluded cases were to be registered in a "*Seclusion Book*". On the 26th September 1889, only one person required seclusion during the previous week. In 1890, Dr. Xuereb

⁴² LA Arch: *Letters issued*, manuscript, 18.iii.1886. As reported in P. Cassar, 1949: *op. cit.*, p.44

prophesised that seclusion would soon become *rara avis*, but the measure continued to be used well into the twentieth century when patients were assessed to be dangerous to themselves or to others and when all means of calming them had failed. In 1898, four female inmates required seclusion on 16 instances⁴³. In the 1930s the Comptroller of Charitable Institutions Mr. F. Mercieca was requesting the construction of twelve additional single rooms for dangerous patients⁴⁴.

A Padded Room was available in 1874 in each division of the asylum. These were not ideally constructed since the floor was paved with stone, thus allowing for possible injury to the excited patient. In October 1886, the floor was paved with wood to obviate this risk. At the end of the nineteenth century, the Padded Room was used only for patients suffering from epileptic excitement⁴⁵. The Seclusion and Padded Rooms continued to be used during the earlier part of the twentieth century. In 1938, Dr. Vassallo reported that "seclusion which means the isolation of a patient in spacious and airy rooms during certain hours of the day and night is only resorted to in the case of very restless and aggressive patients. In the whole hospital there are only 46 single rooms in the Male Division and 21 in the Female Division. During the year 1938 the total number of patients subjected to seclusion were 79 males and 14 females out of a daily average resident population of 861. The single rooms used for seclusion have nothing to do with the popular idea of the so called 'padded rooms' of which in the Hospital there are only two one for each division. There are very seldom used and it is significant that neither has been occupied during the last three

⁴³ P. Cassar, 1949: *op. cit.*, p.45-46

⁴⁴ F. Merceica: Office of the Charitable Institutions. *Reports on the working of Government Departments during the financial year 1930-31*. Government Printing Office, Malta 1932, R:p.5

⁴⁵ LA Arch: *Letters issued*, manuscript, 1.vii.1899. As reported in P. Cassar, 1949: *op. cit.*, p.47

years"⁴⁶. The Padded Rooms were converted into single-bedded rooms for convalescent and stabilised patients when the Asylum was reconstructed after the Second World War⁴⁷.

In the belief that a dark blue environment had a mysterious powerful calming action on excited patients, the windows of the Padded Rooms were provided with dark-blue glass panes even though Dr. Xuereb in 1883 commented that he had not observed any beneficial calming effects through the influence of the blue coloured environment⁴⁸. The rooms and corridor of the Seclusion Rooms were also painted blue. Dark glasses of this colour were also employed to attempt calm excited patients.

The concept of the calming effect of a blue environment on agitated patients slowly went out of fashion. By 1938, the wards in the Asylum each had their own colour scheme emulating the trends in mental hospitals elsewhere⁴⁹.

Solitary confinement was also achieved by placing the inmate in a "cage-like" bed walled with rope netting to prevent him/her from injuring other ward companions. The inmates also required constant protection from dangers in their ward environment. Such attention included the use of a protective guard in front of the fireplace to prevent burns.

⁴⁶ V. Vassallo, 1939: *op. cit.* Padded door supplied by Pocock Brothers Ltd of 235 Southwark Bridge Road, London SE, UK. The demonstration door is furnished with only slightly grey-tinted glass.

⁴⁷ P. Cassar, 1965: *op. cit.*, p.373

⁴⁸ LA Arch: *Letters issued*, manuscript, 31.viii.1883. As reported in P. Cassar, 1949: *op. cit.*, p.46

⁴⁹ V. Vassallo, 1939: *op. cit.*, p.158

Chemical sedation

Chemical sedation was an unpopular option throughout the nineteenth century. Dr. Chetcuti in 1838 used medications very sparingly⁵⁰, while Dr. Xuereb in 1895 believed that the end-result of chemical sedation was "incurable dementia", preferring the use of the padded room, rest in bed, and a nourishing diet⁵¹. Prof. G.O. Galea in 1870 on the other hand had been enthusiastic about the use of ***Chloral hydrate*** believing it to be "a medicine which was intended to supersede all means of restriction". Chloral hydrate was the first synthetic hyponotic to be introduced in 1869 as a welcome alternative to opium - morphine and alcohol. An earlier sedative was ***Potassium bromide*** introduced into practice in 1857⁵². The substance was being used to sedate agitated patients in Malta in 1879. Bromide intoxication [bromism] could occur, generally insidiously, resulting in psychotic states of all kinds but chiefly depression and irritability, although excitement may occur. The symptoms of bromism were often attributed to the disease for which the sedative was given with the result that the dose was increased. It is no wonder therefore that practitioners were unimpressed with the value of chemical sedation. Another sedative in use in the Malta Asylum in 1889 was sulfonmethane or ***sulphonal***, introduced to the market by Bayer in 1888⁵³.

In 1889, Dr. Xuereb requested the provision of a small supply of ***coniium*** believing this to be "the most reliable and safest drug for controlling the motor excitement of patients"⁵⁴. Coniium was the liquid, volatile alkaloid obtained from the full-grown fruit of

⁵⁰ T. Chetcuti, 1841: *op. cit.*

⁵¹ LA Arch: *Letters issued*, manuscript, 19.iii.1895, 27.vi.1899. As reported in P. Cassar, 1949: *op. cit.*, p.4

⁵² P. Cassar, 1949: *op. cit.*, p.47

⁵³ P. Cassar, 1949: *op. cit.*, p.47

⁵⁴ LA Arch: *Letters issued*, manuscript, 26.iii.1889. As reported in P. Cassar, 1949: *op. cit.*, p.47.

Conium maculatum, the Spotted Hemlock, (nat. ord. Umbelliferae), gathered while yet green. The main action of *Coniine* is that of a paralyzant to the motor nervous system, beginning at the peripheral end-organs and extending upwards, involving the nerve trunks and finally the centres. It is a useful depressant in Chorea, Acute Mania, Epilepsy, Hysteria, Hystero-epilepsy, and most convulsive disorders.

Another motor depressant used in the management of the inmates of the Malta Lunatic Asylum was **tobacco** in the form of snuff. Rather than being administered as a medicinal, it was primarily administered as an extra comfort to those patients who were "gainfully" occupied. The medical staff however believed that snuff had a marked sedative effect on restless patients and encouraged its use. In June 1872, no less than 185 female patients were regularly using snuff. In 1887, Dr. Xuereb believed that snuff "was superior to that of a dose of chloral hydrate or narcotics", and in 1896 was regularly administering snuff to enable him calm his most restless patients in the refractory wards. This required an augmentation of the supply of snuff from 6 *rotoli* a month in May 1887 to 10 *rotoli* a month in 1894. The addictive properties of tobacco often resulted in disturbances⁵⁵. In 1896, the Comptroller of Charitable Institutions showed scepticism regarding the beneficial effects of tobacco and recommended that its use should be discontinued since the habit was dirty and repulsive. Dr. Xuereb, while agreeing in principle on the unhygienic habit, expressed the view that he dared not withhold the snuff in excitable patients or those who considered it remuneration for their "gainful" employment⁵⁶. This is not surprising considering the addictive effects of nicotine.

⁵⁵ P. Cassar, 1949: *op. cit.*, p.4-48

⁵⁶ LA Arch: *Letters issued*, manuscript, 12.ii.1896. As reported in P. Cassar, 1949: *op. cit.*, p.48

Barbiturates were introduced in general practice as a hypnotic in 1903. However, the inauguration of the sub-speciality of psychopharmacology which has since grown rapidly and become the mainstay of psychiatric treatment was the introduction of Reserpine and Chlorpromazine [Largactil] in 1952 for psychotic conditions and the discovery of the monoamine oxidase inhibitors in 1958.

Physical therapeutic methods

The use of physical methods in the treatment of psychotic disease was the use of regular bloodletting or ***venesection*** to attempt calm the excited individual. This form of management was the panacea of medical management in general and it is not surprising that it was introduced as a potential modality of treatment in psychotic disorders. In Malta, venesection using lancing and leeches for psychotic conditions was advocated by Dr. T. Chetcuti in 1838⁵⁷.

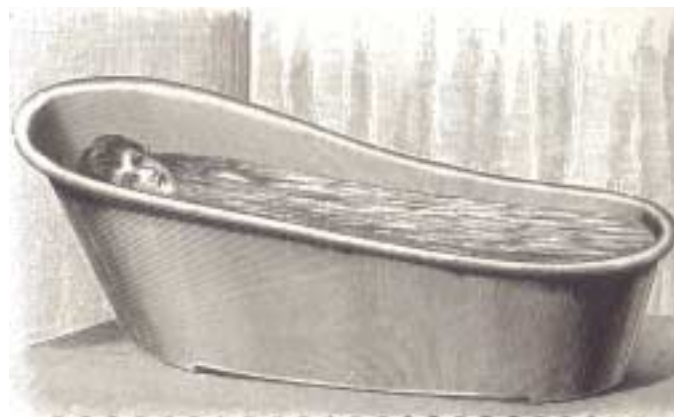
Another method of venesection, considered more merciful than the other blood-letting instruments, in vogue during the 18th century was through the use of the scarificator. This device, containing a series of twelve blades, was cocked and the trigger released spring-driven rotary blades which caused many shallow cuts. Scarificators simply made numerous small wounds prior to applying a cupping glass.

Hydrotherapy or the administration of tepid baths - *habeat balneum calidum* - to sedate excitable patients were an integral part of the reforms introduced by Dr. Thomas Chetcuti in 1838. The treatment remained one of the mainstays and is frequently recorded in the 1864 *Case Book* of the Malta Lunatic Asylum⁵⁸. A proposal to build a Hydrotherapy Room or Turkish Bath in each of the Asylum's

⁵⁷ T. Chetcuti, 1841a: *op. cit.*

⁵⁸ LA Arch: *Case Book*, manuscript, 1864. As reported in P. Cassar, 1949: *op. cit.*, p.49

divisions was made in 1881, however the authorities considered that hydrotherapy had an overall depressing effect on the patients when used frequently and any noted benefits were only temporary. It was only in 1892 that the construction of a Hydrotherapy Room to serve both divisions was authorised⁵⁹.



Hydrotherapy

The use of physical somato-empirical methods in the management of psychotic disorders were truly introduced in general practice in 1887 by Julius Wagner von Jauregg [b.1857; d.1940] who in his classical article discussed the possibility of treating general paresis of syphilis with *artificially induced febrile diseases*, including malaria. In 1890, Wagner began treating paralytics with Koch's tuberculin and later with typhus vaccine with unpredictable results. In 1917, he began experimenting with malaria and found this efficacious. In 1927 Wagner was awarded the Nobel Prize for his work⁶⁰. The use of hyperpyrexia treatment for neurosyphilis using artificially-induced Malaria infection was introduced in Malta by Dr. V. Vassallo in 1932 but had to be abandoned because it was

⁵⁹ LA Arch: *Letters issued*, manuscript, 26.xii.1881, 28.iii.1884. As reported in P. Cassar, 1949: *op. cit.*, p.49

⁶⁰ E.H. Ackerknecht, 1959: *op. cit.*, p.89-90

found impossible to keep a suitable strain continuously. Pyrotherapy for schizophrenia and manic-depressive psychosis was introduced in 1933-34. In 1937, hyperpyrexia was being produced by short-wave diathermy⁶¹. Concurrent with hyperpyrexia treatment, *Tryparsamide* was also used extensively in 1937 and the majority of cases so treated, who would have otherwise died or passed into complete dementia, have had complete or partial remission⁶².

Another physical modality of treatment for the functional psychosis was the introduction by Jakob Klaesi of *continuous narcosis* in 1922⁶³. This treatment modality was introduced in Malta by Dr. Vassallo in 1933-34⁶⁴. This technique never became a method of choice because shock therapy was introduced only a few years later.

The fact that severe psychological or physical shocks can result in recovery from mental diseases had been recorded from time to time. The first modern shock therapy introduced for the treatment of psychotic disorders was *insulin shock*. The modality was introduced by Dr. Manfred Sakel [b.1900; d.1958] in 1933. Sakel

⁶¹ V. Vassallo: Office of the Charitable Institutions. *Reports on the working of Government Departments during the financial year 1932-33*. Government Printing Office, Malta 1933; V. Vassallo: Office of the Charitable Institutions. *Reports on the working of Government Departments during the financial year 1933-34*. Government Printing Office, Malta 1934; V. Vassallo: Office of the Charitable Institutions. *Reports on the working of Government Departments during the financial year 1934-35*. Government Printing Office, Malta 1935; V. Vassallo: Report on the Hospital for Mental Disease for 1937. *Annual Report on the Health Conditions of the Maltese Islands and on the work of the Medical and Health Department for the year 1937*. Government Printing Office, Malta, 1938, Appendix MK, p.155

⁶² V. Vassallo, 1937: *op. cit.*, p.155

⁶³ E.H. Ackernbecht, 1959: *op. cit.*, p.90

⁶⁴ V. Vassallo, 1934: *op. cit.*

discovered that marked psychological improvement occurred after hypoglycaemic coma and fits⁶⁵. Insulin hypoglycaemic shock was introduced in Malta by Dr. Vassallo in 1943⁶⁶. The induction of hypoglycaemic shock was repeated frequently so that in 1947 no less than 1503 comas were induced in 36 cases⁶⁷. During the period 1946-1953, a total of 246 patients received hypoglycaemic shock therapy. The improvement rate was only about 47%⁶⁸.

<i>Year</i>	<i>Symptom Free</i>	<i>Improved</i>	<i>Not Improved</i>	<i>Rx not completed</i>	<i>Total</i>
1946	5	4	12	1	30
1947	4	6	17	7	36
1948	?	?	?	?	44
1949	10	9	14	12	45
1950	4	9	16	7	36
1951	6	2	15	6	29
1952	9	4	9	4	26
1953	6	5	8	4	23

Hypoglycaemic Shock treatment 1946-53

Another shock or convulsive method - that of *intravenous cardiazol* was developed independently by L. von Meduna of Budapest

⁶⁵ E.H. Ackernbecht, 1959: *op. cit.*, p.91

⁶⁶ V. Vassallo: Report of the Hospital for Mental Disease for 1943. *Report on the Health Conditions of the Maltese Islands and on the work of the Medical and Health Department for the year 1943*. Government Printing Office, Malta, 1945, Appendix MH, p.38; P.P. Debono: Hospital for Mental Disease. *Report on the Health Conditions of the Maltese Islands and on the work of the Medical and Health Department including the Emergency Medical Services for the year 1946*. Government Printing Office, Malta, 1948, p.32

⁶⁷ P.P. Debono, 1948: *op. cit.*, p.47

⁶⁸ *Reports on the Health Conditions of the Maltese Islands and on the work of the Medical and Health Department for the years 1945-53*. Government Printing Office, Malta, 1947-54, 9 vols. published annually

[b.1896] in 1935⁶⁹. This method was introduced in Malta by Dr. Vassallo in 1938. The treatment consisted of an "intravenous injection of large doses of a 10% solution of Cadriazol starting with a minimum dose of 5 cc and increasing to a maximum of 10 cc according to the individual reaction as treatment progresses. Within a period ranging from a few seconds to 20 or 30 the injection is followed by a typical convulsive seizure clinically identical to the epileptic. Treatment is carried out twice weekly and the number of convulsions necessary is regulated according to the individual curative response. Usually 15 to 30 treatments are necessary." The results were noted to be very encouraging and in some cases remission followed almost suddenly after the first few injections. In 1938, 20 cases underwent this treatment. Recoveries occurred in 20%; marked improvement was observed in 20%; 20% had temporary improvement; while 50% showed no improvement⁷⁰. The use of cardiazol was discontinued in 1943 after the introduction of electroconvulsive therapy⁷¹.

Electricity had been used for mental disease to produce sleepiness or convulsions since the 19th century. In May 1879 Prof. G.O. Galea and Dr. A. Galea requested the provision of an "electrical apparatus to be applied in the treatment of mental disease", but the apparatus was never procured⁷². In 1931, the Comptroller of Charitable Institutions F. Mercieca requested the augmentation to the asylum of two additional wards provided with electric current therapeutic apparatus⁷³.

Violent *electro-shock therapy* was introduced in Rome by V. Cerletti and L. Bini in 1938. In view of the severe fits induced, the

⁶⁹ E.H. Ackernbecht, 1959: *op. cit.*, p.91

⁷⁰ V. Vassallo, 1938: *op. cit.*, p.159

⁷¹ V. Vassallo, 1945: *op. cit.*, p.38

⁷² P. Cassar, 1949: *op. cit.*, p.48

⁷³ F. Mercieca, 1932: *op. cit.*, p.R5

treatment was associated with orthopaedic complications such as dislocations and fractures. These complications were reduced after the introduction of curare in 1940⁷⁴.

In Malta, electroconvulsive therapy was introduced in 1943, the apparatus being procured in July 1943. Until the end of that year, 100 cases were treated with ECT⁷⁵. ECT remained the mainstay of treatment being applied even on an outpatient basis by 1947 and now surpassing all other forms of physical therapeutic modalities. During the period 1946-1953, a total of 1091 patients received electroconvulsive therapy. The improvement rate was only about 53.8%⁷⁶. The Electromedical apparatus available at the Lunatic Asylum included Dry batteries and an apparatus for galvanization, electrolysis and faradization [Pantostat] manufactured by Schell & Son Ltd of London W, UK.

<i>Year</i>	<i>Symptom Free</i>	<i>Improved</i>	<i>Not Improved</i>	<i>Rx not completed</i>	<i>Total</i>
1946	15	22	34	11	82
1947	57	39	31	24	151
1948	?	?	?	?	173
1949 a	2	54	19	32	107
b	16	-	6	20	42
1950 a	13	49	16	19	97
b	7	8	4	17	36
1951 a	11	38	37	14	100
b	4	17	19	5	35
1952 a	18	43	25	22	108
b	9	15	7	4	35
1953 a	14	25	18	29	86
b	7	11	17	4	39

Electroconvulsive treatment 1946-53
[a: inpatient; b: outpatient]

⁷⁴ E.H. Ackernbecht, 1959: *op. cit.*, p.91

⁷⁵ V. Vassallo, 1945: *op. cit.*, p.38

⁷⁶ *Reports ..*, 1948-54: *op. cit.*

Surgical therapeutic methods

Psychosurgery was first attempted by the Swiss psychiatrist Burckhardt in 1890 who ablated part of the cortex. His pupil Puusepp [b.1875; d.1942] severed the fibres between the parietal and frontal lobes in 1910. In 1936, two Portuguese workers Egas Moniz [b.1874; d.1955] and Lima introduced ***prefrontal leucotomy*** whereby they sectioned the white matter in the plane of the coronal suture⁷⁷.

The operation was first carried out in the Malta Lunatic Asylum by the British neurosurgeon W. McKissock in October 1947. The procedure was carried out on 20 selected cases suffering from schizophrenia (14 cases), obsessional compulsive neurosis (5), and depression (1). The surgery was complicated by three deaths. The causes of death were established to have been haemorrhage, acute purulent meningitis and surgical involvement of basal ganglia respectively. A year later, two cases were assessed as being symptom-free, 14 had improved, and only one case with schizophrenia showed no improvement⁷⁸.

Occupational & Recreational therapy

Basing his therapeutic options on Pinel, Dr. T.Chetcuti believed that psychotherapy including gentle handling of the patients and occupational therapy had a role to play in the management of the mentally infirm⁷⁹. However the earliest mention of occupational therapy being organised for these patients dates to 1851, when the

⁷⁷ E.H. Ackernbecht, 1959: *op. cit.*, p.92

⁷⁸ *Report on the Health Conditions of the Maltese Islands and on the work of the Medical and Health Department for the years 1947-48*. Government Printing Office Malta, 1949, 2 vols. The Mental Hospital Museum at Attard [Malta] holds some neurosurgical instruments including a Horsley's dura mater elevator and trephines.

⁷⁹ T. Chetcuti, 1841a: *op. cit.*

Special Committee for the Asylum decided to establish occupational crafts such as cotton spinning, weaving and sewing, and rush work. The materials and tools were to be supplied by the Inspector of Charitable Institutions. Within two years of the initiation of the scheme, the Special Committee was voicing its satisfaction of the good therapeutic results. The proceeds from the finished articles were used to furnish material comforts to inmates, such as provision of tobacco, and to provide monetary assistance to needy discharged patients. By 1861, this scheme apparently failed because the demand for items produced by the inmates had dwindled⁸⁰.

An attempt to place "industrial occupational" on a firm basis was made by the Comptroller of Charitable Institutions Sir. V.F. Inglott in 1868. Looms for weaving had been made available in the Asylum and it was proposed that this activity would be taken up by the female patients. Agricultural work in the fields around the new Asylum at Attard was also proposed. By 1869 various activities were introduced including gardening, crochet and lace making, and the rearing of goats and poultry.

By 1880 the number of inmates who were actively engaged included about 1/3 of the male and 1/6 of the female inmate population [see table below]. In the subsequent decades several other occupations were introduced including rush work [1876], bookbinding [1891] shoe making [1894], and tinsmith. An agricultural colony was set up in 1889⁸¹. The occupational activities continued to be promoted, though the proportion of inmates who were actively employed gradually decreased⁸².

⁸⁰ P. Cassar, 1949: *op. cit.*, p.19

⁸¹ P. Cassar, 1949: *op. cit.* p.51-54

⁸² L.A. Bonello: Office of the Comptroller of Charitable Institution, Valletta, 27th May, 1905. *Malta Government Gazette suppl.*, 8th December 1905,4867:24; L. Benjacar: Office of the Charitable Institutions, Valletta

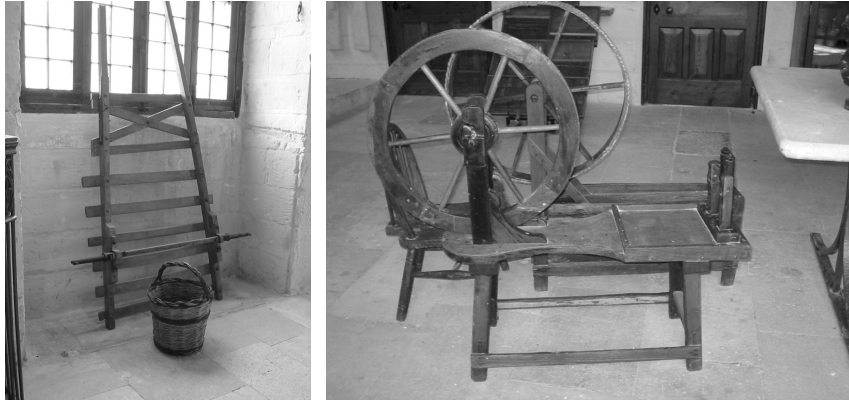
Males	
• Clerical work	• 3
• Carpentry	• 2
• Plumbing	• 1
• Gardening	• 10
• Cooking	• 3
• Pumping	• 14
• General Service	• 20
• Tailoring	• 2
Females	
• Sewing & knitting	• 20
• Laundry work	• 24
• General Service	• 6

Occupation activities 1880

29th May 1916. *Reports on the working of Government Departments during the Financial Year 1915-16*. Government Printing Office, Malta, 1917 p.L14; F. Mercieca: Office of the Charitable Institutions, Valletta 29th September 1931. *Reports on the working of Government Departments during the Financial Year 1930-31*. Government Printing Office, Malta, 1932 p.R34; *Annual report on the Health Conditions of the Maltese Islands and on the work of the Medical and Health Department including the Emergency Medical Services for the Year 1940*. Government Printing Office, Malta, 1941, p.42

OCCUPATION	1904	1915	1930	1940
% of Asylum inmates employed				
• <i>Males</i>	• 50.0	• 45.5	• 36.4	• 13.2
• <i>Females</i>	• 52.0	• 42.9	• 28.8	• 25.1
Males				
• Assisting in Provision Store	• 4	• 3	• -	• -
• Assisting the Barber	• 1	• 1	• 1	• 2
• Bookbinding	• 1	• 1	• 1	• -
• Carpentry	• 4	• 4	• 5	• 2
• Corina washers	• 44	• 11	• 9	• -
• Gardeners	• 39	• 40	• -	• 2
• Household servants	• 33	• 44	• 47	• -
• Kitchen labourers	• 5	• 8	• -	• -
• Labourers in General Service	• 5	• 9	• -	• 1
• Labourers in Grounds	• 8	• 10	• 56	• 5
• Mattress makers	• 7	• 11	• 8	• 3
• Office Assistants	• 4	• 7	• 5	• 1
• Servants	• 1	• 3	• -	• 31
• Shoemakers	• 4	• 5	• 1	• -
• Tailors	• 32	• 39	• 46	• 3
• Tinsmith / blacksmith	• 1	• 2	• 2	• 2
• Whitewashers	• 1	• 2	• 1	• 2
Females				
• Employed in Wash-house	• 23	• 17	• 22	• 5
• Employed in Needle work	• 65	• 52	• 51	• 24
• Employed in Weaving	• 26	• 22	• 11	• 5
• Florists	• 1	• -	• -	• -
• Knitters	• 11	• 13	• 11	• 2
• Labourers in General Service	• 9	• 20	• -	• -
• Lace makers	• 1	• 1	• 1	• 2
• Household servants	• 9	• 21	• 33	• 55

Occupational activities 1904-1940



Occupational appliances in Museum

In February 1860, the Asylum authorities introduced the concept of using recreational activities to occupy the inmates with the organisation of a fete, which event was noted to bring an "unequivocal expression of contentment.... On every countenance". A second fete followed this event three months later⁸³. With the transfer to the Attard Asylum, recreational activities were organised on a more regular basis. These included theatrical performances put up by the inmates, first held in May 1869, and were regular features during Carnival, Easter and Christmas. After 1939, several Maltese Dramatic Companies gave performances of dramatic plays interpreted in Maltese. The inmates were also encouraged to form a small orchestra in 1870, while several band clubs from various localities or organisations in Malta entertained the inmates several times a year. Outings were also organised, first in the form of walks around the grounds of the Asylum [1861] and after 1874 to more distant regions like Boschetto, Selmun, and the Inquisitor's Palace at Girgenti. This activity was facilitated by the purchase of a *char-a-banc* in 1937, which allowed the country trips to increase from six to ten weekly. Magic lantern shows were introduced in 1886.

⁸³ P. Cassar, 1949: *op. cit.*, p.19-20

Cinema shows were organised regularly after 1947 while sound-projection equipment was installed in 1951⁸⁴.



Postmortem kit

General Health Care

The inmates of the Asylum were generally nursed in their respective wards for any ailments that they suffered from or

⁸⁴ P. Cassar, 1949: *op. cit.*, p.55-57; *Annual report on the Health Conditions of the Maltese Islands and on the work of the Medical and Health Department for the Year 1937*. Government Printing Office, Malta, 1938, p.155; *Annual report on the Health Conditions of the Maltese Islands and on the work of the Medical and Health Department for the Year 1939*. Government Printing Office, Malta, 1940, p.77; *Annual report on the Health Conditions of the Maltese Islands and on the work of the Medical and Health Department including the Emergency Medical Services for the Year 1947*. Government Printing Office, Malta, 1949, p.48; *Annual report on the Health Conditions of the Maltese Islands and on the work of the Medical and Health Department for the Year 1951*. Government Printing Office, Malta, 1953, p.104

developed. In 1884 two dormitories were set apart as infirmaries⁸⁵. The disease pattern was very varied and evidence by the list of recorded principal causes of death in the middle of the twentieth century. Postmortens were often performed to establish cause of death⁸⁶.

CAUSE OF DEATH	1937	1940	1945	1950
• Disease of the Heart	• 12	• 10	• 2	• 7
• Cerebral Vascular Disease	• 5	• 3	• -	• 4
• Disease of Lungs [inc. TB]	• 2	• 11	• -	• 2
• Chronic Renal disease	• 2	• 3	• 2	• -
• Epilepsy	• 4	• -	• -	• 2
• Exhaustion from Mania	• -	• 1	• -	• 2
• Exhaustion from Melancholia	• 2	• 6	• -	• -
• Mental Disorder	• 2	• 1	• 6	• -
• Dementia Paralytica	• 2	• 4	• 2	• -
• Other Causes	• 17	• 6	• 6	• 7

*Principal Causes of Death in Mental Hospital*⁸⁷

The variety of disease conditions required the hospital to be adequately provided for to manage common medical and surgical conditions. Several instruments and apparata are still to be found in the Mental Hospital Museum.

Tuberculosis: Pulmonary Tuberculosis was a common infection in the Maltese population accounting for 195 new cases in 1938 [rate 7.26 per 10000 population] and 128 deaths attributed to the disease [2.4% total deaths]. It is not surprising therefore that Tuberculosis also affected the inmates of Our Lady of Mount Carmel Hospital.

⁸⁵ P. Cassar, 1949: *op. cit.*, p.50

⁸⁶ A number of postmortem dissection sets are available in the Mental Hospital Museum.

⁸⁷ *Annual Report.....1937: op. cit.*, p.170-171; *Annual Report.....1940: op. cit.*, p.90-91; *Reports.....1947-54: op. cit.*

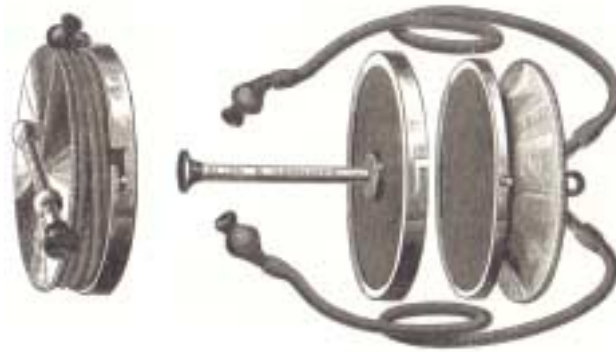
Two admissions during 1938 were noted to be suffering from tuberculosis, the condition was considered to have been a probable predisposing physiogenic cause for the mental illness. Before the discovery of streptomycin in 1946, the treatment of tuberculosis was mainly supportive. However, in those patients suffering from extensive pulmonary lesions, artificial pneumothorax treatment, as advocated originally by the Italian Carlo Forlanini and modified by Morelli, was the mainstay of treatment. In 1938, at Connaught Hospital for tuberculosis, no less than 52 patients underwent Morelli's artificial pneumothorax treatment. Of these 41 reportedly improve after undergoing the procedure. Even though the use of streptomycin was introduced in Malta soon after its discovery [1948] and mass BCG vaccination enforced in 1950, treatment with artificial pneumothorax remained a therapeutic option well into the 1950s. Artificial pneumothorax treatment was also carried out in the Lunatic Asylum as evidenced by the presence of Marshall Pneumothorax apparatus in the hospital's museum holdings.

Dental disease associated with poor dental hygiene and care was similarly common and inmates of the Lunatic Asylum required regular dental treatment as evidenced by the presence of a dental chair, a dental syringe, a dental elevator and props in the museum's holdings.

Obstetric and urological-gynaecological conditions were also apparently an important group of conditions that the Asylum's physicians had to deal with in virtue of the presence of a Lithotomy chair-table in the museum's holdings. This was originally constructed for urological procedures but was also suitable for obstetric and gynaecological procedures. A contemporary photograph of the treatment room depicting the chair includes an instrument cupboard that appears to contain what appears to be an obstetric forceps. The Museum collection also holds a number of obstetric instruments including a Ferguson's monaural fetal

stethoscope and a Craniotomy forceps. A Bladder syringe is also present

Cardiac conditions were investigated Bazzi-Bianchi's phonendoscope and the Cambridge Portable Cardiograph. Anaemia was managed Canti's transfusion apparatus with venous access being achieved by various types of cannula.



Phonoendoscope

Neurological conditions: To enable the performance of the surgical procedures carried out as an integral part of the management of mental disease, the museum has in its holdings various surgical instruments useful for carrying out neurological procedures, these including the Horsley dura mater elevator and a Coterrell trephine. In addition lumbar punctures were carried out as part of the investigations for systemic disease.

Anaesthesia equipment: Surgical procedures requiring anaesthesia were carried out using basic anaesthetic apparatus including the Schimmelbusch's inhaler or the Hewer's facepiece. Other anaesthetic aids held by the museum include the Guy's tongue forceps, and the Dreadnought mouth gag.