

### Online archive 3

#### John Conolly (1794–1866) (non-restraint)

*The 'non-restraint' movement which had started at the beginning of the 19th century tried to treat the mentally ill humanely. It followed the ideas and actions of Pinel and the work of William Tuke at the Retreat. The movement was very considerably forwarded by the work of John Conolly as resident physician (1839–1845) of the Middlesex Asylum at Hanwell. Subsequently he was visiting physician there until 1852. His legacy was changes in the attitudes to the mentally ill. He was much admired by fellow psychiatrists of his time and was chairman and president of their Association.*

John Conolly was born at Market Rasen, Lincolnshire; his father came from Castletown in Ireland. His first employment was as an ensign in the Cambridgeshire militia. After four years' service he married and lived for a year in France. However, the need to earn his living compelled him to take up medicine and, after a further four years' study, he graduated as MD at Edinburgh University, choosing insanity as the subject for his inaugural dissertation. After short periods of practice at Lewes and Chichester, he settled in Stratford-on-Avon for five years. He took a prominent part in municipal affairs, being twice elected mayor. In 1827 he started to practise in London, obtaining the professorship of the practice of medicine at University College in the following year. While in London, he published *Indications of Insanity* (1830). But, in spite of his friendship with Lord John Russell and other eminent men, Conolly failed to make his name as a practitioner; nor was he distinguished as a professor. Returning to the Midlands in 1830, he spent the next eight years at Warwick. In this period, he was inspecting physician to the county asylums, a post that he had held while in Stratford. He wrote several articles for the *Cyclopaedia of Practical Medicine* and cooperated with Hastings and Forbes in founding the Provincial Medical and Surgical Association, with which, as the British Medical Association, he maintained a close connection. In 1839,

after a year in Birmingham, he was placed in charge of the Middlesex Asylum at Hanwell.

Conolly's connection with this institution, as resident physician till 1845 and subsequently as visiting physician till 1852, 'raised his name to the top rank of his profession and made it permanent in the history of the treatment of the insane' (as it said in an obituary). Conolly whole-heartedly adopted the most advanced practice of the day, the 'non-restraint' system originated by William Tuke and already followed by Charlesworth and Gardiner Hill at Lincoln. The significance of Conolly's action lay in the scale on which he applied the system at Hanwell and in the sympathetic attitude which he introduced into the treatment of mental disorder. Within twelve years of his abandonment of all mechanical restraints at the Asylum in 1839, a revolution had been effected in the care of the insane in England.

To Hanwell Conolly brought two qualities, enthusiasm and administrative ability which, inadequate as they had proved to compensate for his deficiencies in judgment and dealing with patients in other spheres, were invaluable in overcoming every difficulty confronting his reforms. Thanks to his success, insanity came to be studied as a disease and not as a crime. Conolly, in his later years, established a large consulting practice and managed a private asylum in the village of Hanwell. His principal works were *On the Construction and Government of Lunatic Asylums* (1847) and *The Treatment of the Insane without Mechanical Restraints* (1856). He gave the Croonian Lectures, on mania, at the Royal College of Physicians in 1848–49. He married Elizabeth, daughter of Sir John Collins, and died at Hanwell in 1866.

Conolly's legacy was the change in attitudes to the mentally ill. The therapies practised in the early asylums were various. There was pastoral care from a chaplain and medical care from a resident physician. There was great emphasis on the necessity for residence as part of a plan to guide people back to normality and the relearning of social skills. Dances were held in asylums when staff and patients mixed together. Communal meals included staff and patients. Occupational therapy was important. Farming was labour intensive and before the Industrial Revolution other jobs were in skilled or semi-skilled trades (carpentry, building, tailoring, cheese making). Asylums aimed to be partially self-supporting and had farms where patients could work as gardeners or farm labourers. The aim always was to help the patient to return to his normal self and previous occupation on release. Tuition and training were also important and some asylums had schools where patients could be educated. All of which would help towards normal living. As the "non-restraint" movement progressed it became apparent that it was possible to look after extremely deluded and excited people without recourse to strait-jackets but that this was more easily achieved with greater numbers of staff and with staff who were patient and caring. There was a gradual change from keepers to attendants to nurses. There was also a move towards more female nurses being employed and that more of them looked after men. The needs of demented patients could be met by women who already had experience of caring for children and elderly relatives. With these changes came the need for education and training of nurses. The significance of Conolly's work lay in the scale with which he applied the system and the sympathetic attitude which he introduced into the treatment of mental disorder.

## References

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