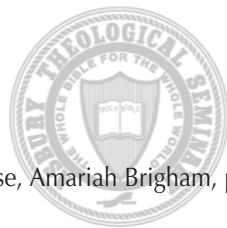


Philip Hardt

*Dr. David Reese and the Three Errors of Phrenology:
Religion, Anatomy, and Moral Insanity*

Abstract:

Today, phrenology is a mostly-forgotten and thoroughly medically-disgraced theory of human behavior. Yet, in its mid-nineteenth century heyday, it not only claimed to explain one's personality based on the size of the bumps on one's head but also (scarily) attempted to push prison reform in a less punitive direction. Somewhat surprisingly, as phrenology crossed the Atlantic in the 1820s, a number of doctors, professors, and ordinary citizens accepted and promoted its rather startling claims. At the same time, traditionalists began to speak out against its increasing influence. This traditionalist response is exemplified by Dr. David M. Reese, a highly regarded physician in Manhattan who opposed its attack on (mainly evangelical and specifically Methodist) Christianity, exposed its non-medical understanding of anatomy, ridiculed its belief in "moral insanity" and disputed the idea of religiously-induced insanity which accompanied outbreaks of revivalism.



Keywords: David M. Reese, Amariah Brigham, phrenology, moral insanity, prison reform, revivalism

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Introduction

Most Americans today have little or no knowledge of phrenology which gained widespread popularity in America beginning in the 1820s. Although it was initially an attempt to explain human behavior, some of its major American proponents actually used it to both undermine Christianity, especially its more evangelical expressions, and also apply its highly questionable principles to prison reform. Although initially unaware of its dubious claims, Dr. David Reese, a Methodist local preacher and highly regarded physician in Manhattan, quickly opposed it in three publications spanning twenty-two years because it demeaned traditional Christian doctrines and practices, lacked medical validity, and, perhaps most importantly, eliminated personal accountability for criminal behavior.

Phrenology: The “Science of Mind”

Phrenology originated in Vienna in the late eighteenth century. In 1792, Dr. Franz Joseph Gall “had begun his investigations into human brain functions and personality, attempting to correlate any unusual personality trait with the skull configuration and the brain” (Carlson 1958: 535). Gall believed that the “brain had twenty-seven faculties” and that the “power of a specific faculty depended on its size” (Branson 2017: 170). Later phrenologists, however, modified Gall’s system. For example, Johann C. Spurzheim, Gall’s student, “increased the number of (Gall’s) faculties, rearranging them into a philosophically acceptable order, and disagreed with Gall’s pessimism by stating that there were no bad faculties, but only abuses of the normal ones” (Carlson 1958: 535). In addition, later phrenologists put the number of “faculties” at thirty-five or more parts “to which they ascribe certain propensities, sentiments, and intelligent faculties” (Reese 1836: 40).

Moreover, they said that the key to a virtuous life depended on keeping these propensities (evil tendencies) and sentiments (good tendencies) in balance. Propensities included such behaviors as “combativeness, destructiveness, secretiveness, and acquisitiveness,” while sentiments included “benevolence, veneration, self-esteem, conscientious, and love of approbation.” Problems occurred when a sentiment became overdeveloped. For example, if the sentiment of “firmness” (i.e., perseverance) became overdeveloped, the propensity to “intransigence” and “tenacity in evil” could occur (Lewis 1965: 233).

To the consternation of Reese and many other traditional physicians, Americans embraced phrenology beginning in the 1820s due to two factors. First, Philadelphia emerged as a center of phrenological activity. For example, in 1822, the first phrenological society started there; *Essays in Phrenology*, by the English phrenologist, George Combe, was also published in Philadelphia that year. Moreover, in 1824, Charles Caldwell, a physician in Philadelphia, published the first American book on phrenology entitled, *Elements of Phrenology* (Branson 2017: 170-1). Second, European lecturers fueled even more interest in this strange doctrine. For example, in 1832, Johann Spurzheim, gave a series of lectures in New England in which he popularized the highly intellectual ideas of Gall into more easily understood categories. Again, in the late 1830s, George Combe lectured to great crowds in Boston, New York, and Philadelphia (Branson 2017: 169-171). Regarding its growing popularity, Susan Branson has written: “Riding the crest of reform ideology that emphasized human perfectibility, phrenology dovetailed nicely with temperance, prison reform, and health reform” (Branson 2017: 169).

Dr. David Meredith Reese

David Reese was born in Maryland in 1800 and raised in a devout Quaker family. His parent, however, eventually joined a different denomination (possibly Methodist); after seriously considering Calvinism as an adolescent, David joined the Methodist Episcopal Church (hereafter, MEC). In 1819, he graduated from the University of Maryland’s medical school, practiced for about a year in Baltimore, and then moved to Manhattan. For the next forty years, until his untimely death in 1860, he made significant contributions in three areas.

First, he ably served the MEC in several capacities. For example, he was a local preacher, class leader, Quarterly Conference member, Mission Society manager, and Young Men’s Missionary Society president (for eight years). Second, he deeply immersed himself in the socio-cultural issues of the day. This is illustrated by his apologetic works against immediate abolition and in favor of colonization, his strenuous efforts as school superintendent to retain the *King James Bible* in the common schools, and his energetic opposition to phrenology. Finally, he greatly helped the medical profession in its early years as it gradually made gains in theory and practice. For example, he wrote or edited several medical textbooks, taught at three medical schools, served on key city medical committees and

as Resident Physician at Bellevue Hospital, supported the creation on New York City's first foundling home, and served as second vice-president of the American Medical Association.

Dr. Amariah Brigham

Reese first clashed with a Dr. Amariah Brigham, who had drawn upon phrenological ideas in his 1835 book, *Observation of the Influence of Religion upon the Health and Physical Welfare of Mankind*, which had cast doubt on certain Christian understandings. To be sure, over the next fifteen years, Brigham emerged as a formidable, but spectacularly controversial, adversary. At the time he incurred Reese's wrath, he was a highly regarded surgeon in Hartford, Connecticut, who had gradually developed an interest in the causes and treatment of insanity. Lacking a medical degree, he had taken the more common route of apprenticeship. Indeed, in the early nineteenth-century, a university medical degree was extremely difficult to obtain. For example, in 1800, only four university medical schools existed in America: Columbia, Dartmouth, Harvard, and Pennsylvania. Of the small number of students that attended, an even smaller number attained a degree. For example, in the 1700s, in New York City and Long Island, only twenty-five out of five hundred (one out of twenty) physicians had a degree. Finally, only a small number of students could afford to study abroad in Edinburgh, London, and Paris which were considered to be the best medical centers of that time (Oshinsky 2016: 20-22). As a result, in New York City in the late 1700s and early 1800s, an aspiring physician normally served an apprenticeship of four to six years in which he made "house calls, mixed his drugs and potions, assisted with bleeding and the pulling (of teeth) while reading all the medical books with reach" (Oshinsky 2016: 18-19). Previously, an examination had been required but, by the late 1700s, "all it (i.e., New York City) now required was proof of a successful apprenticeship with a 'respectable preceptor,' a term liberally applied" (Oshinsky 2016: 23).

Brigham's path to successful surgeon closely followed this approach. He was born in 1798 in New Marlborough, Massachusetts, and, in 1895, moved to Chatham, New York, where his father purchased a farm. From an early age, he wanted to be a doctor and, around the age of twelve, he became an apprentice to his uncle, Dr. Origen Brigham, in Schoharie, New York. After his uncle's untimely death, he went to Albany where he worked in a bookstore and read widely. Three years later, he went back to

Chatham and served as an apprentice for four years to Dr. Edmund Peet, a respected doctor, whose brother was Dr. H. P. Peet, president of the New York Deaf and Dumb Asylum in New York City. Next, he attended medical lectures in New York City for a year. Then, in 1820, he began to practice with Dr. Plumb in Canaan, Connecticut. The following year he had his own practice in Enfield, Massachusetts. Then, from 1824 to 1826, he practiced in Greenfield, Massachusetts, until he left for Europe to attend additional medical lectures in Paris. In 1830, he returned to Greenfield and then, in 1831, moved to Hartford, Connecticut. In 1837, he taught for one year at the Crosby Street Medical College in New York City but, due to poor health, he returned to Hartford where he became the assistant editor of the *American Journal of Medical Sciences*. During this time, he also developed a strong interest in the origin and treatment of mental illness; in 1841, he left private practice to assume the superintendency of the Hartford Retreat for the Insane (hereafter, HRI) (Coventry 1858: 110-3; Dwyer 1987: 58-61).

The HRI, where Brigham served for two years, allowed him to test many of his ideas, some of which had a phrenological basis. This experimentation also continued during his final appointment as superintendent of the NY State Lunatic Asylum in Utica (1843-1849). The HRI had opened in 1824 due to the efforts of Dr. Eli Todd, a well-respected physician in the Hartford area. Todd was born in 1769, graduated from Yale in 1787, served a two-year apprenticeship with Dr. Hezekiah Beardsley in New Haven, and practiced in Farmington, CT, for the next twenty-five years before finally moving to Hartford. Family tragedies led Todd to focus on mental health issues: his father had become insane and his sister had had "fits of melancholia" and eventually committed suicide after her young son died. This deeply personal concern led Todd to take action. In January, 1821, Todd met with some of his colleagues and suggested the establishment of an insane asylum based on similar hospitals in England and France. Following their approval, the Hartford County Medical Society also pledged its support, the Connecticut legislature chartered it a year later, and, in 1824, Todd became the first superintendent and executive director (Eaton 1953: 435-438).

The HRI had a decidedly progressive approach that ran counter to the prevailing orthodoxy on mental illness, especially the treatment of violent criminals, which manifested itself in several ways. The first way was its conscious effort to pattern itself after two European asylums: Samuel Tube's in England and Philippe Penel's in France. This was illustrated in

Todd's five classifications of mental illness which apparently followed Penel's quite closely: "melancholy, mania, idiotism, hypochondria, and delirium tremens" (Eaton 1953: 439). The second way was its affinity with phrenology. For example, during Spurzheim's visit to the HRI in August, 1832, Todd took a deep interest in his phrenologically-inspired charts of the brain. Finally, in a break with current practice, the inmates were treated kindly rather than cruelly (Eaton 1953: 440). An example of a similar change in England comes from the journal of John Wesley. On Saturday, September 19, 1781, Wesley had visited Richard Henderson, a former itinerant preacher who had established a private asylum for lunatics in Hanham which was near Bristol and noted: "I spent an hour with Mr. Henderson at Hanham and particularly inquired into his whole method. And I am persuaded there is not such another house for lunatics in the three kingdoms: he has a peculiar art of governing his patients, not by fear but by love. The consequence is, many of them speedily recover and love him ever after" (John Wesley 1995: 224). Indeed, according to Leonard Eaton, "even the most advanced hospital of the day resembled well-conducted boarding houses rather than hospitals" and that "the interest of Connecticut in this humanitarian scheme is symptomatic of the enthusiasm for various kinds of reform...which culminated in the tremendous accomplishments of the eighteen-forties" (Eaton 1953: 436).

Brigham's growing interest in mental illness, politically progressive outlook, religious skepticism, and openness to phrenological ideas would quickly put him on a collision course with Reese's deeply evangelical faith, traditional views, and superior university medical training. The inevitable clash erupted in 1836, a year after Brigham published *Observation of the Influence of Religion upon the Health and Physical Welfare of Mankind* in which he severely criticized aspects of evangelical Christianity in general and Methodism in particular. An alarmed Reese quickly responded the following year with *Phrenology Known by Its Fruits*.

The Rationale for *Phrenology Known by Its Fruits*

Before attacking Brigham's assertions concerning the harmful effects of Christianity, or at least certain aspects of it, Reese explained how his own view of phrenology had changed. In the preface to *Phrenology Known by Its Fruits*, Reese mentioned that, at first, he thought that the work of Gall and Spurzheim might contribute something positive to the field of medicine. Moreover, he wasn't aware of any "moral" or "religious"

dimension of phrenology. In looking back at that earlier time, he wrote that “he had regarded the light which phrenologists claimed to have thrown upon the structure and functions of the brain, as calculated to contribute to the business of education and to aid in some questions of medical jurisprudence, and to facilitate the curative management of certain obscure diseases of the head” (Reese 1836: 7-8).

Two events, however, changed his initially hopeful assessment. The first occurred sometime in the early to mid-1830s when he was asked to defend phrenology from the charge of “materialism” or its “moral aspect” (see below). Although Reese had been a member of two phrenological societies, he had never attended any meetings and had little knowledge of its actual beliefs. Then, in preparation for the paper, as he actually read the writings of Gall and Spurzheim for the first time, he realized he completely disagreed with their ideas. At that point, he “then resolved to abstain from the subject wholly, until it could be vindicated by somebody or until he could cultivate it in works written by other than infidels” (Reese 1836: 8). Second, Reese became increasingly aware of the adverse effects of phrenology on the religious faith of others. For example, after the publication of Brigham’s book, several of Reese’s medical friends had told him that the book had both serious medical and religious errors, especially regarding insanity, and urged him to respond. Moreover, a close friend related his own devastating experience with phrenology. At first, the friend had supported it but, after reading the works of Gall and Spurzheim, it had made him skeptical of traditional Christianity and had shaken his faith. Although Reese structured his book as a chapter-by-chapter “review” of Brigham’s book, he especially focused on three areas: Brigham’s definition of “religious sentiment,” his opposition to “revivals of religion,” and his phrenological understanding of the “the nature and causes of insanity” (Reese 1836: 8-9).

Brigham’s Phrenologically-Based Criticism of (Mainly Evangelical) Christianity

Reese objected to Brigham’s phrenologically-influenced understanding of religion in two significant ways. First, he objected to Brigham’s understanding of what he called the “religious sentiment” in human beings. Brigham believed that “religious sentiment” was “innate in man.” Since phrenologists believed that certain organs in the brain allowed a person to believe in God, Brigham felt that everyone had it. According to phrenologists, “religious sentiment” was the bump or prominence on

the top of the head. Earlier phrenologists had given it different names; Dr. Gall had called it the “organ of theosophy” and Spurzheim had called it the “organ of veneration.” Yet, according to Brigham, “religious sentiment” could be good or evil. Indeed, it could lead to murder, wars, and even insanity. For example, Brigham said that human sacrifice which was found in some religions was just one appropriate expression of “religious sentiment” and had been put in man “by his creator.” Amazingly, Brigham said that human sacrifice was better than no religion at all. In contrast, Reese asserted that Brigham’s “religious sentiment” actually meant “absence of religion.” Moreover, Brigham’s view of “religious sentiment” showed that he was ignorant of the natural state of man since human beings were not naturally benevolent but, according to the doctrine of original sin, were actually at enmity with God. Although Brigham called himself a Christian, Reese labeled him a “false prophet.” Finally, Reese rejected Brigham’s argument that human sacrifice was an appropriate religious act since both Judaism and Christianity had condemned it. Rather, it was a pagan practice which involved the worship of a false god (Reese 1836: 38-42, 49, 54-57). Reese ridiculed Brigham’s “positive” understanding of human sacrifice by pointing out the contradiction: “...one instinctive propensity, ‘religion,’ annihilates the other instinctive propensity, ‘love of offspring,’ and changes it to the most envenomed hatred of offspring, and yet he tells us that this murderous instinctive propensity was ‘implanted in man by his Creator,’ and say, he feels for it ‘profound respect’” (Reese 1836: 57).

Second, Reese refuted Brigham’s assertions that various Christian practices were unwarranted and could even cause disease. The first idea that Reese refuted was Brigham’s assertion that holy communion should be eliminated. Brigham had opposed it for three reasons: Jesus did not institute it, it was not “educational,” and it exalted Jesus who had preferred lowliness. In contrast, Reese quoted First Corinthians 11:23-26 which described how Jesus instituted communion on the night he was betrayed. Moreover, Reese pointed out that other New Testament passages such as the “I am” passages in John, Philippians 2, and Revelation all indicated the majesty given to the resurrected Lord. Finally, Reese described the central importance of communion in a believer’s life: “The institution of the Lord’s Supper is not only a monumental celebration of the most stupendous event in this world’s history, and an expressive symbol of the most important doctrine in the moral universe, but it is likewise a standing and irrefragable evidence of the truth of Christianity, as well as the Divinely appointed soul of the covenant

of grace. And yet the author and his 'reflecting and inquiring' brethren see in it nothing moral or instructive" (Reese 1836: 66). Brigham had also argued for the elimination of baptism since he believed that Jesus had not commanded it and that immersion was unhealthy for infants and the elderly. In contrast, Reese quoted Matthew chapter twenty-eight where Jesus told the disciples to go into all the world to make disciples and baptize them in the name of the Father, Son, and Holy Spirit. Finally, Brigham had said that Jesus had not instituted fasting. In contrast, Reese mentioned Jesus' words on fasting in Matthew 6 and concluded that Brigham simply did not know the Scriptures (Reese 1836: 67-70).

The second idea Reese refuted was Brigham's assertion that religious gatherings in homes, camp meetings, and protracted meetings were injurious to the health of the participants. For example, Brigham asserted that night meetings in houses and churches could cause sickness in women due to the large attendance. Again, he criticized camp meetings because of both the unhealthy outdoor and indoor conditions and irregular schedules. Moreover, they were designed to "affect the mind and agitate the body" which concerned phrenologists since this could affect the propensities in the skull and cause sickness. Similarly, Brigham believed that protracted meetings or "four-day meetings" were held for the purpose of producing "religious excitement" which included the following harmful effects: "solemn and anxious feelings, sorrow for sin, trembling, weeping, and feeling different from what they ever did before" (Reese 1836: 97-98). According to Brigham, these extended meetings often caused anxiety and, in extreme cases, insanity. Finally, Brigham criticized "modern revivals of religion" and the "special effects of the Holy Spirit" which he believed also caused "disease, animal magnetism, and excitements of the nervous system" (Reese 1836: 71-75, 87).

In contrast, Reese defended these practices. First, he noted that most night meetings were not crowded and lasted only one or two hours compared to other longer secular gatherings such as the opera and dances to which Brigham apparently had no objection. Second, Reese pointed out that camp meetings were usually held during the warm summer months, were conducted outdoors, and followed a schedule. Reese sarcastically wondered if Brigham had attended a camp meeting on a rainy day! At the same time, Reese conceded that excesses could occasionally occur at protracted meetings. Finally, Reese countered that the behavior at revivals such as sorrow and weeping had a scriptural basis but, again, conceded

that excesses could occur. For example, he noted that many individuals in the New Testament, especially the Acts of the Apostles, experienced the range of emotions Brigham had mentioned (Reese 1836: 71-98).

Finally, Reese contradicted Brigham's phrenologically-based assertion that "religious excitement" which occurred in Christian gatherings caused insanity and suicide. According to Brigham, insanity was a disease of the brain. Religious excitement could also lead to demon possession or "demonomania" and "religious melancholy" which could lead to suicide since a susceptible person might think he had committed the 'unpardonable sin' and was going to hell. Indeed, Brigham was surprised that more suicides had not occurred. In contrast, Reese argued that the brain was "merely an organ of transmission, not action" (Reese 1836: 122). Instead, it was the mind that acted on the brain. For example, Reese believed "thinking is an act of the mind which is conveyed through its organ, the brain, by means of the nerves, to the limb and other portions of the body" (Reese 1836: 146). Thus, according to Reese, the sickness or insanity affected the mind. Moreover, dissection proved this. In addition, Reese stated that physical causes, often of a hereditary nature, produced insanity. Finally, Reese asserted that, rather than causing sickness, religion helped people cope with distressing situations, kept them healthy, and prevented suicide (Reese 1836: 116-156).

A Letter from Doctor Brigham to David M. Reese, M.D.

Predictably, Reese's strident, no-holds-barred, and sarcastic rebuttal did not escape Brigham's notice even though he worked in another state. Just one month after *Phrenology Known by Its Fruits* appeared, an exasperated Brigham angrily responded with a pamphlet entitled, *A Letter from Doctor Brigham to David M. Reese, M.D.*, in which he rebutted Reese's criticisms in two major ways. First, he asserted that Reese had either misquoted or misrepresented him by omitting certain phrases or passages to make his ideas morally or religiously offensive. For example, Reese had claimed that Brigham had used the word, "religion," to mean only Christianity so that it appeared to the reader that Brigham had linked Christianity to child sacrifice. Rather, Brigham argued that he used the word, "religion," broadly to also include pagan religions so that human sacrifice could be seen as "religious" in their minds. Moreover, Brigham asserted that he had distinguished Christianity as the "pure," the "true," and the "Divine." Furthermore, Brigham had written that Christianity "had

been upon the earth the most powerful promotion of the moral progress of mankind..." (Brigham 1836: 2-3). Indeed, he saw Christianity as a "civilizing" force on the nations. This is illustrated in his recommendation "that a minister be attached to every asylum so that its inmates could acquire the self-discipline produced by the study of the proper sort of religion" (Dwyer 1987: 236, n. 15).

In addition, Brigham refuted Reese's claim that he had said specifically that "true Religion – Christianity – is injurious to man..." (Brigham 1836: 3). Rather, Brigham believed that it was the "abuse" of Christianity (i.e., religious excitement which adversely affected the brain) and not Christianity itself that could cause insanity. Moreover, he added, "The religion of Christ condemns that excitement, terror, and fanaticism which leads to such effects..." and quoted Second Timothy 1:7 which says that God gave us "a sound mind." Rather than trying to undermine Christianity, he had focused only on certain worrisome and extreme behavior: "I stated in a candid and respectful manner, that a few customs and ceremonies of some Christian sects, were in my opinion contrary to the teachings of Christ and sometimes injurious to health. But I said nothing upon this subject that had not been advanced before, by men of renowned piety and learning. I may have been, with others, mistaken, but throughout my volume I constantly appealed to the scriptures for the correctness of what I advanced, and referred to them as authority not to be questioned" (Brigham 1836: 2).

Indeed, according to Brigham, "...immoderate, long continued and great excitement produced by numerous night meetings – protracted meetings – anxious meetings – camp meetings, etc., often caused this disease (i.e., insanity)" (Brigham 1836: 17). He also quoted other eminent medical and religious figures who concurred with him. For example, he cited Charles Finney's, *Letters on Revival*: "...such excitements are liable to injure the health – our nervous system is so strong that any powerful excitement, if long continued, injures our health" (Brigham 1836: 17). At the same time, Brigham tried to moderate his criticism of these activities: "...those modern *extravagances* I stated were injurious to health, though I did not attribute as much evil to them, as your readers will suppose." Furthermore, Brigham listed several other doctors who also believed "that mental excitement on religious subjects has been a cause of insanity and that it is more operative when the preaching is vehement, extravagant, fanatical, and often repeated..." Knowing that Reese would dismiss phrenologists as "infidels,"

he quoted only “anti-phrenological” doctors such as John Mason Good, Dr. Rush, Dr. Tickner, and Dr. Burrows who had also criticized “vehement preaching, raving, ranting, and denunciation” which frequently occurred in America (Brigham 1836: 18). Another anti-phrenological doctor Brigham quoted was Dr. Johnson who believed that although Christianity helped to prevent suicide and insanity, “we are concerned that religious meditations with the best intentions, precipitate many a mind, weak and strong into the gulf of madness” (Brigham 1836: 19). Brigham noted, however, that he was primarily referring to “fanatical or untimely preaching, or the inculcation of alarming and perplexing doctrines: rather than the more innocuous ‘religious meditations’” (Brigham 1836: 19).

Finally, Brigham singled out eighteenth-century British Methodism – Reese’s own denomination – for particular blame. While acknowledging that the severe preaching of Methodism had finally moderated in the present century, it still had adverse effects. For example, Brigham quoted the *London Quarterly Review* (1810) which had asserted “that the increase of religious madness is occasioned by and commensurate with the increase of Methodism... a fact which may be verified at the *Bedlam Lunatic Hospital*” (Brigham 1836: 20). To be sure, John Wesley himself, the leader of the Methodist movement, admitted that people involved in the movement, could occasionally lose their sanity but attributed it to other causes. An example comes from his journal entry on April 27, 1779: “I saw a melancholy sight indeed! One that ten years ago was clearly perfected in love, but was worried by Mr. ----- day and night, threaping (i.e., reproving or rebuking) him down he ‘was in a delusion,’ that at length it drove him stark mad. And so he continues to this day. Observe! It was not perfection drove this man mad, but the incessant teasing him with doubtful disputations” (Wesley 1995: 128). Moreover, Brigham approvingly noted the mid-century decrease of this “vehement” preaching which he attributed to three factors: the adverse effects of this type of preaching on individuals, the influence of the doctors who had criticized it, and “the more intelligent part of the clergy” who had put pressure on the more fervent preachers. At the same time, Brigham warned that, if the revival practices currently used in America were to occur in England, cases of insanity could easily increase (Brigham 1836: 20).

Yet, Wesley himself had pushed back against these same criticisms at the beginning of his itinerant preaching and Reese would surely have been aware of that through the reading of his journals and letters which most

Methodists of his time faithfully read. Although Wesley himself had initially wondered about these extremely bizarre manifestations, he had concluded that the strange behavior was the authentic working of the Spirit of God for three reasons. First, he attributed some, but not all, of this behavior to the devil. This is illustrated in his May 28, 1739, letter to “James Hutton and the Fetter Lane Society” in which he mentioned his experience while preaching at Nicholas Street on the text, “Be still, and know that I am God!” During the sermon, people began to cry out and fall down. He noted that “a young man who was near smiled at this, and sunk down as one dead, but soon began to roar out, and beat himself against the ground. I never saw anyone (except John Hayden) so torn by the evil one.” Moreover, other evangelical ministers to whom Wesley had written also concurred that it could be the work of the devil. For example, in a September 11, 1739, letter to Wesley, Reverend Joshua Reed, while acknowledging that “a moving discourse hath a natural tendency to raise the affections...” also asserted that “I observe there is sometimes a diabolical agency in raising or promoting such fits, and as you have mentioned this I need not insist on it, as otherwise I could do.” In addition, another evangelical pastor, Ralph Erskine, wrote to Wesley on September 28, 1739, “But I make no question, Satan, so far as he gets power, may exert himself on such occasions, partly to mar and hinder the beginning of the good work in the persons that are touched with the sharp arrows of conviction, the enemy being unwilling to quit his old possession; and partly also to prevent the success of the gospel on others, while he seeks thus to disparage the work of God, and bring it under contempt and reproach, as if it tended to lead people only to madness and distraction.”

Second, Wesley believed that the preaching of the Gospel caused conviction and strong remorse but not insanity. For example, in his September 29, 1739, letter to his older brother, Samuel, he asserted that “...most of these were cut to the heart while I was inculcating the general doctrine that Christ died to save sinners; many of them were gross sinners, whoremongers, drunkards, common swearers, till that hour, but not afterwards.” Again, in an October 27, 1739, letter to Reed, Wesley wrote, “I believe nature might have a part in these fits, as well as Satan, raging before he is cast out; but that the Holy Spirit, deeply convincing them of sin, is the chief agent in most of those who are seized with them... some of them afterwards give a distinct account of the words that affected them. These have usually been some single sentence, often taken from the Holy Scripture, which suddenly pierced their soul like a dart, so that they

lost all command of themselves in that moment. The subjects were various, but always bordering upon the love of Christ to lost sinners." In addition, Wesley defended these "fits" in an August 22, 1744, letter to Mrs. Elizabeth Hutton, the wife of Reverend John Hutton. While Wesley did not insist that "fits" were a "certain mark" of "adoption," he asserted, "Yet, we believe the Spirit of God, sharply convincing the soul of sin, may occasion the bodily strength to fail. And what outward effects may possibly follow, I believe no man living has skill enough to determine."

Finally, Wesley condoned these manifestations because they often resulted in a life-changing permanent conversion. An example comes from Wesley's May 7, 1739, letter to James Hutton and the Fetter Lane Society which described the dramatic conversion of John Haydon. Haydon, a weaver, had been upset at what had happened at Baldwin Street (in Bristol) and had blamed it on the devil. A short while later, before eating dinner, he was reading Wesley's sermon, *Salvation by Faith*. While reading the last page, he suddenly changed color, fell off his chair, and began screaming terribly and beating himself against the ground. After Wesley was told that Haydon "was fallen raving mad," he went to his house. Upon arrival, two or three people were holding Haydon. Haydon began yelling at the devil and the evil spirits and "then beat himself against the ground, and with violent sweats and heaving of the breast strained as it were to vomit (which, along with many other symptoms I have since observed in others at or near the time of their deliverance, much inclined me to think the evil spirit actually dwells in everyone until he receives the Holy Ghost)." After thirty minutes of prayer, Haydon finally experienced peace. Wesley gave another example of conversion in the same letter to Hutton and the society. At an evening service at Baldwin Street, after ten persons had received "remission of sins...a Quaker who stood nearby was very angry at them, and was biting his lips and knitting his brow when the Spirit of God came upon him also, so that he fell down as one dead. We prayed over him and he soon lifted up his head with joy, and joined with us in thanksgiving." Finally, writing to James Hutton on August 13, 1739, Wesley mentioned a woman who had previously been skeptical of the strange behavior that was occurring. She had been "...saying she was sure they might help it if they would. But on Monday night at the society in the midst of her zeal, she was struck in a moment, and fell to the ground trembling and roaring for the disquietness of her heart. She continued in pain twelve or fourteen hours, and then was set at liberty..." In sum, while these manifestations

had initially puzzled and worried him and resulted in much criticism from his own contemporaries, he came to see them as a confirmation that God was at work through his preaching.

Brigham's "Qualified" Support for Phrenology

Brigham's second major rebuttal was to strenuously deny Reese's claim that he was a phrenologist. Although admittedly sympathetic to phrenological ideas, he gave two reasons why he should not be considered one. First, he asserted that Reese had mistakenly called him a phrenologist because he had used two phrases which carried a phrenological meaning: "religious sentiment" and "action of the brain." Brigham noted, however, that other writers besides phrenologists believed in "religious sentiment" which essentially meant only that everyone had a universal religious feeling. Indeed, some non-phrenologists had referred to it as "the sense of Deity" and also believed that it was "innate" (Brigham 1836: 4). Reese had also criticized Brigham for using the term, "action of the brain," which Reese understood to mean that the brain acted independently of the mind. In contrast, Reese had asserted that the mind acted upon the brain. In his letter, Brigham said that he had only meant the "organic vascular action of the brain" and noted that physiologists, who were not phrenologists, also believed in this type of "action of the brain" (Brigham 1836: 6-7). For example, Brigham noted that Professor Jackson of Philadelphia, also believed that "excitement of mind or functional action of the brain, develops and increases the size of this organ and, when excessive, produces disease of the brain and insanity" (Brigham 1836: 7).

Second, Brigham claimed that he only had an openness to phrenology and not a full commitment to it. For example, Brigham stated, "I may have occasionally advanced opinions believed by phrenologists... quoted Gall and Spurzheim a few times, but for sentiments unconnected with the peculiarities of phrenology; while the authors on which I mostly relied respecting the physiology and pathology of the brain were Esquirol, Georget, Prichard, decided opponents of phrenology." In addition, Brigham admitted that he didn't know enough about it to judge it: "At the same time I acknowledge with Mr. Abernathy, my inability to offer any rational objections to Gall's and Spurzheim's system of phrenology, as affording a rational explanation of the nature of human actions" (Brigham 1836: 9). At the same time, Brigham retained an openness to it since a number of highly regarded doctors had supported it. Again, nine years later, in 1845, when

his views on phrenology had begun to change, he wrote to a friend that “he was not a strong phrenologist, for he did not feel ‘confident that the organ of the brain can be ascertained by external examination, but I do not think this case fatal to the doctrine’” (Dwyer 1987: 237, n. 20). He rejected, however, Reese’s claim that phrenology had a “deplorable moral influence” for two reasons. First, he said that “conformity with our interpretation of the Bible should not determine whether something is scientifically true or not.” Instead, Brigham asserted that, if something is scientifically true, “it will be found to harmonize with all our truth.” Second, he believed that “no such deplorable moral effects will result from it as you imagine, from the fact that it has been embraced by some of the most pious and enlightened divines of this country and Europe” (Brigham 1836: 9-10).

An Analysis of Brigham’s (Mostly Liberal) Faith

Brigham’s spirited defense raises two questions. First, does all the evidence support Brigham’s claim that he was simply “open” to phrenology rather than a wholehearted advocate? Was he perhaps trying to minimize the opposition he knew it might provoke or was he justifiably angry that Reese had mislabeled, ridiculed, and slandered him? Based on all the available evidence, it seems that he was more than just a “cheerleader” for phrenology. Indeed, scholars of nineteenth century psychiatry have asserted that the actual record showed more than “openness” on Brigham’s part. For example, Eric Carlson has asserted that “of all the founders, it was Amariah Brigham who most publicly stated and illustrated the influence of phrenology on his thinking.” Moreover, his “phrenological thinking could be seen in his writings and he was often publicly condemned for being an agnostic and materialist” (Carlson 1958: 536). Indeed, when he left the HRI, he was hung in effigy! During the 1830s, he also gave strong support to the budding phrenological movement in America in several ways. For example, Brigham and Spurzheim had a somewhat close professional relationship: Spurzheim had visited Brigham in Hartford and several years later Brigham edited the American publication of Spurzheim’s, *Observations on the Deranged Manifestations of the Mind; or, Insanity*. In addition, Brigham anonymously edited Andrew Combe’s book, *Observations on Mental Derangement*, and wrote a letter on behalf of his brother, George, who was seeking a professorship of logic at Edinburgh. Finally, in 1839, Brigham scheduled Combe’s lectures in Hartford and gave him a tour of the HRI (Carlson 1958: 536).

Second, was Reese correct in labeling Brigham a “liberal Christian” or even an “infidel” even though Brigham insisted that he was a believer? In examining all the available evidence, Reese’s assertion was clearly correct. For example, Reese had noted numerous ways in which Brigham lacked a traditional understanding of the scriptures. Moreover, Brigham’s subsequent journal entries, correspondence, and personal conversations revealed he had a weak connection to Christianity until a change of heart occurred in the mid-1840s. This skepticism and unbelief can be traced to at least two factors. First, although Brigham had joined the Unitarian Church in Greenfield, Massachusetts, in 1827, he did not seem to have been particularly devout. Moreover, he admitted that he was more focused on his medical career and his aspiration of becoming a well-respected surgeon. Second, his sojourn in Europe in 1828 and 1829 may have exposed him to even more skepticism (Goodrich 1858: 93). Reverend Goodrich, who preached Brigham’s funeral sermon in 1849, suggested that “it is probable that his intercourse with men of literary and philosophical taste merely, rather confirmed his already loose and skeptical views in religion, or cultivated a lax charity that regards all religions alike, and all as inoperable in the form of a religious life” (Goodrich 1858: 93).

The First and Second Great Awakenings and Mental Stability

At the same time, Dr. Goodrich believed that the opposition to Brigham’s book had been unwarranted since it had been published “near the close of a period of considerable religious interest in New England, during which he had personally met with several cases of fanatical extravagance and zeal, affecting the health alike of the bodies and minds of individuals” (Goodrich 1858: 93). This “period of considerable religious interest” in New England and especially Connecticut had its antecedents in an earlier revival referred to as the “First Great Awakening” which occurred from 1734 to 1743 in three distinct stages. The first stage occurred in 1734 when Reverend Jonathan Edwards began preaching on the necessity of conversion (Ahlstrom 1972: 408). This is illustrated in a sermon he preached on July 8, 1741, in Enfield, Connecticut, entitled, “Sinners in the Hands of an Angry God.” Indeed, according to Harry Stout, Edwards was not only the greatest evangelical preacher but his sermons were “influential...in fixing the tone and substance of evangelical preaching” since he mentored other graduates who continued this style of preaching (Stout 1986: 228).

The second stage occurred when the English evangelist, Reverend George Whitefield, a member of Wesley's "Holy Club" at Oxford, preached for a month and a half in New England in 1740. Whitefield drew large crowds, preached, extemporaneously, and emphasized the "New birth" in every sermon resulting in many revivals in Connecticut and Massachusetts (Stout 1986: 195). Whitefield's tremendous success led to the third and final stage: a proliferation of unauthorized traveling preachers. This is illustrated by the ministry of Gilbert Tennett. Originally from Pennsylvania, Tennett had accompanied Whitefield on his preaching tour. After Whitefield left, Tennett preached in places that he had not visited. Moreover, other traveling revivalists and even the "evangelical" parish ministers began to preach extemporaneous, dramatic, fiery and lengthy (sometimes an hour or more) sermons. This is illustrated by Daniel Roger's sermon on Second Peter 3:3 in which he proclaimed, "this doctrine speaks terror to all impenitent sinners." Again, at the end of his sermon, he declared, "If you continue such (unpenitencies), you will be sealed in flaming fire. Let such (sinners) be exhorted to make their Peace with God and get into favor with their judge" (Stout 1986: 220). Most settled ministers, however, opposed these unauthorized preachers for two reasons. First, while popular with the people, their preaching led to division as some "separate" churches were formed (Stout 1986: 202, 208). Second, their message tended to unsettle those who heard them. Indeed, Reverend Ezra Stiles looked "back at the 'late enthusiasm' as a time when 'multitudes were seriously, soberly, and solemnly out of their minds'" (Ahlstrom 1972: 404).

Yet, by 1790, despite periodic local revivals in the second half of the eighteenth century, Christian faith in the majority of Congregational churches in Connecticut had dramatically declined. Four factors had contributed to this decline: European-style "infidelity," Boston Unitarianism, general religious indifference, and political "Republicanism" (Keller 1942: 1-22). At the same time, in 1795, the General Assembly and the County Associations of the Congregationalist Church in Connecticut called for both youth meetings and weekly prayer meetings "for the outpouring of the Holy Spirit" (Keller 1942: 21-22, 50). As a result, local church revivals periodically occurred throughout the state from 1797 to 1826. Indeed, in the Farmington, Connecticut, revival of 1820, two hundred twenty-four conversions occurred (Keller 1942: 39-42, 49-50; Ahlstrom 1972: 416).

Revival also occurred at Yale College under the evangelical preaching of its president, Reverend Timothy Dwight, who served from

1795 until his death in 1817 (Keller 1942: 7). To be sure, from its founding in 1701 as a “pietistic” alternative to the more liberal Harvard, Yale had enthusiastically participated in the first great awakening. According to Stout, “Yale’s student body was drawn locally from Connecticut and western Massachusetts, and welcomed the itinerant speakers during the revivals. Thereafter, the college became the major training ground for the ‘New Divinity’ followers of Edwards and ‘moderate’ Calvinists like the college’s presidents, Thomas Clap and Ezra Stiles.” Moreover, “from Yale, evangelical pastors entered the homes of New Light pastors for postgraduate study in the new methods of preaching and then served in the Connecticut countryside along the Connecticut River valley” (Stout 1986: 220). Yet, by the 1790s, spiritual fervor among students had declined markedly. This is illustrated by H. Belden’s letter to a friend, “I have broken myself of the vulgar habit of swearing and the still more pernicious one of gambling. I expect at the next meeting of the Moralists I shall propose myself as a Candidate to enter” (Keller 1942: 41). Belden was referring to the recently founded “Moralist Society of Yale College.” Yet, due to president Dwight’s tireless, evangelical preaching, Yale’s first revival occurred in 1802 in which two hundred sixty-eight students, a third of the student body, were converted. Much like the entire state of Connecticut, the college continued to experience periodic revivals from 1807 to 1825 (Keller 1942: 41).

Finally, starting in 1831, statewide revivals received a boost when Congregationalist ministers in Connecticut started using Charles Finney’s, “New Measures.” Finney was a former lawyer who had become a fervent evangelist and subsequently published *Lectures on Revival* which gave detailed suggestions for conducting revivals. These “new measures” included “protracted meetings,” “anxious seats,” “prayer for individuals by name and the encouragement of women to talk in the assemblies” (Keller 1942: 48-49). Yet, for the most part, the reactions to the preaching of the Second Great Awakening, as it was called, were more subdued. For example, according to Charles Keller, “...the revivals were without the hysteria and commotion that had brought the Great Awakening into disrepute in many quarters...that people were calm was indeed the second important feature of these revivals, and one for which the ministers unanimously thanked God. They were not marked by ‘outcries, distortions of the body, or any symptoms of intemperate zeal’...over and over again the effects on individual behavior were attested as permanent, while undue excess and the reaction it would have caused were rare” (Keller 1942: 417).

At the same time, instances of powerful preaching certainly did occur which could easily have caused some people to have strong reactions, including temporary insanity. For example, Reverend Ammi Robbins of Norfolk, Connecticut, wrote to his son that he observed "... others dreadfully disturbed with a sense of their horrible guilt" (Keller 1942: 40). Again, Reverend Asahel Nettleton, who graduated from Yale in 1809 and was an ordained evangelist for the Congregational Church in Connecticut, was known for "stern," doctrinal sermons. Frequently invited to preach in various churches throughout the state, he exercised his ministry from 1812 until his health failed in 1822 (Keller 1942: 52). In sum, while people generally reacted more calmly to the preaching of the Second Great Awakening, it was quite possible for some hearers to react with agitation, despair, and fear leading to a temporary mental breakdown.

Moreover, Brigham's predecessor at the HRI, Dr. Todd, had also encountered a significant number of patients with religiously-induced insanity which, in most cases, tended to be temporary. According to Eaton, the strongly evangelical, conversion-oriented preaching in Connecticut Congregationalism of that period often led to extreme guilt feelings, especially for those who felt they had committed the "unpardonable sin" mentioned in the gospels. For example, in October, 1832, Todd had received a letter from one of his patients, Harriet Hinsdale, which said in part: "I viewed myself marked out for destruction and the Son of God arrayed in awful majesty coming out in judgment against me like a consuming fire. Hell appeared to my fancy opened to receive me and but a step between me and its flames" (Eaton 442). Indeed, for some it was only a temporary delusion but, nevertheless, very real to them. Some Calvinist theologians, too, had moderated the strict doctrines of Jonathan Edwards and George Whitefield from the previous century as a way to ease people's morbid fears. For example, Lyman Beecher, who had had some frightening moments before his own conversion, recommended that people not read David Brainerd's, *Life*, and Edward's, *Treatise on the Religious Affections*, due to the emotions that they could arouse. Indeed, Beecher felt these books caused "...a state of permanent hypochondria – the horrors of a mind without guidance, motive, or ability to do anything" (Eaton 1953: 443). Yet, in reviewing this period, Eaton took a more nuanced position: "It would, of course, be a mistake to postulate too intimate a relationship between revivalism and the cases of religious insanity in the state's mental hospital; a large proportion would undoubtedly have been there without the help

of evangelical preaching. It seems fair, however, to say that continued introspection and emotional tension probably pushed a certain number of unstable individuals over the shadowy borderline of insanity” (Eaton 1953: 444).

Moreover, Goodrich asserted that “the community, from not appreciating the point from which the writer viewed this subject, i.e., its influence on sanity and health, were led, too hastily, to conclude that the writer was a disbeliever in all religion – an inference which he at the time and ever most solemnly denied” (Goodrich 1858: 94). Similarly, Dr. Charles Coventry, a manager of the Utica asylum, noted that Brigham had had a “a pious mother” and that “severe strictures in his writing...unjustly gave rise” to charges of “skepticism and infidelity” (Coventry 1858: 114). This outcry, however, rattled Brigham and he came to regret publishing the book and soon let it go out of print.

Yet, four years before he died, Brigham had a profound change of heart, if not an evangelical conversion. In 1845, while at Utica, he felt that he had achieved his goals and began to take the spiritual life more seriously. For example, he began the practice of spiritual reading which included the writings of Taylor, Philip Doddridge, Baxter, William Wilberforce, and Thomas a Kempis. He also instituted a more evangelical style of preaching at the asylum on Sunday mornings and urged all inmates and staff to attend (Goodrich 1858: 97-102). In addition, the deaths of his young son and his own mother six months apart drew him closer to God. Finally, after contracting dysentery (of which he died fourteen days later), Goodrich had visited him and noted that Brigham “referred very definitely to the change that had been going on in his mind for some years past and said that his present calmness and hope were not the work of the moment. He expressed a fixed confidence in Christ and utterly disclaimed any merits in the actions of his past life” (Goodrich 1858: 105). In sum, while Brigham practiced at a time when people exhibited religiously-induced mental instability, his own tenuous commitment to Christianity in those years led him to make a number of unsustainable charges. Moreover, his provocative claims quickly brought upon him the censure of evangelical Christians such as Reese who easily demolished his arguments.

After attacking phrenology on mainly religious grounds, Reese turned his attention to its shaky medical claims. Two years later, in 1838, he devoted a chapter of his book, *Humbugs of New York*, to the “humbug” or falseness of phrenology. The chapter was divided into four sections: the

basic claims of phrenology, a short description of its religious errors, an examination of its “moral aspect” (see below), and a convincing two-part refutation of its physiological understandings.

Phrenology’s Complete Misunderstanding of Basic Anatomy

Reese refuted the phrenological theory of how the brain worked in two major ways. First, he asserted that the actual “bone development” outside the brain disproved phrenology. For example, Reese noted that three layers of bone existed between the brain and the skull. Moreover, the skull itself had two layers of bone which were separated by another layer. Finally, the outside skull had “expansions of muscles, with all their accompanying membranes, blood vessels, and nerves together with the cell structure, and different coats of the skin constituting the hairy scalp...” (Reese 1838: 67). Furthermore, Reese asserted that even if phrenology was true, a person’s qualities could not be known until after death since the person would have to be scalped and the membranes removed in order to view the supposed thirty-five organs in the brain. Yet, these bumps would not even be the same as the bumps on the head (Reese 1838: 67).

Second, Reese asserted that the structure of the brain itself did not support phrenology. For example, dissection of the brain revealed that the brain is “divided.” These divisions, however, cross into each other so that the phrenologists’ belief that the brain was made up of separate parts was incorrect. Also, although the phrenologists said that the two hemispheres of the brain were the same, dissection revealed that they were different. Finally, dissection had failed to reveal any of these so-called thirty-five different “organs” of the brain (Reese 1838: 70-71). Brigham, too, had also eventually come to that same conclusion. According to Ellen Dwyer, in the mid-1840s, “when he measured the heads of his Utica patients, he found their size and shape to be the same as those of the sane. After doing a number of postmortems on Utica patients, to his disappointment he found few indications of structural disease in those portions of the brain where, according to phrenologists, the organs that controlled these faculties were situated. As a result, while continuing to believe that the brain was a ‘congeries of organs,’ he disavowed the phrenological position on craniology” (Dwyer 1987: 61).

Besides rejecting phrenology on religious and medical grounds, Reese also added his influential voice to the critics of “moral insanity”

which some leading physicians and phrenologists had been advocating since the beginning of the nineteenth century.

Misguided (and Dangerous) Phrenologically-Influenced Prison Reform

In the nineteenth century, “moral insanity” was one of several attempts to explain the cause of mental illness. In the 1700s, faulty reason had been widely seen as its cause. Yet, beginning in the early nineteenth century, a number of doctors who studied mental illness such as Pinel, Esquirol, Georget, Gall, and Rush believed that, while reason could be unimpaired, an unbalanced will and emotions were the cause. Moreover, in 1835, an English doctor, James C. Prichard, called this theory “moral insanity” and defined it in this way: “...the intelligent faculties appear to have sustained little or no injury, while the disorder is manifested principally or alone, in the state of the feelings, temper, or habits. In cases of this description the moral and active principles of the mind are strongly perverted or depraved; the power of self-government is greatly impaired...” (Dain and Carlson 1962: 795). This novel approach also attempted to explain criminal behavior. According to Dain and Carlson, moral insanity “embraced the many forms of mental illness in which the patient’s intellectual powers seemed to be partially or wholly intact, and consequently encompassed a class of individuals formerly regarded as merely vicious rather than mentally disturbed – individuals who, though rational, commit horrible crimes” (Dain and Carlson 1962: 795). Thus, they might realize the act is wrong but can’t avoid doing it. This understanding gained ground in the 1830s as “a growing number of cases in which the defendant pleaded insanity – often moral insanity – appeared in the courts and psychiatrists frequently testified as expert witnesses” (Dain and Carlson 1962: 796).

Despite the support of several well-known physicians such as Benjamin Rush, Eli Todd, Rufus Wyman, Luther Bell, Amariah Brigham, Pliny Earle, and Samuel B. Woodward, most traditional medical people opposed it. One prominent example was John Gray who became superintendent of the New York State Lunatic Asylum in Utica (after Brigham died in 1849); he also edited the *American Journal of Insanity* from 1855 to 1885. He rejected the idea that a healthy intellect and insanity could exist together in a person (Dain and Carlson 1962: 797). Moreover, Gray was concerned about how it would affect already prevailing standards in religion and law.

For example, he opposed it on traditional religious grounds since moral insanity allowed a person to indulge rather than restrain their desires since it was believed that a person's emotion could not be resisted. Indeed, along with evangelical Protestants, Gray believed in free will and the need for a person to resist evil. Proponents of moral insanity had also insisted that other factors such as "bad education, loose habits, vicious indulgence, neglected parental control, and disobedience to God" could not be blamed; yet, Gray asserted that no rationale for this could be found in the Bible or "laws of reason." For example, he asserted that the story of Cain killing Abel was not moral insanity since God referred to it as murder and punished Cain (Dain and Carlson 797-798). Finally, Gray "warned that if this kind of appeal could succeed, the time was not far off when each particular form of insanity real or simulated, would be presented as a plea in order to ward off punishment" (Dain and Carlson 797).

Thomas Reid and Dugald Stewart, known as the Scottish "common sense" philosophers, had also rejected moral insanity. While they "believed that, with Adam's fall, man lost his capacity for wholly rational thinking," his conscience could still guide him (Dain and Carlson 798). According to Dain and Carlson, they believed that "man knew right from wrong independent of reason or experience; this knowledge was inborn and came directly from God. Crime, therefore, was the result of willful violation of moral law" (Dain and Carlson 1962: 797-798). At the same time, Reid and Stewart conceded that an impaired brain could lead to a person to do something for which he was not responsible.

Report on Moral Insanity in its Relation to Medical Jurisprudence

In 1858, while this debate was still raging, Reese forcefully rejected it in his report to the newly-formed American Medical Association. The report attempted to answer the following questions: "What is moral insanity?" "How does moral insanity differ from moral depravity?" "Is the distinction between mental and moral insanity a fiction?" and "Shouldn't the only distinction be between sane and insane for deciding questions of responsibility and punishment?" Reese's critique of moral insanity can be summarized in the following two ways.

First, Reese rejected the phrenological understanding of the dichotomy of the brain. In contrast, he asserted that "...they maintain that moral insanity arises from physical disease in those organs of the brain in which resides the functions of the moral emotions; while those organs of the

brain which regulate the intelligent faculties, in contradistinction from the instinctive and moral powers remain intact, or may retain their integrity and health. The mental health is sound, but the moral health is suspended or destroyed; which implies a duality in the mind, in a sense which psychiatry never dreamed of." Moreover, Reese noted that both English and American judges had never accepted the idea of a "moral insanity" defense in a criminal trial (Reese 1858: 5-8).

Second, Reese utterly dismissed the idea that person was not responsible for his own violent acts. Phrenologists had argued that a person acted violently due to the size of that particular bump on his head. Yet, Reese blamed "moral depravity" rather than "moral insanity" for violent acts. First, he reiterated "...the universal understanding that the mind, not the brain, controlled everything. Indeed, according to Reese, the mind had the "intellectual and moral faculties" while the brain "exercised" them (Reese 1858: 20). Moreover, Reese asserted that if a person acted in a depraved way, it was not insanity but perversion or possibly that the person was pretending to be insane. Finally, Reese quoted several Bible passages, including the seventh chapter of Romans and pagan authors to indicate that moral depravity was the cause. Since the person knowingly committed a violent crime, he must be punished; otherwise, criminals would be emboldened and society would be at risk. At the same, Reese did make an allowance for authentic insanity based on certain factors which would rule out incarceration (Reese 1858: 7-10).

Reese ended his report with several conclusions: the mind (not the brain) was the source of insanity; a person must have signs of positive disease in the brain; the person must not be aware he is impaired; "moral insanity" should be seen as "moral depravity" unless clear proof of a diseased brain exists; a truly insane person should be confined to an asylum which should be a separate facility from the prison. In addition, courses on "medical psychology" should be given in medical school. Finally, only doctors who have studied medical psychology and done their training in asylums should testify in court cases (Reese 1858: 24).

Conclusion

In sum, Reese convincingly refuted three major claims of phrenology: its misguided attack on so-called evangelical methods of proclaiming the Gospel, its wildly mistaken ideas of anatomy, and its dangerously permissive views of punishment. This rejection, however,

ran counter to prevailing popular opinion since many Americans had enthusiastically, yet unwisely, embraced some of phrenology's ideas such as the way the bumps on one's head could determine one's personality. Indeed, during the mid-1800s, phrenological books, lectures, charts of the brain, busts, and skulls abounded. Despite this widespread acceptance, its popularity finally began to diminish not only through Reese's publications but also as medical science both increased in knowledge and developed important organizations such as the American Medical Association and medical societies in each state.

Works Cited

- Ahlstrom, Sidney
1972 *A Religious History of the American People*. New Haven, CT: Yale University Press.
- Bakan, David
1966 "The Influence of Phrenology on American Psychology." *Journal of the History of the Behavioral Sciences* (200-220).
- Branson, Susan
2017 "Phrenology and the Science of Race in Antebellum America." *Early American Studies* (Winter).
- Brigham, Amariah
1836 *A Letter from Doctor Brigham to David M. Reese, M.D.* Hartford, CT.
- Carlson, Eric.
1958 "The Influence of Phrenology on Early American Psychiatric Thought." *The American Journal of Psychiatry*. (December) 535-538.
- Coventry, Charles B.
1858 *Biographical Sketch of Amariah Brigham, M.D.* Utica, NY: Curtiss and White.
- Dain, Norman and Carlson, Eric
1962 "Moral Insanity in the United States, 1835-1866." *The American Journal of Psychiatry* (March) 795-801.
- Dwyer, Ellen
1987 *Homes for the Mad*. New Brunswick, NJ: Rutgers University Press.
- Eaton, Leonard
1953 "Eli Todd and the Hartford Retreat." *New England Quarterly*. Vol. 26 (435-453).

- Goodrich, Reverend Chauncey E.
 1858 *A Sermon on the Death of Amariah Brigham, M.D.*
 Utica, NY: Curtiss and White.
- Keller, Charles R.
 1942 *The Second Great Awakening in Connecticut.* New
 Haven, CT: Yale University Press.
- Lewis, W. David
 1965 *From Newgate to Dannemora.* Ithaca, NY: Cornell
 University Press.
- Oshinsky, David
 2016 *Bellevue.* New York, NY: Anchor Books.
- Reese, David
 1838 *Humbugs of New York.* New York, NY: John S. Taylor.
 1836 *Phrenology Known by Its Fruits.* New York, NY: Howes
 and Bates.
 1858 *Report on Moral Insanity in Its Relation to Medical
 Jurisprudence.* Philadelphia, PA: Collins.
- Stout, Harry
 1986 *The New England Soul.* New York, NY: Oxford University
 Press.
- Wesley, John
 1980 *The Works of John Wesley, vol. 25. Letters I, 1721-1739.*
 New York, NY: Oxford University Press.
 1982 *The Works of John Wesley, vol. 26. Letters II, 1740-
 1755.* Nashville, TN: Abingdon Press.
 1995 *The Works of John Wesley, vol. 23. Journals and Diaries,
 VI, 1776-1786.* Nashville, TN: Abingdon Press.

