HORRORS OF PREDRUG ERA

So to return to the predrug era in psychiatry, it would be well to recall what conditions were like then. This makes it possible to appreciate what has been accomplished.

Within the bare walls of isolated, prisonlike asylums were housed many screaming, combative individuals whose animalistic behavior required restraint and seclusion. Catatonic patients stood day after day, rigid as statues, their legs swollen and bursting with dependent edema. Their comrades idled week after week, lying on hard benches or the floor, deteriorating, aware only of their delusions and hallucinations. Others were incessantly restive, pacing back and forth like caged animals in a zoo.

Periodically the air was pierced by the shouts of a raving patient. Suddenly, without notice like an erupting volcano, an anergic schizophrenic would burst into frenetic behavior lashing out at others or striking himself with his fists, or running wildly and aimlessly about.

Nurses and attendants, ever in danger, spent their time protecting patients from harming themselves or others. They watched men and women who either refused to eat or gorged themselves. They tube fed to sustain life. Trained to be therapists, they functioned as guards and custodians in a hellish environment where despair prevailed and surcease by death offered the only lasting respite for their suffering charges.

Compounding this ghastly situation was the restricted therapeutic armamentarium of the psychiatrists. How frustrated and impotent they felt and I know this because I felt this way, as they watched the number of chronically ill swell the burgeoning population of long-term resident patients. They knew from bitter experience that psychotherapy for psychotics was fruitless, that insulin-coma and electroshock therapy offered little or no improvement to schizophrenics continuously ill for more than 2 years, and that psychosurgery benefited only a very small percentage of the chronically ill. For lack of more effective remedies, they secluded dangerously frenetic individuals behind thick doors in barred rooms stripped of all furniture and lacking toilet facilities. They restrained many others in cuffs and jackets or chained them to floors and walls. Daily they sent patients for hydrotherapy, where they were immersed for long hours in tubs, or packed in wet sheets until their disturbed behavior subsided. These measures, barbaric and inhumane as they appear in retrospect, euphemistically called therapy, at best offered protection to patient and personnel and a temporary respite from the most distressing symptoms of psychoses.

This lack of effective antipsychotic therapies accounted for the bleak outlook for the chronically ill. Unless they were released within 2 to 3 years of admission, they were destined to remain indefinitely, prisoners of psychoses—unresponsive to the existing therapies.

Chlorpromazine and reserpine were the first therapies to change the dire prognosis for the chronic schizophrenic. Shortly after these became available psychiatrists realized that, unlike previous psychological and physical methods of treatment—the effectiveness of which