The Monro dynasty and their treatment of madness in London

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ABSTRACT

Introduction. The treatment of madness in the eighteenth century had changed little over hundreds of years. One of the most powerful influences over the management of the insane in London was the Monro dynasty (1728-1882), which consisted of five generations of physicians, four of whom practised at the Bethlem Hospital.

Methods. A review of the medical literature on the Monro physicians treating madness in London was undertaken. The first four Monro doctors wrote little about the practice of managing patients with mental illness, and so most of the information about their practice has come from publications about the institutions in which they worked during the 18th and 19th centuries. Dr Henry Monro, the last of this medical dynasty, published a book and several papers on methods of management of mental illness and these have been included in the review.

Conclusions. The Monro physicians who specialised in treating madness were very influential in English society for more than 150 years. They were consulted by the great and the good of their times, and two of them were asked for a medical opinion on the mental illness of King George III. Yet their management was marked by treatment regimes which were regarded as outmoded and barbaric even by the standards of the day. The Monro physicians were well educated, cultured and were important connoisseurs of the arts. Thomas Monro, a sponsor of the artist J.M.W. Turner, conducted an informal art school (the Monro circle) and was a major contributor to the development of the British school of watercolourists. Despite their influence they contributed little to the understanding of mental illness and their appointments to important physician posts appear to have been strongly influenced by nepotism.

KEYWORDS
Munro dynasty, Bethlem, treatment, madness, physician, art

Introduction

The Age of Enlightenment in Western Europe began in the early years of the 18th century. Yet despite the many advances which it brought in science and medicine, there was little understanding of the causes of mental illness. The treatment at that time was largely custodial and came to be regarded by later generations as barbaric. In addition to accepted medical treatments of the day based on humoral theory, like bleeding and purging, the mentally ill were often chained and beaten in the hope of driving out the demons which were believed to persecute them.

This remained conventional treatment well after two landmark events toward the end of the century that would eventually see a transformation in management. The establishment of the Retreat at York by the Quaker William Tuke in 1796 marked the start of the age of ‘moral’ treatment in England while Pinel and Pussin removing the chains of the inmates of the Bicêtre in Paris in 1797 was the beginning of the end of the age of routine confinement for lunatics in Europe.

In London, during much of the 18th and the first eight decades of the 19th century, the management of the...
mentally ill was dominated by five generations of one family, the Monros. This article describes their lives and their roles in the treatment of madness. It is important to judge their contribution to the management of mental illness in the context of evolving attitudes to patient care during this lengthy period of time.

Development

The origins of the Monros

The family who were so prominent in the treatment of madness in London hailed originally from the Highlands of Scotland. The Fyrish Munros held lands on the northern shores of the Cromarty Firth adjacent to the lands held by their relatives, the chiefs of the clan Munro.

The Monros of Fyrish were descended from Hugh Munro, 9th Baron of Foulis and Chief of the Clan Munro who lived from c1352-1425.1 One of his sons John acquired lands at Milntown, near Invergordon, and changed his name to Monro. John Monro led the clan at the Battle of Clachnaharry, near Inverness, and he was the progenitor of the branch of the family which produced three famous anatomists, the Alexanders Monro, who dominated anatomy teaching in the Edinburgh University medical school in the 18th and early 19th centuries. This branch of the family also produced doctors in seven out of eight generations, the last one of whom died in New Zealand in 2013.1

Another son of Hugh Munro, 9th of Foulis, George Munro, succeeded his father as Chief of the Clan Munro. Six generations later Hector Munro, second son of Robert Munro, 14th of Foulis, received the lands of Fyrish, Contullich and Kildermorie as patrimony and he became known as Hector Munro, 1st of Fyrish. Hector Munro’s grandson Hugh, 4th of Fyrish, married a relative, Isobel Munro, and had six children, the fourth of whom was Alexander Monro.

Academic and Jacobite

Alexander Monro (c1648-1698) was clearly an individual of considerable ability.2 He graduated from St Salvator’s College in St Andrews at the age of 16. The following year he joined Lord Dumbarton's Regiment and saw military service in France before returning to St Andrews to study for the ministry at St Mary’s College. He served as a minister in Fife over the next 10 years before being appointed Professor of Divinity at St Mary’s College in St Andrews. Within a short time he was promoted to Principal and after only three years at St Andrews he was appointed Principal of the University of Edinburgh and minister of the High Kirk of St Giles at the early age of 35. His position of great influence was, however, short lived. In 1689, he was tried by the Privy Council because he refused to say prayers for William and Mary when they acceded to the British throne and was forced to resign from the ministry of St Giles. The following year his appointment as Principal was rescinded because he refused to take the oath of allegiance to the new King and Queen, preferring instead to support the Stuart monarch. In addition, his theology was regarded as unsound and he was accused of not subscribing to the Westminster Confession of Faith. He changed the spelling of his name from Munro to Monro for reasons which are not clear. In 1691 he moved to London where he died at the age of 50.

Alexander Monro and his wife Marion had eight children, only two of whom survived. One of these was Dr James Monro, the first of the London Monro dynasty.

The start of the London dynasty

James Monro (1680-1752) (Figure 1) was the first of four generations of Monros who were to hold the post of physician to Bridewell and Bethlem hospitals between 1728 and 1853. James matriculated at Balliol College, Oxford, graduating successively BA, MA, BM and finally DM, some years later in 1722. His application for the post of physician to St Bartholomew’s Hospital was unsuccessful but he was appointed to Bethlem (or Bedlam) in 1728 in preference to seven other candidates. James Monro became a Fellow of the Royal College of Physicians the following year.3

Bethlem Hospital was the first hospital for care of the mentally ill in England and it opened in 1337. When Bethlem moved from Bishopsgate to the open spaces of Moorfields in 1676, the new building was widely regarded as the most magnificent hospital edifice in Europe. Designed by Thomas Hooke, it featured Corinthian pilasters and elegant carved stonework.4 Yet from the outset there was criticism of the care of
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the inmates within this stylish exterior and James Monro was the target of much of this. During his tenure as physician between 1728 and 1752, Enlightenment thinking fuelled the debate on the understanding of the nature of madness and of the working of the brain. Amongst the many who contributed were the Scots-born physician George Cheyne (1671-1743) who published *The English Malady* in 1733 in which he talked of ‘spleen’, ‘vapours’, ‘hypochondrical and hysterical distempers’.

In this influential book he argued that some of these disorders might in part be the result of the pressures and stresses of civilisation. Robert Whytt, professor of physic in Edinburgh, proposed his sentient principle and his major work *Observations on the Nature, Causes, and Cure of those Disorders which have been Commonly called Nervous, Hypochondriac, or Hysterical* would be published in 1765. Yet Monro contributed no written work at all to this increasing corpus of knowledge.

References to him by Alexander Pope in *The Dunciad* and *Book of Horace* were less than flattering, but perhaps the greatest condemnation came from the biting satire of William Hogarth in his drawings of *Rake’s Progress* (1735) in which the final drawing depicted the conditions in the Bethlem over which Monro presided. The display of madness as a public show caused outrage, but the practice continued.

Monro’s most famous patient was Alexander Cruden, who as a young man in Aberdeen had been imprisoned by his parents as a madman. Cruden was scathing about his treatment at the hands of mad-doctors which included restraint and beating. ‘The common Prescriptions of a ‘Bethlemitical Doctor’ he wrote ‘are a Purge and a Vomit, and a Vomit and a Purge over again, and sometimes a Bleeding...’ Cruden subsequently sued Monro, unsuccessfully, for ‘wrongful imprisonment’.

Criticism of James Monro continued even after his death. In 1742 the physician William Battie (c1703-1776) was elected a governor of the Bethlem and thus had first hand knowledge of its workings. Battie became an advocate for reform at Bethlem, and in 1751, a year before Monro’s death he became the first physician to the new St Luke’s Hospital for Lunatics. Sited close to the Bethlem at Moorfields, St Luke’s was a more modest design and would later proudly declare that “plainness and simplicity are commended in buildings intended for charitable purposes.” In 1758 Battie produced his *Treatise on Madness*, a major and influential work, in which he sought to explain, *inter alia*, the nature of ‘natural sensation’ and the causes of madness. His was a rational approach and he recognised that head injury and fever might sometimes be etiological factors, challenging the accepted notion that sin or astrology or possession by demons was the explanation. He was clear too that the treatments, widely used at Bethlem, were ineffective. “Madness, therefore, like most other morbid cases, rejects all general methods, e.g. bleeding, blisters, caustics, rough cathartics, the gumms and faetid anti-

Figure 1. James Monro (1680-1752) by J.M. Williams. 1747. ©Royal College of Physicians, London.
hysterics, opium, mineral waters, cold bathing and vomits.” He emphasised the importance of a well-designed and well-managed hospital in the treatment of madness, and his criticism of James and his son and successor John Monro was thinly disguised. While Bethlem was depicted as archaic, conservative and even cruel, St Luke’s was presented as modern and caring. The rivalry between the institutions intensified during the tenure of John Monro and indeed would continue for generations.

‘Undertaker of the mind’; John Monro (1715-1791)

John Monro (Figure 2) was destined to become the best known mad-doctor of his day in Britain. His education and career path was to follow that of his father, a course subsequently copied by his son and grandson. After graduating MA from St John's College, Oxford, he was awarded a prestigious Radcliffe travelling fellowship, which supported the study of medicine for five years in Britain and a further five years in continental Europe. (It seems likely that this award was in part due to James Monro’s friendship with the prime minister Robert Walpole.12) He studied in Edinburgh under his distant cousin Alexander Monro primus, then at Leiden and at centres in France, Italy and Germany. Awarded his Oxford DM in 1747, he was made a Governor of the Bethlem the following year and was appointed joint physician at the Bethlem alongside his father in 1751. On the death of his father he became sole physician, but this legacy also had a less welcome component. The criticisms of William Battie continued, and after Battie's appointment as physician to the rival St Luke’s, they carried more authority. Battie, with some justification, described himself as the ‘modern’ face of medicine and his harsh criticism of the antiquated attitudes and ineffective treatments at the Bethlem provoked a response from John Monro. In his 1757 Harveian oration Monro had paid a hagiographic tribute to his father (the only such tribute known to exist). The younger Monro’s response to Battie’s 1758 Treatise came later that year with Remarks on Dr. Battie’s Treatise on madness13 – a scornful, withering, satirical and detailed rebuttal. In retrospect, it was Monro’s views which were not in accord with future developments. His support of depletive medicine, of public viewing of madness and his dismissal of an organic basis for some forms of madness cast Monro as archaic. Later historians of psychiatry including Hunter and Macalpine,14 Leigh15 and Porter16 considered that Battie was the clear winner of the debate, but Andrews and Scull in a recent, detailed analysis felt that neither Battie or Monro was to have a lasting, influential effect on the development of our understanding and treatment of mental illness.10

Alexander Cruden too continued to denounce John Monro as he had his father. Cruden, a proofreader in London, was a religious activist who took personal re-
taliation against those he regarded as guilty of profan-
ity or Sabbath-breaking. He compiled a major concor-
dance of the Bible, possibly the largest task of
compilation ever undertaken by one individual, and
this brought him fame and social status.\textsuperscript{17} The many

Yet for all the criticism, Monro enjoyed professional, so-
cial and financial success, advising on madness to a
large clientele in their homes, in madhouses run by
others and, from 1762, in Brooke House, his own private
madhouse in Hackney. Brooke House would remain a
rich source of income for successive generations of
Monros until 1891.

Andrews and Scull, who have analysed Monro’s 1766
case book, argue that the very fact that his was a pop-
ular and much sought-after opinion suggests that he
had a reputation for helping those who consulted
him.\textsuperscript{19} On the other hand, they concede, any improve-
ment may simply result from the patients’ belief that
they had consulted the best available doctor for their
complaint.

His status as a leading mad-doctor was enhanced when
he was asked to advise the Royal doctors on the alleged
madness of King George III. In later years John Monro
healed the rift with Battie, became wealthy from private
practice and, as his father had done before him, pre-
pared his son Thomas to inherit not only the post of
physician at the Bethlem, but also the prestige of the
Monro name and a rich practice in treating madness.

John Monro was an art collector and connoisseur who
possessed a collection of prints and engravings. A sale
of his engraving and drawing collection took place on
April 30th, 1792, the year after his death. The sale was
expected to last two days but lasted for five and realised
just under £900 (around £1.3 million in 2013).\textsuperscript{17,20}

The dynasty continues, but is rocked by scandal

While James and John Monro had been the butt of criti-
cism, the next Monro in line was the subject of a very
public humiliation. Thomas Monro (1759-1833) (Figu-
re 3) was destined to follow in his father’s footsteps.
Having followed the family tradition of schooling at
Harrow, he graduated in arts from Oriel College, Ox-
ford, qualified MD in 1787 and that same year was ap-
pointed assistant physician to his father at Bethlem.
Appointed full physician in 1792, Monro became fa-
mous as a mad-doctor yet produced no writing on the
subject and presided over a conservative, even archaic
regime at Bethlem.\textsuperscript{21}

 Asked, like his father, to pronounce on the madness of
George III, his was third party advice to the royal physi-
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clinicians, as his father’s had been. Yet fame became notoriety with his testimony to the Commons Committee on Madhouses in England in 1815. Monro, having admitted that chains and manacles were still being used to restrain patients in Bethlem 20 years after they had been abandoned in Paris, caused outrage by confirming that they were not used at Brooke House. They were, he asserted “fit only for pauper lunatics; if a gentleman were put in irons he would not like it.” His defence of his position was unconvincing. Taken with the allegations that he was frequently absent from his duties and that his therapeutic methods remained those inherited from his father, based on bloodletting, purging, vomiting and bathing, the criticism was such that he felt compelled to resign. Shortly thereafter, he retired from medicine and indulged himself in his true passion: fine art. An amateur artist, connoisseur, collector and patron of the arts, he is widely regarded as a founder of the British school of watercolourists. His house became a regular meeting place for young artists of the day and the ‘Monro School’ is credited with the change in style in British watercolour painting around the start of the 19th century. J.M.W. Turner and Thomas Girtin were among the many artists whom he supported and encouraged. Art, it seems, was his real passion in life and one where he left a worthy legacy.

Beginning of the end of the dynasty

It was a mark of the strength and standing of the Monro name in treating madness that Thomas Monro was able to pass on the post of Bethlem physician to his son. Despite his father’s resignation from Bethlem under a shadow, Edward Thomas Monro (1790-1856) (Figure 4) succeeded in 1816, the year of his father’s ignominious resignation, to what had become the family fiefdom, appointment as physician to the Bethlem. He had pursued the well-trodden family path, graduating MD from Oriel College, Oxford, becoming FRCP and was appointed Censor and Treasurer of the RCP. In addition to his appointment at Bethlem, Edward Thomas inherited the family’s private madhouse (Brooke House) and also had duties at the Brompton hospital and the Foundling Hospital. After the damning indictment of the Commons Committee, Bethlem was forced to change. In 1816 it had moved to a new building at St George’s Fields which seems to have helped, for a time, bring about improvement in the conditions. One visitor in 1844 wrote of an atmosphere of ‘humanity and benevolence’. Yet E.T. Monro, like his forebears, continued to adhere to treatment widely regarded as conservative or even archaic. His association with the hospital was, like his father’s, to end in poignant circumstances. After trying for some years the Lunacy Commissioners were eventually granted access to inspect Bethlem in 1851 and their report was highly critical of Monro who was dismissed. He was subsequently admitted as a patient to the family madhouse, Brooke House, where he remained until his death in 1856.

Figure 4. Edward Thomas Monro (1790-1856) by Henry Monro. c. 1856. ©Royal College of Physicians, London.

Last of the dynasty

Henry Monro (1817-1891) (Figure 5), son of Edward Thomas, represented the fifth and final generation of
Monro mad-doctors in London. Almost predictably, he followed the traditional family career pathway of schooling at Harrow, qualifying MD from Oxford’s Oriel College, and election as FRCP in 1848; he subsequently became RCP Censor and Council member. He also inherited Brooke House, still a lucrative source of income, although it had changed little since his great-grandfather’s day. Henry, however, broke with family tradition in two ways: he was appointed physician to St Luke’s Hospital, the longtime rival of Bethlem, and he was the first of the dynasty to write several medical papers including *On Stammering and its Treatment* (1850) and *On the Nomenclature of the various forms of Insanity* (1856). He also contributed a major work on mental illness—*Remarks on Insanity, its Nature and Treatment* (1851). As he himself would admit, this contained little in the way of original thought on the topic. In the spirit of the times, however, he condemned the antiphlogistic therapy that the four previous generations of his family had advocated and joined the increasing chorus of professional opinion in ridiculing phrenology.

In 1854 Monro was appointed physician to St Luke’s, the private asylum which had for generations been regarded as a bitter rival to Bethlem. Here he was regarded as a reformer and appears to have visited regularly on alternate days. Yet his treatment of private patients at Brooke House was condemned by an inmate, Richard Paternoster, in terms reminiscent of the criticism directed against his grandfather. Paternoster described Brooke House in 1841 as ‘old-fashioned and dilapidated’ and ‘wretchedly furnished’. He gives a gloomy description of an institution with no walks or gardens and bars on the small windows. Henry defended himself by publishing in 1856 *Articles on Reform in Private Asylums*, but most of the reforms which he proposed were never implemented.

Yet his reforming ideals are clear from this article and Henry is credited with founding, in the spirit of Victorian philanthropy, the House of Charity, a home for the destitute in Soho Square, which he supported for 40 years. In the family tradition, he was an art collector and a competent amateur artist. The portraits which he painted of himself and his father were presented to the RCP along with those his Monro forebears Alexander, John and Thomas.

His election as president of the Medico-Psychological Association in 1864 was a mark of his standing within the medical profession. Although one of his sons, Henry Theodore Monro (1858-1918), became a doctor, he did not practise as a psychiatrist and the retiral of Henry Monro from St Luke’s in 1882 marked the end of mad-doctoring by the Monros in London.

The Monros on the defensive

In the earlier years of the Monro dynasty, the practices at Bethlem probably reflected those used elsewhere but
as time moved on and newer ideas about treatments and attitudes emerged, the Monros adhered to old practices and defended the attitudes of previous generations. This was particularly true of the practice of allowing the public to watch the extreme behaviours of the insane. When Dr Battie introduced new concepts to the approach to mental illness, the reaction of James and John Munro was to defend and conserve antiquated practices. In the last decade of the 18th century, replacing mechanical restraint with kindness was advocated in Paris by Pinel and Chassin, in Florence by Vincenzo Chiarugi and at the York Retreat by the Tuke family, but this had little impact on the practice of restraining the inmates of Bethlem; the use of restraining irons was defended in 1815 by Thomas Monro at a Parliamentary Inquiry. Henry Monro was regarded as a progressive clinician at St Luke's hospital, a public institution, yet the conditions at his private hospital, Brooke House were described in very negative terms by one of his patients. As his forebears had done, he ended up on the defensive having to justify his management and his institution.

Conclusions

Historians have been harsh in their judgement of this Monro dynasty. It is easy to compile a list of their apparent failings: their jealous guarding of the monopoly as physicians to the Bedlam; their conservatism, clinging to outmoded customs like the public display of inmates, restraint in chains and antiphlogistic therapy when others had abandoned them. Even more damning, however, was their collective failure (Henry excepted) to contribute anything to medical or scientific literature. This is all the more surprising given that they worked in the very heart of one of the great medical centres of Europe.

There were a few positive features to their long period of influence. In particular, John Monro's clinical opinion was sought by many patients and Henry Monro must have been highly thought of by his professional colleagues to be appointed president of the Medico-Psychological Association in 1864. As a family they contributed greatly to the development of the creative arts in the eighteenth and nineteenth centuries, not only as artists but particularly as patrons of the arts.

Some consider that they regarded the treatment of madness as a family business, as a means of generating wealth and status in society. Yet in this they were not alone. Others have condemned their nepotism, and while patronage in medicine was accepted through much of the period in question, they took preferential advancement of family members to an extreme. It was a family failing (which also affected Alexander Monro, the progenitor of this dynasty) that promising careers could end in some degree of ignominy. There seems general agreement that among them they did little to advance our understanding of madness or improve its treatment.

Conflicts of interest

The authors have no conflicts of interest to declare.

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