Maltese physicians were familiar with the manifestations of mental disorder long before Dr. T. Chetcuti had anything to do with it, and I should call him the pioneer Maltese psychiatrist in the sense that he was the first Maltese doctor who made a serious study of it and who devoted the greater part of his life and energy to the care and treatment of mental patients.

Dr. T. Chetcuti was born at Mosta on the 15th. June, 1797 from well-to-do parents. It appears that his family had planned a career for him in the church. He received his early education at a private school in Lija, whence after a short time, he was sent to the Seminary at Mdina. Here he studied Latin and Italian literature and then left to study philosophy with a private tutor. In 1815 he entered the University as a Law student. He obtained his degree in jurisprudence in 1818 but felt little inclination to take up law as a career. Instead he felt himself drawn towards the medical profession and with this aim in view he went to Naples where he graduated in medicine in November 1821 and in surgery in April 1822. Having returned to Malta he set up as a private practitioner at Rabat. In 1823 he became assistant physician at the Santo Spirito Hospital and in April 1834 was appointed its Medical Superintendent.

During the cholera epidemic that broke out in Malta between June and October 1837, the medical profession was engaged in a violent controversy as to whether cholera was a contagious or a miasmatic disease. Dr. T. Chetcuti held that cholera was an infectious but not a contagious illness. Strangely enough, however, he condemned sanitary measures against the spread of the epidemic as being quite useless and vexatious. He expressed his views on the causation, pathology and treatment of cholera in a pamphlet published in 1837 (1).

On the 1st. June 1838 he left his post at Santo Spirito Hospital to become superintendent of the Lunatic Asylum, a position which he occupied until the time of his death. His duties at the asylum did not prevent him from taking an active interest in all that affected the teaching and practice of medicine in Malta. He was an energetic member of the "Società Medica D'Incoraggiamento" of which he was several times president.

In 1842 Rev. T. O'Malley, the director of Public Instruction, published a scheme for the reform of studies in the University and Lyceum. It was severely criticised by the press but no constructive proposals were put forward to remedy its defects. A commission was therefore chosen by the "Società Medica" to study O'Malley's plan as far as it concerned the curriculum of medicine and surgery at the University, and to draw up a report upon it. The commission was formed of Dr. T. Chetcuti and Dr. N. Zammit. Their report was published in 1842. Among other reforms they proposed that the study of medicine should be divided into a preparatory and an academical course, the latter to extend to six years. It was suggested that lectures in mental diseases should be held daily during the last four months of the fourth year, while clinical instruction in psychiatry was to occupy the fifth and sixth years together with clinical surgery and obstetrics.

He read several papers on various topics at meetings of the Society. He also contributed to the discussions that followed the reading of papers by other members. From the summaries of these discussions published by the "Società Medica" we can form an idea of Chetcuti's theories and tenets on various aspects of medicine. Thus we learn that he upheld the theory of spontaneous generation. He believed that the lesion responsible for intermittent fever was

(1) Notizie storiche e patologico-cliniche sul cholera che divampò in Malta e Gozo nell'està del 1837, Malta, 1837.
somewhere in the spinal cord, that cyanosis was brought about by narrowing of the cardiac orifices and that quinine had a sedative action on the nervous system. He knew that strychnine was a convulsant and that the heart was under the influence of the nervous system. He declared himself in favour of vaccination for small pox in 1841. He condemned homoeopathy which he deemed to be of no value. He was a great believer in the "vix medicatrix naturae". He warned his colleagues against the abuse of drugs, stressed the importance of hygienic measures as promoters of good health and advocated a therapeutic reform based on the principle that the medical arts should help and not hinder nature.

His loyalty to the Government, in whose employment he was, involved him in a dispute with members of the "Società Medica" and led him to sever his connections with the Society. As president he had declined to allow a discussion on the administration of Government Institutions on the grounds that such a measure was not within the scope of the association. The majority of the members of the Society thought otherwise and he resigned the presidency. In the debate that ensued he insinuated that some of the members allowed themselves to be swayed by biased opinions in the discussions and voting of the Society. He was asked to withdraw this statement and to tender his apologies to the association. As he ignored this request he was expelled from membership of the "Società Medica" in May 1848.

On the 1st June 1849, in conjunction with his duties at the mental hospital, he was put in charge of the Lazzaretto also — a very strange combination!

When the professorship of medicine at our University became vacant in 1856 following the death of Prof. Schinas, the Governor Sir W. Reid offered the chair to Dr. Chetcuti at a salary of £40 a year. Dr. Chetcuti felt that he could not accept such a humiliating remuneration and he declined the offer.

He continued to divide his time and energies between

his large practice and his official appointments until his death on the 17th March 1863. He was buried in Mosta church in accordance with his wishes.

CHETCUTI AS AN ASYLUM REFORMER.

As in all other countries, the history of the treatment of the insane in Malta up to the first quarter of the nineteenth century makes very sad reading. During the sovereignty of the Order they were looked after at the Holy Infirmary and at the "Ospizio". On the arrival of the French in the Island, the mental patients were transferred to the monastery of St. Mary Magdalene from which the nuns had been evicted in 1798. At both the Infirmary and the monastery the excited patients were restrained by pinioning or chaining to the walls. In 1816 all mental patients were removed to the "Ospizio" at Floriana. Here they were confined in casemated rooms and secured to the walls by means of chains. Sir F. V. Ingloft states that they were badly fed and "too often unmercifully beaten in the belief that they were possessed by the devil." Overcrowding became so marked in 1827 that the Commissioners of Charity had to refuse admission to many patients. Important administrative changes were carried out in 1832 but the treatment meted out to the patients did not undergo any change. They were still shackled with chains and had to continue to endure beatings at the hands of their warders. We are told that they were kept naked and left to wallow in filth very often until death delivered them from their sufferings and degradation.

It was not until 1835 that a separate institution was provided for the reception and care of the insane. Villa Franconi, a mansion at Floriana, was converted into an asylum but administratively it continued to form part of the "Ospizio". By this time, accounts of reforms effected in European asylums had convinced the more philanthropically minded intellectuals in Malta of the necessity of providing a more decent treatment for the insane. The first
official step in this direction was taken by the Committee of Charitable Institutions when at its sitting on the 4th November 1837 it resolved to model the Franconi Asylum on the more progressive mental hospitals on the continent, and recommended Dr. T. Chetcuti as its director. Following his appointment as physician of Villa Franconi on the 1st January 1838, Dr. Chetcuti went abroad at his own expense to visit asylums in Italy, France and Great Britain.

Villa Franconi as found by Dr. Chetcuti on his return has been described by Dr. G. Gulia as having been no better than a prison. On account of an inadequate number of attendants the patients had to be tied with ropes and chains as a means of restraint. The attendants had recourse to beatings with sticks to calm down the excited patients who suffered serious bodily harm. Patients were herded together indiscriminately and no attempt was made to separate them according to their type of illness. The classification of the various forms of mental disorder known in those days was neglected with the consequence that no distinction was made between recoverable and incurable cases. Therapeutic nihilism was the order of the day.

When Dr. T. Chetcuti took charge of Villa Franconi he liberated the patients from their chains and banished the use of the stick as a sedative measure. He tried to classify the patients according to their behaviour, and he opened wards for the imbeciles, epileptics, tranquill and refractory patients. He also attempted to provide separate accommodation for the more educated patients. He had three baths with douches set up. He restricted the use of seclusion and resorted to the use of the strait jacket only in the case of restless and dangerous patients. He prohibited the attendants from using the epithet “madman” when referring to or addressing patients, and he kept a sharp eye on the attendants for instances of ill-treatment of patients. He did away with punishment for patients who swore, stole food, tore clothing or aggressed others, and in order to secure better supervision of patients he increased the number of attendants.

Dr. Chetcuti started a register where he recorded such data as names, profession, age, and addresses of patients; dates of admission, discharge and death; and diagnosis.

No breakfast had been provided for the patients previous to 1839 and they went without food after the evening meal until noon of the following day. Dr. Chetcuti not only introduced breakfast in the morning (coffee and bread) but also secured a more abundant diet for the other meals of the day. Following this increased food intake the patients improved physically. The dermatoses, diarrhoea, scurvy, oedemas of legs and emaciation which were a common sight in the asylum gradually disappeared. Particular attention was paid to the general cleanliness of the institution and to the formation of habits of personal hygiene of the patients. The importance of work as a therapeutic measure was recognised. Patients were encouraged to occupy themselves in gardening, rush work, knitting and sewing. Walks inside and outside the asylum were promoted. He fixed a timetable for meals, medical visits and work to induce habits of self-control in his patients.

In spite of these reforms and improvements, Villa Franconi did not fulfil the purpose for which it was intended. Dr. Chetcuti was aware of the shortcomings of his institution and he never slackened in his efforts to secure better accommodation and a more comfortable residence for his patients. His efforts were finally rewarded, and he lived to see and to direct, though only for a few years, the new hospital at Attard.

The psychiatric thought of Dr. Chetcuti.

His literary output is small. He read a paper on chorea and another on “gastricismo” at meetings of the “Societa Medica” on the 16th May and on the 1st August 1838 respectively. These works, which seem to have remained in manuscript form, have not yet been traced.

His ideas on psychiatry were expounded in three papers
written over a period of seven years. Two of these papers were never completely published. He had meant to give a series of lectures on mental disorder to members of the “Società Medica” but this unfortunately was not to be. He succeeded in delivering only the initial lecture. His resignation from the association was mainly responsible for the interruption of his literary activities. In fact he did not publish any more papers following his secession from the association.

The following study is, therefore, inevitably based on the very limited material that is available. It is to be noted that this material represents Chetcuti’s early ideas about mental disorder as the whole of it belongs to the first decade that followed his appointment as Medical Superintendent of the Franco Asylum. He has left us guessing as to the way his psychiatric thought must have evolved during the next sixteen years of his career which included the most mature period of his life.

He was in the main a follower of Dr. Gall, the founder of phrenology. In accordance with the teaching of the Vienna School he supposed that the mind consisted of a collection of organs or faculties. These faculties were thought to be separate from one another and capable of unequal development. They included such mental processes as memory, perception, judgment and will. It was further held that these organs could be correlated with anatomical features on the exterior of the skull corresponding to the region in the brain in which the particular mental characteristics of an individual were supposed to be located. This theory of localization of mental function reduced the most complex psychological phenomena to simple explanations. Take, for instance, the theory of how work exercised a beneficial effect in mental disorder. Dr. Chetcuti ascribed the therapeutic results derived from manual occupation to its stimulating effect on the circulatory system, but principally to its phrenological action. In fact he assumed that in mental illness some of the organs or faculties of the brain underwent an abnormal development or became “irritated”, while others turned out to be unduly inactive. Work was held to have a special action on the latter set of organs which were again brought to their previous state of activity, while it left affected organs untouched. The morbidly “irritated” organs were thus deprived of further excitation and through psychological rest they were supposed to regain their former normal condition. In this way the mind gave up its delusions and hallucinations.

Although phrenology formed the basis of his psychopathology, Dr. Chetcuti was not unaware of the many aspects of mental life which his pseudo-science had failed to account for. He confessed that examination of the skull led to contradictory results. Thus in some cases of “religious mania” he found that the central upper part of the cranium was unduly developed, while in other cases the bony prominence was located at the opposite pole. In “homicidal mania”, contrary to his expectations, he failed to discover a bulge on the skull corresponding to the “brain organ of destructiveness and combativity”. These experiences, however, did not shake his belief that there are organs in the brain for every human faculty or inclination; but he conceded that these organs may not show any visible features on the outside of the cranium. He also admitted that a particular mental illness could not be correlated with any specific organ in the brain and that the nature of a psychosis could not be inferred from an examination of the external configuration of the skull.

Dr. Chetcuti was convinced that mental disorder could occur with an apparently intact cerebrum, and that, on the other hand, the mind could continue to function normally in the presence of gross pathological lesions in the brain. There were two theories in his time regarding the etiology of mental disorder. One, which was upheld by Pinel and Esquirol, maintained that mental illness was not the consequence of organic brain changes, but was only the result of a disordered function of the organ. It was not denied that
structural changes were sometimes met with post-mortem in mental patients, but it was held that they were not enough to explain the occurrence of mental symptoms. The other theory, sustained by Gall and others, attributed mental disorder to lesions in the brain substance.

Dr. Chetcuti accepted the Pinel-Esquirol theory but he was also willing to admit that certain cases of insanity could be explained on an organic basis. The lesion in these cases, as he thought, need not necessarily involve the brain but also other distal organs. Thus, he believed that melancholia and hypochondriasis were caused by a latent enteritis or hepatitis. He observed that certain psychotic symptoms were due to pathological changes involving various parts of the body. He described the case of a patient who was convinced that he harboured the devil inside his bowels and who on examination was found to be suffering from cancer of the rectum; and also the case of a woman who interpreted the sensations arising from an abscess in her thigh as being caused by the existence of a foetus in the affected limb.

“Irritation” or hyperaemia of the cerebellum was believed to be responsible for nymphomania — a condition of excessive sexual excitement in women. The cerebellum was thought to be very sensitive to sexual stimuli. Dr. Chetcuti insisted on a complete separation of the male and female patients in his asylum not only on moral grounds but equally also for psychological reasons as he imagined that even the sight of a member of the opposite sex was enough to stimulate the cerebellum of the onlooker and set up a state of sexual tension with consequent aggravation of the patient’s illness.

He attached great importance to heredity as an aetiological predisposing factor in the causation of insanity. Indeed he claimed to have found indication of hereditary tainting in the families of fifty per cent of his cases.

For diagnostic purposes he adopted Esquirol’s classification of mental disorder into mania (general excitement), monomania (partial insanity), idiocy (congenital mental deficiency), and dementia (acquired intellectual deterioration). For practical purposes, however, he followed Pinel in classifying hospital patients into four groups — manics, tranquils, dementias and convalescents.

Both physical and psychological means were employed by Dr. Chetcuti in his treatment of mental patients. He realized that at the back of mental symptoms there was a cause of some sort and he made every effort to find it. When this was impossible he resorted to symptomatic treatment. Cold applications to the head (which were supposed to relieve cerebral irritation), tepid baths to allay excitement, and the prescription of laxatives and of an abundant diet were the most frequently used methods of therapy.

Great store was laid on blood-letting in its various forms. There was some difference of opinion among mental physicians of those days as to the value of this form of treatment. Pinel was against it; Esquirol, while not condemning it, warned his colleagues against the deleterious effects that followed its abuse; Haslam prescribed it in persons of a plethoric habitus, and Rush of Philadelphia advocated its use but contraindicated it in delirium tremens. Dr. Chetcuti employed it in plethoric individuals (in the belief that it relieved congestion of the brain) and in cases with an acute onset. He claimed to have aborted attacks of mental disorder and to have shortened manic attacks from six months to fifteen days by profuse blood-letting. He contraindicated it in patients with hereditary loading and in delirium tremens where blood-letting was thought to precipitate intellectual deterioration. In such cases he preferred the administration of opium with potassium and ammonium tartrate.

He favoured the application of vesicants on the occiput in stupor, and on the back of the neck in states of excitement. He deemed cupping to be of no use in the treatment of mental disorder but considered that the application of leeches to the sacrum was beneficial. These remedies may
appear somewhat coarse at the present day but a century ago nothing was thought of producing counter-irritation by more heroic measures. It is interesting to know, for example, that Dr. J.C. Prichard of Bristol had resort to an incision of the scalp along the sagittal suture, the wound being kept patent by means of peas inserted in it!

Dr. Chetcuti attached the utmost importance to psychological treatment. He advocated the removal of patients to hospital as soon as they became ill as he had observed that many of them started to improve immediately they found themselves under a hospital regimen and away from their usual environment. He considered it the duty of mental physicians to govern their institutions by force of example and to avoid disciplinary means that might have the appearance of coercion. He endeavoured to impress upon his attendants the need for gentleness and coaxing in their dealings with the patients, and warned them that the least transgression of this rule would be inexorably punished. He also imbued them with the idea that in order to tame an excited patient, one must keep himself calm and avoid any semblance of anger or fear. He encouraged relatives to visit patients in hospital in order to prevent the latter from becoming homesick, but he did not allow visitors when their presence disturbed the peace of mind of the patients.

He followed Georget in avoiding to excite the patient's morbid ideas by words or deeds, and to contradict or ridicule the patient's false beliefs and perceptions. On the other hand he strove to fix the patient's attention on matters unconnected with his morbid thoughts thus helping him to develop normal interests and pursuits. Hence the reason why he made occupation, both intellectual and manual, his sheet anchor of therapy.

The question of criminal responsibility in certain cases of murder was dealt with by Dr. Chetcuti in a lecture which he delivered to the “Società Medica” on the sixteenth October 1847. In this paper he expounded a new theory of the “irresistible impulse”, a subject which at the time had excited considerable controversy. Earlier on in the century Esquirol had drawn attention to a form of “homicidal insanity” in which no disorder of the intellect could be discerned. Dr. Chetcuti had also become convinced through his own observations that insanity could exist without an apparent involvement of the intellectual faculties. It must be borne in mind that in his days the current doctrine of insanity presupposed that the emotions were subservient to the reason and will, and that mental illness involved in all cases a derangement of perception and intellect. Hence a theory which assumed that insanity could exist apart from delusions and hallucinations was not likely to gain immediate acceptance. It is not surprising, therefore, that to the legal mind especially, such a theory appeared revolutionary and dangerous. Legal luminaries were not prepared to accept the view that a man was irresponsible for his actions unless he was proved to be a mental deficient or to entertain some delusion or hallucination. Some legal men were so suspicious of the theory of the “irresistible impulse” that in cases of the then so-called “homicidal monomania” they maintained that doctors should not be called by the court as mental experts. They even went so far as to state that mental physicians had “invented” certain forms of mental disorder with the aim of shielding men, who had committed brutal murders, from justice. They preferred to rely on the opinion of a lay jury in such matters because they held that common sense was competent enough to decide in such cases and that medical men were inclined to be biased in favour of the accused.

Dr. Chetcuti devoted a good part of his paper to the consideration of these arguments and tried to convince the legal men of his time of the necessity of recognising the contribution which psychiatry had to offer especially in cases of “instinctual homicidal monomania”. He maintained that it was the business of the mental expert to determine the question of responsibility in such cases. He admitted, however, that the diagnosis of “instinctual
homicidal monomania" was a difficult one and that the contemporary concept of this syndrome was rather vague. In fact some psychiatrists had included it with the "partial delusional states". Dr. Chetcuti opposed this view as he rightly pointed out that the absence of delusions was, among others, a characteristic feature of the condition. He therefore set to describe what he meant by "instinctual homicidal monomania". He defined it as being an uncontrolable impulse to destroy harmless persons to whom the patient may be very attached while the intellectual, and other affective and instinctual faculties remained unimpaired. It was due, as he thought, to a perversion of the "love" instinct.

In conformity with his phrenological ideas, he believed that for every "instinct" there was a corresponding organ in the brain. These "organs of the instincts" could become overdeveloped or hyperexcitable by their continuous exposure to normal stimuli. The organ finally became intolerant of this increasing tension and forced the individual to annihilate the offending stimulus in order to obtain quiescence. He also assumed that the tension in the "instinctual organ" could spread to other organs causing, for instance, manic excitement or infanticide. He cites six cases in support of his theory. Five of them can be recognised as having been instances of phobias of murder and infanticide, while the remaining one appears to have been a case of schizophrenia, and therefore outside the category which Dr. Chetcuti professes to illustrate.

He also thought that there was such an entity as "instinctual suicidal monomania" brought about by a perversion of the instinct and organ of the "joy of living". The symptoms which he enumerates in connection with this type of "irresistible impulse" are those which we today associate with hypochondriasis and depression, and therefore not quite consistent with his own concept of the "irresistible impulse".

Dr. Chetcuti's pathogenic theory of the "irresistible

impulse" is today untenable, but his fundamental conception of a morbid uncontrollable drive without an intellectual disorder remains true. In fact we believe that emotional and instinctual forces are more potent in determining our actions than are rational processes. Modern psychiatry thus upholds the concept of impulsive behaviour, but while Dr. Chetcuti and his contemporaries elevated it to the status of a clinical entity, we regard it as a symptom occurring in a wider syndrome. Dr. Chetcuti's "irresistible impulse" corresponds more to our concept of "compulsion" rather than to the present connotation of "impulse". Our definition of "compulsion" implies (a) the experience of a conflict by the patient who does his utmost in resisting to carry out the act dictated by his instinctual urges, and (b) a feeling of repugnance excited by the possible or actual execution of such an act. This connotation fits in with Dr. Chetcuti's concept of the "irresistible impulse" and with his description of the majority of illustrative cases which he reports.

"Impulse", on the other hand, implies an action carried out unexpectedly without deliberation and resistance on the part of the patient.

Compulsive acts are a frequent feature of phobic and obsessional states but they very rarely lead to criminal behaviour, such as murder, though such instances are not unknown.

Twentieth century psychiatry has also justified Dr. Chetcuti's stand as regards the concept of "partial insanity". Originally Dr. Chetcuti adhered to Esquiriol's opinion that a person could be subject to a delusional system on a given topic while being sane in all other respects. In the last years of his life Dr. Chetcuti dissented from this view and declared that when a person became mentally ill he was to be considered insane in all respects. This agrees with the current view among psychiatrists that mental disorder involves the whole of the personality and not just a portion of it.

Dr. Chetcuti's theories served a useful purpose in their
times. Some of them later proved inadequate and passed into the storehouse of the history of medicine. His phrenological hypothesis were founded on mere speculations, and though subsequent workers managed to show that a certain localisation of function does exist in the brain (such as the areas concerned with the innervation of the voluntary muscles), their findings are of a quite different nature and based on experimental evidence. We must not, however, assume that all Dr. Chetcuti’s tenets have been proved to be valueless. If he were alive today, he could still congratulate himself on having made the following observations:—

(1) That the more acute the onset of mental disorder, the better is the prognosis.

(2) That there is such a thing as an uncontrollable impulse which renders its possessor morally and legally irresponsible.

(3) That mental disorder is often unaccompanied by obvious lesions in the brain.

(4) That insanity cannot be partial but involves the whole of our mental life.

The modern tendency is to belittle the intellectual efforts of our predecessors, but a study of Dr. Chetcuti’s psychiatric thought should carry a lesson in humility to the medical practitioners of our days. We too, in the future will be in for debunking and we can be certain that we will not come out of it scot free.

January 1949.

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