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“They too easily believe what they hear” The Victorian  
Insane Asylum, Accountability and the  
Problem of Perception, 1845-1890.

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MA Research Thesis 2014

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## **Abstract**

In 1880 the medical profession extensively debated what it believed to be the causes of the public's perception of the insane asylum. The conclusions they came to suggested that the public had fatally misunderstood the nature of asylumdom, accountability, and the complexities of managing lunacy. Elements of the medical profession were quick to blame the failings in the legal provision for madness, for this problem of perception, exonerating themselves in the process.

By charting the development of the asylum throughout the latter half of the 1800s as a legal entity, the ways in which the framework was applied on a daily basis by the medical profession will enable this thesis to compare their perception of themselves against that which the public held. Furthermore, it will question whether the problem of perception was a construction of the medical profession, a result of their personal pride and ambition, or whether the public truly feared the stories of abuses and wrongful confinement which littered papers and fiction throughout the period.

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## **Introduction – W. G. Balfour and the Problem of Perception.**

On February 28<sup>th</sup> 1880 the British Medical Journal published the comments of W. G. Balfour L.R.C.P Edin.<sup>1</sup> who had spoken in response to an address by his colleague Dr Bucknill. These debates between Dr Bucknill and Balfour in 1880 were the culmination of the long lasting problem identified by the medical profession of how non-medical professionals had viewed the treatment given to lunatics. Dr Bucknill in this instance headed the push for change in the law to ensure that both patients and medical practitioner would receive the dignity they were entitled too, arguing that the current law was insufficient in protecting patients from abuses which had been featured in the papers multiple times throughout the century.<sup>2</sup> In his reply Balfour argued that given the large amount of “conflicting assertions”<sup>3</sup> in the reporting of the private treatment given to lunatics in Britain, in both the lay and medical papers that it was no wonder that the public “too easily believe what they hear”<sup>4</sup> no matter how “far-fetched.”<sup>5</sup>

For Balfour the public was wrong, forgivably so but still wrong, misguided by members of the medical profession who not only believed in the fanciful stories he writes about but, in some cases, pandered to them. By publically insisting that at a fundamental level the system was wrong, unfit for purpose and in need of being overhauled these mistaken doctors fuelled a climate of fear and suspicion within the minds of the public.

At its heart Balfour’s argument relied solely on his unshakable conviction that those members of the medical profession who saw the system in a negative light had failed to distinguish between theory and practise. Between what was possible within the legal framework and what actually happened. In continuing this theme Balfour quite openly admits that, whilst it was theoretically quite possible in 1880 for a sane person to be wrongfully confined within a private house this seldom happened due to the unwavering honesty of the medical profession. He maintained as proof of his beliefs that in no cases where accusations of false medical certificates having been granted had there ever been any convincingly substantiated evidence

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<sup>1</sup> W. G. Balfour graduated Licence of the Royal College of Physicians in Edinburgh and was an associate of the Medio-Psychological Association, he was employed at various Asylums in England and Scotland including as Assistant Physician Montrose Asylum, Scotland and Resident Medical Superintendent of the Metropolitan Asylum District Asylum for Imbeciles and Harmless Lunatics, Haverstock Hill. He Lived in Alton, Hampshire at the time of the articles Publication.

<sup>2</sup> Bucknill, John C. “Address on Private Lunatic Asylums.” British Medical Journal Vol. 1 , no. 997 (February 1880): pp. 198-200.

<sup>3</sup> Balfour, W. G. “Remarks On Private Lunatic Asylums: A Reply To Dr. Bucknill.” British Medical Journal Vol. 1, no. 1000 (February 1880): p. 319 Line 12

<sup>4</sup> Ibid p.319 Line 17-18

<sup>5</sup> Ibid p.319 Line 16

despite the numerous instances and reports of such abuses.<sup>6</sup> In effect Balfour's argument relies on the premise that if it was down to law and nothing else to be the sole safeguard against wrongful confinement it would happen often, but with the honourable nature of the medical profession and their duty of care towards their patients such an occurrence was impossible.

Scathing in his attacks on the Lunacy Law's and those within the profession who pandered to the concerns of the public, whilst being consummate in his defence of the medical man whose honesty was the sole barrier in removing all possibility of abuses, he argued that it was the private houses and their proprietors alone that the public were concerned about. These questionable individuals were seen by the public, as Balfour saw it, as profiteering from insanity, by abusing the system which paid them based on the amount of patients in their care and refusing to discharge patients to maximise their profits. Dismissing these accusations Balfour suggested that such payments were a necessity in providing the care so desperately needed by lunatics and that it was no different to the traditional GP charging for his services. He continued his attack, stating that if the wider public were so concerned with the state of private houses then they should petition government, encouraging an expansion of the fund raising powers of local bodies so as to purchase the private houses from their proprietors and as such eliminate them and the problem at as he saw it, its source. Here Balfour, much like the various politicians and officials throughout this complicated story, distinguished between private and county asylums in a way the public did not, at least not to the degree which the officials arguments would suggest.

It was rather problematic for Balfour's argument that the asylum system as a whole rather than just the private houses had at face value become synonymous within ever expanding elements of the public's mind as a negative, viewed with a level of distrust albeit as a necessary evil. The alternative of having lunatics amongst the general population was far worse for both society and the afflicted alike. Fuelled by publically available stories, rumours, accusations, fear, and in some cases personal experience, segments of the public over a prolonged period of time came to mistrust the system regardless of the distinction between private and county. The public's ire focused largely on the medical profession who in their eyes displayed no real defining qualities to make them better suited than the average person to judge or treat insanity. Yet at the same time legally it was these professionals that

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<sup>6</sup> Balfour, W. G. "Remarks On Private Lunatic Asylums: A Reply To Dr. Bucknill." p.319

the public identified as holding an effective monopoly over the insane. In a similar vein the public as time passed began to display a level of mistrust that was specifically directed at the private asylums which traditionally had been the only means of treatment for the insane. The development of these controversial institutions in the public's consciousness culminated in the latter half of the 1800s as being well-known dens of rampant abuses throughout the much of their existence, a stain which they repeatedly failed to shift despite the numerous government reforms. The dissonance felt between the traditional local power bases was juxtaposed against the newer central and largely external powers which emanated out of London with the changing nature of government helping to foster further distrust in the public's mind as to the motives and objectives of the system. The combination of issues outlined above and how the public's opinions differed from those the medical profession and in turn with the attitudes of the legal sphere whose views differed on some level from both the medical and public opinion and the way in which all three interact with each other is the essence of the problem of perception which the asylum faced in the latter half of the 1800's and the basis for this thesis.

### **Deconstructing Perception**

But what was the problem of perception really, it was not a term used by Balfour, or any his contemporaries, yet it describes the dissonance felt between the official reports and laws governing the system, the reality of how these were implemented on a daily basis and the way in which the public interacted with each, therefore it is a question of nuance more than anything else.

The notion of perception however is in itself problematic, for instance the way in which one chooses to define such an abstract concept as perception creates for the author its own unique complexities. These issues arise and change depending on whatever definition is used, they will impact upon which sources will be defined as being representative of perception, and as a result will dictate the picture one is able to portray. As a result it is therefore essential for the purposes of this thesis to outline how perception will be defined, identify the sources this definition covers and how these will be used to interact with the other documents. Perception in its simplest form is the way in which a human interoperates the world around them however, as it is impossible to physically ask a contemporary Victorian their opinions one must construct it from the sources that remain. To this end careful analysis of a wide range of

sources is required to consider whether the available sources are representative of the majority. Chris Otter defined the problem and its solution best when he approached perception in his book *The Victorian Eye* questioning “who could see what, whom, when and where.”<sup>7</sup> As a result, at its core perception covers the written thoughts, how the author chooses to express themselves and the opinions of the each of the main party’s involved. In the case of the legal sphere it will cover legal documents, debates within the halls of government and personal memoirs or contributions to papers. For the medical profession it will cover medical journals, personal memoirs, and official documents from the day to day running of the asylum as well as contributions to public mediums such as the press. Finally for the general public it will take the form of personal documents, papers, relevant fiction and official notices interacting with the asylums.

To address the assertions of Balfour, the documents identified will be used to explore how the medical profession wrote about and constructed the opinions that others held of them. The focus is on the internal construction of perception by the medical community, and the debate which ensued surrounding the provision of care. These debates are essential in this instance to establish how representative the comments of Balfour were of the wider medical community. In another instance and juxtaposed against the medical profession, is the idea of how the public or in a more broad sense people not connected to the administration of the asylums, viewed and interacted not only with the official reporting but also with other publications originating from the medical profession. In her recent book *Destigmatising Mental Illness? Professional Politics and Public Education in Britain 1870-1970* Vicky Long made the convincing argument that by and large the construction of ‘the public’s’ perception by the medical authorities was quite often a reflection more of their own beliefs and ambitions rather than an accurate portrayal of the public.<sup>8</sup> However despite this, these insider critiques of public perception give a fascinating insight into the extent of the perceived problem of perception and are a necessity in untangling the complex interplay of perception, reality and the various interested parties. A further consideration is that it is far more complex than purely the diversity of the opinions and views explained above, the problem is that perception is within all spheres, is neither standardised nor coherent across the entire population whilst at the same time being definable enough to be questioned by the medical profession.

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<sup>7</sup> Otter, Chris. *The Victorian Eye*. London: University of Chicago Press, 2008. p.10 Line 19

<sup>8</sup> Long, Vicky. *Destigmatising Mental Illness? Professional Politics and Public Education in Britain, 1870 - 1970*. (Manchester: Manchester University Press, 2014).



To this end, whilst many previous works have in some form or another deliberately cast judgment on the overall aims, if not the effects of the methods employed by individuals and institutions surrounding the provision of care for lunacy that is not the main concern of this thesis. Furthermore, it is also not the main aim of this piece to rewrite the history of the asylum, as it has been extensively well researched by multiple authors already an analysis of which will be covered in the following chapter. It is also not an entirely new way of looking at the subjects of madness or asylumdom, it is instead a more nuanced approach to the topic, striking a balance between the existing discussions and literature mixed with the perspective of perception. One has to concede that whilst the use of the concept of perception has featured in various publications to varying degrees and in numerous guises the focus here, unlike many other works is not on one profession, group or individual person but rather on the construction of perception and the unending conflict of interest and opinion between the three main interested parties of the medical profession, the legal sphere, and the public.

### **Locating Balfour's Asylum**

The Lunatic Asylum as Balfour discussed it is first and foremost a Victorian construct therefore it should be viewed within the context of that society and the culture that developed during that period without the baggage of modern ideals and positions on mental illness. At its core the Victorians or as has been suggested by Andrew Scull “those privileged Victorians to whom that term is usually applied,”<sup>9</sup> held the ideals of philanthropy and social status as defining a person's place within the world to be inalienable, as Peter Bartlett correctly pointed out, everything in the Victorian society had a predefined place.<sup>10</sup> As a result it is these ideals that come to the fore and permeate not only in the asylums' development in terms of the legal framework, and the daily operation of admission, treatment and discharge but also the way in which it is seen by the various parties within society as a whole.

The social structure with its foundations in the core concepts of wealth and skill was one that placed certain people and professions highly within the social structure of the country. Much like the command structure of an army, Victorian society was headed by a predefined and

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<sup>9</sup> Scull, Andrew. “Introduction.” In *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*, edited by Andrew Scull, London: The Athlone Press Limited, 1981. p. 1 Line 1-2

<sup>10</sup> Bartlett, Peter. “The Asylum and the Poor Law: The Productive Alliance.” In *Insanity, Institutions and Society, 1800 - 1914: A Social History of Madness in Comparative Perspective*, by Joseph Melling, & Bill Forsythe, pp. 48-67. London: Routledge, 1999. p.58

identifiable structure with the gentry dominated wealthy upper class at the top, followed by an ever expanding skilled middle class, and finally the largely poor and unskilled working class at the bottom. Quite correctly it has been noted by Supple that such definitions are “an oversimplification but a useful one” which have been repeated and used commonly throughout the historical discourse.<sup>11</sup> The definitions above could be refined to be more specific with relative ease, especially when one considers that each of these three groupings can be separated internally into its own subdivisions of skilled and unskilled, upper and lower, these further divide the various layers of society to create a more accurate definition of a person’s place within the Victorian world. Owing to the way in which social status was in some respects not completely fixed for a person was able under the right conditions to change their standing in society. For example the unskilled could be trained, opening to them new job opportunities and as a result enabling them to attain some level sustainable income. In practise this fluidity lead to changes within the balance of the social structure. The increased reliance on industrialisation for example led in many ways to the rise of the middle classes as a political and reforming class. These new empowered middle classes forced a reassessment of the structure of power on a countrywide scale and led to legislative changes in the conventions of inheritance for both institutions and policies with older systems being completely overhauled to accommodate the changing nature of society.<sup>12</sup> It is within this framework that the traditional medical practitioner as a highly skilled and established profession existed, largely well regarded and as a result relatively well placed within the expanding and increasingly powerful middle classes. Conversely, the newer mental health professionals found a need to establish themselves as a subset of this historic career with their own defining purpose, role and contribution within society.

The conventions of wealth and social status where translated wholesale and became deeply ingrained into the emerging asylum system. Indeed much of its core structure was built upon the concept of social standing. Examples of the structure of social classes having an influence can be seen throughout the asylum story, especially the latter creation of county asylums and their inherent links to the Poor Law with the definition of pauper lunatics to distinguish from private wealthy paying patients. Private and pauper patients were kept separate. Private

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<sup>11</sup> Supple, Barry. “The Governing Framework: Social Class and Institutional Reform in Victorian Britain.” In *The Victorians*, edited by Laurence Lerner, (London: Methuen & Co Ltd, 1978). pp 92 Line 6

<sup>12</sup> *Ibid* p. 91

patients were, for the most part, forbidden to enter county asylums as a consequence of later legislation, treated differently by officials and within private asylums had separate criteria for admission and discharge are all indicative of level of social status integration into the asylum system.

Separately but none the less linked to wider society, the differing experience faced by members of both genders is testament to importance placed on maintaining social norms within the confines of the asylum. In the case of the gender divide, the traditional roles experienced by both genders featured heavily in the treatment given and the rules that governed each gender's attendants. For example, the separation of males and females was standard practise. Female attendants were employed on female wards and male attendants were employed for male wards. Treatment regimens consisted of employment in various duties which enforced gender roles. Males for example were given practical employment in areas such as tending to the gardens or running farms whilst females were employed in more domestic roles such as cleaning laundry and needlework. Elaine Showlter suggests that the culture of control placed on females within wider society was taken to its absolute extreme within the largely male dominated asylums.<sup>13</sup>

In relation to the role of the rigid and well defined social structure Victorian society placed the ideals of duty, honour and philanthropy with the upper classes. In particular women were duty bound to provide help to those less fortunate, less wealthy and ultimately the most likely to be afflicted with lunacy. For women, their role of philanthropy was at its height in the early 1800's when the notions of self-sacrifice and duty where imparted into a new breed of middle class women who were wealthier and more independent. These newly empowered women helped to change the status quo of assigned gender roles. For example women in the city led a less domestic life than those in the country with their social lives being far more public. Additionally some of these city dwelling women made public speeches and attended rallies, acts virtually unheard of before.<sup>14</sup> Prior to the 1840s these notions of the upper class women's duty lead to many of the private asylums being owned by women. However, the

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<sup>13</sup> Showlter, Elaine. "Victorian Women and Insanity." In *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*, edited by Andrew Scull,. (London: The Athlone Press Limited, 1981) pp. 313-336

<sup>14</sup> Prochaska, F.K. *Women and Philanthropy in Nineteenth-Century England*. (Oxford: Clarendon Press , 1980). p. 2

rise of the medical profession in 1845 and the legally imposed monopoly granted to them shifted the focus of woman's duty to the insane towards a more charitable role.<sup>15</sup>

Besides the demise of the woman's role in owning private asylums in the late 1840s the notions of philanthropy extended into the government, which was driven by the need to overhaul the poor law and the rise in public awareness of the problem. In 1964 David Owen stated that during the 1860s the problem could hardly be escaped, with vast areas of the new industrial cities inhabited by a populous living a most meagre existence.<sup>16</sup> The response to this realisation was one that was backward looking, placing the blame of poverty and in some cases lunacy on the shoulders of those afflicted. In the county asylums this manifested itself in the education given to the afflicted to help them achieve and grow within society, with the county asylums seen by their creators as a form of institutionalised philanthropic venture. Providing care on an unprecedented scale for the pauper patients in their charge, promoting ideals of bettering their lot in life through education in the asylum whilst at the same time retuning them to sanity so they could achieve and be a useful member of the modern industrialised world.

As a result of this ingrained desire for philanthropy the Asylum system of the latter half of the 1800s was in almost all respects a microcosm of wider society, its structure and values taken to their absolute conclusion and enforced by a theoretically, if emerging, well-placed middle class medical profession who held a near total monopoly over lunacy. It is therefore unsurprising any stories of abuse in the system would stir public outrage if not abject fear of being subject to a similar type of abuse. One writer described the vast asylums as "vast philanthropic mistakes" which had helped to develop and nurture in the public's mind "delusions" of the grandiose failings of the system, it is little wonder that such a case could be made for the problem of perception.<sup>17</sup>

Moving away from the asylums themselves and how they fit into the fabric of society it is necessary to also situate the press within the context of society especially given their self-appointed role in being the spokesperson for the public and the prominence and duty such a role entailed. Originally purposed and positioned to report the facts in a rather bland way, the

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<sup>15</sup> Showlter, Elaine. "Victorian Women and Insanity." p. 318

<sup>16</sup> Owen, David. *English Philanthropy*. (London: Oxford University Press, 1964). p. 134

<sup>17</sup> Anonymous. "Our Lunacy Systems. No. 1." *British Medical Journal* Vol. 1, no. 530 (February 1871): pp. 199 Line 48-49

press saw several shifts in its focus and role to reposition itself as a more readily accessible source of information for the public during the late 1800s, despite the fact that many could not read. Examples such as the creation and subsequent rise of the Times in 1785, and its rapid development as one of the most popular and influential papers in the country by the mid-1800s give an indication of the pace of change seen in propagating information to the wider public through the use of a free press.

The idea and role of the press as the true self-styled disseminator of the truth for the public was one that played into the ideals of duty and structure. In this sense the press had placed itself in the unique position of being separate from the any external body, not controlled nor heavily censored except by their own morals. In their view, they portrayed the news in an impartial way and for a time it is likely to have been true as the press focused on pure reporting. However, the development and rise of the concept of 'New Journalism' in the 1880s changed this dynamic towards the principles of "interviewing, reporting, objectivity as a norm, to "crusadism", jingoism and sensationalism." In effect what the press felt the public wanted to read, regardless of its validity.<sup>18</sup> The journalistic view of asylums parallels other notable attacks and inquisitions the press promulgated. Examples include the failings of the police during the case of Jack the Ripper, one of the most notorious and seminal case studies of 'New Journalism'. In that case the lasting moral panic Jack the Ripper created lived on in the minds of the populous well after the actual event in a similar way to earlier crusades by the press against the abuses in private asylums.

### **The Problem of Perception**

This thesis will focus on the period between 1845 and 1890. This was chosen primarily as it situates the work between two major pieces of legislation the 1845 Madhouses and County Asylums Acts, seminal nineteenth century pieces of legislation and the culmination of the work started in 1774. The thesis ends with the 1890 Lunacy Act, the last major piece of legislation before 1900. Additionally the thesis straddles the original paper by Balfour, providing discussion of events prior to and following his assertions of public perception. Thus this enables a detailed analysis of his comments within a wider context. By looking at,

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<sup>18</sup> Hampton, Mark. "Reviews: Rethinking the "New Journalism" 1850's - 1930's The Invention of Journalism by Jean Chalaby; The Press and Popular Culture by Martin Conby; George Newnes and New Journalism in Britain, 1880-1910: Culture and Profit by Kate Jackson; Jack the Ripper." *Journal of British Studies* Vol. 43, no. 2 (April 2004): pp. 279-290.

situating, comparing and contrasting the responses to the asylum, abuse claims and the laws that governed the running on these institutions, it will be possible to examine how the asylum was perceived by the wider public, but also some of the reasons why these perceptions developed, thereby critiquing the assertions of Balfour and his contemporaries. Throughout the thesis, the question of perception and its relationship to the structure and development of the rest of society will be addressed, as has been established the asylum as a Victorian institution can be understood only in the light of society as a whole.

The problem of perception as Balfour rightly asserted, is one that has affected the conception of asylum for a great many years. This caused the asylum officials, who saw their institutions as a necessary institution in relieving the pain and misery exhibited by their patients, a great deal of trouble in communicating opinions to a dubious and fearful public.<sup>19</sup> Chapter one focuses on the complex legal structure on which the asylum was built. It charts the development of provision within the legal framework, starting with the 1774 Madhouses Act which was the first attempt by a British government to regulate the private provision of care for lunatics. In effect, the 1774 Act laid the foundations for many of the core concepts and subsequent institutions which governed the construction and running of asylums. Furthermore it created the Royal Collage of Physician Commissioners, separated the Metropolitan area and the rest of the county, introduced the requirement for licenses to operate and started the system of external visitations to assess the quality of care provided. Moreover the chapter charts the developments in legislation through 1828 when the provisions of the 1774 Act were finally abolished, whilst at the same time forming the basis of how the new system operated. Commissioners were appointed by the Secretary of State for the Home Department and established in the wake of revelations that the Royal Collage of Physician Commissioners, whilst powerful theoretically had duty without real legal backing and where as a result entirely unfit for purpose. More targeted changes were seen four years later with the passing of the 1834 Madhouses Act. It attempted to alter the emphasis of the law. As a result this Act was by and large the culmination debates surrounding the continued deficiencies in the law for both the delivering of care and the ambiguous nature of the language used in safeguards. Despite its nature as a refinement rather than a major overhaul, the introduction of definitions of the terms used in the bill in terms of lunacy law are quite

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<sup>19</sup> Balfour, W. G. "Remarks On Private Lunatic Asylums: A Reply To Dr. Bucknill." p.320

revolutionary. For the first time an attempt was made to address any ambiguity in laying out what constituted a member of the medical profession. The overhaul of the Poor Law in 1834, although not directly related to the creation or care of lunatics, did have some effect on the way in which the daily running and application of lunacy law was carried out. The creation of Poor Law Commissioners had various powers which, when combined with the later 1842 Poor Law Amendment Act gave them a lot of power over the way in which pauper lunatics were handled by the authorities. The ability for Parishes to combine together to form Unions could only happen with the consent of the Poor Law Commissioners, who could further make alterations to the construction of these Unions. They could also dictate laws to the resulting bodies to enable them to function effectively, though these still had to be voted through by the Unions Board of Guardians, voted for by rate paying members of its constituent parts. In effect, these provisions gave the central body of the Poor Law Commissioners the power to control the local powerbases to varying degrees. After the introduction of the 1842 Poor Law Amendment Act which introduced a provision which granted all officials under the Poor Law the same rights as the Overseers of the Parish, which allowed them to identify and submit paupers to the Justices of the Peace as lunatics. The allowance was primarily seen in the way in which Parishes could join together to form Unions which would also be granted the same power of individual parishes under the lunacy laws. For example in the building and maintaining of country asylums, these bodies subject to the central control from the Poor Law Commissioners. Finally, the last amendment of the 1828 Madhouses and County Asylums Acts came in 1842. The resulting Madhouses Act further altered the balance of power by allowing the Metropolitan centred Commissioners to visit and inspect all other houses and asylums in the country again slowly moving towards power sharing between local and central bodies.

These Acts lay the foundations for an analysis of the most important legislation of the 1800s, the 1845 Madhouses and County Asylums Act. With the passing of these two Acts, the thesis will move into its core focus, the period between 1845 and 1890. As the government finally admitted in 1844, the 1808 County Asylums Act, later amendments and later additions had in realistic terms, failed to create the system envisioned of county run care for pauper lunatics. The 1845 County Asylums Act required by law all counties to erect, either on their own or in union with other counties, purpose-built houses for the reception of lunatics. These asylums did not have to be within the county which was paying for them if there was not a suitable

place to situate it. Other options allowed counties to rent or lease in whole or in part licenced private houses, with the approval of the Secretary of State, and then the county would be exempt from having to build their own asylum. The 1845 Lunacy Act was designed to co-exist and add context to the County Asylums Act. Moreover the replacement of the Metropolitan Commissioners with the Commissioners in Lunacy was the final true evolution of the main inspectorate body within London and maintained the powers granted by the Metropolitan Commissioners in 1842 which required them to visit all houses around the country. The chapter will follow the major changes after the seminal 1845 Acts, ending in 1890 with the passing of this Act which was primarily a consolidation of all the Acts which had been introduced since the passing of the 1845 Acts. However as with all consolidation Acts there were elements which did not feature in earlier Acts, such as the requirement for two medical certificates for pauper as well as non-pauper patients. It is these changes that the 1890 law incorporated which make it a fitting end for the thesis and concludes the initial analysis of the legal framework which the medical profession would spend most of its time blaming as the root cause of the problems with the asylums. An exploration of the myriad of legislation is necessary for building a picture of how the asylums were supposed to work and is essential in understanding the problem of perception. The publication in newspapers and journals of the changes to the law throughout the period and the way in which these analysed and informed their readership is important in understanding how the public sees the nature of the asylums and where their perception is grounded. It is in the end the law which laid the foundations for the entire system and so its deficiencies were multiplied as it was implemented over iteration after iteration from the top down.

Following the discussion of the legal framework and its origins the thesis will turn in chapter two to how this framework was applied on a daily basis. It will look at the day to day running of the asylums, the treatments given to patients both medical and general, the organisation of visitations by external bodies and public interaction. Therefore it will assess how effective the law was at regulating the provision of care for lunatics. The daily routine in which patients lived is one of the crucial considerations when analysing the way in which the law affected the running of the institutions, and in many ways showed who was accountable within the asylum for the treatments given to patients. Additionally this creates a foundation for the rest of the chapter to focus on the routine a patient could expect within the asylum walls. The use of the Diaries of Dr John Adams, Manuals of Duty for Attendants, official local guidelines



for the creation and command structure of hospitals and asylums and various professional publications such as journals or commission reports, will all play a role in this analysis and will be developed in relation to the reporting of such treatments and public understanding these practises. From the employment of patients within the asylums, to the entertainment provided to them, and the diet on which they survived, the chapter will address the various methods which were designed for the health of the patients and in the long-term provided the means for a full recovery. This was seen by the practitioners, who administered them, as setting the patients up for a happy, employable future in society. Consequently treatment was as much about returning to ones senses as it was about social control. In some way, social engineering which educated the patients in the ways they would survive in the modern Victorian society, securing a living and also enabling their patients to thrive and provide for their families. The question of accusations of abuse or misdemeanours form a central pillar of the second chapter, providing for an analysis of the ways which the system broke down and how the various authorities dealt with such indictments. This is important as it forms the climate in which the problem of perception could and did develop. Finally, the concept of the differences between the private and public asylums will be addressed in this chapter, detailing the differences in the way these very similar yet opposing sets of institutions ran. It will focus primarily on the discussions of the failings of the private institutions and the ways in which the medical profession attempted to exert some form of control on it. It is an important discussion as it leads directly into Balfour's idea of the problem of perception.

In the final section of the thesis the argument will focus on the way in which the public saw the asylums. Starting with a brief discussion the chapter will first address how the medical profession conceptualises the opinions and perception of the public and how medical profession constructs its portrayal to them. It is essential to understand how officials saw public perception and how they assess where this opinion stems as it provides an analysis of the accuracy of the officials claims and to identify their biases. Examples of the medical profession critiquing publications such as the *Lancet* and the *Times* were quite common, and their various assertions of these publications gave the public erroneous impressions of how the asylums operated and the level of abuse found within them. Additionally, the analysis of the medical profession's comments on public perception will provide an investigation into how visible these comments were to the public and whether they had any bearing on perception as a whole. Following the discussion of how the concerned officials saw the

public's perception and where it stemmed from, the chapter will focus on the core concept of what exactly was their opinion, how it was formed and how accurate the assertions of the medical profession were in comparison. The way this will be achieved by looking primarily at a sample of the sources available to the public which frequently take the form of journalistic titles, and in some cases in the form of novels. Connected to this the thesis will look at the difference in public reactions to the stories from private and public asylums as this is one of the core focuses amongst officials and so requires attention to compare with the public's opinion.

The story is therefore quite complicated and it is worth tracing each of the various strands as they are all necessary and relevant to the way in which the problem of perception was presented by Balfour in 1880. A failure to appreciate this fact and any one of the strands of legal framework, daily operation and the medical professions perception of the public's perception would render any form of meaningful analysis of the problem of perception impossible and irrelevant.

## Literature Review

Madness in nineteenth century Britain and the ways in which scholars have documented it has become a fascinating if volatile landscape encompassing a multitude of different focuses, concepts and, to a limited extent, interpretations. From Foucault's *Madness and Civilization: A History of Insanity in the Age of Reason*<sup>20</sup> to Edward Shorter's *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* and beyond the landscape of historical inquiry is as diverse in content focus as it is in the methods used to document it. Examples such as the development of psychiatry, the changing definitions of madness, how it was treated, the expansion of the asylum system, the moral treatment movement and society's interaction with each of these have all garnered the attention of scholars. Broadly speaking they all form part of what has largely become known as the Social History of Psychiatry. A rather problematic title given that psychiatry as a word did not exist in the English lexicon until 1808. Added to this psychiatry, as a profession did not exist as definable cohesive entity until 1841 when the Association of Medical Officers of Asylums and Hospitals for the Insane was formed. Nevertheless, it has become the accepted title of this field of inquiry, which encompasses not only the histories post 1841 when the profession in Britain first started to unify, but those of all madness throughout time regardless of country. These semantics aside, this pieces focus is in the post 1845 landscape as such it falls into the period after the formation of the psychiatric profession. This situates it around the birth of this fascinating era in the development of madness indeed in an era of wider cultural and social shift.

Writing a history of psychiatry is therefore a complex one, and the literature reflects this offering what Shorter has described as one of the most fascinating and "exciting" debates within the Social History of Medicine,<sup>21</sup> similarly Scull described the History of Psychiatry as an "extraordinarily creative and controversial field."<sup>22</sup> Leonard D. Smith commented that as a field of historical enquiry the provision for the mentally disordered has attracted two distinct forms of historian, those being social historians such as Andrew Scull and psychiatric historians for example German Berrios and Hugh Freeman. He continues that whilst the

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<sup>20</sup> Originally published as *Folie et déraison: Histoire de la folie à l'âge classique* in 1961.

<sup>21</sup> Shorter, Edward. *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*. New York: John Wiley & Sons, Inc., 1997. p. 33 line 15

<sup>22</sup> Scull, Andrew. "The Social History of Psychiatry in the Victorian Era." In *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*, edited by Andrew Scull, 5-34. London: The Athlone Press Limited, 1981. p. 5 line 1-2

former has focused on the complex interaction between social change, the construction of deviance and its effects on medical practise the latter having generally had long careers as psychiatrists have a background far more attuned towards patient care and thus are more forgiving than their social historian colleagues have been.<sup>23</sup> Bearing in mind these differences in perspective, which have more often than not lead to conflict between the two dominant approaches it is curious that in a field considered so exciting, creative and controversial that the majority of literature is so narrow in its conclusions.

### **Pre-Foucault Literature**

Joseph Melling has suggested that prior to the 1970's there was little interest in documenting the history of psychiatry putting forward the idea that the then limited prestige of the profession which was relatively new, had expanded at an unprecedented level and had by and large utterly failed in its self-proclaimed goals were the main courses of this apathy.<sup>24</sup> Mellings position is an interesting one when one considers that the first scholars to document the rise of the asylum and psychiatry, as Anne Digby correctly identified took a distinctly whiggish view of events and whilst they have now been largely discredited their lasting impact can still be seen. Their interpretation in keeping with traditional style of whiggish histories was rather linear in nature focussing on the model of the Retreat as being the necessary predecessor to the 1845 Lunacy Act and as part of a wider progression in psychiatry.<sup>25</sup> The ideal of "moral treatment" championed by the Retreats creators was compared in these histories to previous treatments as an example of what modern society could achieve. These analyses frequently portrayed the use of non-violent forms of restraint as the pinnacle of humane treatment, coupled with a nurturing environment that encouraged recovery though creative means, sport, relaxation, walks and through work. In effect, developments in science allowed moral treatment to reach its zenith with more accurate

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<sup>23</sup> Smith, Leonard D. 'Cure, Comfort and Safe Custody' Public Lunatic Asylums in Early Nineteenth-Century England. London: Leicester University Press, 1999. p. 1

<sup>24</sup> Melling, Joseph. "Accommodating Madness: New Research in the Social History of Insanity and Institutions." In *Insanity, Institutions and Society, 1800 - 1914: A Social History of Madness in Comparative Perspective*, by Joseph Melling, & Bill Forsythe, pp. 1-30. London: Routledge, 1999. p.1

<sup>25</sup> Digby, Anne. *Madness, Morality and Medicine: A Study of the York Retreat, 1779-1914*. Cambridge: Cambridge University Press, 1985

criteria for diagnosis and the construction of large-scale asylums a testament of these the modern achievements.<sup>26</sup>

Above all, they sought to portray their treatments as advancing from the reprehensible methods meted out before their reforms and in some ways this is true, which is the problem. The rise of the asylum therefore was, as Shorter noted seen by early apologists as the “undiluted progress in the alleviation of human misery”<sup>27</sup> whilst Scull concluded that it would be more accurate to describe the early histories as advocating the overall triumph of science rather than a continual progression as described by Digby.<sup>28</sup> Whilst in hindsight they were unsuccessful, the lunacy reformers had arguably admirable aims, the fact that mental health provision improved, at least on paper and by their own measurements, is a testament to this the trouble is that it makes it is far easier, seemingly appropriate and perhaps more preferable to portray these reforms at face value. Moreover, in doing so these early writers ignored the nuances of their claims, equating, as Scull described it to portraying, “intention for accomplishment, rhetoric for reality.”<sup>29</sup> Scull’s comments in this instance echo the way Balfour used a similar argument in his defence of the asylum system. In Balfour’s case he stated that detractors and advocates of the rampant accusations of abuses in the system had failed to distinguish between what was theoretically possible and what was.<sup>30</sup> This similarity suggests that the problem of perception as Balfour argued it has had a lasting impact on the later historiography, with arguments about the interpretation of the official accounts being greatly influenced by the early dominance of medical professionals recording their deeds. Melling further comments in support of this when he stated that the claims made by psychiatrists proclaiming their own successes and professional expertise had their position weakened by the numbers of incurable patients held within the asylum system.<sup>31</sup> In the end, these traditional histories of the asylum have now been largely discredited, unable to withstand the “sustained assault” attacking both their “naïveté and inadequacies”<sup>32</sup> they have been now consigned to be the minority in a field that has become increasingly hostile to the notion of the asylum providing anything more than confinement and social control.

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<sup>26</sup> Scull, Andrew. “Introduction.”

<sup>27</sup> Shorter, Edward. *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*. p.viii line40

<sup>28</sup> Scull, Andrew. “Moral Treatment Reconsidered: Some Sociological Comments on an Episode in the History of British Psychiatry.” In *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*, edited by Andrew Scull, 105-118. London: The Athlone Press Limited, 1981. p.105

<sup>29</sup> Scull, Andrew. “Introduction.” 1. p.2 line 5

<sup>30</sup> Balfour, W. G. “Remarks On Private Lunatic Asylums: A Reply To Dr. Bucknill.” p.319

<sup>31</sup> Melling, Joseph. “Accommodating Madness: New Research in the Social History of Insanity and Institutions.” p.1

<sup>32</sup> Scull, Andrew. “Introduction.” 1. p.2 line 8

## **Problematizing the Language of Madness**

If the traditional version of this history is inadequate and its conclusions too prone to subscribe to the triumphalism of the asylum providing humane treatment and advancement, what can be said of the revisionist histories that have come to dominate the field's scholarship, how have they documented this period of history? The answer is fascinating but at the same time dissatisfying to say the least. Whilst the revisionists acknowledged the failings of the traditional histories, particularly their habit for triumphalism they have been guilty of their own biases, and though admittedly these are in all likelihood not unique to the revisionist, they are more noticeable in their works as such it is worth exploring them first.

One of the main problems scholars have faced is the opaqueness of the language used in source material to describe the various forms of mental illness. Whilst this is probably a direct result of the limitations of knowledge in medical science it has had the knock on effect of making any attempt at interpreting various sources problematic.<sup>33</sup> Examples include words such as, lunacy, madman, idiot and insanity all being interchangeable in the public domain to mean broadly the same thing. On the other hand such terms were more specific in the professional discourse. Other words such as freak, had a multitude of meanings in the period often overlapping with lunacy, for example it was used in papers to denote behaviours considered irregular.<sup>34</sup> In another example, Donnelly stated that in 1844 the Report of the Metropolitan Commissioners in Lunacy listed nine principle forms of insanity on top of this the medical and legal theories created a loose set of conditions from 'functional' conditions to 'moral insanity.'<sup>35</sup> What quickly becomes apparent is that notions of order and standardisation are novel concepts. As a result the historian is required to approach each author uniquely and objectively to attempt to discern patterns in their terminology.

An alternative and more favourable view to some states that in some ways the opaqueness in the language used has been a mixed blessing allowing scholars the luxury of being able to reinterpret the sources language as they see fit. Common examples of this can be seen in the way psychiatric historians see progress in the language used, a probably side effect of them frequently being from a clinical background often using this knowledge to extrapolate advances in diagnosis and the progress made by patients in response to treatments. Berrios

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<sup>33</sup> Digby, Anne. *Madness, Morality and Medicine: A Study of the York Retreat, 1779-1914*. p.xvi

<sup>34</sup> "Mad Freak In A Public House." *The North-Eastern Daily Gazette*. Middlesbrough, 20/ 10/ 1891.

<sup>35</sup> Donnelly, Michael. *Managing the Mind: A Study of Medical Psychology in Early Nineteenth-Century Britain*. London: Tavistock Publications, 1983. p. 68

typified this argument when he identified the traditional historian's lack of clinical knowledge and understanding in how difficult the decisions are when diagnosing and treating a patient as one of the defining factors in what he sees as misrepresentations of psychiatry during the Victorian period.<sup>36</sup> Berrios is quite correct to state that a lacking clinical background would influence the conclusions one can draw but to take this to its absolute conclusion one would have to apply modern knowledge backwards. It is a fallacy but that does not necessarily make his argument of progression in language necessarily wrong. Berrios himself recognised this problem, but instead used it to accuse the social historians of backwards applying twentieth century values to the numerous persons surrounding the asylum debate.<sup>37</sup> Michael Donnelly took this notion even further arguing the fallacy of the historian of psychiatry who organises their inquiries using modern knowledge. Arguing that categories of mental illness and what he described as present day "social problems" produced biased and flawed research as they strive to make the evidence fit their models and keep progression as a constant.<sup>38</sup>

Scull however contests Berrios, albeit indirectly, stating that the changing language of the madhouse becoming the asylum and then the mental health hospital and madman to mental patient are merely euphemisms of the same core concept, arguing that this change in language is the illusion of progress.<sup>39</sup> Essentially Scull is arguing that madness is a fixed concept that does not change with time, society or technology a rather intriguing notion and one that you might expect with his background as a social historian. The late Professor of Psychiatry Thomas Szasz however, asserted on numerous occasions that mental illness even in the late 1990's was a fabrication of psychiatrists for reasons of personal gain. Szasz's works as a result, largely focused on his denial of the existence of mental illness as a physical thing placing it solely as a social construct.<sup>40</sup> Finally Shorter took what is probably the middle road of the two when he stipulated that psychiatry is in this case the "ultimate rulemaker" able to define then redefine what it believes to be acceptable behaviour through its ability to change what classes as "crazy."<sup>41</sup> Regardless of which you pick all three lead back to the same idea, that madness is a definable thing whether it changes with progression,

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<sup>36</sup> Berrios, German E, and Hugh Freeman. "Introduction." In *150 Years of British Psychiatry, 1841-1991*, edited by German E Berrios, & Hugh Freeman, ix-xv. London: Gaskell, 1991.

<sup>37</sup> *Ibid* p.ix

<sup>38</sup> Donnelly, Michael. *Managing the Mind: A Study of Medical Psychology in Early Nineteenth-Century Britain*. p. x line 16

<sup>39</sup> Scull, Andrew. "The Social History of Psychiatry in the Victorian Era." p.6

<sup>40</sup> Szasz, Thomas S. *The Manufacture of Madness*. London: Paladin, 1972 cited in Porter, Roy. *Madness: A Brief History*. Oxford: Oxford University Press, 2002

<sup>41</sup> Shorter, Edward. *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*. p. viii line 20-21

is socially constructed or defined by a group of professionals that can move to goalposts so to speak, it all lead's back to a definable language and terminology.

The second problem and the one that is most prone to bias is the large amount of sources available to the historian of madness, a direct side effect of the various laws necessitating meticulous records of the asylums being kept. As Shorter rightly pointed out the sheer amount of sources and the semantics of language, mean that one could if they were, selective enough prove practically anything they wanted requiring a broader approach when analysing source material to avoid such accusations, the bigger picture as it were.<sup>42</sup> Anne Digby however, commented that although there are numerous casebooks and sources available to the historian these were primarily written by doctors for doctors, rarely containing any comments of the patient's feelings on their treatment.<sup>43</sup> As one delves deeper, it becomes increasingly apparent that the perspective of the majority of the sources available were produced by interested third parties such as doctors, journalists, government commissions or families rather than from the patients themselves resulting in a largely one-sided account. This official history has to be peeled away though the consultation of various source materials as Walton demonstrated so aptly when he wrote, "behind the bland façade of the official reports, the asylum was effectively ruled by the cunning of the attendants, supplemented by force when necessary."<sup>44</sup> As an example the numerous accounts of abuses which featured heavily in the various newspapers and were seen by their authors as providing the public with the truth where debated and discussed frequently within specialist medical journals but as with case histories neither of these give much in the way of the patients point of view.<sup>45</sup>

### **Foucault's Great Confinement**

The revisionist histories started in many ways with the publication of Michel Foucault's *Madness and Civilization: A History of Insanity in the Age of Reason* in 1961 and since then it has become one of the most important texts in the field signalling the now definable point at which the old whiggish history became obsolete. Foucault's grand idea that of the "great

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<sup>42</sup> Shorter, Edward. *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*. p. ix

<sup>43</sup> Digby, Anne. *Madness, Morality and Medicine: A Study of the York Retreat, 1779-1914*. p.xv

<sup>44</sup> Walton, John. "The Treatment of Pauper Lunatics in Victorian England: The Case of Lancaster Asylum, 1816-1870." In *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*, edited by Andrew Scull, 166-197. London: The Athlone Press Limited, 1981. p.187 line 15

<sup>45</sup> "Private Lunatic Asylums: The Case of Mrs. Turner." *British Medical Journal*, July 1858: p. 632.



confinement” in seventeenth century France set a precedent for social control of the he described as ‘unreason’ or those that in France were socially unacceptable.<sup>46</sup> He later proposes that the creation of the moral treatment asylum changed the dynamic of madness the inflection was now on the madman to know he is watched, judged and guilt as a form of social control was the central theme of the book. On the subject of language Foucault tackles head on the concept of insanity, describing it not as a curable disease but rather as a cultural construct that has been enforced through an elaborate structure. Furthermore he emphasises the idea of social control or as Gordon reiterated mental illness not mental medicine as is often confused is a social construct.<sup>47</sup> Originally published in French and in almost all cases in abridged form in English Foucault’s masterpiece has been one of the most controversial and famous texts of its type yet we find ourselves in the rather curious situation that although his work holds such levels of fame very few have actually read an unabridged version.<sup>48</sup> The publication of a complete English edition of Foucault’s text under the title *History of Madness* by Routledge in 2006 may go some way in the future to alleviate some of the issues that were created by the abridged version.<sup>49</sup>

The issues that have arisen due to unavailability of an extant translation have been studied in depth over multiple publications and together form their own sub set of inquiry. Indeed there are as man challenges and ripostes from all sides, as there are historians studying madness. Many of these debates have focused on the problem of perceived weaknesses of Foucault’s text especially its research. Most historians agree on Foucault’s failure in research and it has been one of the biggest criticisms throughout the discourse. However, whilst it is easy to ascribe many of the issues to the lack a full translation many traditional historians particularly of Andrew Scull have taken issue with this position.<sup>50</sup> Furthermore Scull whilst did note that all who work in the history of psychiatry owe Foucault a debt, such as taking the field away from the dominance of aging psychiatrists and for his “intellectual daring” he also criticised Foucault’s lack of distinction between nations stating that it was fatally flawed and often over

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<sup>46</sup> Foucault, Michel. *Madness and Civilization: A History of Insanity in the Age of Reason*. Translated by Richard Howard. Oxon: Routledge, 2001.

<sup>47</sup> Gordon, Colin. “Histoire de la folie: An Unknown Book By Michel Foucault.” In *Rewriting the History of Madness: Studies in Foucault’s Histoire de la folie*, pp.19-44. London: Routledge, 1992. p.24

<sup>48</sup> Ibid

<sup>49</sup> Foucault, Michel. *History of Madness*. Edited by Jean Khalfa. Translated by Jonathan Murphy, & Jean Khalfa. London: Routledge, 2006.

<sup>50</sup> Scull, Andrew. “A Failure to Communicate? On the Reception of Foucault’s *Histoire de la folie* by Anglo-American Historians.” In *Rewriting the History of Madness: Studies in Foucault’s Histoire de la folie*, edited by Arthur Still, & Irving Velody, pp150-166. London: Routledge, 1992.

looked by Foucault's supporters.<sup>51</sup> Similarly, Porter has criticised Foucault for not marking the distinction between nations, but in all other respects was, when compared to Scull, in high praise of his conclusions suggesting more needed to be done to explore the English dimension.<sup>52</sup> Finally, Berrios has also critiqued Foucault but in a manner that assumes that the revisionists take the concept of the "great confinement" and apply it to England, he further comments that the social control used on asylums would be equally apt when discussing, hospitals, prisons and orphanages.<sup>53</sup> He concludes that Foucault was "economical with the facts."<sup>54</sup> It seems rather interesting that someone who has criticised the revisionists, particularly Scull disagreeing with almost all of their objections to Foucault would agree with them on one of the main problems the revisionists identified. Melling offered his opinion, which he stresses is consistent with both Scull and Porter that the main criticisms of Foucault fell into three distinct categories. The first, and the most common criticism, is that Foucault offers a model for the modernisation of provision for the insane without ever attempting to create a compelling historical narrative.<sup>55</sup> The second point was that the work assumes an interacting between intellectual engagement, institutional reform and social environment collapsing multiple societies, France, Britain and Germany into a single account.<sup>56</sup> Mellings final point is that Foucault often presents different forms of the idea of power and rights of the individual within a modern state, yet does not offer any comments on institutional politics.<sup>57</sup> Despite Foucault's failings, his importance as a catalyst for discussion can be seen throughout all of the literature that has followed his seminal piece.

### **Post-Foucault Literature**

The result of Foucault's seminal work has led to many new and previously unexplored areas of the asylum story being discussed for the first time. Examples of this broadening of the historical discourse can be seen in the examination of how the sexes experience within the

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<sup>51</sup> Scull, Andrew. "A Failure to Communicate? On the Reception of Foucault's *Histoire de la folie* by Anglo-American Historians." p.150 line14

<sup>52</sup> Porter, Roy. "Foucault's Great Confinement." In *Rewriting the History of Madness: Studies in Foucault's *Histoire de la folie**, edited by Arthur Still, & Irving Velody, pp.119-125. London: Routledge, 1992.

<sup>53</sup> Berrios, German E, and Hugh Freeman. "Introduction." p.x

<sup>54</sup> *Ibid* p.x line 42

<sup>55</sup> Melling, Joseph. "Accommodating Madness: New Research in the Social History of Insanity and Institutions." pp. 2-3

<sup>56</sup> *Ibid* pp. 2-3

<sup>57</sup> *Ibid* pp. 2-3

asylum differed.<sup>58</sup> Further examples, have analysed how the asylums were built with certain treatments of gender bias in mind.<sup>59</sup> Other works have taken a more critical in-depth study of individual institutions, superintendents and external reformers.<sup>60</sup> The story, unlike the pre-Foucault landscape however has not been one of triumph but rather one of failure. Brought about either by incompetence, of good intentions gone bad or by the limitations of medical knowledge of the time. Whatever the true cause the end result is the same, the asylum failed in this revisionist history. Peter Bartlett aptly described the narrative taking “the form of a classic tragedy, with the asylum in the role of the hero: a rise to prominence, full of promise, a tragic flaw and the inevitable failure.”<sup>61</sup>

One is drawn once more to Andrew Scull who came to pre-eminence in this period with multiple works, which made him one of the foremost authorities in his field. Given his large corpus comments on his works here are done thematically in relation to other works of this field. In many ways as Melling has pointed out Scull’s works were written with the sole intention of correcting the imprecisions, distortions and failings of Foucault’s text by offering a solid empirical based grounds for all of his assertions.<sup>62</sup> Thus, Scull’s works discuss the asylum as being the only official response to madness lead by an increasingly definable subsection of the medical profession. This subsection Scull argued considered itself to be the experts in defining, diagnosing and treating madness and juxtaposed this against their lacking clinical knowledge and a cynical account of social control.<sup>63</sup> He continues that isolated areas of society had their doubts about the intentions and of the asylum proprietors with cases of the family of individual patients questioning the criteria used in assessing madness, stating that perception created a crisis of medical legitimacy within psychiatry, one that is echoed the twentieth century.<sup>64</sup> Scull is not alone in this opinion. Throughout the literature the concepts of distrust and perception come to the fore, with the various groups, patients, doctors, public and government all playing a part in the construction of madness. Scull’s importance according to Melling has been in his contribution to the idea of political economy of madness and the idea of class struggle and the interests of the working class. However, Melling

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<sup>58</sup> Showlter, Elaine. “Victorian Women and Insanity.”

<sup>59</sup> Rutherford, Sarah. “Landscapers for the Minds: English Asylum Designers, 1845-1914.” *Garden History* Vol. 33, no. 1 (2005): pp.61-86.

<sup>60</sup> Walton, John. “The Treatment of Pauper Lunatics in Victorian England: The Case of Lancaster Asylum, 1816-1870.” In *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*, edited by Andrew Scull, 166-197. London: The Athlone Press Limited, 1981. p.169

<sup>61</sup> Bartlett, Peter. “The Asylum and the Poor Law: The Productive Alliance.” p.48 Lines 17-19

<sup>62</sup> Melling, Joseph. “Accommodating Madness: New Research in the Social History of Insanity and Institutions.” p.3

<sup>63</sup> Scull, Andrew. “The Social History of Psychiatry in the Victorian Era.” p.6

<sup>64</sup> Scull, Andrew. “Introduction.” 1. p.2

concluded that much of Scull's contribution has been subsequently eroded by post-modernist arguments, which have commented and problematized the core concept of social class upon which Scull's arguments rest.<sup>65</sup> Though saying this it did not stop Berrios describing Scull's ideology as Marxist and his history of the asylum as "conspiratorial" seeing hidden agenda and motive behind every act.<sup>66</sup> In a similar vein, Melling argued that whilst Scull and his colleague's arguments focused on the idea of class division, newer arguments have questioned the concept of how much professional power was able to psychiatry exercise both via the state and through private ventures.<sup>67</sup> Elaine Murphy likewise commented in 2002 that over the past fifteen years the focus had shifted rather than having doctors and the asylum as the main focus towards placing the Poor Law at the centre of the discourse.<sup>68</sup>

Beyond Scull's work, the influence of Foucault can be seen throughout the discourse this is particularly noticeable in the focus on the idea of confinement and social control. Bartlett for example has asserted that in many the asylum should be seen a Poor Law institute. He elaborated on this, stating the foundations laid by the asylums links to the Poor Law were the main indicator that the asylum was built primarily a means of social control as opposed to being a medical facility.<sup>69</sup> He explained that the treatments and entertainment used were consistent with the central idea of moral management, suggesting such treatments should not be seen as malevolent fitting then it into the philanthropic nature of wider Victorian society.<sup>70</sup> Much like the comments of Scull and Bartlett on class the notion of gender has played a significant role in the post-Foucault dialogue. The works of the feminist historian Elaine Showlter in particular have argued similar points to Scull's class struggle albeit from the point of view of a woman. Her comments regarding their treatment as promoting normative behaviours such as cleaning, laundry and needlework all worked to pigeonhole women into strict sex stereotypes.<sup>71</sup> Showlter's analysis in this respect supports Bartlett's assertions of the asylum as a place to educate the masses of their place in society. John Walton commented that problems within the system started to become apparent with the expansion of the county

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<sup>65</sup> Melling, Joseph. "Accommodating Madness: New Research in the Social History of Insanity and Institutions." p.4

<sup>66</sup> Berrios, German E, and Hugh Freeman. "Introduction." p.x line14

<sup>67</sup> Melling, Joseph. "Accommodating Madness: New Research in the Social History of Insanity and Institutions." p.10

<sup>68</sup> Murphy, Elaine. "The Lunacy Commissioners and the East London Guardians, 1845-1867." *Medical History* Vol. 46 (October 2002): pp. 495-524.

<sup>69</sup> Bartlett, Peter. "The Asylum and the Poor Law: The Productive Alliance." p.53

<sup>70</sup> *Ibid* p.58

<sup>71</sup> Showlter, Elaine. "Victorian Women and Insanity." p.321

asylums in the 1840s and 50s. Particularly the asylum authorities who found themselves overwhelmed as they received large quantities of old and chronic patients who were being moved from private workhouses.<sup>72</sup> Walton continues commenting that by 1860 due to the ever-increasing amount of patients it became difficult for Lancaster Asylum to continue the ideal of moral treatment. Moreover he argued that as a result the therapeutic atmosphere gave way to stagnated routine. Continuing this trend Walton argued that as external forces harassed the upper echelons of the asylum leadership the ultimate autonomy begun to be vested in the attendants, who frequently found themselves unsupervised. Walton finishes his paper suggesting that around this time moral treatment had become a euphemism for control and restraint rather than cure.<sup>73</sup> Showlter in this respect supports Walton's argument when she discussed that as the asylums filled with more incurable patients treatment became more controlling "strict chaperonage, restriction of movement, limited occupation, enforced sexlessness and constant subjugation to authority."<sup>74</sup> She finally concluded that the study Victorian women and insanity has shown that the definitions of both insanity and femininity are culturally constructed and must both be considered within the cultural framework.<sup>75</sup>

Another aspect of the cultural framework that Showlter argued was the problem of public trust in the establishment to identify and effectively treat patients. McCandless explained that whilst sowing the seeds of the distrust helped the original reformers to get the changes they wanted the public never really moved away from the images they created.<sup>76</sup> However, is it doubtful the reformers could have envisaged their efforts would backfire on them the way they did. In his short paper *Liberty and Lunacy: The Victorians and Wrongful Confinement*, McCandless argued that the public feared being wrongfully incarcerated in an asylum as a sane person due to the perception of the subjective criteria in medical assessments. These examinations he states were based on a lack of medical knowledge. Furthermore he argued that these assessments often mistook immoral behaviour for insanity especially those of a

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<sup>72</sup> Walton, John. "The Treatment of Pauper Lunatics in Victorian England: The Case of Lancaster Asylum, 1816-1870." In *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*, edited by Andrew Scull, 166-197. London: The Athlone Press Limited, 1981. p.169

<sup>73</sup> Walton, John. "The Treatment of Pauper Lunatics in Victorian England: The Case of Lancaster Asylum, 1816-1870." p.184

<sup>74</sup> Showlter, Elaine. "Victorian Women and Insanity." p.321 line 41-42

<sup>75</sup> *Ibid.* .p.329

<sup>76</sup> McCandless, Peter. "Liberty and Lunacy: The Victorians and Wrongful Confinement." In *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*, edited by Andrew Scull. London: The Athlone Press, 1981. p.339

sexual nature, and used potentially absurd evidence such as derangement.<sup>77</sup> However, the crucial point as McCandless saw it was the contradiction in perception of the public noting that whilst they feared lunatics being in public amongst the sane which led to their support of involuntary confinement they were equally terrified by the thought of sane men languishing in madhouses. These fears often manifested in depictions of the sane man being frequently and viciously attacked by the insane around him. Three years later in 1983 McCandless returned to the topic of wrongful confinement with *Dangerous to Themselves and Others: The Victorian Debate over the Prevention of Wrongful Confinement* this time however the focus would be on the government debate surrounding the problem, rather than the public's fear and what McCandless described as "lunacy panics."<sup>78</sup> McCandless argued that the wrongful confinement debate was complicated by the fact that the two major sides, the medical and legal profession, held largely differing and irreconcilable beliefs. These beliefs were further obscured in McCandless's opinion by the concept that held by the average Victorian that insanity was a disgrace and above a taint on the family.<sup>79</sup> Despite this, John Walton asserted that by 1850 the moral treatment reformers increasingly communicated to a progressively more educated public. These communications exalted the virtues of the new county asylums emphasising that these new buildings would do more than provide shelter for those behind the walls they would provide effective cures for patients.<sup>80</sup> Other authors in the post-Foucault literature have identified another element of the trust debate. The focus here was on the conflicting levels of distrust felt by the public of control of the asylums being taken from a local level and moved to being centrally controlled.<sup>81</sup> Furthermore this fear of central control led to a situation where the local commissioners were able to exercise far more control over the asylums than with many of the central commissioners relegated to a secondary role, advisory role which was largely irrelevant.

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<sup>77</sup> McCandless, Peter. "Liberty and Lunacy: The Victorians and Wrongful Confinement." p.340

<sup>78</sup> McCandless, Peter. "Dangerous to Themselves and Others: The Victorian Debate over the Prevention of Wrongful Confinement." *Journal of British Studies* Vol. 23, no. 1 (Autumn 1983): pp. 84 Line 19

<sup>79</sup> McCandless, Peter. "Dangerous to Themselves and Others: The Victorian Debate over the Prevention of Wrongful Confinement." p. 86

<sup>80</sup> Walton, John. "The Treatment of Pauper Lunatics in Victorian England: The Case of Lancaster Asylum, 1816-1870." p.167

<sup>81</sup> Forsythe, Bill, Joseph Melling, and Richard Adair. "Politics of Lunacy: Central State Regulation and the Devon Pauper Lunatic Asylum 1845-1914." In *Insanity, Institutions and Society, 1800 - 1914: A Social History of Madness in Comparative Perspective*, by Joseph Melling, & Bill Forsythe, pp. 68-92. London: Routledge, 1999. p.68

In almost all areas of the post-Foucault revisionist landscape, the story has been one of struggle, failure, overcrowding, social control and the enforcement of gender roles. However, this did not stop Berrios concern at Scull's contempt of psychiatrist-cum-historians. Berrios in this case acted with indignation against the revisionist historians for their condemnation and ridicule of psychiatry. However Berrios finally attributed such behaviour to the 1960s when the existence of mental illness was questioned on a nationwide scale.<sup>82</sup> Digby however gave warning when she stressed that post-Foucault historians had been guilty of having to "erect large models on fragmentary foundations" much like their whiggish predecessors did to understand the role of the asylum, using examples such as social conflict and economic pressure to illustrate her point.<sup>83</sup> Porter has similarly argued that to see the asylum as merely a tool of a state attempting to socially engineer society into its idea form or to see the actions of mad doctors with purely in a conspiratorially way is "simplistic."<sup>84</sup> The trend of more recent scholarship has in part returned to a less critical state one, which does include more of the triumphalist overtones of the pre-Foucault landscape albeit to a lesser extent. Bartlett has suggested that these accounts rather than concentrating on the advances in science now focus on the situation patients found themselves in prior to the nineteenth century reforms. Furthermore they address their humanitarian objectives of the asylums creators laying the blame for the asylums failure on external factors outside of their control preferring to blame funding, political constrains and complex external regulation for their failure.<sup>85</sup>

Returning to the point that the conclusions in this field of inquiry are narrow and that what followed the traditional history was fascinating yet dissatisfying. It is true the historiography of the history of psychiatry has been though many changes from the early whiggish and apologist interpretations, which have fallen by the wayside due to their inadequacies and triumphalism so unabashedly proud of their achievements. To the rise of the revisionists who have swung the pendulum to the opposite extreme questioning what achievement, if any, did such a system have and in general concluding none at all with some suggesting ulterior motives all along. Yet as Bartlett points out the factual structure between the various viewpoints is remarkably consistent with the key difference being that interpretation of the

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<sup>82</sup> Berrios, German E, and Hugh Freeman. "Introduction." p.xi

<sup>83</sup> Digby, Anne. *Madness, Morality and Medicine: A Study of the York Retreat, 1779-1914.* p.xiii line22

<sup>84</sup> Porter, Roy. *Madness: A Brief History.* (Oxford: Oxford University Press, 2002). p. 98 Line 18

<sup>85</sup> Bartlett, Peter. "The Asylum and the Poor Law: The Productive Alliance." p.49

facts being the only real difference in the discourse.<sup>86</sup> A tale of unrealised dreams, spoiled chances and ultimately failure, it reads well and is popular but is dissatisfying on reflection, even if it is largely true and perhaps more complicated than simply the failure to keep the success rate and intake rate in balance as the majority have advocated. Shorter made a compelling argument when he commented that the historiography of the history of psychiatry has many parallels with the way in which psychiatry itself has changed over time with each theory rising and falling as new ones came to fruition.<sup>87</sup> In many ways he is right, both are tied inexorably to the society in which they find themselves and should be viewed within that context, without imposing judgement of a different time onto it perhaps Berrios was right to criticise the revisionists writing in a time when the very concept of mental illness was in dispute.

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<sup>86</sup> Bartlett, Peter. "The Asylum and the Poor Law: The Productive Alliance." p.49

<sup>87</sup> Shorter, Edward. *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*. p. ix



## **Chapter One – The Development of a Framework, the Legal Perspective**

One of the major causes of negative public perception as Balfour saw it was the deficiencies in the law creating the possibility of abuses to occur. This becomes apparent when considering that many of the institutions and bodies responsible for governing the asylums in the latter half of the 1800s had their roots in earlier, flawed, legislation. The result of this legacy as he saw it was that the law's provisions were unfit for purpose when adapted and applied to the larger post-1845 asylum system. The legislative story therefore is complicated, growing out of a myriad of legislation and institutions, debates and contradictions. Therefore, to understand where the public's perception stems and how it differs from the opinions of the officials in charge of the system it is first necessary to analyse this operational framework. By addressing the operational framework it will be possible to assess the accuracy of Balfour's claims of the deficiency in the laws surrounding lunacy as they were first created. Furthermore it will allow for an analysis of how these laws were interpreted on a daily basis by doctors and how the law evolved following its inception.

### **Pre-1845**

Chronologically speaking the passing of the Madhouses Act in 1774 heralded a new era in the provision of care for Lunatics in Britain, seeing the first attempts by parliament to regulate and assess the premises used to house them. Originally enacted to last for five years the 1774 Act was extended in 1779 for seven year and in 1786 extended indefinitely.<sup>88</sup> Its provisions although largely repealed or altered beyond recognition by 1850 are important as they set precedence for much of the thinking which is at the core of later provisions. The Act spanning 35 sections is divided into two distinct parts, the first part focuses on the area “within the Cities of London and Westminster, and within seven miles of the same, and within the County of Middlesex”<sup>89</sup> whilst the second focuses on the rest of the country. At its core the first part of the Act directed the Royal College of Physicians to appoint five fellows who were to be given the title of Commissioners, these men were to hold various duties and powers which would enable them to externally assess and if necessary close those

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<sup>88</sup> An Act to continue an Act, made in the Fourteenth Year of the Reign of his present Majesty (intituled, An Act for regulating Madhouses ), for a further Time therein limited. [Further Continued for seven Years.] (19 Geo. 3 c.15. 1779. An Act for making perpetual an Act, made in the fourteenth Year of the Reign of his present Majesty, intituled, An Act for regulating Mad-houses. (26 Geo. 3 c.91). 1786.

<sup>89</sup>An Act for Regulating Madhouses (14 Geo. 3 c.49). 1774. Section 2 Lines 19-20

madhouses which they deemed to be unsatisfactory for the treatment of lunatics. A new measure was introduced that obliged all madhouse owners to have a licence to operate, which was issued by the new Commissioners. In this instance the Commissioners had to issue a licence to any person who requested one, they could not refuse “they are hereby required to grant to all Persons who shall desire the same.”<sup>90</sup> Furthermore these permits were to be issued annually on the third Wednesday of October and the list of licences granted published in the London Gazette.<sup>91</sup> Section 14, 15 and 16 of the Act required at least 3 or more of the Commissioners to inspect at least once a year each of the registered houses which had been given licences and to produce a written report on the state of each and any proprietor refusing entry would forfeit their licence.<sup>92</sup> The Act moved on to ensure that all persons who were admitted into the madhouses, barring paupers, were made known to the Commissioners by the proprietor of the individual house along with medical notice from “some Physician, Surgeon or Apothecary.”<sup>93</sup> The wording here is vital when assessing the importance of this Act, granting exclusive rights to all medical men regardless of specialisation to decide on the mental state of an individual. However it the Act fails to define what qualifications or requirements are placed on a person claiming to hold one of these titles in the first place. In essence it left the decision open to anyone unscrupulous enough to claim to be a doctor as no formal training was required at the time especially for Apothecaries. Later governments would try to address this oversight for Apothecaries in 1815 with the passing of the Apothecaries Act the first of its kind attempting to regulate the medical profession and the qualifications required to lay claim to its titles.<sup>94</sup>

The second part of the Act which focused on the rest of the country follows in much the same way. However, instead of the Physician Commissioners in London as stipulated by the first part of the Act each county was to appoint two Justices of the Peace and one Physician to perform the duties of issuing licences, making inspections and reporting on the state of the houses which they visited.<sup>95</sup> However unlike the London Commissioners the wording of the Law on issuing licences in the rest of the country is far more ambiguous, to the point that it was theoretically possible to refuse the granting of a licence to a madhouse owner. The distinction given between the two sections, between Metropolitan and the rest of the country

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<sup>90</sup> 14 Geo. 3 c.49 Section 1

<sup>91</sup> 14 Geo. 3 c.49 Section 8 Line 7

<sup>92</sup> 14 Geo. 3 c.49 Section 14-16

<sup>93</sup> 14 Geo. 3 c.49 Section 21 Line 16

<sup>94</sup> Apothecaries Act (55 Geo. 3 c.194). 1815.

<sup>95</sup> 14 Geo. 3 c.49 Section 23-28

is the most important aspect when assessing what vestiges of this Act remained throughout the 1800s. In 1774 for example the rise of the middle classes as seen in the Victorian period was still in its infancy, meaning power around the country was held by local authorities necessitating the split between the provisions in London and the rest of the country. Later legislation would face the problem of juggling the need to control the provision of care from a central location so that it was not open to abuses, whilst not taking away the established local power base. The overriding guiding principle taken from the 1774 Act therefore was that the government needed to have ways of vetting, discovering and preventing the abuse of vulnerable persons whilst maintaining the status quo in the power balance.

The next piece of law to address the state of provision of lunatics was in 1808 with the passing of the County Asylums Act. Whilst the act itself made no changes to the operational framework for the Commissioners and assessment of asylums it did however address the concern that there were a lack of houses which were suitable for the task of housing lunatics.<sup>96</sup> As a result the significance of this Act lies primarily in its being the first time that any British Government tried to alleviate the rampant abuses in private asylums by giving local county authorities the ability to organise, fund and built purpose built houses for lunatics. The problem is really that the construction of county asylums was wholly voluntary. Additionally many counties either did not feel the need for these buildings or despite the Acts various provisions for raising the funds required for their building many counties simply could not afford the expenditure. These failings were fact pointed out by Lord Ashley in the House of Commons in 1844.<sup>97</sup> The 1808 Act is also important as it is the where the process of separating the private provision of care from county or state run care for lunatics, between separate coexisting Acts. Each of these separate Bills got its own naming conventions, thus private care largely falls under the Madhouses Acts and state sponsored care under the County Asylums Acts. The distinction between these two coexisting Acts and how they interact with relying on each other is critical in understanding how the later operational framework developed and how it impacts on the public's perception.

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<sup>96</sup> Lunatic Paupers or Criminals Act 1808 (48 Geo. 3 c.96). 1808.

<sup>97</sup> House of Commons Debate (HC Deb) cc1257-88: Treatment of Lunatics. Vol. 76. 24 July 1844.

The 1815 County Asylums Amendment Act is one of the more pivotal of the minor amendment acts. In particular it is the first Act since the start of the British Governments attempts to control the provision of care for lunatics by specifically defining the process by which a potential patient would have to go through to be legally certified for admittance and release.<sup>98</sup> The process of admittance required that a patient could only be admitted on the order of a Visiting Justice, whom had to submit their request with accompanying medical certificates of insanity signed by a “regular Practitioner of Medicine.”<sup>99</sup> These certificates were combined with statements signed by “two habitual Householders, of the Minister and One of the Churchwardens, or one of the Overseers of the poor of the Parish.”<sup>100</sup> At first glance these safe guards are comprehensive. By requiring a medical certificate and a statement of insanity from at least two others that know the proposed patient it should remove the possibility of abuse without collusion. However, the precise wording was open to abuse and interpretation meaning that it was not fit for purpose but was nevertheless an improvement. Similarly to admittance, release from the asylums was conducted under the explicit instruction of the Visiting Justices and had to be completed within 3 days of the house receiving the order.<sup>101</sup> However, for the first time the Act granted further powers to Medical Superintendents by permitting them by law the right to advise visiting Justices as to which patients were recovered enough to be eligible for discharge.<sup>102</sup> Additionally the Act allowed the Medical Superintendent of the asylum to sign the medical certificate for release. The provisions of the 1815 Act overall start to shift the control of lunacy away from charities and volunteers towards the medical profession which is an important step given the near dominance the profession held in the latter half of the 1800s.

By 1819 the cracks in the existing system were becoming all too apparent. This finally prompted discussion of the need of new Legislation which would be used to bring an end to the flagrant abuses witnessed within the current system with its over reliance on private houses and the inability of counties to afford to establish their own county owned asylums. On March 10<sup>th</sup> Mr Wynn rose in the House of Commons to propose a new bill to amend the regulations pertaining to madhouses. His description of the repeated attempts by the

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<sup>98</sup> Pauper, etc., Lunatics (England) Act (55 Geo. 3 c.46). 1815. Section 12

<sup>99</sup> 55 Geo. 3 c.46 Section 12 Line 14

<sup>100</sup> 55 Geo. 3 c.46 Section 12 Line 15-16

<sup>101</sup> 55 Geo. 3 c.46 Section 12

<sup>102</sup> 55 Geo. 3 c.46 Section 10

Commons to put forward new legislation but which had failed repeatedly in the Lords was followed by Wynn's firm conviction in his the duty to continue to propose new Bills so as to correct "the enormous evils, which, upon full inquiry before a committee, were demonstrated to exist."<sup>103</sup> Wynn continued his attack arguing that the Governments desired goals remained unfulfilled and that no cohesive system of external control was in place. To alleviate this Wynn proposed a general board of inspection which would conduct visits at all houses in the country with the power to conduct such visits at uncertain hours to improve the chance of catching any maltreatment of patients.<sup>104</sup> In a later debate the Marquis of Lansdowne spoke passionately in support of Wynn and of the need to ensure that the mad houses were visited and inspected. A requirement as he saw it to ensure that the "unhappy persons who were unfortunately afflicted with insanity" were not subjected to abuse.<sup>105</sup> Lansdowne makes some interesting comments with regards to the Parish officials who frequently left lunatics to languish in work houses due to the expense of keeping them in more suitable houses was too great. In the end, the bid made by Wynn was largely unsuccessful and the resulting 1819 Pauper Lunatics Act saw many of its proposed provisions removed or changed to the point of being irrelevant. However, the debate does give an interesting insight into the origins of later legislation particularly the Madhouses Act and County Asylum Act in 1828.

Further debates in the early months of 1828 in both the House of Lords and the House of Commons reveal the extent of the changing attitudes within the political establishment and how concerned it was about the flagrant and frequent abuses which the current system failed to put an end to. On the 19<sup>th</sup> February Mr Robert Gordon turned the debate onto the subject of the wording of the current legislation. He argued that the prerequisite on madhouse proprietors for a medical certificate signed by a "Physician, Surgeon or Apothecary"<sup>106</sup> was too ambiguous with the word Apothecary being interpreted as "merely a seller of drugs."<sup>107</sup> As such Mr Garden concluded that a change in the law regarding the granting of certificates would be required. In a move echoing the concerns of Wynn in 1819 Gordon moved on to exclaim that whilst the law made provisions for the granting of licences and conducting inspections by the Royal College of Physician Commissioners also established in 1774, these

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<sup>103</sup> House of Commons Debate (HC Deb) cc972-4: Mad-Houses Regulation Bill. Vol. 39 10 March 1819. Line 15-16

<sup>104</sup> (HC Deb) cc972-4

<sup>105</sup> House of Lords Debate (HL Deb) cc1344-6: Mad Houses Regulation Bill Vol.40 24 June 1819.

<sup>106</sup> 14 Geo. 3 c.49 Section 21 Line 16

<sup>107</sup> House of Commons Debate (HC Deb) cc575-85: Lunatic Asylums .Vol. 18. 19 February 1828. Line 23

operations had ceased around 1800. The problem was that the objections and attempts to raise concerns by the Physician Commissioners had little to no effect and was as a result deemed a waste of their time. It is fascinating that not only was the law so ambiguous with regards to the interpretation of what was constituted as adequate for a medical certificate but that in fact the law had ceased to function if Mr Gordon is to be believed for over twenty years. These failings suggest that the political impetus for change in the asylum system was gradual often linked to public reports of the laws inadequacies and abuses. The assertions made by Gordon were in part backed by The Earl of Malmesbury who stated on the 29<sup>th</sup> April 1828 that although he saw the Royal College of Physicians with nothing but respect they had been left in the problematic situation of having “responsibility without power.”<sup>108</sup> In effect the reason behind this total collapse of control in the metropolitan area was simply a lack of power and central accountability. This problem would in some form continue to not only plague the provision of care for lunatics throughout the remainder of the 1800s but also the effects these revelations of abuse had on the lasting opinions of the public.

The passing of a new Madhouses Act in late 1828 was designed to address the major concerns brought up by the reports and debates seen in the Houses of Lords and Commons earlier in the year. This Act was in its time the biggest shake up of the private provision of care for lunatics in Britain. Its first provision repealed the 1774 Act and its extension Acts from 1779 and 1796. In many ways however, the new 1828 Act relied heavily on the core concepts set out in the earlier 1774 Act with many updates and clarifications to attempt to make the law more workable. In a similar vein to the 1774 Act the new Madhouses Act continues the distinction between the Metropolitan District and the rest of the Country using the exact same terminology throughout.<sup>109</sup> The Royal College of Physicians Commissioners set up by the last Act, having been found to be wholly ineffective and largely without the power to carry out its responsibility was replaced by a new Commission. This new Commission was to be headed by the Secretary of State for the Home Department who would appoint fifteen men as Commissioners of which five were to be Physicians.<sup>110</sup> The role of these new Commissioners was effectively the same as the previous body however there are some vital changes which built on the experiences of the last eighty four years. With the new

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<sup>108</sup> House of Lords Debate (HL Deb) cc196-9: Lunatics Asylums Regulation Bill. Vol. 19. 29 April 1828. Line 23-24

<sup>109</sup> Madhouses Act (9 Geo. 4 c.41). 1828. Section 2

<sup>110</sup> 9 Geo. 4 c.41 Section 2

powers granted to The Secretary of State for the Home Department the new Commissioners he appointed wielded far more power than their earlier Royal College of Physicians Commissioner colleagues. For example, the new law allowed the Metropolitan Commissioners the power to refuse the granting of a licence to private house proprietors on the grounds of the applicant being unfit.<sup>111</sup> Outside of the Metropolitan District where there had never been a problem issuing licences it fell once again to the local Justices of the Peace to grant licences as they saw fit.<sup>112</sup> Additionally like the Secretary of State for the Home Department the local Justices could appoint a committee of Visitors these were to be made up of three or more justices and one or more Physician, Surgeon or Apothecary.<sup>113</sup> The revocation of licences unlike the earlier legislation had far more legal backing albeit requiring a majority vote from the Commissioners of the local authority. Upon a unanimous vote being conducted to revoke a licence the Secretary of State for the Home Department was to be notified, it was then up to him to carry out any investigation he deemed necessary before signing the order to revoke a licence.<sup>114</sup> These provisions are some of the first instances of local authorities having to notify a centrally located person or body in London of decisions taken outside of the metropolitan district. However, once more the law legally enforces the split between the Metropolitan area and the rest of the county. In particular the governments continuing reliance on the local power of the Justices in the everyday holding to account of the madhouse proprietors, rather than trying to impose a central organisation which would have had less power amongst local people in practise.

The visitation and inspection of houses continued in a similar vein to previous Acts however, houses had to be visited four times a year instead of just once. Additionally these powers were extended to allow the Commissioners to conduct snap inspections even at night if they received a report under oath which indicated the possibility of malpractice occurring. In these situations the Commissioners were to gather witness statements so as to ascertain the facts.<sup>115</sup> Each of the Clerks of the Commissioners and Visitors had to produce a yearly report dedicated to each of the houses within their jurisdiction. These reports were to be submitted to the Secretary of State for the Home Department and had to contain reports on all of the patients with detailed health notes both the physical and mental state currently residing within

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<sup>111</sup> 9 Geo. 4 c.41 Section 9

<sup>112</sup> 9 Geo. 4 c.41 Section 10-11

<sup>113</sup> 9 Geo. 4 c.41 Section 10-11

<sup>114</sup> 9 Geo. 4 c.41 Section 16

<sup>115</sup> 9 Geo. 4 c.41 Section 22-23

the house the report was dedicated to. Additionally the aforementioned report was to contain the details of all of the patients who had been confined within the last twelve months leading up to the report.<sup>116</sup> In effect this allowed for the central authority to track, not only how many patients were being housed in the Country but also the state which they were kept, the rate of discharge as well as ensuring that the inspections continued to be conducted and monitored without this central body infringing on the local authority of the Justices.

Following the lead of the 1815 County Asylums Amendment Act the 1828 Madhouses Act laid out the requirements for the admission for private and pauper patients. Whilst the former required two separate medical certificates signed by two medical practitioners who had to visit personally on separate occasions, the latter were still subject to the same restrictions described in the 1815 Amendment Act.<sup>117</sup> Yet despite these changes the ambiguity in language which Mr Gordon brought up in the Commons was still present. Contingencies were put in place to help alleviate these ambiguities which allowed for the release of any patient who was deemed to be incorrectly held. The criteria for this contingency required that the potential patient had to be observed in a state of normalcy on three separate visits which where at least twenty one days apart, these visits had to be conducted by the Commissioners or Visiting Justices.<sup>118</sup> Finally, new measures were put in place so that houses where geared more towards treatment rather than simply locking patients away by ensuring that houses keeping more than one hundred patients would have a resident medical practitioner. Those private houses holding less than one hundred patients had to be visited twice every week, by a visiting physician. After each of these visits a report of the physical health and mental state of all the patients visited by the medical practitioner had to be compiled to be delivered to the Keeper of the house.<sup>119</sup> The emphasis in this Act on methodical record taking, and the exchange of information allowed the central authority of the Secretary of State for the Home Department to centrally coordinate with the local authorities to ensure that the law was being enforced universally without encroaching on the local authorities' power.

Passed at the same time and designed to work in tandem with the 1828 Madhouses Act, The County Asylum Act saw a similar shakeup in the provision of local and state run care for

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<sup>116</sup> 9 Geo. 4 c.41 Section 26

<sup>117</sup> 9 Geo. 4 c.41 Section 30

<sup>118</sup> 9 Geo. 4 c.41 Section 38

<sup>119</sup> 9 Geo. 4 c.41 Section 35



lunatics with the repealing of Acts and amendments from 1808, 1811, 1815, 1819 and 1824.<sup>120</sup> The Act much like the previous provisions continued to permit the Justices of the Peace in each County to plan for and construct their own asylums for the purpose of housing pauper lunatics, but not private patients. Furthermore the Act continues to give instruction and direction in the same vein of the 1808 Act in terms of the financial and logistical powers it conferred to the local Justices of the Peace for its purpose. The 1828 Act placed the responsibility for identifying pauper lunatics with each of the Overseers of individual Parishes and required them to make such persons known to the local Justices of the Peace. Once notified the Justices were required to call upon the expert assistance of a medical practitioner to assess the sanity of the pauper identified.<sup>121</sup> If the identified person after their medical assessment was considered insane and eligible for admission as well as chargeable in the county they were to be conveyed to a suitable county or private madhouse for treatment. However, the identified person was refused admittance by the Justices due to not being considered insane or was not chargeable to the county then notice of this decision was to be delivered to the Overseer of the Parish who originally identified the person with the reasoning.<sup>122</sup> Pauper patients admitted this way could be visited up to eight times a year by a medical practitioner who was to report to the Overseers, Guardians and Directors of the Poor as to the nature and result of each visit conducted.<sup>123</sup> By placing the identification of potential patients with the Parish Overseers and the need for medical assessment the 1828 Act placed a greater emphasis on the medical profession by streamlining the identification of patients and helped to lower the instances of paupers being wrongly admitted. Once admitted patients were to remain within the designated house of reception and could not be removed by the Overseer of the Parish without the authorisation of two Justices of the Peace. Exception was made if the patient was deemed to have been cured by the Justices or on the advice of the resident medical superintendent. Discharge could also occur at the request of a relative or friend without the need to be cured and at the discretion of the Visiting Justices.<sup>124</sup> Finally, the 1828 County Asylums Act unlike 1808 the new County Asylums Act required that all county asylums employ a Chaplain in full orders and licenced by the relevant religious body to perform service on each Sunday in accordance with established religious law.<sup>125</sup> In

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<sup>120</sup> County Lunatic Asylums (England) Act (9 Geo. 4 c.40). 1828.

<sup>121</sup> 9 Geo. 4 c.40 Section 38

<sup>122</sup> 9 Geo. 4 c.40 Section 45

<sup>123</sup> 9 Geo. 4 c.40 Section 40

<sup>124</sup> 9 Geo. 4 c.40 Section 39

<sup>125</sup> 9 Geo. 4 c.40 Section 32

all the 1828 County Asylums Act should be noted for establishing the system that would remain largely in place forming the basis for initial identification and assessment of pauper lunatics for many later Acts.

For the second time in less than four years the control of private madhouses was once again overhauled with the passing of the 1832 Madhouses Act less of a radical shift as was seen in 1828. The 1832 Act was in this sense more about refinement, of correcting the issues immediately thrown up in the four years since the 1828 Acts passing. Despite this refinement many of the sixty four sections of the 1832 Act remain the same as the earlier 1828 Act such as, the ability to refuse the granting of licences, the composition of the counties Visitors, the need to reapply for a licence on a yearly basis. The roles and duty of Secretary of State for the Home Department was replaced by the Lord Chancellor in all capacities, given the degree of overlap between the two Acts unless otherwise mentioned all previous provisions remained the same as before.<sup>126</sup> One of the seminal changes made with the 1832 Act was laid out in section two. In this section for the first time in lunacy law the meaning and definitions of the various commonly used words was given. In this instance it shows that the earlier criticisms of the ambiguity of language brought up in the Lords prior to the passing of the 1828 Act but failed to be heeded at the time, where finally being addressed by the law.<sup>127</sup> Included in this section definitions were given for county, parish, county rate, visitor, insane persons, parish pauper, proprietor, clerk of the peace, physician, surgeon, apothecary and treasurer of the county each of which are noted to include and apply to the plural and both masculine and feminine versions of these words when used in practise if not in the law itself. County for example, was defined as “any county, riding, division of the Lincoln, county of a city, county of a town, city, cinque port or town corporate.”<sup>128</sup> Parish similarly was defined as being “any township, hamlet, vill, tithing, extra-parochial place, or place maintaining its own poor.”<sup>129</sup> In juxtaposition to the relatively self-explanatory aspects of this section, the definitions of the medical profession are prime examples of the Act’s attempts to explain more contentious terms. In the case of the three main medical professions the law stipulated a set of parameters for a person to be considered a member of said profession. These parameters focused on the need to be a fellow or member of the various central bodies of the given profession for

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<sup>126</sup> Insane Persons Act (2 & 3 Gulielmi 4 c.107). 1832. Section 8-11

<sup>127</sup> 2 & 3 Gulielmi 4 c.107 Section 2

<sup>128</sup> 2 & 3 Gulielmi 4 c.107 Section 2 Line 2-4

<sup>129</sup> 2 & 3 Gulielmi 4 c.107 Section 2 Line 3-4

example, Doctors were required to be a “fellow or licentiate of the Royal College of Physicians in London” or in the case of Apothecaries the need to follow the provisions and accreditation established in the Apothecaries Acts.<sup>130</sup> By putting these definitions into statute the British Government had finally attempted to address one of the biggest concerns of previous lunacy legislation. The problem of the supplying of medical certificates and the eligibility of a person to issue them was until this Act too ambiguous to be meaningful as a safeguard as it had allowed individuals to claim to be members of a branch of the medical profession to sign lunacy certificates due to there being no tangible criteria for being considered a member of the medical profession. Finally looking at the definition given for insane persons which was designated as “all persons who are idiot, lunatic or of unsound mind.”<sup>131</sup> It is revealing that it even though the Act did attempt to address the question of what constituted insane and had reduced many areas of ambiguity in particular with the problem of the false medical certificate however, the of insanity itself is fairly weak and wholly reliant on interpretation.

Moving away from section two the 1832 Act continues to enforce the split between the Metropolitan district and the rest of the country continued to be enforced by law in terms of commissioners and construction of who was charged with inspecting and controlling the madhouses. However the composition of Metropolitan Commissioners had been altered thus they now had to contain no less than fifteen and no more than twenty commissioners with four or five physicians and two barristers.<sup>132</sup> The visitations started in 1774 and expanded on in subsequent Acts where to continue albeit with changes to frequency of visits, the Metropolitan Commissioners were to conduct inspections four times a year and within the rest of the country three times a year.<sup>133</sup> During these visits it was enacted that anyone trying to conceal patients from inspectors was to be considered a misdemeanour this provision extended to cover any person visiting the registered house such as for medical reasons.<sup>134</sup> The continued use of external inspections with increasing frequency is indicative of how seriously the problem of potential abuses had been taken by the British government from the earliest inception of lunacy legislation in 1774 until 1832.

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<sup>130</sup> 2 & 3 Gulielmi 4 c.107 Section 2 Line 18

<sup>131</sup> 2 & 3 Gulielmi 4 c.107 Section 2 Line 12

<sup>132</sup> 2 & 3 Gulielmi 4 c.107 Section 3

<sup>133</sup> 2 & 3 Gulielmi 4 c.107 Section 45

<sup>134</sup> 2 & 3 Gulielmi 4 c.107 Section 50

The application for a licence for a private house was changed so as to include the need for the prospective proprietor to submit in writing his full name and a detailed floor plan of the building at a scale of no less than one eighth of an inch to a foot with a detailed key and reference for each room.<sup>135</sup> The floor plan was to be hung in an easily viewable place within the house of reception. This was to allow comparisons between the plans and reality during inspections and so that inspectors were able to easily see the full extent of each individual house.<sup>136</sup> Conditions were put in place meaning that proprietors were forbidden to live at their asylum. The name of a proposed medical superintendent who was permitted to live on site and their previous vocation was to be submitted with the initial application. This process of application remained largely the same throughout the rest of the 1800s and gives a lot more information to authorities in charge of granting licences. In a similar vein to the previous 1828 Madhouses Act, notice of the admission of a patient to a private house was to be submitted to the relevant Commissioners or Visitors this was to include the medical certificates which were supplied along with the order for admission. Additionally these reports were to be forwarded to the relevant clerks of each Commissioner and Visitor. Furthermore the 1832 Act required for the first time that notice was to be given to the Clerks in the case of the discharge or death of a patient.<sup>137</sup>

Finally, the second most important part of the 1834 Madhouses Act was the introduction of explicit means of charging and prosecuting those who would break elements of the lunacy law granting the power of summary convictions to the Justices of the Peace if they processed the testament of a credible witness.<sup>138</sup> This introduction of these tougher sanctions is highly important, as although criminal convictions were not new and indeed featured in part in the 1828 Act the newer definitions were in many ways more comprehensive in their layout and severity. Powers granted to the Justices in meeting out punishments for misdemeanours included the power to issue fines, penalties and forfeitures. In keeping with the overlap and mutually beneficial way in which Madhouses and County Asylums Acts were written, section sixty three stipulates that the sections relating to visitations and yearly reports of patients would apply equally to county asylums and private houses.<sup>139</sup> In all the 1832 Madhouses Act should be noted for its importance in attempting to correct the errors made four years earlier.

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<sup>135</sup> 2 & 3 Gulielmi 4 c.107 Section 15

<sup>136</sup> 2 & 3 Gulielmi 4 c.107 Section 48

<sup>137</sup> 2 & 3 Gulielmi 4 c.107 Section 30-31

<sup>138</sup> 2 & 3 Gulielmi 4 c.107 Section 53

<sup>139</sup> 2 & 3 Gulielmi 4 c.107 Section 63

These attempts to correct the failings of previous legislation can be seen specifically in the introduction of definitions for the various terms used throughout the Act. Furthermore, the more rigorous conditions for private licences and the more explicit process of legal action in alleged cases of abuse all indicate that the government was hardening its attitude towards would be abusers.

Whilst not directly related to the construction or management of the asylum system the 1834 Poor Law Amendment Act comes at a time when the Poor Law was coming under increasing fire for its failings in the society that it was being applied to. The institutions and bodies it created had some bearing on the way in which lunacy law was applied to pauper lunatics who were in almost all respects held and admitted into asylums under the aegis of the Poor Law as well as the relevant lunacy law. Much like the implementation of the Metropolitan Commissioners under the lunacy law the New Poor Law introduced its own set of three commissioners. These were to be appointed to carry out the provisions of the wider Poor Law and were empowered by it to appoint up to nine Assistant Commissioners who could perform the same functions as the core commissioners.<sup>140</sup> Additionally, the three core commissioners were given powers to create further officers, clerks and secretaries to aid in the application of the law.

Section twenty six allowed for multiple Parishes to be combined for the purpose of administering the Poor Law. These Unions were to be decided by each individual Parish with the consent of the Commissioners. Additionally section thirty four granted the Poor Law Commissioners the power to dissolve, add or remove parishes from these Unions and afterwards dictate laws as to how these new entities were to run. Whilst this section effectively granted the Poor Law Commissioners central control over local Parish control it fell to the Union Guardians to vote on and approve the changes made by the Commissioners.<sup>141</sup> The new unions created by amalgamating the Parishes were to be governed by an elected board of guardians, as voted for by the rate payers of the representative Parishes which formed the Union.<sup>142</sup> Section forty five dictated that no lunatic was to be held within a workhouse for more than fourteen days before being removed to a

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<sup>140</sup> Poor Law Amendment Act (4 & 5 Gulimlmi 4 c.76) 1834. Section 1 - 9

<sup>141</sup> 4 & 5 Gulimlmi 4 c.76 Section 36

<sup>142</sup> 4 & 5 Gulimlmi 4 c.76 Section 38

registered county asylum.<sup>143</sup> The effects of section forty five were touched on by John Walton when he commented that the asylum authorities found themselves overwhelmed as they received large quantities of old and chronic patients who were being moved from workhouses.<sup>144</sup> The later 1842 Poor Law Continuation Act continued to build on the links between the poor law and lunacy law. It contained one vital section which is of great significance to the analysing to problem of perception. Section six granted for the first time the same powers to all bodies created under the Poor Law as the Overseers of the Parishes when considering and identifying insane persons.<sup>145</sup> These included the Commissioners of the Poor, all of the bodies set up by the Commissioners and Union Guardians. The effect of this change is far reaching, meaning that from this point on all bodies created by the Poor Law were in effect able to identify and request the removal of a pauper lunatic to an asylum.

The 1842 Madhouses Amendment Act was the final Act to be based around the Commissioners created in the 1828 Act. Its provisions whilst brief in comparison to the two larger pieces of legislation from 1828 and 1832 are no less important. For instance, section two altered the dynamics of the Metropolitan Commissioners by increase the amount of physicians to six or seven and the number of barristers to four. Additionally a new stipulation established the removal of Apothecaries from being eligible for selection as Commissioners.<sup>146</sup> The removal of Apothecaries was most probably enacted due to the continuing concerns of the ambiguity of language and the eligibility of the qualifications of members of that profession. The most important aspect of this Act however, is not in the removal of Apothecaries from eligibility as Commissioners but rather the provisions in section seven which for the first time enabled the Commissioners based in the Metropolitan area to visit and conduct inspections twice a year of all private houses licenced by the local Justices around the county.<sup>147</sup> Additionally, these visits were also extended to cover not only the Private madhouses but also the County Asylums which had been built under previous legislation. The importance of the introduction of granting power to the Metropolitan Commissioners outside of their traditional jurisdiction cannot be understated, constituting a

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<sup>143</sup> 4 & 5 Gulimmi 4 c.76 Section 45

<sup>144</sup> Walton, John. "The Treatment of Pauper Lunatics in Victorian England: The Case of Lancaster Asylum, 1816-1870." p.168

<sup>145</sup> Poor Law Amendment Act (5 & 6 Victoriae. c.57) 1842. Section 6

<sup>146</sup> Madhouses Act (5 & 6 Victoriae. c.87). 1842. Section 2

<sup>147</sup> 5 & 6 Victoriae. c.87 Section 7

major shift in the balance of power and accountability. In this instance it was the first time since the inspection of Madhouses began that localised power bases no longer held a total monopoly over the visitation and enforcement of the law outside of London.<sup>148</sup> Other provisions required the Metropolitan commissioners when visiting any house, to report on the state of treatment given to patients. The focus was largely on cases of non-coercion so that the Commissioners could build a picture of what was being used in place of restraints and how effective such treatments were. These powers also extended into inquires about the diet and amusements employed by individual establishments.<sup>149</sup> In all, although the 1842 Amendment Act is in many ways the last attempt to correct failings of the 1828 Madhouses and County Asylums Acts it holds great significance in being the first Act to introduce provisions that gave the centrally controlled Metropolitan district Commissioners powers throughout the county constituting a major shift in the balance of local power in England.

In early 1844 the House of Commons saw debate once more turn to the problem of the provision of care for lunatics. Acting as a catalyst the growing concerns of the deficiencies in the current provision and compounded by the current legislation being due to expire at the end of the current session of government the debates focused on the failure of the current safeguards in protecting members of the public from wrongful confinement. In his opening statement, Lord Ashley noted that the current legislation had a variety of safeguards and provisions for the care of lunatics he goes on to discuss the failings in the system particularly in relation to the control of private asylums. He suggested that by placing the power of confinement with family members and the individual keepers of the private houses it had exposed those involved to “temptations which he believed human nature was too weak to resist.”<sup>150</sup> The honourable Lord argued that this temptation was entirely the fault of the provision which provided an allowance to the asylum for each individual patient. Arguing that these payments to private house proprietors made them more inclined to detain and wrongfully confine the sane to keep a sizable income from the allowance, a rather cynical if logical assessment. Lord Ashley continues to lay out his assessment of the extent of receiving houses, stating that very few county asylums had been built in the thirty-six years since the passing of the first Country Asylums Act in 1808. Moreover the scarce county asylums which

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<sup>148</sup> 5 & 6 Victoriae. c.87 Section 31

<sup>149</sup> 5 & 6 Victoriae. c.87 Section 8 - 34

<sup>150</sup> House of Commons Debate (HC Deb) cc1257-88: Treatment of Lunatics. Vol. 76. 24 July 1844.

had been constructed were in some cases unfit for purpose. However, Lord Ashely finished with graver statistics which stated twenty-one counties in the country had no asylum public or otherwise which was creating a gulf in the provision of care which needed to be urgently addressed.

### **The 1845 County Asylums and Lunacy Acts**

For the third time in the first half of the 1800s the law relating to the provision of care for Lunatics was over hauled in the same way seen in 1828 and 1832 with the passing of The Lunacy Act and the Country Asylums Act of 1845. In a same vein as the earlier legislation the Acts of 1845 relied upon each other to function effectively. Additionally, much like the previous act the 1845 Acts still owed much of their heritage and logistical basis to the earlier 1774 and 1808 Madhouse and County Asylums Acts. Due to the comprehensive nature of the Act only relevant changed sections will be discussed. The 1845 County Asylums Act was unlike any preceding Act in one vital respect, that being the enforcement by law on counties having to build their own asylums for the reception of pauper lunatics. Additionally, those counties which had voluntarily built an asylum under the older provisions but whose accommodation was not sufficient were required to expand existing buildings to meet admission demands.<sup>151</sup>

Section thirty nine enabled all counties and boroughs to build their compulsory asylum outside of the bounds of their jurisdiction if no suitable space was available. In those cases the justices from the county which constructed the asylum and not those from where it was situated were responsible for carrying out their duties as defined by this Act.<sup>152</sup> Section twenty seven required that separate provision be made by counties to house incurable patients. This was done so that the treatment of patient's considered curable was not hampered by the presence of the incurable. Additionally it meant that the backlog of incurable patients would not stop new patients from receiving care.<sup>153</sup> Section twenty nine is highly important, it allowed the visitors who oversaw the development of county asylums in each county to occupy and use any pre-licenced private premises already used for the

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<sup>151</sup> County Lunatic Asylums Act (8 & 9 Victoriae c.126) 1845. Section 2

<sup>152</sup> 8 & 9 Victoriae c.126 Section 39

<sup>153</sup> 8 & 9 Victoriae c.126 Section 27



reception of pauper lunatics in part or in whole for their own purposes.<sup>154</sup> If this action was taken the proprietor would be paid the cost of a rent the visitors should think suitable this had to be approved by the secretary of state. Furthermore if approved any county which requisitioned private premises under section twenty seven that county would be exempted from having to raise the funds to construct a purpose built building.<sup>155</sup> In all, section twenty nine is a highly important development in terms of the balance between the private and public provision of care being the first time the two have overlapped in any capacity. Moreover when one considers that if such a private building was licenced and approved it would then become subject to all the laws relating to country asylums rather than those governing licenced private establishments.

Much like earlier legislation the committee of visitors had to appoint a chaplain for each county asylum constructed. Additionally it was the duty of the visitors to appoint the medical officer and clerk for the asylum, with the power to remove and replace all positions as they saw fit. Furthermore the committee was granted the power to appoint a visiting physician or surgeon to each asylum in their charge.<sup>156</sup> Every three months three members of each committee of visitors were required to inspect each asylum in their charge. During these visits each patient, as far as possible, was to be examined and notes made on any concerns the visitors had.<sup>157</sup> Each of these sections granted the elected visitors of each county more powers over the medical authorities in charge of the asylums making the doctors accountable and more importantly disposable if they were unable to fulfil their duties adequately.

Every six months separate lists of all pauper and private patients were to be produced for each county, with the former being submitted to the Clerk of the Peace and the Secretary of Commissioners whilst the later was submitted to the Commissioners in Lunacy.<sup>158</sup> Admissions procedure was kept the same as in the 1828 Madhouses Act for both pauper and non-pauper patients with regards to needing only one certificate for the former and two for the latter.<sup>159</sup> Changes to admissions for the first time saw any physician, surgeon or apothecary providing false or untrue medical certificates being guilty of misdemeanour. Additionally apothecaries continued to hold the power to sign medical certificates which is

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<sup>154</sup> 8 & 9 Victoriae c.126 Section 29

<sup>155</sup> 8 & 9 Victoriae c.126 Section 29

<sup>156</sup> 8 & 9 Victoriae c.126 Section 43

<sup>157</sup> 8 & 9 Victoriae c.126 Section 45

<sup>158</sup> 8 & 9 Victoriae c.126 Section 46

<sup>159</sup> 8 & 9 Victoriae c.126 Section 51-52

juxtaposed against their removal from being eligible members of the Metropolitan Commissioners three years earlier.<sup>160</sup> These changes enforced the trend within legislation of certain branches of the medical profession being better equipped for the identification and treatment of lunacy. Additional provision was made to allow the visitors to remove chronic patients from any principle asylum in their county or borough to make space for patients who were deemed curable.<sup>161</sup> This provision placed the priority of the system in treating what were considered curable patients with far less provision for how to deal with the chronic patients beyond keeping them away from the public. In all the County Asylums Act of 1845 expanded on many of the conventions and practises employed by previous legislation. The Commissions of Visitors received new powers over the medical profession in county asylums which in turn reduced the doctor's dominance and increased accountability in cases of abuse.

The 1845 Lunacy Act like the County Asylums Act continued with its roots firmly embedded in earlier legislation, whilst making changes to the system which reflected the concerns of the various parties involved in the Acts passing. One of the most important provisions saw the Metropolitan Commissioners being replaced by the Lunacy Commissioners. Furthermore these new commissioners inherited all of the functions and documents from the pre-existing Metropolitan Commissioners. Eleven Commissioners where appointed by name in the Act five of them honorary, three medical men and three barristers, an additional six medical or legal men and no more than where to be appointed as commissioners.<sup>162</sup> The core jurisdiction of these new commissioners with regards to granting licences remained the same as before in the Metropolitan district. Visitor Commissioners continued to perform this function in the rest of the county. The composition of these Visitors Commissioners took was of a selected assembly of at least three justices and at least one physician.<sup>163</sup>

The process of applying for a licence remained largely the same. Requirements for successful licences being granted included the submission of accurate plans of the house with proposed numbers of patients for each sex and in cases of mixed sex houses what methods would be employed to keep each apart from the other.<sup>164</sup> All private houses were required to have the relevant regulations relating to lunatics printed and kept on the premises and hung within the

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<sup>160</sup> 8 & 9 Victoriae c.126 Section 53

<sup>161</sup> 8 & 9 Victoriae c.126 Section 56

<sup>162</sup> "Lunacy Act (8 & 9 Victoriae c.100)." 1845. Section 3

<sup>163</sup> 8 & 9 Victoriae c.100 Section 14-15

<sup>164</sup> 8 & 9 Victoriae c.100 Section 24

visitor rooms.<sup>165</sup> This provision marks a change in tact by the government by attempting to make all legislation as visible to the wider public as possible so that they were given the most up-to-date information of their rights and what safeguards were in place to protect them.

All medical certificates had to be signed by a physician, surgeon or apothecary. These certificates had to include the fact or facts which allowed the signatory to judge the patient as being insane. Upon admission the nature of a patient's lunacy was to be entered into an admissions book.<sup>166</sup> These provisions are important as this was the first time any such a provision was enacted and as such is an important legal step in attempting to eradicate the possibility of deceitful certificates being produced by keeping more effective records. Additionally, the London based Commissioners in Lunacy were to visit each of the houses under their Metropolitan jurisdiction at least four times a year, and those outside their remit around the country twice a year.<sup>167</sup> The county Visitors were to inspect the houses in their county four times a year. During these visits, by either Visitors or Commissioners, every part of the house and every patient was to be inspected and examined. In all The Lunacy Act 1845 like the County Asylums Act is less of a major shift in the provision of care for lunacy. Although the importance of the changes that were made in the wider context had far reaching effects, such as the with the evolution of the Commissioners of Lunacy to their final form, like many previous provisions these advances were as much a refinement as they were a major overhaul.

### **Post-1845 Legislation**

In 1862 Parliament passed two new Amendment Acts. The first of these was the Lunacy Regulation Act this Act related directly to provisions for the Commissioners of Lunacy and the powers of the Justices. Its purpose was to define their representative roles and the limitations of their powers during inquiries into the state of a person's mind as well as in cases misdemeanour.<sup>168</sup> The greatest change however, came in section three which stipulated that any inquiry into a person's state of mind whether they be insane or not should be conducted on the basis of their recent behaviours and not of their past actions.<sup>169</sup> The

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<sup>165</sup> 8 & 9 Victoriae c.100 Section 43

<sup>166</sup> 8 & 9 Victoriae c.100 Section 46

<sup>167</sup> 8 & 9 Victoriae c.100 Section 61-63

<sup>168</sup> "Lunacy Regulation Act (25 & 26 Victoriae) c.86." 1862.

<sup>169</sup> 25 & 26 Victoriae c.86 Section 3

importance of this Amendment Act therefore rests in granting more powers to the various Commissioners to hold the medical profession and their attendants to account as well as helping to protect the public from false claims and wrongful confinement.

The second piece of legislation enacted in 1862 was the Lunatics Law Amendment Act. This Act focused on making the removal of chronic patients from backlogged asylums to make space for new patients which were considered curable.<sup>170</sup> Section eight for example granted the Visitors, Guardians of Parishes and Unions the power to make arrangements to move a number of chronic patients out of an overcrowded asylum to a workhouse to make space curable patients, the decision as to which patients would be moved was to be taken by the superintendent of the given asylum.<sup>171</sup> Additional powers were granted in section nine to the Committee of Visitors of each county to acquire land or purpose land belonging to them for the purpose of burying patients that had died whilst in treatment.<sup>172</sup> Finally, the process of granting licences for private establishments was expanded to require the Commissioners in Lunacy to examine the proposed property in the cases of new applicants.<sup>173</sup> The importance of this development is in how far the balance of power within the country had changed with an increased emphasis on the central power of London exerting control around the country, however limited with the majority of power still residing in local bodies.

In 1868 the Lunacy Commission presented its recommendations to the government in how to improve the provision of care seen in the asylum system.<sup>174</sup> The fourth recommendation for example, argues that each institution should by law have to employ as many trained and qualified medical personal as was required and seen fit for each individual asylum. This was to be assessed by the needs of each individual institution and proportionate to the number of patients held within. Justifying the need for this the Commissioners argued they had on several occasions urged the appointment of additional medical officers in various asylums but without effect.<sup>175</sup> The importance of this sentence cannot be overstated if accurate it suggests that the Lunacy Commissioners did not hold as much power as they should have on paper, meeting resistance from various parties to its suggestions. The eighth recommendation is

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<sup>170</sup> "Lunacy Law Amendment Act (25 & 26 Victoriae c.111)." 1862.

<sup>171</sup> 25 & 26 Victoriae c.111 Section 8

<sup>172</sup> 25 & 26 Victoriae c.111 Section 9

<sup>173</sup> 25 & 26 Victoriae c.111 Section 14

<sup>174</sup> The National Archives (TNA) HO 45/8172: Amendment of Lunacy Law: Proposals of the Lunacy Commission.

<sup>175</sup> Ibid

similarly important, arguing that despite provisions in the law ensuring that members of asylum staff defined as the “officers, attendants, servants and other persons employed” would face criminal convictions for the mistreatment or neglect of their patients there was no provision within the law beyond summary dismissal for any member of staff having sexual intercourse with female patients.<sup>176</sup> Once again it is telling that such a provision had been overlooked for so long. The Lunacy Commissions report stated that there were several cases in which they had observed female patients becoming pregnant as a result of having intercourse with male members of staff. The omission of any provision related to sexual intercourse with patient remained until 1889. This lack of provision created the perfect climate for the various reports throughout the latter half of the 1800s of sexual misdemeanour in the asylum system and had a large impact on the perception that the public held on such matters.

Finally in 1890 the British Government passed the Lunacy Act. Whilst much of this Act is a consolidation of previous Acts, some of which have not been outlined due to this Act’s passing, there were some changes made which reflected the changing of society’s relationship with the asylums in the late 1800s.<sup>177</sup> The Act spanning 342 sections and 116 pages in contrast to previous legislation is far clearer, more concise with sub headings and subsections each clearly labelled. The emergence of this easier format is likely a shift in legislation in general, with the simpler way it is presented allowing it to be easier understood by the general public. The 1890 Act was written at a time when the debate of wrongful confinement had reached its apex. As a result of this debate the new Act featured many provisions designed to safe guard the public from the problem of wrongful confinement. For example, it allowed multiple opportunities for the various bodies responsible for the admission of a patient to contest any of the evidence and to see the proposed patient from themselves. In section six Justices in receipt of an application for the receiving of a private patient which contained two medical certificates were allowed to see the patient separate if they decided the certificates were unsatisfactory.<sup>178</sup> The selection of Justices who sat on the Visiting Committees was changed to be more lenient. Under the new rules each county was free to decide on how many Visitors were required to meet the needs of each area.

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<sup>176</sup> TNA HO 45/8172 Section 8 Line 1

<sup>177</sup> “Lunacy Act (53 Victoriae c.5).” 1890.

<sup>178</sup> 53 Victoriae c.5 Section 4-7

Additionally, the men selected were to be employed on the merit of their work in the local area.<sup>179</sup> In effect the law finally allowed more freedom for the counties to do as they saw fit and best for the amount of lunatics each county needed to provide for whilst still keeping the Lord Chancellor informed of appointments.

Powers were granted to the Commissioners to request a medical examination of any person they believed to be a lunatic. This could only be done if the person was not a resident of a workhouse or house of reception for lunatics. Following the examination the Commissioners had the power to order the immediate transfer of the person to an institution.<sup>180</sup> Pauper lunatics were only allowed to be admitted into institutions owed wholly by the county or borough which the pauper was chargeable to.<sup>181</sup> This development was designed to alleviate the accusations of abuses and lessen the reliance on private houses for treating lunatics. The terminology of medical certificates was changed to define the medical practitioner rather than physician, surgeon and apothecary as the only people able to sign medical certificates.<sup>182</sup> The changes to the terminology of the medical certificate were designed to reduce the vague nature of the language used up until this point. Additionally the use of medical practitioner as opposed to the older physician, surgeon and apothecary is the final evolution of the dominance of the developing professionalised medical profession in the treatment of lunacy.

The use of mechanical bodily restraints was banned in all cases unless for exceptional circumstances such as medical or surgical treatment or to prevent a patient from doing harm to themselves. Furthermore, each time restraints were used a medical certificate was to be produced and signed by the relevant medical attendant detailing the reasons for their use.<sup>183</sup> This section enshrined in law the development of the non-restraint movement and is a triumph for the reformers of the early 1800s. Section fifty three made it illegal for male attendants to operate on female wards a probable response to the Lunacy Commissions report in 1868.<sup>184</sup> The Commissioners in Lunacy continued in the same manner as they had from 1845 as did the Visiting Committees the latter was to contain as many members as was deemed necessary. Additionally, for counties with more than one asylum the main elected Visiting Committee was to appoint sub committees for each asylum so that they could

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<sup>179</sup> 53 Victoriae c.5 Section 10

<sup>180</sup> 53 Victoriae c.5 Section 23

<sup>181</sup> 53 Victoriae c.5 Section 27

<sup>182</sup> 53 Victoriae c.5 Section 28

<sup>183</sup> 53 Victoriae c.5 Section 40

<sup>184</sup> 53 Victoriae c.5 Section 53

dedicate enough time to ensuring the provision of care was always adequate and free of abuse.<sup>185</sup> Misdemeanours and abuses committed by the staff against patients were far more broadly defined. Examples, of the crimes defined included the detaining of a person falsely, entering log entries incorrectly, ill-treatment of patients and specific offences against female patients.<sup>186</sup> In all, the 1890 Act is the most complete act provision wise out of all of the previous Acts relating to lunacy, consolidating almost all the Acts still in force into one package. Its provisions were the most lenient, empowering the various bodies such as the Guardians of the Parish, Commissioners in Lunacy, Committee of Visitors, Poor Law Officials, Justices of the Peace and Visiting Justices in ways hitherto unrealised. These all helped to ensure that the possibility of abuses within the system was as negligible as possible. As a testament of the effectiveness of this Act it was not entirely repealed despite numerous amendments until 1959.

In the end despite the numerous changes in the law, the political debates and to an extent the orders issued on a county level in relation to the operational framework and governance of the Asylum system in Britain, the core problem of potential abuse remained consistent from 1774 to 1890. The key problem of the status quo and power necessitated the legal enforcement of splitting the Metropolitan district and the rest of the country. Forsythe, Melling and Adair rightly pointed out that by keeping the local authorities in a position of power over the asylums it enabled these local power bases to resist and recommendations made by the Lunacy Commissioners.<sup>187</sup> Effectively the Lunacy Commissions power to inspect and make recommendations outside of the Metropolitan area was only on paper. The introduction of elements of the central control in later legislation does however reflect the way in which the role of government had changed during the period.

The second problem which the following chapters will address in more detail was that the medical profession rarely agreed entirely with the reforms made by the government in their various guises. The legal and medical sphere could not agree on what lunacy was let alone who was qualified to decide and who should as a result be in charge of ensuring abuses did not happen. As a result the power behind the asylum system did not truly lie with the medical

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<sup>185</sup> 53 Victoriae c.5 Section 150-169

<sup>186</sup> 53 Victoriae c.5 Section 315-324

<sup>187</sup> Forsythe, Bill, Joseph Melling, and Richard Adair. "Politics of Lunacy: Central State Regulation and the Devon Pauper Lunatic Asylum 1845-1914." p.68

profession although they had an effective monopoly over elements of the insane certainly over the declaring of insanity by medical certificate and over control of the asylums as superintendents. Bureaucracy had effectively removed the power of the medical profession. The problem is if the medical profession was not the power behind the system, who was? Certainly it nor did lie solely with the Lunacy Commission although they held a unique position straddling full control and complete irrelevance depending on the time and place. The true power was paradoxically held by the Civil Justices. One of the key factors as Bartlett rightly pointed out in his works that lead to this situation was that throughout the various incarnations of Lunacy Law the system still held an over reliance on the Justices of the Peace in the counties.<sup>188</sup> On top of this the various Poor Law Officials, Parish Overseers and other Guardians were over time given more and more power over the control of lunatics regardless of protests of the medical profession.

The third and final problem was that throughout the period there was only a limited level of public interaction. Examples, such as the fact that the Times had largely ignored reporting on the specific laws making only general reports of the sessions of parliament until around 1880 when their involvement in the discussion become more aggressive almost crusader like in its portrayal of the deficiencies of the new laws.<sup>189</sup> Similarly, the publishing of discussions in medical journals such as the British Medical Journal are a testament to this with their interaction being one might describe as sporadic whilst at the same time conducting its own debates on what the future legislation and overhauls to the system should look like.<sup>190</sup> The public's perception therefore of the law was patchy, despite initiatives from the government to ensure they were educated, and the limited publication of the changing laws the frequency of change alone might have been cause for alarm and proof that the system was unfit for purpose.

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<sup>188</sup> Bartlett, Peter. "The Asylum and the Poor Law: The Productive Alliance."

<sup>189</sup> Anonymous. "The Lunacy Acts." *The Times*. London, 27 February 1887. p. 4.

<sup>190</sup> Anonymous. "Lunacy Acts Amendment Bill, 1887." *British Medical Journal* Vol 1, no. 1377 (May 1887): pp. 1128-1129.



## **Chapter Two – Life in the Asylum, the Official Perception and the Medical Profession**

Moving away from the legal framework and how it was supposed to work in theory, it is important now to analyse how it was applied on a daily basis by the medical officials in charge of the asylums. This Chapter will therefore address one of the core problems behind the problem of perception, the official account and how this relates to the actual operation of the asylum. Additionally it will address the notion of accountability as this plays a significant role in the forming of the public's perception. To achieve these goals the official reports will be studied, both in the form of internal medical and external commission reports, and the correspondence between the various institutions and bodies dedicated to controlling the system. This analysis will be essential to gauge how the application of the legal framework impacted not only the health, but also on the lives of the patients in their charge, questioning how this fits into the philanthropic view of Victorian society and by extension into the perception the public held.

At face value and in general, the way in which both the County and Private Asylums were run indicates that the law was largely successful. Patients were admitted and discharged fairly regularly as cured, abuses were uncommon and in the name of philanthropy the released patients were empowered with skills to improve their lot in life. It is an idyllic portrayal one that would strike a cord with early whiggish interpretations as well as the medical men in charge of the asylums. Furthermore accurate it would render the problem of perception to being just that, a perception, entirely fictitious though still a problem for the medical authorities. The problem then, is that the perception held by the authorities regardless of its accuracy would never be the one the public held the authorities would almost always frame their actions and results in positive manner regardless of any evidence that suggested otherwise. As such one is left looking at the ways in which the authorities dealt not only with the day to day running, control and supervision of the asylums but also with how it dealt with accusations of misconduct, to discern the accuracy of the public's perception when weighed against the officials' actions, only then is it possible to critique Balfour and why he was so derisive of the medical men that would concur with public opinion.

This chapter therefore will utilise a variety of sources to achieve its aim, a cursory glance at the handbook of duties for male attendants from Colney Hatch Asylum in 1865 for instance

gives an intriguing insight into daily life for the patients within that asylum.<sup>191</sup> In the same vein as the attendants' manual of duties the rule books of operation for various asylums held in the National Archives give a sense of the internal command structure which the asylum ran on and the daily structure of life.<sup>192</sup> Other sources such as articles in medical journals give an insight into the discussions within the medical community outside of the reports and theoretical rules allowing an insight into areas which the medical community feel are not working or could be changed for the betterment of the patients care. Finally the written reports by the Lunacy Commission help to add a form of outsider objectivity to the discourse allowing a form of interplay between the written rules and the professions debates. The format of the chapter will roughly work its way through the daily routine with relevant external discussions where applicable, concluding with discussions which did not fit into this format towards the end of the chapter.

### **The Role of the Medical Superintendent**

Before analysing the day to day routine of the asylum it is first essential to define the three main members of staff, their roles and specialities so that further comments on them are clear. The general staffing compliment for each asylum varied depending on the size of the asylum, whether it was private or county. However, almost all asylums would have three main members of staff. At the top of the command structure was the medical superintendent, usually these were distinguished doctors. They were quite often considered the authority on the subject of lunacy and frequently wrote articles and gave addresses on the subject of lunacy. The role of the medical superintendent in this daily routine varied depending on the time and the asylum. Whilst on paper the superintendent would be informed of all goings on and be in charge of many decisions on the treatment of the patients in practise many were relegated to more administrative and bureaucratic roles trapped in meetings with the various bodies responsible for ensuring the asylums ran smoothly rather than caring for their patients. Beneath the medical superintendent each asylum, depending on its size would employ a number of medical officers or assistants whose duties were to carry out the instructions of the superintendent, the smallest private asylums would not employ a medical assistant. However, the medical officers who were competent doctors in their own rights would have

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<sup>191</sup> London Metropolitan Archives (LMA) H11/HLL/Y4/2: Manual of Duties for Male Attendants. Middlesex County Lunatic Asylum, Colney Hatch. 1865.

<sup>192</sup> The National Archives (TNA) MH51/44B: Rule Books of Asylum at Liverpool, Aylesbury, Exeter and Manchester.

their own opinions about the treatments which should be given to individual patients. This could occasionally cause friction or conflicts of interest between the medical assistants and the superintendent. For example, the disagreement between the medical officer and the superintendent John Adams MD at Caterham Asylum caused the Commissioners to remove Adams from his position.<sup>193</sup> Finally, the lowest rungs of the asylum staff were populated by the attendants. Originally quite skilled the attendants of the latter half of the 1800 slowly became less desirable as the demands on the staff forced many of the better attendants to resign. Walton attributed this to the amount of chronic patients which were moved from workhouses into the newer county asylums in the 1840s and 50s.<sup>194</sup>

By studying at the average asylum day it is possible to assess the validity of the public's perception of the probability of maltreatment as all but the most chronic patients would share the same daily routine. Additionally by analysing the daily routine it is possible to address the question of how within the asylum is accountable for looking after the patients. In this respect for the patients and their attendants each day followed a strictly regimented format controlled on paper by the medical superintendent in charge of each asylum. Consequently, as Showlter explained the majority of the daily routine followed a set pattern day it day out.<sup>195</sup> This the medical profession argued helped to create an air of familiarity designed to be beneficial for the patient's health in general as well as being a practical part of the patient's moral treatment.

Starting early in the morning at 6am the relevant attendants where to unlock the doors, wake, dress, wash and prepare the patients for the rest of the day allowing for those that were designated by the Medical Superintendent not able to be woken up at this time.<sup>196</sup> This is the first indication of the superintendent in more of an advisory role, created out of the problem of the amount of patients held within the walls of many asylums. Further examples of this can be seen as the attendants examined the patients at morning wake up to observe any soreness or injuries. It was the attendant's responsibility to report any discoveries of soreness to the superintendent their during morning inspection. There are many parallels in this practise to the admission policy of Wonford House, Devon in 1880 where upon admission both male

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<sup>193</sup> Adams M.D, John. "The Library of the Wellcome Institute for the History of Medicine (WL) MS5510 to MS5516 inclusive: Diaries of Superintendent of the Metropolitan District Asylum Caterham." Vol(s) 1-7. 1872-79.

<sup>194</sup> Walton, John. "The Treatment of Pauper Lunatics in Victorian England: The Case of Lancaster Asylum, 1816-1870."

<sup>195</sup> Showlter, Elaine. "Victorian Women and Insanity."

<sup>196</sup> (LMA) H11/HLL/Y4/2: Manual of Duties for Male Attendants. p. 5

and female patients were to be examined by one of the attendants to assess their bodily condition for any ills and submit a report in writing to the Medical Superintendent on the findings of this examination.<sup>197</sup> However, the key difference is in the precise wording at least in this part of the attendant's role. Whereas the later document from Wonford House and the way it is written is far more explicit requiring the attendant who carried out the inspection to report all finds, the manual from Colney Hatch however, used the phrase "may consider important."<sup>198</sup> The role of the attendant, in this instance at least, in employing their discretion when reporting incidents and any afflictions displayed by the patients physical or otherwise is one of the curious facets of the way in which the internal power of the asylum devolved downwards to the least qualified. It was a problem borne out of necessity, with the superintendent almost always otherwise preoccupied as an administrator and there being too many patients for him to inspect personally. Therefore it is certainly problematic that such power of discretion would be put into the hands of the lowest in the chain of control within the asylum even if it was on a limited basis. The subsequent section of the Colney Hatch manual consequently goes some way to clarify the situation, by stipulating that certain changes in a patient's health or demeanour should instantly be reported without delay.<sup>199</sup> However, despite this later clarification the problem still remains that the attendants where at the first instance given the power of discretion in deciding what information would be important enough to report to their superiors. It seems rather trivial all things considered but at the same time later accounts of abuses come down to attendants having more control than should have been granted to them, which was a direct side-effect of the medical superintendents being relegated to a largely administrative and at best a ceremonial medical role.

The diaries of John Adams M.D, the superintendent of Caterham Asylum from its creation until 1879 gives further evidence and insight into the role which the asylum superintendent which in the latter 1800s had been relegated to a near pure administrative role with the need to meet the increasing requirements of the various commissioners and visitors to the asylum in the name of patient protection. The amount of information which is recorded within these professional diaries and how the recording of this information developed from the fairly rudimentary entries in 1874 to the far more detailed entries by the end of 1879 is intriguing.

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<sup>197</sup> (TNA) MH51/44B: Rule Books of Asylum at Liverpool, Aylesbury, Exeter and Manchester. – 1880 General Regulations of Wonford House, Hospital for the Insane.

<sup>198</sup> (LMA) H11/HLL/Y4/2: Manual of Duties for Male Attendants. p. 5 Section 1 Line 6

<sup>199</sup> Ibid p. 5 Section 2

With its daily reports on the admissions, death with causes and attendant responsible for finding the deceased, discharged, number of patients employed, attending chapel and number of sick requiring extra medical attention the diaries are an invaluable source of information about the day to day asylum.<sup>200</sup> From these diaries it becomes apparent that John Adam's medical role as superintendent was minimal performing just one round trip of the asylum each day to examine its condition and to receive reports from the attendants, attending to those brought to his attention but nothing more. He spent the majority of his time preparing the increasingly large quantity of reports and meetings for external commission. Moreover, as the administrative side of his job took over he relied heavily more upon the discretion of his attendants. The attendants in his employ at Caterham saw at least one change a month although in some cases more than one attendant would leave or be dismissed. For example, between May 30<sup>th</sup> and June 3<sup>rd</sup> 1875 four attendants and one hall porter leave together, coinciding with greater than normal successful escapes by patients.<sup>201</sup> Repeatedly the diaries suggest that the role of the superintendent was to be an administrator rather than purely a medical authority, forced to devolve judgment down the chain of command. The problem however is that the public would largely blame the superintendents when reports of abuses surfaced in the media when it was most likely to be the fault of an overly independent attendant. An article from 1871 in the British Medical Journal commented that for every five hundred to one thousand patients there were employed one superintendent and one medical officer suggesting that the medical aspect of the asylum was minimal and gives reason behind the reliance on non-medically trained attendants.<sup>202</sup>

### **Diet and Treatments**

Following the morning wake up and examination of the patients conducted by the attendants each ward was to be completely cleaned, all sheets changed, any remnants of food or broken furniture to be cleared away and finally the windows opened to allow the wards and rooms to be aired.<sup>203</sup> By doing this cleaning both the patients and the staff who lived in the asylum were kept in the best possible atmosphere, a clean, aired environment conducive to good health. This insistence on cleanliness is in stark contrast to the descriptions of the early

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<sup>200</sup> (WL) MS5510 to MS5516 inclusive: Diaries of Superintendent of the Metropolitan District Asylum Caterham." Vol. 1-7

<sup>201</sup> Adams M.D, John. "The Library of the Wellcome Institute for the History of Medicine (WL) MS5513: Diaries of Superintendent of the Metropolitan District Asylum Caterham." Vol. 4. 1875.

<sup>202</sup> Anonymous. "Our Lunacy Systems. No. 2." British Medical Journal Vol. 1, no. 535 (April 1871): pp. 344-345.

<sup>203</sup> (LMA) H11/HLL/Y4/2: Manual of Duties for Male Attendants. p. 6 Section 3

asylums which were dark, dank and often excessively filthy. These older portrayals had caused such outrage amongst the public the changing nature of the asylums atmosphere suggest that lessons of previous mistakes had been learnt and applied by the medical profession. The diet similarly had changed from the asylums of old. By the standards of the day the meals given to patients and attendants alike were healthy and most importantly regular. For example, in Colney Hatch in 1865 meals were to be given three times a day. However, nothing is mentioned about what diet the patients could expect to receive except that they are given beer on a daily basis, sick patients were provided, wine, porter and broth the staff were provided bread and butter in the mornings.<sup>204</sup> Starting in 1878 Adams starts to note the specific daily meals that were given to the patients and the attendants. These entries allow a basic picture to form of the core type of diet being offered in asylums in Britain, in essence the daily diet featured few staples alternated between five to ten different ingredients used in combination to make up the main evening meals, including boiled or roast beef, roast pork, New Zealand mutton, rice, potatoes, onions, soup, pie, stews and rhubarb pie.<sup>205</sup> Again the emphasis from the diet as with the attention of cleaning was on the patient's wellbeing is in contrast to the treatment given to patients in the earlier half of the 1800s.

In 1881 the British Medical Journal reported on an experiment conducted by Dr Davis the then medical superintendent of Barming Heath Lunatic Asylum who had recently conducted an experiment into the removal of alcohol rations for his patients and attendants. At the time of his experiment it was the custom of all asylums to provide a daily ration of alcohol in the absence of mechanical restraints to help control and mellow the temperament of the patients.<sup>206</sup> The results of this experiment, given the widespread nature of administering beer to patients across the country were controversial, not only did the experiment report that patients and attendants were far less aggressive, agitated and excited but that there was a faster rate of recovery amongst patients.<sup>207</sup> Additionally, the experiment concluded that the removal of alcohol was favourable for the quality of life experienced by both parties outside of the asylum stating that both patients and attendants alike would be less inclined to continue drinking once the daily rations were taken away in the outside world. This Dr Davis argued improved their overall health and reduced the likelihood of relapse.<sup>208</sup> Similarly, to the

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<sup>204</sup> (LMA) H11/HLL/Y4/2: Manual of Duties for Male Attendants.

<sup>205</sup> Adams M.D, John. "The Library of the Wellcome Institute for the History of Medicine (WL) MS5514: Diaries of Superintendent of the Metropolitan District Asylum Caterham." Vol. 5. 1876.

<sup>206</sup> Anonymous. "Beer-Diet For Lunatics." British Medical Journal Vol. 1, no. 1060 (April 1881): p. 650.

<sup>207</sup> Ibid p. 650.

<sup>208</sup> Ibid p. 650.

emphasis on cleaning and the regular meals the article shows the focus of the medical profession is first and foremost on the care and health of the patients. By improving their methods as new information and techniques become available the medical profession hoped to be able to cure their lunatic charges. The focus as always was on the philanthropic view of the world always angling towards the eventual return of their patients to sanity, and equipped with better tools and knowledge required to better their lot in wider society.

After breakfast the attendants in Colney Hatch were to encourage the patients to undertake suitable work if they felt able to. The onus placed on the patient to decide if they were capable of performing such tasks. The attendant's manual makes it clear that the head attendant of each ward was to supervise the patients with other members of the staff supervising, whilst at the same time leaving enough members of staff to attend to those not employed.<sup>209</sup> The employment which patients could expect focused as Showlter rightly pointed out on the traditional gendered roles. Consequently males performed manual labour such as running and minding farms or gardens, whilst females were left focusing on laundry and domestic tasks.<sup>210</sup> Similarly John Adams writes about the employment of patients in Caterham Asylum however his comments are restricted to purely the numbers of those employed. Across all the years that Adams is employed as superintendent there are consistently more females in employment than males, suggesting that the roles or incentive of employment was not always what male patients were accustomed to.<sup>211</sup> A brief article from 1883 would seem to suggest that this analysis is accurate. It relates the comments by Dr Mitchell Medical Superintendent of South Yorkshire Asylum, Wadsley who is reported to have suggested that the asylum system could do more to encourage male patients to engage in work during treatment.<sup>212</sup> Dr Mitchell centres this opinion on the basis that in his experience many male patients refuse to work without some sort of remuneration as they were accustomed to in wider society whereas, women who spent more time in domestic roles were not used to this and so were more willing to work.<sup>213</sup> The lunacy commission is reported to have countered that such a practise would in all probability not be sustainable legally and financially. A curious response to a rather well thought out argument based in the reality of

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<sup>209</sup> (LMA) H11/HLL/Y4/2: Manual of Duties for Male Attendants. p. 7 Section 13

<sup>210</sup> Showlter, Elaine. "Victorian Women and Insanity."

<sup>211</sup> (WL) MS5510 to MS5516 inclusive: Diaries of Superintendent of the Metropolitan District Asylum Caterham." Vol. 1-7

<sup>212</sup> Anonymous. "The Employment of the Insane." British Medical Journal Vol. 2, no. 1175 (July 1883): p. 23.

<sup>213</sup> The Employment of the Insane p. 23.

wider society. One author commented that the Lunacy Commissioners refusal to consider the proposal on the basis of money merely reinforced the notion that “the main idea seems to be how to keep the incurable insane in decent comfort on as little as possible.”<sup>214</sup>

The entertainment of patients was considered to be of paramount importance to their successful recovery. Various asylums would provide a varied array of entertainments for the patients to indulge in examples such as dances, country walks, being part of productions or bands where fairly common, even the landscaping of the Asylums grounds would be geared towards being the most aesthetically pleasing and calming for the patients to stroll around and be in.<sup>215</sup> The Colney Hatch Attendants Manual notes that patients who were capable were to be encouraged to go into the gardens and grounds of the asylum in all weather, albeit for differing amounts of time depending on whether it was raining or sunny, hot or cold. However, genders were to be kept separated from each other and the boundaries watched for escape attempts.<sup>216</sup> Other patients who were not capable or willing to go outside were to be provided suitable amusement inside so that they could relax too.<sup>217</sup> In keeping with the theme of all previous activities in Colney Hatch the choice was with the patient, they would be encouraged but not forced into anything except essential medical treatment and sleep. Additionally the keeping of male and female patients separately is a repeated theme throughout the asylum based in the highly moralistic nature of Victorian society.

John Adams diaries once more give also give an insight into not only the types of entertainment put on for the patients but also the how regular these events where and in many cases the amount of patients who attended such events. For example, the weekly country walks where frequently attended by around 100 male and 100 female patients with 6 attendants and 6 nurses accompanying them, a rather same amount given in 1872 there were at maximum 1663 patients.<sup>218</sup> Other examples of entertainment operated by Caterham included dances which allowed one of the few opportunities for male and female patients to mingle together without being separated these were attended by roughly 150 male and 140 female patients. Less frequently plays and musical performances were put on throughout

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<sup>214</sup> Anonymous. “The Northumberland Lunatic Asylum.” *British Medical Journal* Vol. 1, no. 1005 (April 1880): p. 529. Line 17-18

<sup>215</sup> Rutherford, Sarah. “Landscapers for the Minds: English Asylum Designers, 1845-1914.”

<sup>216</sup> (LMA) H11/HLL/Y4/2: Manual of Duties for Male Attendants. p. 8 Section 16- 20

<sup>217</sup> Ibid p. 8 Section 21

<sup>218</sup> Adams M.D, John. “The Library of the Wellcome Institute for the History of Medicine (WL) MS5510: Diaries of Superintendent of the Metropolitan District Asylum Caterham.” Vol. 1. 1872. December 28<sup>th</sup> Sunday



Adams tenure each of these featured performances from members of the asylum staff, the patients and on occasion external performers who were brought in to provide entertainment. Starting in 1874 an Easter holiday sports day was started to encourage patients to exercise competitively, these were expanded a year later with frequent weekly sports activities.<sup>219</sup> Overall the level of entertainments provided in Caterham was quite diverse and would become fairly standardised later on. For example in the *British Medical Journal* noted that its sister asylum at Leavesden had to great effect put on regular Saturday night entertainments and had its own band, the article noted that such events and groups should be “multiplied and steadily pursued as a part of the regular order of affairs in every asylum in the kingdom.”<sup>220</sup> The former medical superintendent of the female ward at Hanwell Asylum J. Murray Lindsay gave their opinions in 1877 against a recent publication which had reported on the state of care at Hanwell, commenting that since 1864 some 13 years earlier than the report that Hanwell had put on multiple theatrical entertainments which had at the time not garnered any special reports nor praise.<sup>221</sup> Suggesting that if anything the treatments in asylums were not standardised and was largely down to the individual desires of the staff with wider standardisation coming in a various forms of treatment were found to be conducive to the patient’s wellbeing.

The treatments given to patients and the general treatment given to them by the attendants is one of the significant points of contention was within the control of the asylum system in the latter half of the 1800s. Born out of the problems and rampant abuses which had been widely reported and criticised during the first half of the century the stigma and residual fallout of these revelations was in many ways a hard one to shift for the medical profession. Balfour argued that this stemmed primarily from failings in the law rather than the failings of the medical profession. The routine and the emphasis is placed on repetition and familiarity was a mixed blessing, in some ways it provided comfort and ease for a small staff to control a far larger patients population in others as Walton has suggested it stagnated treatment focusing on holding the patients in relative comfort rather than trying to cure them due to the unwieldy

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<sup>219</sup> (WL) MS5510 to MS5516 inclusive: Diaries of Superintendent of the Metropolitan District Asylum Caterham.” Vol. 1-7

<sup>220</sup> Anonymous. “Leavesden Asylum.” *British Medical Journal* Vol 1, no. 801 (May 1876): p. 574. Line 2

<sup>221</sup> Lindsay, J. Murray. “Lunatic Asylum Management.” *British Medical Journal* Vol. 2, no. 884 (December 1877): pp. 828-829.

size the asylums had grown to.<sup>222</sup> The medical profession had noted that the successful treatment and return to ones senses relied primarily on how early the patient was admitted and given treatment.<sup>223</sup> The only problem with the treatments as they were was for some they did not work, either because the lunacy had already taken hold, or because of the sheer amount of patients held within whatever asylum they resided meant that individual treatment was impossible rendering much of what they would receive was merely a means of keeping the status quo within the representative asylums population. Furthermore as a result in 1882 the general treatment of patients had been described by the medical profession as being built around the idea of “moral kindness, by therapeutics, and by general physical means.”<sup>224</sup> There was very little actual medical treatment within the asylums which reinforces the public’s perceptions of the mad doctors being rather unqualified to treat lunacy. Another point of contention in the treatment of patients centred on the use of mechanical restraints the use of which had seen wide spread usage throughout the early to mid-1800s but had fallen out of disfavour in the face of initiatives from Dr Gardiner Hill Superintendent of Lincoln Asylum and more famously by John Conolly in Hanwell. These two were instrumental in leading the way to widespread changes in the prevailing attitude moving the emphasis away from mechanical restraint in all but the most extreme cases. Legislation in the latter part of the 1800s would include guidance on the when it was acceptable to restrain or seclude those that were causing more harm than good to themselves and those around them. In the general rule book of Wonford House Hospital for the Insane, section twenty stipulates that no patient should be put into seclusion or mechanical restraints without orders from the Medical Superintendent.<sup>225</sup> In a similar vein the Diaries of John Adams note on various occasions when seclusion was used and the reason for its use, thus “Seclusion - Sarah sic 13: from 9.15p.m. till 7.45 for excitement.”<sup>226</sup> In all the treatments within the asylums was the best it could be as the medical profession saw it they worked with what they had available to provide a stable atmosphere conducive to ‘moral treatment’ ideology altering and adding new techniques and ideas to try and better provide for their patients.

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<sup>222</sup> Walton, John. “The Treatment of Pauper Lunatics in Victorian England: The Case of Lancaster Asylum, 1816-1870.” p.184

<sup>223</sup> Anonymous. “Lunatic Asylums and the Lunacy Laws.” *British Medical Journal* Vol. 2, no. 86 (August 1858): pp. 711

<sup>224</sup> Anonymous. “Private Lunatic Asylums.” *British Medical Journal*, April 1882: p. 627 Line 2-3

<sup>225</sup> (TNA) MH51/44B: Rule Books of Asylum at Liverpool, Aylesbury, Exeter and Manchester. – 1880 General Regulations of Wonford House, Hospital for the Insane. p. 7 Section 20

<sup>226</sup> The Library of the Wellcome Institute for the History of Medicine (WL) MS5510: Diaries of Superintendent of the Metropolitan District Asylum Caterham. Vol. 1. 1872. August 15<sup>th</sup> Thursday

## **Private Asylums**

So far this chapter has focused primarily on the county asylums built as a result of the 1845 County Asylums Act and whilst the daily routine and structure applies in almost all respects, it is a necessity to discuss and analyse not only the differences and aspects which unique to the private asylums but also to address the debate within the medical and legal professions which centred around the private asylums. It is especially important to address this debate due to the many of the attacks laid out by Balfour against public perception where restricted to the private houses rather than the county ones.

The major problem of private provision of care was one that had dogged the medical community, the government and the public for some time and to varying degrees each having their own perspectives and grievances. However, the various parties could all agree upon one core concern, albeit for different reasons the problem was simple, abuse. The litany of abuses revealed in the first half of the nineteenth century had stirred up emotions amongst the public, caused embarrassment for the medical community and outrage in government. The reaction was the start of government attempts to control private houses in 1774 as has already been discussed, but the problem never really went away. The situation was therefore one where the medical profession was dubious of continuing reports widespread abuses due in part to their firm conviction that they were doing what was best for the patients and were unwilling to accept any failings of their own preferring to argue they were part of a continual advancing science. However at the same time the same medical profession advocated the removal of private care and the nonmedical proprietors so as that they the medical profession alone would have the monopoly over care and control of lunacy. Whereas successive governments attempted to right the wrongs of the past by introducing more safeguards some successful others not, the medical profession largely criticized these efforts as hampering the speed required for successful treatment. Moreover the public, whose shock at the initial reports of abuse had never really recovered becoming unsure of who to believe but frequently thinking the worst.

In 1880 Dr Bucknill made his seminal address on the subject of the treatment of lunacy patients in private houses in England. It was this paper that spurred the response from Balfour as such it is necessary to look in depth into the arguments that Bucknill made. Overall it is an interesting paper giving a glimpse into the deep divisions between the medical and legal professions. It starts by posing the question of what is lunacy if it is a turn of phrase used in

the same manner as a general debility such as a lack of air would be considered a debility then the medical profession should hold no judgement on these mental disorders, but if lunacy is a condition of the mind in the same sense as a bodily disease then medical men have the right to decide the manner of treatment of all lunatics.<sup>227</sup> This sort of analysis is common in the latter 1800s amongst doctors to distinguish themselves against the public, were professional pride and ambition of the newer mad doctors began to exert more of a monopoly on the discourse of lunacy. With that in mind Bucknill concludes that any discussion of private asylums falls well within the remit of the medical profession. He continues to mark the distinction between the practitioner who should be commended for their treatment of the insane and the proprietor who unless he is also a practitioner should not share the kinship of those of that profession when they fail in their duties. Continuing that despite the public association of the medical man and the asylum this was in the case of private asylum this was not the case. Of the 98 private asylums at that time, only 49 of them were licenced to medical men the rest of these institutions were held by private individuals, who received money for the maintenance of each patient any excess left over from these payments were direct profit for the proprietor.<sup>228</sup> The article poses many of the core questions which had plagued the asylum story since the start of legislation concerning it was introduced, what is lunacy, who should have control over it, and why do private asylums exist if they serve largely private individuals for profit rather than treatment? The answers invariably would be that to stop all forms of abuse medical men should be the sole controllers of the asylums.

Bucknill's attack did not stop there he questioned what was the medical man's reasoning in sending a patient to these private institutions, conceding a family may wish to do so for reasons of secrecy, the convenience of not having to look after family members and perhaps in hope of treatment, but what claim could the medical committee have to such practices.<sup>229</sup> He asked when does secrecy turn from confidentiality to crime, what confidence could the medical man have in a private person in not detaining his charges any longer than necessary. The question of money first and profiteering from lunacy brought up by Lord Ashley prior to the passing of the 1845 Acts is shown here to continue to plague the thoughts of the public. In a more conciliatory tone Bucknill notes that he has personally known proprietors who have conducting themselves in the most honourable way, treating their patients with no concern of

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<sup>227</sup> Bucknill, John C. "Address on Private Lunatic Asylums." *British Medical Journal* Vol. 1, no. 997 (February 1880): pp. 198-200.

<sup>228</sup> Address on Private Lunatic Asylums p. 198

<sup>229</sup> *Ibid* p. 199

cost and discharging at the earliest chance.<sup>230</sup> A nice juxtaposition one which is in a probability the truest assessment of the situation, thus some will engage in nefarious deeds, whilst others will be honourable to a fault, the problem really was in discerning the two.

For that reason Bucknill states that it was for the law to shift towards the total abolition of private asylums, noting that the removal of personal liberty was the affair of the state and as such must be resolved by the state. He attacks the Lunacy Commission noting that whilst large asylums are convenient for herding the insane together it was not conducive for effective treatment, and was therefore only helpful for the custodians.<sup>231</sup> Again the problem of overcrowding harming the effective treatment of patients is brought up with the medical profession acknowledging that the mass asylums did little than segregate the insane from the rest of society. Continuing the attack he accuses the Lunacy Commission of presiding directly over the worst offending asylums in the Metropolitan district, he attacks the division of authority between the various authorities that controlled the asylums suggesting that the Lunacy Commission should give up its some duties to focus on improving the care in the Metropolitan district. Finally, Bucknill conceded that no overhaul of the current certification system would satisfy the public, an admission that suggests that the relationship between the public and the asylum officials was fraught with mistrust.<sup>232</sup> In all this seminal address by Dr Bucknill speaks volumes of the state of the divisions between the various factions debating and controlling the asylum system. When compared to Balfour's response which aggressively defended the medical profession whilst laying the blame solely on the law, the press, the public and any detractors in the medical profession. Bucknill argued for measured changes striking at the heart of the problem and in doing so bringing clarity within the medical profession to the concerns and perception of the public. The debates surrounding lunacy always come back to the same problems, profiteering, who should be in control, are the large philanthropic dreams really causing more harm than good it is little wonder that the public perception would so negative when the debate never gets resolved.

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<sup>230</sup> Address on Private Lunatic Asylums p. 199

<sup>231</sup> Ibid p. 200

<sup>232</sup> Ibid p. 200

## **The Asylum on Trial**

Finally this chapter will address examples of reports and discussions from within the medical the medical community on the subject of abuses or scandals which appeared in the press. How the medical profession deal with these abuses proven or otherwise is very important as it displays the near arrogance of the profession in the face of other which helped to fuel the distrust felt in the public's mind. For example, in 1858 the British Medical Journal published the details of the case of a Mrs Turner who was placed within Acomb House a private house under the prerequisite dual medical certificates.<sup>233</sup> On two occasions the aforementioned Mrs Turner escaped, on the second occasion she was found in bed at some house upon which the Superintendent surgeon Mr John William Metcalfe of Acomb house be forcibly dressed her with the aid of one of his accompanying attendants. Later it is recounted that Mr Metcalfe told the patient "come, you have stripped before many men, you will strip before me" a rather inappropriate comment to say the least, with the author suggesting this as being proof that private asylums were not always controlled by reputable persons.<sup>234</sup> So far the article has been quite open in admitting that staff were not always ideal, and that abuses could happen however the conclusions which follow do nothing but attack everyone but the medical profession, exonerating it of all wrong doing. The article concludes remarking that the charge laid against Mr Metcalfe preventing Mrs Turner from communicating with her friends, was the fault of the Commissioners in Lunacy who at this time made few visits to private asylums outside of the metropolitan district. Even going so far as to suggest that this practise was purposefully designed to create irregularities, a rather interesting comment possibly designed to inflame debates within government as the roll and scope of the Lunacy Commissions inspections.

A later story featured in a 1877 edition of the British Medical Journal reported the case of Thomas Hiscock an attendant of the Wilts County Asylum who faced charges of assaulting an escaped patient multiple times. The defendant was described as repeatedly bashing the patients head into the floor before twisting his handkerchief around the patient's neck strangling him five times.<sup>235</sup> The patient named John Wright was described by the Asylums Medical Superintendent Dr Burman as being over six feet tall and powerful in build, Burman concluded by pleading for leniency for attendant Hiscock stating that the man had been in the

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<sup>233</sup> Private Lunatic Asylums: The Case of Mrs. Turner p. 632

<sup>234</sup> Ibid p. 632 Line 45-46

<sup>235</sup> Anonymous. "The Treatment of Lunatics." British Medical Journal, October 1877: p. 533.

asylums employ for four years and was well aware of the rules regarding the mistreatment of patients, he was eventually charge the sum of £2 and was removed as an attendant.<sup>236</sup> The author in the British Medical Journal commented that it was probably ill-advised for any superintendent to plead for leniency of any person who uses excessive force and violence towards escaped lunatics, reports such as these would invariably have a negative impact on the perception the public held indicating that the medical authorities believed themselves to be above the law given the actions of Dr Burman in trying to claim leniency for his attendant.

On a different topic the British Medical Journal on May 17<sup>th</sup> 1879 published an anonymous letter from one of the visiting justices in which this writer wishes the public to know about the abuses that could and had been conducted as a result of the wording of the legislation as it stood in 1879. His letter revolves around Section sixty-two which allows for officiating clergymen to sign the order for the admission of a pauper lunatic in the place of a justice, an act the article makes clear was in his mind intended only to be used in cases of urgency when the treatment was required before a justice could make the time to sign the admission off.<sup>237</sup> The anonymous justice related statistics which suggested that of the cases which he had examined roughly forty percent were signed off by officiating clergymen in addition to roughly thirty percent by the chaplains of various city union workhouses.<sup>238</sup> It is questionable how accurate these statistics are, no evidence apart from the man's word is given. However, if one takes this letter at face value it would indicate that in part at least the established legislation with regards to admission and control of patients was ineffective and bypassed, which has some rather inconvenient side effects for the assertions of Balfour who stated cases of misdemeanour in admissions did not exist.

The last example comes from the court case against William Hawkins an attendant at Gloucester County Asylum who was charged with the murder of a patient Walter Partridge on the 12<sup>th</sup> June 1882.<sup>239</sup> Witnesses who had been in the vicinity of the crime had testified that they had seen Hawkins kneeling on the chest of Partridge using violence, despite this the coroner did not consider their testimonies to be trustworthy either because of the nature of their illness or through accusations of general feelings of discontent against the accused and

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<sup>236</sup> "The Treatment of Lunatics." p. 533.

<sup>237</sup> Anonymous Visiting Justice. "Irregular Lunacy Certificates." British Medical Journal Vol. 1, no. 959 (May 1879): p. 757.

<sup>238</sup> Ibid p. 757

<sup>239</sup> Anonymous. "Alleged Murder of A Lunatic." British Medical Journal Vol. 2, no. 1142 (November 1882): p. 1012.

so the testimonies were not accepted.<sup>240</sup> Despite this the medical evidence suggested that the theory of compression of the chest was the cause of death, the jury dutifully concluded that the injuries were “wilfully and maliciously inflicted” but that no evidence existed to link the accused with the crime.<sup>241</sup> The failure to accept the testimonies of other patients suggests an inherent bias against those who were certified as lunatics indicating cases of abuse would have to come out in favour of the medical authorities. In an internal letter it was noted that Gloucester Asylum had at the time of the alleged murder been in a poor state, having been poorly managed with the medical officers being in a sustained feud with each other and the attendants being chosen from a “low class with apparently no qualifications for the service.”<sup>242</sup> It concludes that even though the deceased was found with seven broken ribs, not one of the attendants would provide evidence or explanation to the “coroner, the police, the visitors of the Asylum or the Lunacy Commission.”<sup>243</sup> In the end with no one divulging any incriminating information Hawkins was acquitted.<sup>244</sup> The case of Gloucester Asylum is one that shows the weakness of the Lunacy Commission in that it could only do as much as was told or shown to them, if the staff of an individual asylum or the local authorities closed ranks the commission became effectively powerless. It also gives another example of the level of power which individual attendants were able to exert over the patients and in many ways get away with it. These various accounts of abuses within the walls of asylums had dramatically adverse effects on the perception the public held of the asylum system.

Ultimately the application of the law on a daily basis and the environment patients found themselves in was on paper and in the minds of the medical profession essentially quite acceptable and, above all agreeable for the recovery of their patients. In an article written by T.S Clouston M.D.<sup>245</sup> he makes the argument that in 1872 of what a good asylum should provide for its patients.<sup>246</sup> In this article the description of the ideal asylum as being one which provided a healthy environment, a good diet, a structured system on a daily basis to promote familiarity, containing proper rooms for the safety of the patients, skilled attendants

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<sup>240</sup> Alleged Murder of A Lunatic p. 1012

<sup>241</sup> Ibid p. 1012 Line 7-8

<sup>242</sup> “The National Archives (TNA) HO 144/80/A5590: Charges Against Attendant for Manslaughter of Patient.” 1882.

<sup>243</sup> (TNA) HO 144/80/A5590: Charges Against Attendant for Manslaughter of Patient.” 1882.

<sup>244</sup> “The National Archive (TNA) HO 144/80/A5590: Criminal - List Of Criminal Cases, Including Extradition Cases: Hawkins, William Court: Gloucester Assizes Offence: Manslaughter Sentence: Acquitted.” February 1883.

<sup>245</sup> T. S Clouston was at the time of writing superintendent of the Cumberland and Westmorland Asylum, Carlisle.

<sup>246</sup> Clouston, T.S. “What Cases Should be Sent to Lunatic Asylums? And When?” *British Medical Journal* Vol 1, no. 578 (January 1872): pp. 96-98.



both medical and general.<sup>247</sup> Similarly, the ideal asylum should provide decent amusements and occupations as well as suitable medical treatment proportionate to each case these descriptions of the ideal asylum are the ones are repeated throughout the literature and professional discourse.<sup>248</sup> Thus the regimented daily routine and the provisions taken to ensure that the time the patients spent within the walls was at all times designed to help with returning their mental state to a stable and releasable condition.

The employment patients could attain within the asylum where, in the same vein with its basis in the philanthropic nature of wider society and designed with the idea that it would help pauper patients by providing them with new skills with which to gain fresh employment upon release. However, these roles reflected the traditional emphasis on gender roles enforced and the class politics with patients educated about their place within society. In these ways the asylum operated as a microcosm for society as a whole were the lasting impact of the ridged social structure and the heavy emphasis on philanthropic duty being readily apparent.

The differences between the private and county asylums were largely a matter of semantics when considering how they operated internally with much the same command and daily structure. On the other hand the fact that the private asylums were generally not purpose built, and faced numerous accusations of abuses both in terms of treatment and wrongful confinement and the fact that the majority where operated not by doctors but by private individuals caused many problems for the public and authorities alike. In the end the medical and legal communities spend a far larger time publically debating the problem of private asylums than they do in debating the shortcomings of the asylums and their administration in general. The medical community never agreed with their legal colleagues, which is probably another reason for the frequency of the debates surrounding the private houses. As a result, the failings in the law were frequently attacked for its deficiencies by the medical side and the morals and temptations of the medical man being questioned by the legal community.

The system of commissioners and committees which on paper controlled the system acting to safeguard the sane from wrongful confinement and punishing misdemeanours of all varieties from beatings, to alleged manslaughter where proven to be ineffective. Their role reduced to being able to bring attention to such problems but without the cooperation of those in charge

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<sup>247</sup> “What Cases Should be Sent to Lunatic Asylums? And When?” p. 97

<sup>248</sup> Ibid p. 97

of the asylums, or the local authorities there was little they could achieve the Gloucester case is a prime example of this. However, the various admissions of the failings of the system by the medical community itself and its drive to assess what could be done to do better display that these cases were not the norm, far from it. The true problem however become more and more apparent as time went on, it was a simple problem but one that struck at the heart of the goals and ideals of the medical profession. They could not cure everyone, that single problem caused more repercussions than any of the revelations of abuse had managed in the early 1800s. It was enough to bring the system to its knees, to stall the progress which had been made in the pursuit of philanthropy, reducing the asylum to being effectively a stagnant prison for those incurable patients. The realisation that because they could not cure everyone meant that the asylums were frequently over crowded helped to fan the fire of accusations which had started with the revelations of the early asylums rampant abuses. These revelations had tainted public's perception irrevocably.

### **Chapter Three – The Public’s Perception**

Despite the legal framework which went, as has been discussed and demonstrated, through multiple incarnations in line with the beliefs of each given government the system still owed vast amounts of its core concepts and legal quirks to archaic legislation, which was created in a time prior to the inception of the widespread county asylums. Furthermore, despite the official records of the treatment offered to patients, be they through rulebooks, reports or professional discussions suggest that on the whole the authorities should be cast in a positive light. Yet in spite of this the medical profession constructed the public’s perception as one fuelled by negativity and superstition rather than seeing the positives. On the whole this analysis by the medical profession as Vicky Long discussed was largely a construction of their own, but the problem is that many of the documents which are in the public eye would suggest that this construction was accurate, regardless the perception appears to not be in line with the reported reality of asylumdom.

The purpose therefore of this final chapter is to take the basis built in the previous two and with the use of the various documents accessible by the average Victorian public to build a picture of the perception which Balfour discussed and in doing so assess the validity of the statement “they too easily believe what they hear.”<sup>249</sup> It is essential to look at a wide range of sources and documents in this instance as it is easily possible for one to be misled if they were to take individuals opinions as being representative of the majority. Examples such as the comments made by Mr Phillips, under-secretary in 1862 who stated that the “public look after these matters much better than the used to do” one would immediately come to the conclusion that the idea of a problem of perception was a phantom in the medical closet.<sup>250</sup> On the other hand the British Medical Journal in 1858 noted that the Times had on multiple occasions attempted throughout the 1850’s to foster fear and hatred in the minds of the public with regards to private asylums.<sup>251</sup> When comparing these two messages it becomes increasingly obvious why such a broad approach to sources should be considered and why the subject of perception is on that is complicated.

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<sup>249</sup> Balfour, W. G. “Remarks On Private Lunatic Asylums: A Reply To Dr. Bucknill.” p.319 Line 17-18

<sup>250</sup> Anonymous. “Lunacy Law Reform: II. The Prerogative Of Asylumdom.” British Medical Journal Vol. 1, no. 942 (January 1879): pp. 94-95.

<sup>251</sup> Lunatic Asylums and the Lunacy Laws p. 711

## **The Medical Profession and Public Perception**

Before looking at the various influences and perceptions of the public from their point of view it is a necessity to consider how the medical profession constructed and viewed the public and their perception. As Vicky Long discussed in her book, the construction by the medical profession was by and large more of a reflection of their own neurosis than those of the public. A quite accurate analysis all things considered however it is important to consider how far the sources in the public domain support these views of the medical profession and by doing so allow better inquiry of the extent and impact of the perceived problem of perception.

To this end in 1861 the British Medical Journal published a curious article analysing the impact of the Lancets reporting of medical matters relating to the treatment of lunacy in this instance the article focuses on the story of a Mr Steuart and the implications of the reporting style used on the public's mind.<sup>252</sup> The article opens by asserting that the Lancet holds in its readership the "eye, and the ear, and the mouth, and the bowels" of the public in all concerns of professional medical journalism, that is to say the Lancet held a position of being the first and principle publication read by the public in medical matters later stating that it is the belief that the public will draw its perception of the medical man and his profession from its pages.<sup>253</sup> In this case the writer attacks the Lancet for its publication and apparent belief that Mr Steuart who presented himself to an asylum, stating his desire to murder his family, was subsequently certified insane by two physicians and admitted into care was in fact not insane and that he had been held illegally. The main objection of the author was primarily that the medical men involved had acted correctly rather than against the law as the Lancet had asserted and that the public would as a result of this publication see them with distrust believing it portrayed the morals of the profession as dead by perverting the facts.<sup>254</sup> Whilst the content of the argument is largely irrelevant here the assertion that such opinions which were in the public eye would harm the medical profession is rather telling the validity of Longs analysis of their construction of perception and how seriously and personally the profession took any attack on their judgement and morals suggests that it was a matter of professional pride that many frequently blinded the medical profession to the reality of their methods. Similarly, as McCandless aptly demonstrated it is indicative of the climate

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<sup>252</sup> Anonymous. "The Lancet and the Lunatic." British Medical Journal Vol. 1, no. 22 (June 1861): pp. 584-585.

<sup>253</sup> "The Lancet and the Lunatic." p. 584 line 17-18

<sup>254</sup> Ibid p. 585

surrounding the asylums and wrongful confinement within the public and legal sphere with the law being at odds with the ideals of the medical profession and the public stuck in the middle reading reports and second hand accounts. In 1865 the Times reported on a similar story and of the extent of the readership of the Lancet suggesting in the same manner as the earlier British Medical Journal article that a report of abuse within its pages had caused “the whole public” to be “roused to indignation.”<sup>255</sup> This supports the claim made in the British Medical Journal that the public read and too to heart the messages and stories printed in the Lancet.

The medical profession did not limit its attacks to the Lancet but also took issue with other publications which were in the public eye. Examples of these attacks on publications are common throughout the period especially in the regularity in which the medical profession attacks on the Times. Cases such as the an article in 1858 which commented that the Times had on multiple occasions tried to discredit the system of private asylums by creating “a hatred in the public mind” of these institutions and all those connected to them.<sup>256</sup> The article notes that the Times had used elements of a recent commission report. However, the author of the British Medical Journal described the way the paper had twisted the reports message to be “so sneeringly written that we scarcely recognise in it a public document” give further credence to the idea of the medical professions overly aggressive defensive stance.<sup>257</sup> The article on Mrs Turner from 1858 similarly commented that the Times had unjustly attacked the private asylum system. The author of the British Medical Journal in this instance is clearly incensed by what he describes as a “slandorous passage” and in doing so he argues that the Times had failed to recognise the problems inherent within the system as a whole and the dubious practices within county asylums such as Bethlem and Surry.<sup>258</sup> In juxtaposition to the aggressive denial and denunciation of journalistic attacks on the asylum system some elements of the medical profession approached the question of the public’s perception and the reporting of abuses in a more open minded and thoughtful manner. Early elements of the article relating to Mrs Turner for example see the author of the British Medical Journal concede that certain elements of the reporting where indeed accurate stating that since the report was quite public there would be no reason for doubt in those instances, a rather strange juxtaposition when one considers that much of the article is dismissive and furious with the

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<sup>255</sup> Anonymous. “An Inquiry is at this Moment Being Conducted.” The Times. Vol. 25233. London, 10 July 1865. p. 9. Line 118 - 119

<sup>256</sup> Lunatic Asylums and the Lunacy Laws p. 711 Line 23

<sup>257</sup> Ibid p. 711 Line 28-29

<sup>258</sup> Private Lunatic Asylums: The Case of Mrs. Turner p. 632 Line 16

Times for its factual inaccuracies and sensationalist reporting.<sup>259</sup> The comments made on these occasions and others display the general attitude with which the medical profession approached almost all instances of criticism in publications which were freely available and in the public's eye, that is to say with aggressive and acerbic language which reflects their construction of public perception. These example articles were not just restricted to the pages of the British Medical Journal with full reprints of them appearing in papers around the country bringing the message of the medical profession and their protests at the duplicity of some journalists to a wider audience.<sup>260</sup>

Whilst it is easy for the medical profession to dismiss many of the journalistic attacks on the asylum system for their factual inadequacies on the subject of rampant abuses in the latter part of the 1800's some elements laid their own criticisms on the asylum system. An 1871 article in the British Medical Journal noted that the vast asylums created by the 1845 Acts and subsequent amendments were "vast philanthropic mistakes" which had helped to develop and nurture in the public's mind "delusions" of the grandiose failings of the system.<sup>261</sup> The article makes some interesting comments as to the development of asylums was a necessity but that the expansion of them as the monolithic structures which became most prevalent in the last thirty years of the 1800s was merely avoidable and for the wellbeing of the patients undesirable. The article continues to argue that this enlargement had, over time, created in the minds of the public and unrealistic idea of insanity and the need for it to be secluded with a stigma developing in their minds.<sup>262</sup> The importance of this article lies in the fact that unlike most examples from this period it infers that the public's perception of insanity itself was created by the way in which it is treated in the large scale asylums. Suggesting that the ways in which treatment was given was as responsible for the problem of perception as the attacks from journalists and none affiliated authors were.

In effect the medical officials are split on where the blame for the public perception stems and furthermore are divided on deciding what message the public are getting from the reporting of the asylums. They only ever agree on the single construction of the public being ignorant of the facts for seeing elements of the profession and their asylums in a negative

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<sup>259</sup> Private Lunatic Asylums: The Case of Mrs. Turner p. 632

<sup>260</sup> Anonymous. "Lunatic Asylums and the Lunacy Laws." Yorkshire Gazette. Vol. XL. no. 2052. 28 August 1858. p. 5.

<sup>261</sup> Our Lunacy Systems. No. 1 p. 199 Line 48-49

<sup>262</sup> Ibid p. 49

light. Thus part of the profession argues that the failings in the law are to blame, some that the failings stem from unwarranted attacks by external publications whilst others argued that the problem was the way in which the system had developed away from its philanthropic roots towards the monolith structures which later on Scull was so keen to attack. In part they were all correct and that is the problem, public perception was not a consistent nor cohesive thing built up over the years through a wide variety of means, legislation and the system itself have already been explored in chapter one and two. The medical professions construction of perception is harsh but then so were many of the documents that were available to the public with which to develop their opinions.

### **The Impact of Journalism**

Finally turning away from the officials and their ideas of what the public thought and what influenced their opinions it is imperative that one addresses the core concern and that is what the public thought in their own words, or at the very least through their spokespersons. These sources are in this case largely newspapers, fiction writers and campaigners for social change who all hold an agenda in the way in which they construct their writings. The majority of this agenda can be summed up in the need to sell, the public would buy what they wanted to read and so the emergence of 'new journalism' with its emphasis on sensationalism played into this desire to make money. Similarly authors needed their books to sell so they could live their writings therefore would be tailored to be what the public would want to read. As a result when analysing the impact of these writings it is imperative that one makes allowance for the desire to sell. However, these are not the only sources available with documents held by the asylums but produced by visitors, relatives, and patients also giving some insight into public opinion and responses to the treatment of lunacy. Examples, of these documents include the correspondence with clerks and the visitor books which each individual asylum was required to keep.

One of the most prevalent forms of publication which had high exposure to the public, at least elements of the public which could read and write, was the newspaper. With its wide readership amongst the populous, particularly the highly moralistic middle classes and the manner with which the papers conducted their affairs as the sole self-styled disseminators the

truth to the public the newspaper is an invaluable source for gaging public perception. For the most part the papers had a point having become one of the most readily accessible mediums for information in the 1800s. Their reporting until a certain point at least featured reports of occurrences were matter of fact with little trace of the moral crusading which would feature heavily in later years but even then in cases of extreme abuse the papers would campaign for change. Examples, of this more objective reporting can be seen in the the various court transcripts and summaries of the proceedings of the Commissioners in Lunacy throughout the early 1850s which give a lengthy point by point account of the proceedings devoid of all journalistic devices and opinions. These purely factual reports slowly shifted towards more opinionated pieces protesting against the abuses within the walls of the asylums. From journalists correspondence to letters to the editor the newspaper featured not only the opinions of the writers of each individual paper but also the words and opinions of its readership. As a result it is here that the public had a voice on an equal footing with the medical profession who frequently joined in the discussions of abuses to defend the profession from what they saw as disproportionate attacks and misconceptions. In keeping with the need to sell the language of these aggressively anti-establishment correspondent articles focused heavily on presenting the failings in an emotive light creating in the minds of the reader feelings of negativity and compassion towards those afflicted with lunacy. Whereas the tone of letters to the editor are more matter of fact, mixed with personal opinion it is a more formal language which displays less of the emotion of the correspondents articles and more of an emphasis on the personal opinion. The choice of which letters to publish is indicative of which side in a given debate the paper was taking and was in many ways used by the editor to supplement the articles of correspondents either supporting or countering their assertions to create balance and full representation. Nevertheless the decisions over which letters got priority was done for a reason and that must also be accounted for in the analysis.

Throughout the period especially in the mid-1850s to 1870s the Times writes about how the ways in which the provision of care had improved within the asylums whilst at the same time berating it for its continued failings and abuses. These attacks on the failing of the system largely coincided with the public being made aware of a new case of abuse. The first example of this phenomenon of trying pushes against the medical profession and the provision of care for lunatics came in 1847 when a patient in Lincoln by the name of John Cottingham was



found dead.<sup>263</sup> In this instance Mr Cottingham was reported to have been making continual complaints of abuse from one of the attendants yet no investigation into the truth of the matter was conducted. A medical examination by the asylum's surgeon after Mr Cottingham complained about having broken ribs was reported that he had no such injury. The author of the article here states that this was despite Mr Cottingham being quite obviously suffering severely from rough treatment.<sup>264</sup> Additionally it was reported that Mr Cottingham had been subjected frequently for various forms of coercion. The debate that emerged in the Times as a result of this article focused on not only the case but developed increasingly into a debate on the ethics of mechanical restraint, with both sides of the debate being represented. P. R. Nesbitt M.D of Northampton Asylum for example, commented in a letter to the editor that he felt that the Times was not a suitable place for the discussion of the morals behind decisions taken in the treatment of lunacy. However Nesbitt conceded that it was unavoidable due to the papers publishing of letters expressing support for an individual position giving off the sense that the paper supported that position itself.<sup>265</sup> In this instance the debate focused on the use of mechanical restraints with the Times having already printed two letters disparaging the non-restraint method but no letters or articles as a counter extolling the benefits of such a system. It is curious given the later crusades and emphasis against various aspects of the asylum's system that during the beginnings of the non-restraint movement that the correspondents of the Times would be accused of supporting the continued use of mechanical restraints but it is at the very least early indications of the Times moving away from total impartiality which was symptomatic of wider shifts in journalistic practice.<sup>266</sup> In one of the two original articles Nesbitt wrote about argues that the idea of treatment being given on the basis of whether it was humane or not with no person wishing to act in an inhumane manner.<sup>267</sup>

In 1849 the Times published a report which it described as being “of great social importance”<sup>268</sup> This importance of this article is that it reports on a hearing of the renewal of the licence for Fishponds Private Asylum near Bristol it is written in a matter of fact style with very little in the way of personal opinion. It details a litany of charges which suggest that the resident medical superintendent Dr Bompas had forced patients into restraints, failed on

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<sup>263</sup> Anonymous. “Though the treatment of the insane has recently.” The Times. no. 19681. London, 15 October 1847. p. 4.

<sup>264</sup> Ibid p. 4.

<sup>265</sup> Nesbitt M.D, P. R. “To the Editor of the Times.” The Times. London, 26 October 1847. p. 3.

<sup>266</sup> Ibid. p. 3.

<sup>267</sup> Practitioner, A Medical. “Lunatic Asylums.” The Times. Vol. 19687. London, 22 October 1847. p. 5.

<sup>268</sup> Anonymous. “The Treatment Of Insane Persons.” The Times. no. 20064. London, January 1849. p. 3. Line 3

multiple occasions to procure the necessary medical certificates for patients, refused to release patients, intercepted their mail and in one case locked a patient who was to be freed in a strong room under the pretext of being violent.<sup>269</sup> After investigation newer abuses were uncovered and at a hearing the renewal of a licence was declined with no other action taken against Dr Bompas or the new abuses uncovered during the investigation. In practise this article shows that in 1849 there was little the authorities could do against certain individuals. The graphic description of the various abuses uncovered at Fishponds Private Asylum would help to foster in the minds of the public the continuing image of the private asylums being dens rampant abuses.

A later moral scare occurred in the late 1850s at the same time as the case of Mrs Turner became publically known in 1858. In this instance the majority of the backlash focused on the private asylums and the ways in which they were largely separate from the county asylum system which had been introduced in 1845. Example such as a letter the Times printed to the editor in which the author simply signed as A Victim told their story of wrongful incarceration in a similar manner to that of the case of Mrs Turner which became a national news story weeks earlier.<sup>270</sup> In this letter the author write about how they were admitted to a private house in which he was witness to “scenes of almost incredible outrage and to endure personal cruelties and indignities” but never makes mention of what these actually constituted.<sup>271</sup> He continues to state that despite his condition which was sub-acute gastritis requiring constant medical attention and treatment he received none at all painting a picture of indifference concluding that the two certificates required for admission can be obtained from medical practitioners who could be “utterly ignorant” of the causes of the disease even if they were purely physical.<sup>272</sup> The article is interesting it lays some quite damning accusations at the feet of the medical profession, their lack of professionalism or qualifications and the legal framework as it stood giving the decisions on a person’s health to these individuals.

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<sup>269</sup> Anonymous. “The Treatment Of Insane Persons.” p.3

<sup>270</sup> Victim, A. “Private Madhouses.” The Times. Vol. 23078. London, 21 August 1858. p. 12.

<sup>271</sup> Ibid p. 12 Line 16-17

<sup>272</sup> Ibid p. 12 Line 29

Other articles in 1858 focused on the on the problem of sane patients being kept within the walls of a private asylum.<sup>273</sup> The article helped to foster in the minds of the public the image of themselves being locked in with the insane of the land unable to escape portraying the very treatment of the wrongfully confined sane man as being mechanically confined, faced with moral and intellectual indignities. A counter letter to the editor of the Times written by and alleged doctors argued quite convincingly argues that it was not only the private asylums that were at fault but also the county asylums which were guilty of committing abuses and misdemeanours against patients.<sup>274</sup> Arguing that being a private asylum does not automatically mean that they are rife with abuses the author states that the public is very much mistaken for believing that a lunatic asylum must necessarily be a place of abuse and horrors.<sup>275</sup> This article creates and supports the notion that the public would fail to distinguish between a private and public asylum which was enrolled in an abuse scandal. Suggesting that the differences between the two meant little, and that all the public wanted was a system with was no open to abuse. Additionally by publishing a letter that attempts to argue that the public should not associate asylums automatically with abuse the Times is in this instance helping to defend the system, something the medical profession in its haste to condemn sensationalism failed to recognise.

In 1864 the Lunacy Commission reported that across the country the provision of care of Lunatics in Britain had generally made great advances, stressing there were however some exceptions the article notes that the treatment not used was progressive and largely humane, with patients able to enjoy amusements and visits from their family and friends.<sup>276</sup> This article comes in contrast to the various accusations made accusing the medical profession of abuses, but it does serve the purpose of putting a positive message out to the public about the increasingly benevolent moral treatment found in the asylums. It reinforces the position of the Lunacy Commissioners to examine and exert control over the asylums

A later article in 1865 again questions the role of the medical profession and their suitability in the administering of care to lunatics. In this instance the writer Mr Edward Cooper of 43

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<sup>273</sup> Anonymous. "The position of a lunatic appear to be one of." The Times. no. 23076. London, 19 August 1858. p. 6.

<sup>274</sup> M.D., And one who has seen both public and private practise. "Private Lunatic Asylums." The Times. no. 23059. London, 30 July 1858. p.7.

<sup>275</sup> Ibid p. 7

<sup>276</sup> Anonymous. "Report on Lunacy - The Annual report of the Lunacy Commission." The Times. no. 24912. 30 June 1864. p. 12.

Rivers Street Bath was the father of a lunatic who at the time of writing resided in a private asylum but wished to move him elsewhere due to circumstances meaning this was no longer possible. During the course of the letter Mr Cooper describes the failings of the medical practitioners to accept existing medical certificates, casting judgment on the patient's eligibility and health countering the existing diagnosis without proper examination, either physical or verbal, stating that it was for Bethlem's resident physician to be the judge of the prospective patient's health.<sup>277</sup> The letter concludes with their refusal to admit Mr Cooper's son after the treasurer of Bethlem takes a look at him exclaiming "oh this lad won't do at all" suggesting that the decision was taken for financial reasons rather than medical ones.<sup>278</sup> Again the public admonishment stating the belief that the medical profession was in some way unfit for their role as guardians of the insane, unable to identify lunacy and making decisions for monetary reasons rather than for the betterment of the patients.

A later article in 1867 noted that although the treatment of lunatics had improved there were still instances of abuse of misconduct.<sup>279</sup> Noting Colney hatch had at the time of writing just become embroiled in a scandal over male patients being left naked in their rooms overnight. This act was reported to have been defended by the medical superintendent who argued that such provision was required in case were patients would become violent at night and would attempt to destroy their bedding and clothes.<sup>280</sup> Finishing the article the writer notes that despite all of the evidence and the sensationalist writing the trend was towards improving provision of care for lunatics within the country, and that further laws would be required to ensure that the last remaining mistreatments would be finally be stopped. This article displays a stark contrast to the accusations of the medical profession of the way in which the press handle the reporting of the asylum system in general suggesting that whilst the press is against abuses it is not wholly against the asylums, and tried to create in the minds of the public the distinction between the positives and negatives of the system.

In 1870 a letter to the editor of the Times from the office of Commissioners in Lunacy commented that the recent reporting of abuses in county asylums which had shocked the public so greatly, which the author states happened all too frequently, were had been punished to the full extent of the law listing each man charged and the sentence they

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<sup>277</sup> Cooper, Edward. "Bethlem Hospital." The Times. Vol. 25198. London, 30 May 1865. p. 14.

<sup>278</sup> Ibid p. 14 Line 56-57

<sup>279</sup> Anonymous. "Treatment of Lunatics - Although the treat." The Times. no. 25938. London, 10 October 1867. p. 9.

<sup>280</sup> Ibid p. 9

received.<sup>281</sup> It was hoped by the Shaftsbury that by publishing the punishments received by those involved he could alleviate some of the outrage expressed by the public and restore some faith in the public for the system. The newspapers therefore have played a significant role in shaping and defining the perception which the public held of the insane asylums, whether they were private or public arguing that both could fall into the realm of abuse. The increasingly hostile journalistic language was juxtaposed against the much more matter of fact reporting of official statistics, court proceedings and Lunacy Commissioners reports. In some cases the press took a more positive outlook in other it portrayed the system and its officials as an affront to human decency. However, the question of how far each of these reports was overly exaggerated to increase sales is a complicated question. The fact that such moral crusading and the frequency of the reports would suggest that there is an element of truth behind the overly dramatic writings some of the correspondents.

### **The Fiction of Asyluendom**

The role of fiction or fictional writers drawing on personal experiences in the developing perception held by the wider public of the asylum system is an interesting element that requires some attention and gives an interesting contrast to official or journalistic sources. Examples such the stories of authors such as Dickens, Collins and Reade provide equal measures of truth and fiction to portray their own agendas and perhaps their own fears. Much like the problem of money and sales seen in the biases of the newspapers these authors would write in a style about things which would sell. An editorial in the Times from 1871 noted that the asylum had become a favourite topic for novelists in the period.<sup>282</sup> The article characterised these stories such as Wilkie Collins famous book *Woman in White* published in 1859 and Charles Reade's *Hard Cash* in 1863 amongst others as portraying two physicians bullied, bribed or acting nefariously to conspire and wrongfully sign medical certificates incarcerating an innocent member of the public. Once inside these stories were lavished with tales of torture and depravity and whilst the author of the Times article notes that the portrayal of these was exaggerated it was noted that deficiencies and abuses akin to these vile deeds do indeed exist in the system.<sup>283</sup> Closing the article the author comments that even though this was the case wrongful confinement was a rare occurrence, with more cases of physical abuse

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<sup>281</sup> Shaftsbury. "Treatment of Lunatics." *The Times*. no. 26692. London, 8 March 1870. p. 8.

<sup>282</sup> Anonymous. "A Lunatic Asylum is a favourite piece of...." *The Times*. no. 27157. London, 1 September 1871. p. 7.

<sup>283</sup> *Ibid* p. 7.

being brought to court than cases of wrongful confinement. Arguing that the safeguards provided by the law and the Lunacy Commission protected the public in more ways than ever before. This article is important as it questions the level to which events portrayed in fiction were possible in the real world, its conclusions that although exaggerated the possibility was there is important placing fictional stories firmly in the public's mind as possibility.

Other writers such as Dickens who had made personal visits to several asylums both in England and in America are important for their published depictions of the working asylum he beliefs and portrayal comes with a deep seated knowledge of the workings of the asylums themselves. For example, Dickens was in the words of Kostas Makras a personal friend of prominent medical officials such as Connolly and at least two lunacy commissioners, a supporter of the non-restraint movement, and in all well aware of the debates surrounding the asylum.<sup>284</sup> In an article titled *A Curious Dance Round a Curious Tree* which appeared in the *Household Words* a weekly magazine which he edited in the 1850s Dickens put to paper his thoughts on a recent visit to St Luke's Hospital for the Insane.<sup>285</sup> The article starts with a flowing prose exclaiming the cruelty of the Medical Men of old and their asylums, with descriptions of "chains, straw, filthy solitude, darkness, and starvation; jalap, syrup of buckthorn, tartarised antimony, and ipecacuanha administered" and concluding with the statement "nothing was too wildly extravagant, nothing too monstrously cruel to be prescribed by mad-doctor."<sup>286</sup> The purpose of such a graphic start is obvious to draw comparisons between the historical treatment of patients and the current treatment of patients mixed with descriptions of the sad afflictions which render them lunatics. The article continues on to describe the state of the wards with accounts of the caged fires, women sewing, men playing bagatelle mixed with Dickens musings on quiet stillness of many of the patients their lack of connection to the outside world with the wards devoid of domestic articles and amusements.<sup>287</sup> Finally concluding with a description of the time spent at the Christmas ball, which was the same as the asylums fortnightly evenings with patients dancing, playing music and entertaining guests echoing the descriptions in the previous chapter by John Adams. In all, the article is as was to be expected from a writer who has become famous for crusading for social change with Dickens opinions on the hidden behind

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<sup>284</sup> Makras, Kostas. "Dickensian Intemperance: The Representation of the Drunkard in 'The Drunkard's Death' and The Pickwick Papers." 19: *Interdisciplinary Studies in the Long Nineteenth Century* [Online] Vol. 1, no. 10 (April 2010).

<sup>285</sup> Dickens, Charles. *A Curious Dance Round a Curious Tree*, in *Uncollected Writings from Household Words 1850-1859*, by Charles Dickens, edited by Harry Stone, pp. 387-388 Vol. 2. Bloomington: Indiana University Press, 1968.

<sup>286</sup> *Ibid* p. 387

<sup>287</sup> *Ibid* p. 387

flowing prose and descriptions which go from the absolute extreme of depravity of early treatment to the then modern philanthropic advances. The importance lies in how well read Dickens was by this point, with Household Words being used largely to focus on social issues of the times, championing the plight of the poor yet strangely aimed largely at the affluent middle classes, perhaps as an attempt to foster the desire for change in a class capable of initiating it.

Each of these authors played heavily on the social problems and fears held in their time at times as a means of plot device, at others as a means of trying to force social change and others their own brand of journalistic reporting each with a focus on making money. These documents by and large make an interesting counter to the practices of journalists who whilst in their opinion had the public's interest at heart offered far more aggressive blunt pieces devoid of the flowing prose seen in the Dickens article. The use of the asylum as a plot device as was seen frequently in the 1870s suggests that during the period there was an increased public fear of wrongful confinement and of the asylum in general.

In the end the problem of perception as viewed by the medical profession was one of misinformation, duplicity and the sensational misguiding's of journalistic publications and authors failing to understand the complexities of the system and indeed of insanity itself. The medical profession frequently argued that the public was uneducated in the law and the workings of the system as well as prejudiced against lunatics and so saw the system in a wholly negative light. The difficulty and ultimately the downfall of this argument is that it is only half of the story and the failure of the medical profession as a whole to adequately explain the problems to the public is as much to blame as any of the objections they raised.

Thus the perception, as seen through the eyes of the public and the sources that were available to them, which fashioned and developed this perception, can be said to be biased and inaccurate focusing on sales and pandering to what the public wanted to read. The problem is that if these influences are only inaccurate to a point, indeed abuses happened throughout the period, reported by officials and taken to court it is the way in which they were reported on by journalists which render them questionable. The difficulty is therefore in judging how far the public questioned or took the stories at face value and that is the final problem. Whilst the medical profession and those that governed the asylum system was repeatedly content to complain about the foul play and lack of knowledge displayed by their

detractors in the public sphere they repeatedly fail in their own respects to make the case for why the public conception of insanity was inaccurate. On the other hand if one takes the Times or the writings of Dickens and Collins at face value one gets an image of the public in the throes of an almost insufferable panic contemplating the idea of false confinement on a daily basis. In the latter scenario accusations and abuses were rife throughout the period regardless of the changes in the law, or the actions of the medical profession who at least in papers such as the Times were nefarious in their motives to say the least. The reality is somewhere in between the two the medical professions construction was overly negative and based on the idea of the public's ignorance, against the sensationalist and overly dramatic reports by journalists assuming that the average person was well versed in lunacy. The problem of perception is that its construction by each party is different and in almost all instances never reflects practise being always at one extreme or another, in reality as Dr Bucknill pointed out some would do evil others would not it was neither ingrained nor impossible it merely happened.



## **Conclusion – A problem of Perception or A failure to understand?**

In conclusion the story of the asylum and how it has been perceived by the general public has remained surprisingly consistent throughout the latter half of the 1800s despite the numerous changes throughout the period relating to how and who governed their operation. What is fascinating is that the more the government tried to regulate the monolithic institutions it had created in the pursuit of philanthropy and the medical professionals who were charged on paper if not in practise to control them, the more elements of public saw the system in a negative light with the fears of wrongful confinement and abuses fairly common in the public domain. The problem is that the reporting of such events was often sensationalist in nature, a probably side effect of the emerging practise of new journalism. In this regard McCandless was indeed correct in his analysis that the ‘lunacy panics’ as he described them have been largely over looked by academics who have questioned whether they actually happened, either due to taking the official accounts at face value, or due to the melodramatic nature in which any reports of abuses where portrayed in the media.<sup>288</sup>

The issue with the sensationalist tone in which many of the accounts of public opinion were written is probably the most defining concern portrayed throughout the period both internally to the medical profession of the period and externally for the historian looking backwards attempting to untangle the competing constructs of perception. It is a curious problem but one that is real, and in this instance instrumental in obscuring the concept of public perception far more than the professional pride of the medical profession did. Despite this however, Vicky Long’s accurate assessment of the medical professions construction of public perception as more of a distortion filtered through bias their own ambitions rather than a true reflection of the public helped in itself to shape public perception. The issue in the end comes back to how one defines perception, in this case because of the lacking information written by the public one is largely left with the accounts provided by the public’s spokespeople and the critiques from within the profession itself. Both of these are misleading taken at face value requiring an analysis that balances the opinions of both sides of the debate, against the official reports, legislation and working practise. The question is more about nuance than anything else with perception being a merely shade of reality and official reports equally so.

At the beginning of this dissertation the argument was made that any analysis of the asylum system, how it developed and the perception that came to fruition around it required first and

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<sup>288</sup> McCandless, Peter. “Liberty and Lunacy: The Victorians and Wrongful Confinement.” p.340

foremost too acknowledge and situate the asylum within the context of the society it was created in. With this in mind the asylum was a microcosm for wider society in every respect it had taken these aspects to their absolute extremes. From social structure, to philanthropy the asylum came to embody everything Victorian society had become, by denying freedom to those deemed lunatics for their and society's betterment instituting a form of strict social control which placed class and gender highly. Its philanthropic basis had failed almost entirely, described by one author in the *British Medical Journal* as "vast philanthropic mistakes" a rather damning indictment if nothing else.<sup>289</sup>

The question therefore of where public perception stemmed and how it viewed the asylums was one that had concerned the medical profession throughout the period from its beginning to its conclusion. Balfour's claim in 1880 that the problem was largely due to the vestiges of the past was not a new one. Earlier authors had in the past stated their belief that the fears the public had were "engendered by traditions which still linger in the public mind relative to the brutality endured in asylums at the beginning of the century."<sup>290</sup> In a sense the culture of society which was geared towards a ridged social structure and concepts of honour, duty and philanthropy had throughout the period failed to reconcile its horror at discovering the rampant abuses that were common in the first half of the 1800's. Cementing this assertion other authors had commented that the public had been left reeling from the "severe moral shock" left by the realisation that such a cruel system could have happened in a "civilised land."<sup>291</sup>

In all many of the sources in this thesis used in chapter two and three originate from and centre on the Metropolitan administrative area although this is not wholly true of all of the sources particularly the case in Gloucester. Given this decision to focus on an area that is closest to the central administrative location, it was a decision taken for a couple of reasons the first locational and the availability of sources, it is quite unfortunate that there are by no means complete records of patients and their experiences with which to build a comprehensive picture of the day to day implementation of the various legislation and lives which many patients would lead. In this respect the Metropolitan district being as the name suggests centred on London has some of the more extensive surviving records, but these are

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<sup>289</sup> Our Lunacy Systems. No. 1. pp. 199 Line 48-49

<sup>290</sup> Lunatic Asylums and the Lunacy Laws p. 711 Line 48-49

<sup>291</sup> Our Lunacy Systems. No. 1 p. 199 Line 29-31

still largely incomplete. The second reason is largely down to the focus of the lunacy law on creating a split system between the Metropolitan district and the rest of the country an attempt as has been discussed to impose central control whilst not detracting from the established power bases of local people. Thus a focus on the Metropolitan area being closest to the centre of government, the various Royal Societies Headquarters and as a result the any form of central control. It would in the future be an interesting study to see whether more localised opinions and indeed more local applications of the law, which are in many respects bound to be applied in a variety of different ways, often based around the availability of resources and the individual local area, differ from those which are closest to London and fall under its direct control. Indeed it would be fascinating to study individual asylums to assess the unique circumstances which each asylum found itself and how the public perceived these.

The story of how the lunacy law developed from its earliest inception of the Madhouse Act in 1774 and its earliest incarnation of the Physician Commission which was ultimately an unmitigated failure and its development and various incarnations each meeting with equal measures of success and failure through to the County Asylums and Lunacy Acts of 1845 with the creation of the Lunacy Commission. The role of this new Commission much like the Physician Commission was on paper quite strong but the devolution of power to various other bodies as Bucknill pointed out was absurd, including but not limited to:

“the Lord Chancellor's Officers in Lunacy, the Commissioners in Lunacy, the Local Government Board and the Boards of Guardians, the Visiting Justice sand Visitors of Asylums, the Boards of Clevedon and Caterham, etc”<sup>292</sup>

The introduction of voluntary Country funded asylums in the 1808 County Asylums Act a direct response to the continuing issues and accusations of abuses and the problem that trying to control the private houses posed, over time it became apparent that voluntary County Asylums were not enough and the law would have to enforce the creation of such structures. Much like the changing nature of the Poor Law to allow near total coverage of care, the 1845 Country Asylums Act changed the face of England's treatment of lunacy. However the inadequacies of the various laws required multiple amendments, multiple overhauls, in all there was more legislation relating to Lunacy passed in the 1800's than any other single topic

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<sup>292</sup> Address on Private Lunatic Asylums p. 200 Line 62-63

issue. The problem with each of these new laws was that they largely tried to amend the problems of the previous laws with minor changes, that is not to say that major changes did not occur merely that lawmakers seemed to prefer a more iterative approach to lunacy law. The bureaucracy which these laws, the various bodies competing for power and the interplay between the Lunacy Commission's central control against the local power bases resulting in accountability slowly collapsing as control was given to too many most of whom had very little legally backed power. Bartlett's critique of the asylum being a structure controlled neither by the doctors nor by the lunacy commission but rather by the justices, is on balance one that stands up the most when we consider the issues that it faced throughout the Victorian period.<sup>293</sup> The end result was that the legal framework was too ambiguous to control a system which had become too vast to cope, overstretched with far too many incurables to attempt to achieve the philanthropic aims of their creators.

The application of the law on a daily basis proved on numerous occasions that whilst the foundations of the vast county asylums were philanthropy in nature the end result was something far from it. Examples, such as the daily routine, entertainment, and employment were all angled towards the ideals of wider society, the genders were separated and in later years so where their attendants, women not used to being paid for work were more willing to undertake employment in the asylums, whilst men accustomed to payment refused to work for free. The use of employment as a treatment served a dual purpose, firstly it was a way of creating familiarity, part of the ideal of moral treatment secondly in keeping with the ideals behind the New Poor Law which placed the blame of a person's poverty on their personal failings, as such the employment was meant to help the patient with new opportunities upon their return to sanity and wider society. Problematically the role of the Superintendent had, like the devolution of power seen in the external bodies controlling the welfare lunatics, become watered down to the point that in the 1870s it was admitted with some despair that medical superintendents were largely employed in the role of administrator, communicating with external bodies to comply with the law rather than dedicating his time to the treatment of the patients in his care. As a result the power within the asylum walls rested with the attendants with their responsibility to write up log books, unsupervised prominence in the daily routine and overall control of the information being passed to those above them. Whilst

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<sup>293</sup> The Asylum and the Poor Law: The Productive Alliance

this at first glance it is not a large problem, the attendant is after all in the employ of the asylum, subject to the law to the same degree as everyone else and on multiple occasions disciplined for misconduct the problem arises when we consider the quality of attendants being employed in the first place. As the incident at Gloucester proved with the increasing demands on the attendants with their increased powers and workload due to the sheer amount of patients in their charge came the employment and skills crisis. It is little wonder that the public should develop the view it did of the asylum system. The superintendent for all the legal and official backing was by 1870 largely a figure head overly reliant on his attendants and accountable to various external parties whom took up more and more of their time, the removal of John Adams from Caterham after a dispute with other members of his staff and the local Guardians bears this out.

Bucknill marked the distinction between the medical practitioner and the proprietor in his objections to private asylums, with only half of these institutions being controlled by medical men his belief that lunacy should be the sole responsibility of the medical profession was one that by and large the public shared. The mistrust of the private asylums in private hands was far greater than their mistrust of the county asylum doctors. Problematically however, whilst doctors were quite obviously valuable and placed highly in society by the public the new practitioners of the mind were not, the reason was simply the public failed to see the point of them, insanity was easy to spot, and treatment surely a doctor's task. The question for the medical profession therefore devolved into one of the county versus the private asylums and was repeated throughout the literature ad nauseam with the debate never being resolved. In this instance Balfour's assertions of the strength of honesty within the medical community and the way in which the mad doctors constructed their concepts of public perception which portrayed them as being uneducated in lunacy to the point of being prejudiced against it as social stigma. However the reports in the Times often portrayed lunacy as a tragic event in a person's life with no hint of the stigma which the medical profession accused the public of. This suggests, that the medical profession was blinded in part by its own ambitions, and as a result failed repeatedly to explain their purpose in treating lunacy.

The public on the other hand did not have an all-encompassing perception of the asylums, whilst they saw elements of the system and the way it was implemented the way in which tales of abuse were portrayed to them by the papers would suggest that the fears were blown out of proportion. The sensationalist way papers like the Times reported was exaggerated but

at there are multiple instances of the press showing the asylums in a positive light suggesting the press was less interested the truth but more about sales. McCandless touched on this when he commented that the moral panics surrounding the asylum had long been over looked because of the sensationalist writings yet the desire to make money suggests that these fears are genuine if not why would the stories sell and be repeated so often. In all the problem of perception in the way Balfour portrayed it was born out of the varying problems, both genuine and perceived it did not matter either way, the public had its opinion and it was hard to shake. The fact it was by and large a based in genuine concerns and events but massaged by an increasingly sensational press does not detract from the point that their concerns were felt at almost every level of the asylum establishment from Politicians to the Commissioners this is shown in the increasing debates and law amendments as the 1800s progressed. Except for perhaps the medical profession who remained largely stagnant holding on to their seemingly naive beliefs that in the face of all the evidence they were doing best of their patients in effect they created the problem of perception themselves.

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