Managing the Mad: Lunacy Provision and Social Control in Kent, 1774–1874

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Abstract

This thesis examines lunacy provision in Kent between 1774 and 1874 from the perspective of the anti-psychiatrists of the 1960s and 70s. It is a regional study that seeks to demonstrate the coercive bedrock of the discipline of psychiatry as evident from the treatment and care of the insane in previous centuries. Similarities and differences between local and national circumstances are investigated as are the manifold forms of the mixed economy of care on offer: private, public, military, voluntary and community-based. Four of the seven chapters are devoted to the origins and workings of the county lunatic asylum at Maidstone which opened in 1833 and was until 1875 the main receptacle for pauper lunatics in the area. Throughout I juxtapose the lunacy reformers' avowed motive of humanitarian concern with the brutal everyday reality of social control. Citing extensively the works of writers such as Foucault, Laing, Goffman and Szasz, I contend that the Kentish authorities responsible for lunacy provision were more preoccupied with modifying deviant behaviour than alleviating suffering: correction, and with it often custody, were more important than cure and care. In line with the stance of the original anti-psychiatrists I hold both modern psychiatry and its eighteenth and nineteenth century antecedents to be essentially morally compromised, purporting to represent the individual patient's best interests whilst serving the state's agenda of order and social conformity.

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This thesis is dedicated to all the patients incarcerated in the Kent County Lunatic Asylum at Barming Heath from its opening in 1833 to 1874, especially those whose names feature in the text. Their admission profiles and case notes, whilst giving patchy personal details, can only hint at the suffering experienced. These men and women left no first person account of the cause and course of their illness. In an effort to give them a voice I sincerely hope I have not inadvertently done them any disservice or violated their integrity.

Madness need not be all breakdown. It may also be breakthrough.

R.D. Laing

Is the aim of psychiatry the study of human behaviour or the control of human (mis)behaviour? Does psychiatry aspire to be the servant of the individual or of the state?

T. Szasz

We must see the mental hospital in the recent historical context in which it developed, as one among a network of institutions designed to provide a residence for various categories of socially troublesome people.

E. Goffman

Introduction

On Oak Apple Day 1838 (May 29) an ex-inmate of Kent County Lunatic Asylum at Barming Heath, Maidstone, led the last rising of the agricultural labourers at the Battle of Bossenden Wood, a fatal confrontation between disaffected and deluded farm workers and the forces of authority. Sir William Courtenay, alias John Nicholls Tom, was originally a maltster from Cornwall who, after a short disappearance, surfaced in Kent in the early 1830s under his assumed name. He was flamboyantly oriental in dress and had long flowing hair. Moreover, he was wholly immersed in millenarianism, believing himself on a divine mission to better the lives of the poor and attracting much attention with his passionate rhetoric both before and after his confinement. At Bossenden Wood he had raised a band of devoted but ultimately misled followers from the Blean area of Kent and had marched with them through the locality in pseudo-military fashion under a flag, carrying the traditional icon of popular protest, a loaf of bread on a pole.[1] However, the labourers were being closely shadowed as they traversed 40 miles in two days, moving from village to village, hamlet to hamlet, with numbers swelling at one point to nearly one hundred strong.[2] En route Courtenay addressed his followers in rousing speeches, denouncing the rigours of the poor laws and the wrongs inflicted by the rich upon the poor, often taking inspiration from biblical texts. These tirades fell on receptive ears as the area near and between Faversham and Sittingbourne, where Courtenay operated in May 1838, had been the site of vigorous protest three years previously against the New Poor Law. All this alarmed the closely watching authorities who executed a warrant upon Courtenay, to be delivered by John Mears, the constable of Boughton village. At Boughton Farm, however, Courtenay shot and stabbed Mears leading to the deployment of the military. There ensued in Bossenden Wood a short but violent battle in which Courtenay, a lieutenant and nine rioters were killed.

Unsurprisingly, the episode caused outrage both locally and nationally and much attention was focussed on the enigmatic figure of Courtenay who had spent four years incarcerated as a lunatic at Barming Heath Asylum. Courtenay embodies the subject matter of this thesis, namely the mingling of insanity with social protest and the resulting need for those in power to exert social control in order to police non-conformist behaviour. I argue that not only was the Kent lunatic asylum built partly to further this objective but also the

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[1] Barry Reay, *The Last Rising of the Agricultural Labourers* (London: Breviary Stuff, 2010), p.73

[2] Ibid., p.74

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private and military asylums in the county had a similar agenda: maintaining the status quo and monitoring the often troublesome behaviour of the population. Social deviants comprised not only those who instigated rebellion, drank, swore and were violent but also those who were idle or eccentric in their ways, not performing their duties properly either in the workplace or the family unit and not pulling their weight. Pauper lunatics especially were often wretched individuals who had been pushed over the edge by the stresses of poverty. Their illness can be interpreted as a displaced form of protest which the authorities were keen to prevent morphing into organised unrest. Courtenay was actually a criminal lunatic who had been acquitted of perjury on the grounds of insanity and sent to Barming Heath suffering from 'delusions regarding his person and property'.[3] He was also, however, a charismatic demagogue whose considerable followers, both working and middle class, were taken in by his assumed identity, his messiah-like looks and prophecies and even his claim to be unharmed by sabres and bullets. Deviant and deluded behaviour thus called forth repression by those in power and was often deemed lunatic. It is this interplay of lunacy with social control in the county of Kent that I am interested in in this thesis.

Geographical and chronological parameters

This thesis examines lunacy provision in Kent over a century, from 1774 to 1874, with special reference to the issue of social control. It investigates not only the construction and functioning of the county lunatic asylum at Maidstone but also the private and military asylums located within the county and the provision of extramural care. It is thus first and foremost a regional study of all the care options available to the insane in a particular area, the county of Kent.[4] There have been many localised studies of lunacy provision but they have all tended to focus on asylum care. Thus in the new millennium Pamela Michael entitled her 2003 study of Denbigh Asylum *Care and Treatment of the Mentally Ill in North Wales, 1800-2000,* whilst Anna Shepherd, writing in 2014, compared two institutions for the insane in Surrey under the title *Institutionalising the Insane*.[5] Joseph Melling and Bill

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[3] Kent History and Library Centre (KHLC)-MH/Md2/Ap1/1 Oakwood Hospital Admission Register 1833-42

[4] It should be noted that up to 1888, when the London County Council was created, Kent also included such heavily populated parishes as Greenwich, Deptford, Blackheath, Woolwich, Lewisham and Eltham.

[5] Pamela Michael, *Care and Treatment of the Mentally Ill in North Wales 1800-2000* (Cardiff: University of Wales Press, 2003); Anna Shepherd, *Institutionalising the Insane in Nineteenth-Century England* (London: Pickering & Chatto, 2014)

Forsythe (sometimes in conjunction with Richard Adair) have examined extensively issues pertaining to lunacy in Devon but their book *Politics of Madness* deals exclusively, if thoroughly, with the asylum experience in their chosen county.[6] By contrast, this thesis seeks to offer a comprehensive account of all forms of lunacy provision within one geographical region, including private, military and public asylums, workhouses and gaols as well as care in the community. It describes rich and poor alike and tackles the subject of suicide as a barometer of the county's mental health. Particularly influential in this regional approach is the work of Chris Philo who wrote a lengthy geographical history subtitled 'the space reserved for insanity'. He too concentrates on institutional provision across England and Wales but, following Foucault's lead, he aims to uncover 'the particular, the local and the specific' in place of 'the general, the universal, the eternal'.[7] In this thesis I also am interested in the local aspect of lunacy provision and in microhistory generally with 'its patient retrieval of details, their differences and patterns'.[8] My choice of Kent as the subject of study was initially dictated by my residence within the county and so relative ease of access to the archives. However, I was also encouraged by the paucity of research hitherto conducted into lunacy provision in the region. From the outset it became clear that Kent exhibited some interesting aspects of care for the insane which differentiated it from other regions of the country: a high suicide rate, a heightened tendency to confine, the absence of a voluntary sector and the presence of two military asylums and two county asylums on its soil. Even those aspects which overlapped with provision in other counties proved rich sources of information on the condition of lunatics' lives, both generally and individually, adding depth to the already composite picture of lunacy provision in the historiography.

Chronologically, this thesis spans a century, its start and end dates marked by important lunacy legislation. In 1774 parliament passed An Act for Regulating Private Madhouses which established the practice of licensing private institutions run for profit as well as rudimentary visitation and inspection to ensure suitable standards and prevent wrongful detention. The legislation reflected concerns over the growing 'trade in lunacy' and the proliferation of the number of private madhouses. It was this act that William Perfect cited so persuasively in his advertisements for his small madhouse in the Kent village of West Malling and it is with this influential figure that the thesis begins. As the

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[6] Joseph Melling and Bill Forsythe, *The Politics of Madness* (London: Routledge, 2006)
[7] Chris Philo, *A Geographical History of Institutional Provision for the Insane from Medieval Times to the 1860s in England and Wales* (Lampeter: Edwin Mellen, 2004), p.33
[8] Ibid.

eighteenth century ended, attention turned to the need for the provision of an asylum network for pauper patients and with this in mind, Wynn's Act was passed in 1808 enabling, although not compelling, counties in England and Wales to erect asylums funded out of the county rate. A generation later, in 1833, Kent opened its first county lunatic asylum at Barming Heath near Maidstone under this act. It was not until 1845 that county lunatic asylums became compulsory. Many counties were lax in complying, however, and Kent had built its second asylum at Chartham near Canterbury before Northamptonshire had constructed its first.[9] The end date for this thesis is the year before Chartham Asylum (St Augustine's) opened: 1874. Not only does the period 1774 to 1874 form a convenient round century but the latter date was the year the Four Shilling Act was passed, a parliamentary decree that transferred a proportion of the cost of asylum care from local to central funds, rebating the Poor Law Unions the sum of four shillings a week for every lunatic housed in an asylum. Typically, this has been seen by contemporary and more recent commentators as part of the explanation for the therapeutic failure of the asylum movement and its degeneration into a network of custodial institutions.[10] The assumption of responsibility by central government for a portion of the care of the local insane seems an appropriate juncture at which to end a thesis on regional provision.

Personal motivation

The number of books, articles and theses dealing with the history of mental health care, in particular the large asylums of the nineteenth century, has proliferated in the time since Foucault penned his ground-breaking *History of Madness* in 1961.[11] In English speaking countries it was Andrew Scull who opened up the subject to a wider audience of academics with his seminal *Museums of Madness,* published in 1979.[12] Both authors wrote extensively of lunacy provision and social control, Foucault in the classical age and Scull in the long nineteenth century, and it has since become almost *de rigueur* for subsequent writers of the history of psychiatry to allude to these inspirational figures, if only in passing, and thereby signal their importance in the historiography. I too am indebted to them but would add some names now largely forgotten but highly influential in their day: R.D. Laing, Erving

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[9] Ibid., p.542

[10] Robert Ellis, 'The Asylum, the Poor Law, and a Reassessment of the Four-Shilling Grant', *Social History of Medicine* 19 (2006)

[11] Michel Foucault, *History of Madness,* trans. by Jonathan Murphy and Jean Khalfa (London: Routledge, 2006) first published in French as *Folie et Déraison: Histoire de la Folie à l'âge classique* (Paris: Librairie Plon, 1961)

[12] Andrew Scull, *Museums of Madness* (London: Allen Lane, 1979)

Goffman, Thomas Szasz, Klaus Doerner, David Rothman and Frantz Fanon. These men, several of whom were labelled anti-psychiatrists, approached the issue of mental health from an anti-institutional angle and wrote in depth of its inherent controlling agenda. This approach, long out of favour but now making a slow comeback, as in the work of Bonnie Burstow and her associates in Canada, colours this thesis.[13]

My interest in the history of mental health care, particularly in Kent where I live, stems directly from personal experience. Having myself been subjected to the enormous power the mental health authorities wield, I have drawn the conclusion that inner harmony, individuality and even justice are regularly sacrificed in favour of appropriate behaviour and social conformity. This has translated academically into an interest in the social control aspect of lunacy provision and especially the work produced in the 1960s and 70s by anti-establishment figures. Moreover, once I began to examine the archives and secondary literature I found evidence of social control in Kent's nineteenth century mental health policy. By social control I mean 'all those reserves, both material and non-material, available for ensuring the norm-conforming behaviour of members of society'.[14] I adhere to what David Ingleby has called the 'critical' view of psychiatry which argues that mental illness is a social construct and that the goal of treatment is the maintenance of social order rather than simply the relief of suffering.[15] As a result I share the opinion of both Laing and Foucault that the advent of moral management represented foremost a consolidation of control, as the authorities sought individual reformation from within, rather than simply the much vaunted extension of kindness to lunatics. I also view the expansion of the newly emerging psychiatric profession as a concomitant of state power, instrumental in the dissemination of social control. These issues are dealt with in more depth below. Another concept linked to social control which recurs throughout this thesis is that of the total institution. The term was coined by Goffman to signify a large, regimented establishment whose social intercourse with the outside world is impeded by a physical barrier, in the case of asylums, high walls and locked doors. The military asylums in Medway and the

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[13] Bonnie Burstow is Senior Lecturer at the University of Toronto and an anti-psychiatric activist. Her works include *Psychiatry and the Business of Madness* (Basingstoke: Palgrave Macmillan, 2015) and *The Revolt Against Psychiatry* (Cham, Switzerland: Palgrave Macmillan, 2019)

[14] James J. Chriss, *Social Control: An Introduction* (Cambridge: Polity Press, 2007), p.36

[15] David Ingleby, 'Mental Health and Social Order' in *Social Control and the State,* ed. by Stanley Cohen and Andrew Scull (Oxford: Martin Robertson & Co., 1983), p.143; It should be noted that whereas originally the terms anti-psychiatry and critical psychiatry were used interchangeably and signified any criticism of mainstream psychiatry, nowadays the two terms have independent and quite specific meanings. Modern anti-psychiatrists advocate the abolition of psychiatry and view it as fundamentally flawed and harmful whereas critical psychiatrists want to reform the discipline.

county lunatic asylum at Maidstone all fall into this category but in my first chapter I also ask whether the smaller, private asylums share some of the characteristics of these total institutions.

My main criticism of modern mental health provision is of an unwillingness to listen. In place of empathy there exist erroneous assumptions, pre-judgements and the imposition of society's mainstream views. There is also a worrying readiness to defer to relatives' and third party opinions even though Laing and Esterson convincingly demonstrated back in the 1960s how unhealthy family configurations were often the cause of psychiatric illness in a scapegoat figure, usually the weakest link in the familial constellation.[16] There is every reason to think that this process of condemnation, by kin and professionals alike, was equally widely practised in the nineteenth century. The archives are very one-sided. They do not tell the patients' stories but are rather a selective record of the medical authorities' impressions of their charges. If a pauper patient believed himself to be the Lord Chancellor or the Duke of Kent he was rightly noted to be delusional, although an endeavour to ascertain why he should believe so would not be amiss and might enhance an understanding of his illness. Other delusions were more problematic, however. For example, if another patient, probably female, was recorded as delusional or violent with respect to her partner, the 'delusion' may well have been founded in fact, but it could equally have been an expression of ill-usage, conflict or aversion. Treatment in an asylum thus takes on a particularly sinister aspect and I think it is no coincidence that the rise of anti-psychiatry was coeval with the sexual revolution. In the nineteenth century gender roles were much more rigid, with women expected to be virtuous, submissive and domestically inclined whilst men were considered wanting if they could not provide adequately for their dependants.[17] In my view, the asylum helped entrench this gender divide and sought to elicit social compliancy from its inmates as a prerequisite for release.

This thesis investigates historic lunacy provision in Kent from a social control perspective. However, it would distort the overall picture if some consideration were not given to the opposing viewpoint, namely that of humanitarianism. The humanitarian spirit evolved in the latter half of the eighteenth century as a reaction to what were often appalling social conditions.[18] It was espoused by the middle and upper classes from

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[16] R.D. Laing and A. Esterson, *Sanity, Madness and the Family* (London: Penguin Books, 1964)

[17] Leonore Davidoff and Catherine Hall, *Family Fortunes* (London: Routledge, 1987); Elaine Showalter, *The Female Malady* (London: Virago, 1987)

[18] Frank J. Klingberg, 'The Evolution of the Humanitarian Spirit in Eighteenth-Century England', *The Pennsylvania Magazine of History and Biography,* 66 (1942), p.264

different walks of life – the economist, the churchman, the reformer, the poet, the satirist, the legislator – at a time when state intervention was minimal.[19] Numerous charitable agencies and societies sprung up with the aim of publicising and alleviating distress in its myriad forms, including of the sick, the aged, the prisoner, the foundling and the slave.[20] The growth of humanitarianism was matched by cultural change: a development away from cold religious orthodoxy to evangelicalism and a morphing of English literature from classicism to sentimentalism.[21] All these changes placed man centre stage and emphasised the need for compassion and a universal love of humanity. Indeed in France, Auguste Comte (1798-1857) developed the humanitarian religion of positivism whereby 'human activity was directed towards the betterment of social conditions….which in turn made humans more co-operative, altruistic beings who wished to cultivate the love of humanity and serve its improvement'.[22]

Gradually, in the course of the nineteenth century, the state took over responsibility for what the humanitarians had started, lunacy reform being a case in point. This is the origin of the orthodox or Whiggish (also known as meliorist or progressive) view of the history of psychiatry whereby the study and treatment of mental illness is a humane discipline which has over time steadily improved the lot of the insane in an unbroken linear progression. This stance was fashionable in the 1950s and before, but was comprehensively attacked first by the anti-psychiatrists (Szasz likened modern mental health provision to witch-hunts under the Inquisition) and then by Scull, who was quite scathing of contributions made to asylum historiography by psychiatrists with 'an almost Orwellian ability to rewrite the past in order to provide an account supportive of present practice'.[23] He singled out for particular mention the work of Kathleen Jones, 'with her naïve Whiggish perspective, which sees the doctors as purveyors of scientific enlightenment', and John Crammer, who was 'a recent unregenerate example of the genre, revelatory of profound ignorance and/or hostility and misunderstanding of a whole generation of non-psychiatric histories of psychiatry'.[24] Indeed, as Scull outlined in the opening section to his essay 'Humanitarianism or Control?', debates between advocates of the adversarial camps could

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[19] Ibid.
[20] Ibid., p.263
[21] Ibid., p.274
[22] Katharine Davies, 'Continuity, Change and Contest: Meanings of 'Humanitarian' from the Religion of Humaity to the Kosovo War' August 2012   www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/7769.pdf
[23] Andrew Scull, *The Insanity of Place/The Place of Insanity* (London: Routledge, 2006), p.114 n.9
[24] Andrew Scull, *The Most Solitary of Afflictions* (London: Yale University Press, 1993), p.205; Andrew Scull, 'Psychiatry and its Historians', *History of Psychiatry* 2 (1991), p.239

become very acrimonious.[25] In acknowledgement of these circumstances I think it prudent to state that I recognise the humanitarian input to the foundation of psychiatry whilst contending that over time, as the profession expanded and alienists acquired more status and expertise, they joined forces with the apparatus of the state. Together they have been instrumental in the dissemination of social control. Without a doubt the transformation of the view of the madman as an animal to be subdued with chains and manacles and kept in the dark on dirty straw into that of a suffering, sentient fellow human to be treated with kindness and respect is to be applauded. However, the transformation was not as selfless as might at first appear: in return for his new status the lunatic was expected to amend his offensive behaviour.

Unsurprisingly, criticism of the psychiatric profession was seen 'as irresponsible meddling with justified authority'.[26] As a result many historians are now once again approaching the history of psychiatry and asylums from a meliorist viewpoint. In 2003 Michael adopted the self-confessed unfashionable stance of regarding hospital care of the mentally ill as a great 'humanist project' and taking at face value the avowed intentions of the asylums' founders.[27] Other historians such as Sarah York have praised the solicitude of asylum staff in preventing suicides whilst Shepherd described attendants and medical officers as 'therapeutic agents', emphasising their healing rather than custodial role.[28] However, my involvement with twentieth and twenty-first century psychiatric services is at odds with these findings. In this thesis I have found it helpful and productive to use my modern experiences to examine and understand the nineteenth century context. Thus regarding the role of staff I found the maintenance of order far more important than any show of empathy. Mental health nurses facilitate the smooth running of the ward and ensure patients dress, eat and attend doctors' appointments where instead of understanding they are once again fobbed off with often large doses of mind-altering medication. Attendants in the nineteenth century were similarly taxed with the maintenance of order and the smooth running of the asylum. Indeed, their task was that much more onerous as they did not have at their disposal the ubiquitous television in front of which troublesome patients can be deposited and lulled into a malleable state of

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[25] Andrew Scull, 'Humanitarianism or Control? Some Observations on the Historiography of Anglo-American Psychiatry' in *Social Control and the State,* ed. by Stanley Cohen and Andrew Scull (Oxford: Basil Blackwell, 1985), pp.118-9
[26] Ingleby, p.143
[27] Michael, p.2
[28] Sarah York, 'Alienists, Attendants and the Containment of Suicide in Public Lunatic Asylums, 1845-1890', *Social History of Medicine,* 25 (2011), p.340; Shepherd, p.41

passivity. In this thesis I therefore ask, in view of my modern day experiences, how much more bewildering and intimidating must contact with the medical authorities have been for the insane of a previous century when organised lunacy provision was still a relatively novel concept and practice. Other historians of lunacy care have also made use of the present as a prism through which to access and evaluate the past. In *The Last Asylum* Barbara Taylor wrote 'the story of [her] madness years, set inside the story of the death of the asylum system in the late twentieth century'.[29] She thus presented a highly personal account of confinement at Friern Asylum alongside a historical description of asylumdom and its demise, the two strands of narrative interweaving and complementing each other. In a not dissimilar vein I examine the history of lunacy provision in Kent in the nineteenth century as seen by me through the prism of personally experienced modern mental health treatment in the same county, albeit without the relation of autobiographical detail. Taylor wrote 'a narrative of gratitude' to '[her] asylum' in which she at times speaks almost fondly of her time at Friern, regretting the passing of the old asylums which offered her refuge in her hour of need.[30] My stance is somewhat different and the not inconsiderable resentment at the treatment meted out to me by the psychiatric powers both in hospital and in the community inevitably colours this thesis.

The historiography of social control

Nineteenth-century alienists were not unaware of the potential for social control inherent in their newly designed lunatic asylums. In 1859 John Arlidge wrote: 'A patient may be said to lose his individuality and to become a member of a machine so put together as to move with precise regularity and invariable routine; a triumph of skill adapted to show how such unpromising materials as crazy men and women may be drilled to order, but not an apparatus calculated to restore their pristine condition and their independent self-governing existence'.[31] Another disgruntled reformer, J.C.Bucknill, commented that the mad-doctors of the period 'herd lunatics together in special institutions where they can be more easily visited and accounted for by the authorities'.[32] Such criticisms remained muted, however, and it was the progressive, all-is-for-the-best tradition which remained

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[29] Barbara Taylor, *The Last Asylum* (London: Penguin Books, 2014), p.xi
[30] Ibid., p.xiii, p.110 and pp.263-4
[31] John Thomas Arlidge, *On the State of Lunacy and the Legal Provision for the Insane* (London: John Churchill, 1859), p.104
[32] Quoted in Andrew Scull, 'Madness and Segregative Control: The Rise of the Insane Asylum', *Social Problems,* 24 (1977), p.347

dominant and was promulgated by the psychiatric profession until the 1960s when a new trend became discernible within the historiography, born out of the emancipatory atmosphere of the times. From the outset the 60s exemplified a distrust of authority and an attack on conformity. There was a loosening of social strictures, especially sexual but also regarding the depiction of violence. Censorship was relaxed, the death penalty abolished and homosexuality, suicide and abortion decriminalised. In America the civil rights movement was underway and in Africa new nations were gaining their independence. Across the world there was an anti-imperialist tenor as symbols of resistance to the established order emerged with a profound desire for social change, culminating in the revolutionary year of 1968. There existed a vocal, widespread and fashionable counterculture in the main cities of the West, particularly London, Paris and New York, which took on board and popularised writings on the nature of society and madness. These were penned by a handful of visionary psychiatrists disillusioned with the mainstream humanitarian narrative of their profession. Such were R.D. Laing and David Cooper in the United Kingdom, Thomas Szasz in America and Frantz Fanon in French Algeria. Michel Foucault and Erving Goffman were not medically trained but had worked in psychiatric units in their respective countries, France and the USA, an experience they incorporated into their writings. All these men published iconoclastic works on psychiatry and social control in the early 60s, setting the tone for much that was to follow and forming the nucleus of what became the 'anti-psychiatric' circle.

The term 'anti-psychiatry' was coined by David Cooper in 1967 and was 'a catch-all term for a number of loosely connected radical ideas and individuals'.[33] What they all had in common was a rejection of mainstream psychiatry as a tool of oppression and social control. Cooper regarded the treatment imposed on the mentally ill in mental hospitals as 'a pointless and unjustified act of violence' intended to quieten patients and induce conformity.[34] Laing wrote in his preface to the 1964 edition of *The Divided Self* that 'psychiatry can so easily be a technique of brainwashing, of inducing behaviour that is adjusted'.[35] This concept of power also pervades Foucault's *History of Madness,* a major landmark in the historiography of insanity, that sparked a veritable stream of books and articles by historians either loving or hating, agreeing or disagreeing with the French philosopher's purple prose. Foucault described society's changing treatment of Unreason,

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[33] R.D.Laing, *The Divided Self* (1960; London: Penguin Classics, 2010), p.vii
[34] Quoted in Octave Mannoni, 'The Anti-Psychiatric Movement', *International Social Science Journal* 25 (1973), p.495
[35] Laing, p.12

delineating how the power to confine those deemed mad had developed and how they were rendered docile and tractable, first through restraint, then through the internalisation of control mechanisms in the form of moral treatment, a method as invasive and repressive as chains and manacles ever were. This immense power wielded by the state in its provision of mental health care was thoroughly investigated by Erving Goffman in *Asylums.* He examined the concept of total institutions and the demeaning, depersonalising effect they can have on the inmate: 'he starts out with relationships and rights and ends up….with hardly any of either'.[36]

Anti-psychiatry was thus a critique of the state's power to confine and treat socially maladjusted individuals, usually with methods that assaulted and violated a person's integrity. It did not merely criticise, however, as it also offered alternatives. Laing in particular described at length the inner world of psychotics and contended that their seemingly incoherent ramblings and actions were in fact eminently intelligible seen within the appropriate context. For the Glaswegian psychiatrist psychosis was a cathartic crisis in the formation of the personality, a journey he indulged with his patients at Kingsley Hall in London, established in 1965: 'Madness need not be all breakdown. It may also be breakthrough. It is potentially liberation and renewal as well as enslavement and existential death'.[37] Both he and Cooper saw madness as the disparity between the individual's true and false identities with the psychiatric patient often serving as a scapegoat for his or her family's collective emotional difficulties and dysfunctional interactions. This touched a nerve in the wider social fabric and spurred many to 'go find themselves' and 'get in touch with their feelings'. Indeed, Laing wrote that 'psychiatry could be on the side of transcendence, of genuine freedom and of true human growth'. It had the potential to be life enhancing but was currently being misused to induce state controlled conformity.[38] Thomas Szasz, by contrast, called into question the very existence of mental illness as a concept, replacing it with the more neutral 'problems in living'. Moreover, he condemned involuntary hospitalisation as a violation of basic rights and as 'the gravest moral wrong and the greatest legal embarrassment', calling for voluntary contractual therapy in its stead.[39] In an article written in 1973, Szasz asked some important questions about psychiatry's role in society:

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[36] Erving Goffman, *Asylums* (Harmondsworth: Penguin Books, 1961), p.125
[37] R.D.Laing, *The Politics of Experience* (London: Penguin Books, 1967), p.110
[38] Laing, *Divided Self,* p.12
[39] Thomas Szasz, *The Age Of Madness* (London: Routledge & Kegan Paul, 1975), p.xviii

'Is the scope of psychiatry the study and treatment of medical conditions or the study and treatment of human behaviour?....Is the aim of psychiatry the study of human behaviour or the control of human (mis)behaviour?....Does psychiatry aspire to be the servant of the individual or of the state?'[40]

These are all issues as relevant to alienism and the rise of the asylum in the nineteenth century as they are to the practice of psychiatry in the twentieth century and have been explored by successive historians interested in the social control aspect inherent in psychiatry.

Anti-psychiatrists saw mental illness as a social rather than a biological construct. For Szasz it was a total fabrication whilst for Laing and Cooper it was a reaction to an intrinsically sick society as epitomised by the ailing family unit. For them, sanity had much to do with authenticity and by extension liberty. There was thus a political message to anti-psychiatry, with the majority of advocates lining up on the left (Szasz being a notable exception). Whilst not usually labelled an anti-psychiatrist, the French speaking psychotherapist Frantz Fanon championed in *The Wretched of the Earth* the plight of the oppressed rebels fighting imperialism during the Algerian War of Independence. He highlighted the connection between colonisation and mental illness:

'even in the period of colonisation when it is not contested by armed resistance, when the sum total of harmful nervous stimuli overstep a certain threshold, the defensive attitudes of the natives give way and they find themselves crowding the mental hospitals. There is thus during the calm period of successful colonisation a regular and important mental pathology which is the direct product of oppression'.[41]

Jean-Paul Sartre wrote the preface to Fanon's book and was sympathetic to his thesis that violence was inherent in colonialism and needed to be harnessed if the oppressed races were to break free. Laing in turn was greatly influenced by Sartre. Fanon, Sartre and Laing all shared an interest in authenticity from racial, philosophical and psychiatric perspectives respectively. For Sartre, human beings are characterised by freedom and agency, leading them to make choices which can be done either in good or bad faith. To act in bad faith is self-deception, an attempt at escaping responsibility as a

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[40] Thomas Szasz, 'Ideology and Insanity', *International Social Science Journal,* 25 (1973), p.510

[41] Frantz Fanon, *The Wretched of the Earth,* trans. by Constance Farrington (1961; London: Penguin Classics, 2001), p.201

free agent by treating oneself and others as things whereas to act in good faith is to accept responsibility and display authenticity. Similarly, Laing in *The Divided Self* argued that psychosis is not a medical condition but an outcome of the tension between our authentic, private identity and the false 'sane' self we present to the world. Thus 'Laing's false self systems or personas can be understood as cases of Sartrean self-deception'.[42] In this interpretation mental illness becomes a way out, an attempt at surviving an otherwise unbearable situation. Listening and aspiring to discover the patient's truth were thus crucial for Laing. This emphasis on inner authenticity was also important for Fanon in the colonial context. He believed former colonised races should, rather than imitating the ways of the coloniser, recover their own indigenous roots and thereby discover their own unique, true identity.[43] Although all this may at first seem very modern in conception, it is not irrelevant to an exploration of nineteenth century lunacy provision. Laing, Sartre and Fanon all wrote of alienation, the opposite of authenticity, which in general usage means to become estranged and feel like an outsider in society but also has a specific psychiatric usage denoting the display of inhibited feelings whereby the self and the world seem unreal. The term alienism, signifying the nineteenth century branch of asylum medicine specialising in lunacy, derives from the same root as does the term alienist, meaning an asylum doctor treating the insane.

Elaine Showalter stated that the successes of the anti-psychiatrists did not outlast the 1960s but works on the theme of social control, many of them with explicit references to mental health care, continued to be written well into the 70s by authors such as Klaus Doerner, David Rothman, Nicholas Kittrie, Jacques Donzelot, Robert Castel and Michael Ignatieff. Although they each focused on different aspects of social control, they all shared a conviction that responses to deviancy, madness included, were socially engineered to minimise disruption and damage. Thus writing of the situation in nineteenth century France, Castel stated that 'the fundamental aim of the mental health movement was to obliterate from the social landscape the focus of disorder that madness represents'.[44] He also penned a significant article on moral treatment as a tool of social control, writing of a 'deep complicity' between alienists and the state in administering it and deeming it 'an enterprise to safeguard public hygiene and restore social health'.[45] The asylum, according

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[42] Guy Thompson, ed., *The Legacy of R.D. Laing* (London: Routledge, 2015), p.72

[43] Fanon, p.175, p.200 and p.254

[44] Robert Castel, *The Regulation of Madness* (1976: London; Basil Blackwell, 1988), p.102

[45] Robert Castel, 'Moral Treatment: Mental Therapy and Social Control in the Nineteenth Century' in Stanley Cohen and Andrew Scull, eds., *Social Control and the State* (Oxford: Basil Blackwell, 1985), p.249 and p.254

to Castel, was a 'closed space' constructed by 'doctors aided by administrators where one breathes only the pure oxygen of bourgeois morality'.[46] His compatriot Donzelot, meanwhile, described how the family acted as an agent of surveillance for the state, essentially policing its members' behaviour.[47] In *A Just Measure of Pain* the Canadian Ignatieff depicted the rise of the penitentiary and outlined the idea that the criminal poor could be involved in their own rehabilitation with punishment directed at the mind rather than the body.[48] This had obvious parallels in the sphere of lunacy regulation and the management of asylums where internalised coercion replaced chains and manacles. Also writing from an historical perspective was Doerner who endorsed Foucault's sequestration of Unreason and examined the subsequent emergence of psychiatry as a science in Great Britain, France and Germany. In France he saw the revolution of 1789 as pivotal but in all three countries it was the integration of the irrational, as represented by the poor and the mad, into the bourgeois economy with its middle class value system of order and morality that the newly created profession of psychiatry sought to achieve, treating the pauper insane and returning them to civic usefulness.[49]

The two Americans, Rothman and Kittrie, both published works in 1971 emphasising that incarceration in an asylum/mental hospital was primarily for society's good rather than the individual's. Rothman gave a uniquely transatlantic slant to the development of confining institutions in 1830s America in *The Discovery of the Asylum.* For him there was nothing inevitable or progressive about the asylum: 'was an organisation that would eventually turn into a snake pit a necessary step forward for mankind?'[50] There was so great a fear of social disorder that, in a society where naked ambition and a marked social fluidity often led to mental disequilibrium, the asylum was still put to use even when it had become clear that it was failing to cure patients. Kittrie's book *The Right to be Different* examines, by contrast, the role of the therapeutic state in modern American society. Viewed as an artificial construct, it ordered compulsory and invasive therapy (involuntary hospitalisation and medication) for those who deviated from the social norm whilst trumpeting them as beneficial to the individual thus treated.[51] Kittrie makes clear, however, that there exists a clear power differential between service provider and user

[46] Ibid., p.258

[47] Jacques Donzelot, *La Police des Familles* (Paris: Editions de Minuit, 1977), p.51

[48] Michael Ignatieff, *A Just Measure of Pain* (1978; London: Peregrine, 1989), p.215

[49] Klaus Doerner, *Madmen and the Bourgeosie,* trans. by Joachim Neugroschel and Jean Steinberg (1969; Oxford: Basil Blackwell, 1981), p.37 and p.70

[50] David Rothman, *The Discovery of the Asylum* (Boston: Little, Brown & Co., 1971), p.xv

[51] Nicholas Kittrie, *The Right to be Different: Deviance and Enforced Therapy* (Baltimore: John Hopkins Press, 1971), p.77 and p.97

with the doctor/therapist assuming the role of a guard protecting society.[52] He advocated greater tolerance for deviant behaviour and proposed a new 'therapeutic bill of rights' to protect individual liberty from the unbridled therapeutic enthusiasm of the state.[53]

Inevitably a reaction against the basic tenets of anti-psychiatry set in and the social and emotional climate changed. For Michael Staub this did not occur until about 1980 when the establishment started to blame radicals and hippies, as well as anti-psychiatrists, for having destroyed the nuclear family and questioned the medical reality of mental illness.[54] Blame was also apportioned for the homelessness crisis of the 1980s in America and for the advent of a therapeutic society, not in the sense meant by Kittrie, but meaning a pre-occupation with therapeutic self-discovery.[55] In Britain, the psychiatrist Anthony Clare entitled his 1976 book *Psychiatry in Dissent* and, despite its misleading title, rebutted point by point most of the anti-psychiatrists' claims, quoting at the very outset psychiatrist and eugenicist Sir Aubrey Lewis: 'medical criteria are safer'.[56] The Marxist psychologist Peter Sedgwick comprehensively lambasted anti-psychiatry in his 1982 book *Psycho Politics.* He lined up the main proponents of the movement – Goffman, Laing, Foucault, Szasz – and castigated each in turn for his shortcomings.[57] 'Goffman is dismissed for his distinction between 'organism' and 'person' following which he separates physical and mental illness. He is also criticised for his notion of a 'total institution' which confuses micro- and macrosocial structures. Thomas Szasz is exposed as a right-wing libertarian, whose contractual psychiatry shows disturbing affinities with the Darwinian sociology of Herbert Spencer and goes hand in hand with the laissez-faire ideology of Ronald Reagan and Margaret Thatcher. Michel Foucault is taken to task for romanticising his anti-psychiatric vision of a 'dialogue with Unreason' and in the process inaccurately handling historical fact'.[58] Sedgwick reserves his most trenchant criticism for Laing, however, condemning his views on the family as a crucible of severe mental illness and the healing aspects of psychotic 'voyages'.[59]

Gradually, through the latter decades of the twentieth century, the work of the anti-psychiatrists faded from view and became decidedly unfashionable in lay and

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[52] Ibid., p.100

[53] Ibid., pp.402-4

[54] Michael Staub, *Madness is Civilisation: When the Diagnosis was Social, 1948-1980* (London: University of Chicago Press, 2011), pp.171-2

[55] Ibid., pp.185-8

[56] Anthony Clare, *Psychiatry in Dissent* (London: Tavistock Publications, 1976), p.1

[57] Peter Sedgwick, *Psycho Politics* (1982; London: Unkant Publishers, 2015)

[58] Zbigniew Kotowicz, *R.D. Laing and the Paths of Anti-Psychiatry* (London: Routledge,1997), p.96

[59] Sedgwick, pp.69-108

academic circles alike. This is surprising when it is considered just how much star status Laing in particular enjoyed in the 1960s before he travelled to Ceylon to pursue his interest in mysticism and eastern religion. He disappeared from public view as quickly as he had entered it but during his short career as a celebrity he became a household name, was widely read by people from all walks of life and much written about and interviewed in Europe and across the Atlantic. Of the four anti-psychiatrists singled out for criticism by Sedgwick, only Foucault remains consistently in vogue, frequently quoted by academics penning new histories on aspects of madness and the asylum. Why this should be is something of a conundrum as Foucault is by far the least accessible of the anti-psychiatrists. His prose, while dazzling, is often dense and contradictory, his meaning often elusive and difficult to grasp. He was, however, the only one to write a comprehensive history of insanity, a work which has become a sort of touchstone for subsequent historians. The only other historian to have achieved a similar status is Andrew Scull, who in *Museums of Madness* adopted a staunchly revisionist stance attacking the progressivist version of psychiatric history and detailing how asylums became mammoth custodial institutions. Scull was no anti-psychiatrist – he came too late for that – but he shared a common interest with them in the themes of social control and medical repression. Moreover, both Scull and the anti-psychiatrists put forward social explanations for insanity. Whereas for the latter, especially Laing, Cooper and Szasz, post-war nuclear society itself was sick, for the Marxist Scull it was the newly developed market economy that put strain on families and led to an increase in institutionalisation.[60] Rothman, writing of Jacksonian America, also blamed the social landscape for the rise of the asylum whilst Foucault's analysis of the Great Confinement examined how attitudes towards the insane had changed as a result of alterations to the social fabric.

This social explanation of insanity, expertly analysed by Staub in *Madness is Civilisation,* contrasts markedly with the more prevalent biological model espoused by most psychiatrists today and indeed throughout history. This model underlies and justifies many of the intrusive treatments perpetrated on patients, namely heavy medication, ECT and lobotomy, all of which claim to correct chemical imbalances in the brain. Despite the triumph of this mainstream establishment view, anti-psychiatry is far from dead. Indeed, in 2016 the Ontario Institute for Studies in Education (OISE) at the University of Toronto took the unprecedented step of establishing a scholarship for students writing their theses in the area of anti-psychiatry. The scholarship is named for Bonnie Burstow, a radical feminist

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[60] Scull, *Museums of Madness,* pp.36-43

and anti-psychiatrist, who in her work has rejected claims for a biological basis for mental illness as promulgated by the drug companies and called for a more tolerant, inclusive society. Echoing Laing she has also asked whether psychoses have meaning and what would happen if they were not suppressed by drugs?[61]

I have chosen to examine Kent's policy of lunacy provision between 1774 and 1874 not only from the perspective of social control as opposed to humanitarianism but in particular from the anti-psychiatric stance of the 1960s and 70s. I am aware that despite the new scholarship this is still a somewhat unfashionable and unusual angle especially in some medical circles where the biological model is now firmly established. In historiographical terms this has meant more recent works, such as those by David Wright and Laurence Ray, have portrayed the asylum as less coercive and attendants as more humane, correcting Scull's depiction of the former as 'a dumping ground for a heterogeneous mass of social misfits'.[62] However, there has also been a perceptible sea-change in the public perception of mental health issues in the time since I began writing this thesis: much of the stigma has been removed and there is more understanding for those afflicted. In time, I believe, some of the issues raised by anti-psychiatrists will have to be once more addressed, namely scapegoating, conformity and basic human and civil rights. Psychiatry is formidably well-established in modern society and the often violent procedures of involuntary hospitalisation and forced medication are unlikely to disappear in the foreseeable future. One can only hope that a more humane psychiatry, based on empathy and listening, will eventually emerge which is, ironically, what the profession has always proclaimed itself to be but which the anti-psychiatrists so persuasively and emphatically challenged.

Kentish sources

My choice of Kent as an object for study was partly dictated by personal circumstances, it being the county where I live and so providing easy access to local archives. Indeed, the majority of my research was carried out at the Kent History and Library Centre in

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[61] Burstow, *Psychiatry and the Business of Madness,* p.200

[62] Scull, *Museums of Madness,* p.252; David Wright and Laurence Ray have both challenged Scull's contention of the asylum as predominantly custodial; David Wright, 'The Discharge of Pauper Lunatics from County Asylums in Mid-Victorian England', in *Insanity, Institutions and Society, 1800-1914,* ed. by Joseph Melling and Bill Forsythe (London: Routledge, 1999), p.106; Laurence Ray, 'Models of Madness in Victorian Asylum Practice', *European Journal of Sociology,* 22 (1981), p.231; For a more humane appraisal of attendants see Michael, p.61 and Leonard Smith, *'Cure, Comfort and Safe Custody' (London: Leicester, 1999),* pp.131-158;

Maidstone where I could examine the original admission registers and case notes from the Kent County Lunatic Asylum. These provided detailed information regarding the condition of those who walked the asylum's corridors. As these well preserved documents were extant in their entirety for the years 1833 to 1874, with the exception of an admission register for the period 1862 to 1867, the problem was deciding which cases to focus on. I decided to examine all records, scanning their pages for interesting patients with a variety of symptoms across a range of time frames. In bringing what were originally confidential medical details into the light of day I was aware of the ethical dimension to my research. As I have written in the dedication I sincerely hope I have not done any of the patients quoted a disservice as it is obviously impossible, at this remove in time, to obtain their consent. I decided to give their names in full, rather than initialising them, to avoid depersonalising them. I was also very much aware that each patient record contained observations about a sentient, suffering human being whose life had taken a tragic turn and landed them in a lunatic asylum. The archives only hint at the intricacies of their individual lives, strands of existence a dry, academic piece of work inadequately does justice to. In describing these unfortunates I have chosen to retain the now archaic terminology of 'lunatic' and 'idiot' as these terms were in regular usage at the time under consideration and were in no way disrespectful. A lunatic was someone disordered in their senses, what we now call mentally ill, and an idiot or imbecile was a person with learning disabilities, usually from birth.

Having been involuntarily subjected to mental health treatment in the area I was initially merely interested in the history of the county lunatic asylum, also at Maidstone, which is very much within living memory but now converted into luxury flats.[63] Whilst researching this institution I realised that lunacy provision in Kent had only been superficially investigated and then only in passing. The notable exception to this is Nicholas Hervey's 1987 thesis on the work of the lunacy commissioners with special reference to Kent and Surrey, in which he gives in an appendix a detailed breakdown of staff characteristics at Barming Heath Asylum and a brief delineation of the main institutions for the insane in the county of Kent.[64] However, Hervey is primarily concerned with the bureaucracy of the asylum inspectorate and central-local relations rather than an in-depth analysis of countywide lunacy provision. Although he examined the state apparatus for overseeing care and treatment of the insane, he did not explicitly mention social control

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[63] The county asylum was situated at Barming Heath near Maidstone and was in the twentieth century known as Oakwood Hospital.
[64] Nicholas Hervey, 'The Lunacy Commission, 1845-60 with special reference to the implementation of policy in Kent and Surrey' (PhD thesis, Bristol 1987), vol.2, pp.104-6, pp.144-5 and pp.166-9

and rebutted anti-psychiatry as insensitive to the realities of mental illness.[65] Buried in the archives I also found two short dissertations, one by Anthony Allnutt, the other anonymous, on private lunatic asylums in Kent and the asylum at Barming Heath respectively.[66] Allnutt's diploma dates from 1972 and is a brief overview of the main licensed houses in Kent in the eighteenth and nineteenth centuries, containing information similar to that given by Hervey. The anonymous dissertation has not only no known author, but no qualification, institution or date listed, although it is believed to be post-1968. It uses the old archival references. Both works are descriptive in character, neither of them arguing a particular standpoint or drawing comparisons with the state of lunacy provision in other regions or nationwide. Other than these works, references in the secondary literature to Kent's lunacy provision in past centuries are few and far between. Smith refers to the situation in Kent 13 times in his book *Cure, Comfort and Safe Custody,* a study of early nineteenth century public asylums in England. He usually describes an occurrence there in one or two sentences but often Kent is just a name on a list of institutions displaying a certain characteristic.[67] The county certainly does not linger in the memory from a reading of Smith's book and seems one of the less important counties investigated, being one of 26 locations for manuscript sources quoted in the bibliography.

Archival sources for Kent's private asylums are few and far between and like those of the county's public asylum are located in Maidstone. Being so few, the problem of selection did not arise. As for the historiography, mentions of William Perfect's asylum at West Malling are more frequent, the mad-doctor having been both a successful entrepreneur and a published author. Shirley Burgoyne-Black has written a concise biography of him but it is perhaps more telling that W.Ll.Parry-Jones referred to him in his seminal *The Trade in Lunacy* whilst Richard Hunter and Ida MacAlpine devoted a section to him in their *Three Hundred Years of Psychiatry.*[68] Parry-Jones argues in his conclusion that a study of the private madhouse system effects 'a better evaluation of the county asylum movement by extending what is known about the setting in which it evolved'.[69] Following

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[65] Ibid., vol.1, pp.24-5
[66] Anthony Allnutt, 'The private lunatic asylums in Kent in the eighteenth and nineteenth centuries' (diploma, University of London, 1972); Anon., 'Provision for Pauper Lunatics: Kent County Lunatic Asylum in the Nineteenth Century' (qualification, institution and date unknown), held at Pembury Hospital Archives, Tunbridge Wells
[67] For example, Smith p.80 and p.255
[68] Shirley Burgoyne-Black, *An Eighteenth-Century Mad-Doctor: William Perfect of West Malling* (Sevenoaks: Darenth Valley Publications, 1995); W.Ll.Parry-Jones, *The Trade in Lunacy* (London: Routledge, 1972), p.91; Richard Hunter and Ida MacAlpine, *Three Hundred Years of Psychiatry 1535-1860* (London: Oxford University Press, 1963), pp.501-5
[69] Parry-Jones, p.292

this lead, I have opted to elucidate the workings of Kent's own trade in lunacy in my opening chapter and so give a context for the establishment of the county asylum at Barming Heath in 1833. In a similar vein I have also elected to describe the military asylums at Rochester and Chatham, whose genesis also predates the county asylum, in chapter two. These military asylums are scarcely mentioned in the historiography of lunacy provision, the exception being Edgar Jones and Simon Wessely's *Shell Shock to PTSD*.[70] In a short subsection of a chapter on pre-1914 British military psychiatry they introduce the lunatic hospital at Fort Pitt which functioned between 1847 and 1869. They describe the post-confinement fate of lunatic soldiers and the low return to duty rate but not a mention is made of the original military asylum at Fort Clarence which opened in 1819 and was situated a mile down the road in Rochester.[71] Archival material for the military asylums was accessible at various sites outside the county, namely at Keogh Barracks in North Camp, in the private possession of Brigadier Peter Abraham and also at the National Archives. There is thus a paucity of material relating to Kent in the historiography of treatment and care of the insane in the nineteenth century. This thesis is an attempt at redressing the balance and placing this southern county very much centre stage, along with the likes of Devon, Yorkshire and Lancashire, to name but a few counties more extensively investigated.

The county of Kent has, however, attracted attention from local and national historians generally. In addition to two journals, *Archaeologica Cantiana* and the more populist *Bygone Kent,* there is also the Kent History Project which has published several titles relevant to the time period under scrutiny.[72] These provide a detailed account of the county's demography and its agricultural, political, industrial and religious identity. Other notable contributors to the history of Kent are Frank Jessup and Alan Everitt whilst Carolyn Conley has written a study of Victorian crime in the county.[73] More recently Kathryn Beresford has documented the characteristics and beliefs of the valiant Men of Kent, those male residents of the county who were characterised by a readiness to defend the

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[70] Edgar Jones and Simon Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War* (Hove: Psychology Press, 2005)

[71] Ibid., pp.5-7

[72] Frederick Lansberry, ed., *Government and Politics in Kent, 1640-1914* (Woodbridge: The Boydell Press and Kent County Council, 2001); Nigel Yates, Robert Hume and Paul Hastings, *Religion and Society in Kent, 1640-1914* (Woodbridge: The Boydell Press and KCC, 1994); Alan Armstrong, ed., *The Economy of Kent* (Woodbridge: The Boydell Press and KCC, 1995)

[73] Frank Jessup, *A History of Kent* (Chichester: Phillimore, 1995); Alan Everitt, 'The Making of the Agrarian Landscape of Kent', *Archaeologica Cantiana,* 92 (1976); Carolyn Conley, *The Unwritten Law* (Oxford: Oxford University Press, 1991)

established status quo and its Protestant ethic.[74] Also, *An Historical Atlas of Kent* has been published replete with maps and textual commentary on the changing face of the county from ancient times to the millennium.[75]

A profile of Kent, 1774-1874

Whilst Kent displayed many aspects of lunacy provision that were similar to those found in other parts of Britain, it was also unique. Geographically and historically it was an important county that exhibited an above average enthusiasm in providing not only for its pauper insane but also its private and military lunatics. It has a large surface area, comparable in size to Hampshire, Essex and Somerset and is situated on a peninsula in the south eastern corner of England between London and the continent. Its boundaries are delineated by the English Channel to the south and the Thames to the north whilst in the west it abuts Surrey and East Sussex with no discernible change in landscape from one county to the other. For years Kent was known as 'the garden of England', a reference to its plentiful crops and orchards and the fertility of its soil. The county was generally agreed to be predominantly agricultural with James Huxley, superintendent of the county lunatic asylum from 1846 to 1863, stating as much in his annual report for 1854.[76] However, more recently some historians have disputed this traditional picture of nineteenth century Kent. Conley asserted that 'though agriculture was a primary source of wealth, Kent was not predominantly a rural county'. She quoted a figure of 38.4% as Kent's rural population and compared this with the national figure for England and Wales of 44%.[77] Similarly, Christopher Chalkin stated that Kent had been 'at least since the seventeenth century….more urbanised than most English counties'.[78] Also taking issue with the popular myth of Kent as a wealthy, fertile county was Everitt who contended that its popular image as a mainly hop-growing and fruit-farming area 'is once again to some extent a misleading one'. He cited the eight- or nine-tenths of the shire where neither orchards nor hops have ever been established and which comprise a great deal of comparatively unrewarding or intractable land.[79]

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[74] Kathryn Beresford, ''Men of Kent': Gender and Nationhood in Regional Perspective, 1815-1837' (PhD, UCL, 2007)
[75] Terence Lawson and David Killingray, eds., *An Historical Atlas of Kent* (Andover: Phillimore, 2004)
[76] KHLC-Q/GCL4 Annual reports of the Kent County Lunatic Asylum 1847-74, 1854-5, p.33
[77] Conley, p.8
[78] Christopher Chalkin, 'The Towns' in Armstrong, ed., p.205
[79] Everitt, p.5

These reservations notwithstanding, agriculture constituted the dominant form of economic activity in late eighteenth and nineteenth century Kent. By 1841 there were 39,058 agricultural labourers working in the county which represented around 21% of the occupied population.[80] Tom Richardson has described how there were two main categories of labourer: farm servants, such as ploughmen, waggoners, shepherds, carters and dairymaids, who were boarded in the farmhouse (a practice which declined by over 50% between 1851 and 1871) and field labourers who were employed for only short periods of time, according to the demands and needs of the farming seasons and paid either by the task or by the hour, day or week.[81] At times, especially during the harvest, whole families were engaged in farm work. Even so, for much of the period under consideration financial hardship was an ever present reality for the average labourer. In 1801 13.4%of Kent's population was in receipt of poor relief as opposed to 11% nationally and 8.8% in a northern agricultural county like the North Riding.[82] In Appledore in 1833 one in three residents was a pauper whilst in Lenham the same year 54.6% of the population received relief.[83]

The widespread agricultural distress, which was particularly bad in the 1820s and in the 'hungry forties', belies the image of Kent as a wealthy county compared with other parts of England. Everitt attributes this image to the fact that the main transport routes, notably the London-Dover highway, traversed the rich coastal plain of the north-east rather than the poverty stricken chalk uplands.[84] He identifies a dramatic contrast between rich and poor in Kent, a state of affairs Conley has the less fortunate meekly accepting thereby contributing to the county's peace and prosperity.[85] This attitude, referred to by many historians as 'deference', consisted of those in subordinate positions subscribing to the system which endorsed their own inferiority. It has been attributed to agricultural workers' unquestioning acceptance of their limited horizons and powerlessness in the face of traditional authority wielded by farmers and landlords.[86] I disagree with this view of nineteenth century Kent. There was considerable tension within its borders, erupting in the Swing Riots of 1830 and again at the fatal Battle of Bossenden Wood of 1838. In addition there were violent protests at the introduction of the New Poor Law after 1834 such as at

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[80] Tom Richardson, 'Labour' in Armstrong, ed., p.236
[81] Ibid., p.241; J.P.D.Dunbabin, 'The Incidence and Organisation of Agricultural Trades Unionism in the 1870s', *Agricultural History Review,* 16 (1968), p.116
[82] Yates, Hume and Hastings, p.116
[83] Ibid.; Jessup, p.147
[84] Everitt, p.4
[85] Conley, p.7
[86] Howard Newby, *The Deferential Worker* (London: Allen Lane, 1977), p.48

Rodmersham where a large mob armed with bludgeons demanded cash instead of relief tickets, indecently assaulted female paupers and intimidated the overseer.[87] During all these disturbances arson was not uncommon and on several occasions troops were called in to keep the peace. There was thus clear class conflict. Indeed, William Courtenay talked of land redistribution and the destruction of private property whilst during Swing the most widely distributed handbill pointed out the enormous annual incomes of the aristocracy and clergy and suggested that they would maintain 92,224 families allowing £50 a year to each.[88]

Kent was a county of varied landscapes. Either side of a downland ridge were abundant cornfields, hop-gardens and orchards. Sheep grazed on the chalk downs, deemed 'the backbone of the county' by a contributor to the *Victoria History of Kent,* and there was plentiful woodland.[89] Indeed, Gordon Mingay has stated that Kent was one of the most heavily wooded counties in England, as the area of heavy clays towards the Sussex border known as the Weald was also densely covered with trees.[90] Hasted wrote in 1708 that 'the soil of the Weald is particularly adapted to the growth of the oak, which in these parts increase to an amazing size'.[91] Much of this timber was bought up by the Royal Navy but the demand for hop-poles ensured the woodlands, which covered more than one tenth of the surface of the whole county, were better cared for in Kent than in other areas.[92] The Weald also sustained grazing of both cattle and sheep but it was in the north of the county and the extensive marshland of the southeast that sheep comprised the principal farming product. This latter region was home to the famous breed of Romney Marsh sheep which has a reputation for early maturity, a propensity to fatten and a superior quality of wool.[93] Kent lost most of its common lands and open fields to early enclosure long before the starting date of this thesis: hedgerows had been planted and the landscape transformed. However, Barming Heath near Maidstone, where the county lunatic asylum opened in 1833, was not fully enclosed until an act of parliament ordered it in 1864. W.E. Tate has described this as the final 'mopping up' in the Victorian era of the last remaining scraps of

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[87] Yates, Hume and Hastings, p.160

[88] Paul Hastings, 'Radical Movements and Workers' Protests to c. 1850' in Lansberry, ed., p.105

[89] *The Victoria History of the County of Kent,* vol.1, ed., by William Page (London: Archibald Constable, 1908), p.471

[90] Gordon Mingay, 'Agriculture' in Armstrong, ed., p.52

[91] *VCH,* p.475

[92] Ibid., p.469

[93] Ibid., p.465

common in the country.[94] That the Kentish authorities purchased common land and not prime real estate for their asylum betrays not only a desire to cut costs but also an evaluation of lunacy as being particularly rife amongst the lower classes, those same classes who would have made most use of the ever shrinking common land.

Mixed in with this solidly agricultural base were pockets of small-scale industry. The once flourishing Weald, with its cloth and iron industries, had been declining since the early eighteenth century but around Maidstone in the nineteenth century there was a thriving paper trade. In 1851 Kent employed more workers in paper manufacturing than any other county including Lancashire, with 981 males and 1,423 females working in the industry. However, the northern county was more mechanised than its southern counterpart and by 1870 had overtaken her in terms of employment and production.[95] Other important industries included brewing, flour milling and brick-making, the latter heavily influenced by demand for building materials in the capital. In the north of Kent along the Thames estuary there was heavier industry with armaments and munitions manufactured at Deptford, Woolwich, Chatham and Sheerness. These dockyard areas also built ships, warships included. There was across the period under review a shift in the county's industrial centre of gravity from the south to the north.[96] Although some commentators have referred to Kent's 'developing industrial coastline', there was never growth on the scale witnessed in the north of England and elsewhere in the county industry seemed to languish.[97] Indeed, much of the manufacturing on the north coast was directly influenced by periods of conflict and the pronounced military presence in the county, a fact explained by the unique geography of the area and its close proximity to the continent with its concomitant danger of invasion.

The sea was thus of vital importance to Kent, in times of both peace and war. Maritime trade, legal and illegal, contributed to the county's finances and there developed from the mid-eighteenth century a lively commerce in seaside holidays and day trips from the capital. On the Isle of Thanet, at the most easterly tip of the Kentish peninsula, Broadstairs, Ramsgate and notably Margate had firmly established themselves as popular resorts by the early nineteenth century. In these and other coastal settlements (for example Dover, Herne Bay, Hythe and Gravesend) the resort function was grafted on to

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[94] *Essays in Kentish History,* ed. by Margaret Roake and John Whyman (London: Frank Cass, 1973), p.202-4
[95] James Preston, 'Industry 1850-1914' in Armstrong, ed., p.117
[96] David Ormrod, 'Industry 1640-1800' in Armstrong, ed., p.101
[97] Preston, p.110

traditional port functions such as trading, fishing, shipbuilding and repairs or cross-channel trafficking.[98] Indeed, the Thanet seaports dated back several centuries and conducted a not insignificant amount of trade. At one time Ramsgate had ranked 15th among all the ports of England and Thanet ships had played an especially prominent part in the coal trade with Newcastle, the shipping through the Sound to and from the Baltic as well as the more regular trade in agricultural produce with the capital.[99] Between them, the Kentish resorts increased in population by no less than 111% between 1801 and 1841, when they accounted for over a quarter of Kentish urban inhabitants.[100] Margate, in particular, profited from the publicity bestowed on the medicinal advantages of sea water and sea air from the 1750s onwards and became a popular destination for sea bathing. The Mount family, in a diary of their tour through Kent in 1759, commented on the convenience of the shoreline at Margate and its superiority to Ramsgate in this respect although the latter had the better harbour.[101] Although not by the sea, the inland town of Tunbridge Wells profited from the new leisure industry with its spas and pleasure gardens. It appealed to those of independent means, 539 of whom were recorded in the 1841 census as opposed to only 60 in neighbouring, more workaday Tonbridge.[102] Directly linked to the sea, however, was the lively trade in oysters, farmed at Whitstable and Faversham on the north coast, as well as the many coastal defences all around Kent's shores. These included the Martello towers and the Napoleonic forts such as Fort Clarence at Rochester which was later used as a military lunatic asylum. William Cobbett, in his Kent tour of 1821, castigated such developments, supposing that the Western Heights at Dover used enough bricks and stone to 'build a neat new cottage for every labouring man in the counties of Kent and Sussex'.[103] He decried their expense and deemed them an eyesore, blotting Kent's otherwise idyllic landscape. Moreover, the vast numbers of soldiers garrisoned in the county also adversely affected the social landscape, with their presence contributing considerably to the local crime rate.[104]

The proximity of London has undoubtedly played a significant role in shaping Kentish history, despite Everitt's misgivings.[105] This factor influenced the flow of not only goods but also people and ideas. The capital was a huge and ready market for the produce

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[98] Robin Craig and John Whyman, 'Kent and the Sea' in Armstrong, ed.,p.196
[99] Roake and Whyman, eds., pp. 121-2
[100] Craig and Whyman, p.196
[101] Roake and Whyman, eds., p.188
[102] Chalkin, p.219
[103] William Cobbett, *Rural Rides* (1830; Harmondsworth: Penguin Books, 1967), p.200
[104] Chalkin, p.218; Conley, pp.154-5
[105] Everitt, p.2

grown in Kent: in 1845 Covent Garden was said to obtain two-thirds of its soft fruit from the mid-Kent district.[106] London also functioned as a transit hub for Kent's produce which was expedited to the north by train. As David Harvey has noted,

> 'in the early nineteenth century Kentish fruit was so expensive in the northern markets that it was available only to the upper income classes, but with the coming of the railways the price of Kentish fruit fell in the northern markets so as to become generally available to all except the poorest classes'.[107]

Building supplies also travelled up to town and David Ormrod has contended that 'it is….difficult to imagine how the population of the metropolis could have been housed without a constant flow of cheap building materials from Kent'.[108] By the beginning of the nineteenth century it is estimated that bricks were being transported by barge from the Medway to London sites at the rate of several hundred million per year.[109] The pull of the capital also influenced mobility of population. Kathryn Beresford has documented how the gentry and aristocracy from the north west of the county were effectively able to commute between their country seats and London although for Sir Edward Knatchbull, whose family seat was in Mersham Le Hatch near Ashford in east Kent, travel to the metropolis still took the best part of the day.[110] The less privileged also travelled from Kent to London in search of work whilst during harvest time, and particularly during the hop-picking season, large numbers of London folk left the capital for the Kent countryside. Traffic was thus two-way although in 1851 those born in Kent but enumerated in London outnumbered Londoners residing in Kent in the ratio of 3:1.[111]

On a clear day the French coast was visible from the Kent shoreline, there being just 21 miles of water separating Dover from Calais. This meant that not only did ideas travel between London and Kent but also they travelled from the continent into the county. These ideas were mostly radical in nature but there also existed homebred radical circles in the capital and there is evidence that Kentish labourers attended meetings at the Rotunda

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[106] Richardson, p.241
[107] Roake and Whyman, eds., p.213
[108] Ormrod, p.107
[109] Ibid., p.108
[110] Beresford, p.83
[111] Alan Armstrong, 'Population 1831-1914' in Armstrong, ed., p.34

in the early 1830s at the time of the Swing riots.[112] A generation earlier, in the wake of the 1789 revolution, workers in the Medway towns had invited members of the radical London Corresponding Society to help them in their support for reform and E.P.Thompson has suggested that the visits paid by LCS members to naval dockyards 'may be one among the threads which link the Jacobins to the naval mutinies at Spithead and the Nore in 1797'.[113] Kent had a long history of radicalism dating back to Wat Tyler and John Ball during the Peasants' Revolt of 1381 and Jack Cade's rebellion of 1450, all of whom led Kentish rebels to the capital to air their grievances. However, the county was also known for its staunchly patriotic and Protestant Men of Kent who sought to defend Kent and England against foreign influence and maintain the status quo. They too had a long history, deriving their name from William the Conqueror who honoured them for their bravery in 1066. Their motto was Invicta, meaning 'unconquered', and it is now the official motto of Kent.

Nineteenth century Kent was thus defined by two major factors: the predominantly, although not uniformly, non-industrial agricultural-based economy and its unique maritime location between London and the continent.[114] These factors explain its military significance, its exposure to radical ideas even whilst the landed aristocracy remained dominant and the social and economic development of its towns and ports with their connecting transport network. Throughout the following thesis Kent is the backdrop for an examination of the care and treatment of lunatics and idiots in the century from 1774 to 1874. It is thus a constant presence and as much an important stage-player as the many men and women who peopled its asylums and hailed from its towns and villages.

Chapter layout

This thesis consists of seven chapters, each one devoted to a particular aspect of lunacy provision in the county of Kent between 1774 and 1874. It commences with the passing of the Act for Regulating Private Madhouses and the establishment of the very successful and long-lived private lunatic asylum at West Malling by William Perfect. This influential Kent physician penned a large number of tracts on the treatment of lunacy and acquired a regional, national and even international (he was read by Pinel) reputation as a progressive

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[112] NA-HO 40/25 Activities in Distressed Areas and Civil and Military Reports 55-6; The Blackfriars Rotunda in Southwark was in the early 1830s a notorious meeting place of radicals, republicans and atheists.

[113] E.P.Thompson, *The Making of the English Working Class* (Harmondsworth: Penguin Books, 1968), p.162

[114] Beresford, p.85

humanitarian. Given the realities of the 'trade in lunacy', with restraint widely used and several cases of high profile wrongful confinement in the news, I ask how accurate was this appraisal? The chapter then examines the mixed fortunes of West Malling Asylum after Perfect's death before investigating the other small private asylums that were dotted around Kent up to 1874. Was there any pattern to their distribution and were any parts of the county particularly well or badly served? By way of conclusion I ask whether these private asylums display any of the characteristics of 'total institutions' as defined by Goffman. Was incipient social control a motivating factor in the funding and running of these asylums or were they rather lucrative business concerns satisfying a market demand for distressed families?

Chapter one thus outlines the existence of a vigorous trade in lunacy in Kent preceding the establishment of the county asylum in 1833. Also predating the county asylum was the military provision for insane soldiers at Fort Clarence in Rochester. Officially opened in 1819, this defunct military fort initially accommodated and treated the psychiatric casualties of the Napoleonic Wars. Discipline and conformity were paramount with little concern for humanitarian issues evident from the archives. Moreover, a strong punitive streak was palpable with a whirling chair in use for chastising contraventions of the strict military and social code. This military model of behaviour was cited by Foucault as illustrative of the type of society being engineered in the late eighteenth and early nineteenth centuries, namely one where citizens were docile, amenable and automative cogs in a wheel, primed to perform certain tasks unquestioningly on command as a soldier unhesitatingly obeys orders in the army.[115] Fort Clarence (and later Fort Pitt, also a military lunatic asylum in the Medway towns) was part of the burgeoning asylum movement which sought to refashion socially troublesome individuals into compliant citizens and the chapter deals with the workings of both these institutions, emphasising in particular aspects of social control inherent in the care and treatment provided there. Specialised military psychiatry, despite the creation of a facility solely for insane servicemen, was barely existent in 1819 and the chapter traces the development of this discipline across the designated time period. How did it differ from civilian lunacy provision?

Chapter three is the first of four chapters dealing specifically with the Kent County Lunatic Asylum at Barming Heath near Maidstone which opened in January 1833. It describes not only events but also the prevailing social climate in the lead up to the

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[115] Michel Foucault, *Discipline and Punish,* trans. by Alan Sheridan (1977; London: Penguin Books, 1991), pp.135-6

building of this institution, asking whether its construction was a humanitarian gesture or an exercise in social control of the ever growing number of pauper insane. Particularly relevant here is the extensive unrest in Kent in 1830 during the Swing Riots. My attention then turns to the actual edifice that constituted the asylum and I examine its appearance and architecture. Was it a prison in all but name? The two opposing ideological strands of humanitarianism and social control are elaborated throughout leading me to the conclusion that it was the latter that prevailed.

Chapters four, five and six concentrate on the asylum regime, dealing with admission, residence and departure respectively. In chapter four I examine the demographic profile of those admitted to Barming Heath, in particular the very first inmate, Mary Hogg, of whom I ask how typical was she? In chapter five I outline the daily functioning of the asylum, the treatments and diagnoses and the role of staff. In chapter six it is how patients exited the asylum, whether it be through death, suicide, release or escape, that is of interest. These three chapters together thus follow the trajectory of a lunatic through the system, from admission to residence to departure. Throughout I have in mind Goffman's description of the moral career of the mental patient in *Asylums* and I ask if there are any parallels between what he observed in twentieth century Washington and the situation in nineteenth century Kent?

Chapter seven takes the reader outside the asylum walls and focuses on lunacy provision in the community and in workhouses and gaols. It covers a wide range of extramural lunacy issues such as the legal procedure known as *de lunatico inquirendo,* during which wealthy lunatics were called upon to prove their sanity if they wished to manage their own affairs, as well as the problem of suicide in society at large. It also examines the total breakdown of order that occurred in 1838 when William Courtenay led the fatal and abortive uprising at the Battle of Bossenden Wood. Courtenay was a former inmate of the asylum and I investigate his actions after release and their impact on the community. There was something murky and enigmatic about the Courtenay saga and I ask whether there was high level collusion in what transpired. The aim of the chapter is to provide a comprehensive picture of the fate of those lunatics not incarcerated in an asylum and it shows that social control was no less evident outside the asylum than within.

Throughout the thesis I quote extensively from the main exponents of social control, in particular the anti-psychiatrists of the 1960s and 70s. These modern voices provide an illuminating angle from which to view nineteenth century lunacy provision. At this time psychiatry was only just beginning to evolve as a distinct profession but by the

mid-twentieth century it had acquired a huge amount of power which the anti-psychiatrists saw as controlling and oppressive. To examine the period in which psychiatry emerged through the lens of latter day critics is to expose the coercive bedrock on which the discipline is founded and, despite all the protestations of humanitarian intent, to reveal it as a branch of medicine that pathologises normal variations of human behaviour, thoughts or emotions.

Chapter One

Kent's Trade in Lunacy

Introduction

In 1774, the start date for this thesis, parliament passed an Act for Regulating Private Madhouses (14 Geo. lll, c.9) which sought to clarify the burgeoning 'trade in lunacy' that had evolved over the previous century. Although this legislation was for a long time considered, most notably by Kathleen Jones, effectively a dead letter in practice, more recently Leonard Smith has argued that it was in fact more effective than hitherto suggested.[1] The act was intended to rectify many of the reported abuses surrounding private madhouses, most notably illegal confinement. Moreover, licences were introduced and for the first time a rudimentary inspection system was implemented. In Kent, William Perfect was quick to avail himself of the new law to procure a licence to treat up to ten patients at his premises in the small town of West Malling.[2] This business was to prove extremely successful and remained, up until 1833 when the county asylum opened its doors, the main institutional provision for lunatics in the area. This opening chapter focuses on the private mad-doctoring trade in Kent, from the 1770s when Perfect set up his business, through to the 1870s, by which time several other, smaller private asylums had established themselves. It examines the location and running of these various establishments, identifying what they had in common and what made them different from one another. I shall be asking whether they displayed any of the characteristics of 'total institutions' as defined by Erving Goffman or whether they were more humane than their reputation suggested. In an era when madhouses were regularly demonised, the figure of William Perfect emerged on the regional and national stage as a progressive humanitarian. How accurate was this appraisal?

Although the private sector was well represented in Kent, there was no voluntary lunatic asylum in the county, or in the south east region as a whole. The voluntary sector, which blossomed in the eighteenth century and formed part of the 'urban renaissance', relied on charitable funds and voluntary contributions on a subscription basis. It combined hospital care with conspicuous philanthropy. This omission meant that Kent never truly had

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[1] Kathleen Jones, *Lunacy, Law and Conscience 1744-1845* (London: Routledge & Kegan Paul, 1955), p.38; Leonard Smith, *Private Madhouses in England, 1640-1815: Commercialised Care for the Insane* (Cham CH: Palgrave Macmillan, 2020), p.90

[2] KHLC-Q/SB 1775 Quarter Sessions

a 'mixed economy of care', whereby the private, public and voluntary sectors coalesced to offer comprehensive and competing care packages for local lunatics. It was not that the population of Kent suffered from a lack of charity as there were several voluntary institutions in the county. The Kent and Canterbury Hospital, opened in 1793, was the first one to be established. It served the needs of both in- and out-patients, offering care and treatment for the sick and lame poor, but not lunatics. Donors and subscribers could recommend poor patients for treatment. It was followed three years later by the Margate Sunbathing Infirmary, also financed by subscription. Then in the first half of the nineteenth century there appeared a string of dispensaries for the poor at various localities throughout Kent. These too were based on subscription with the right to recommend.[3] Moreover, the same year the county asylum opened at Barming Heath (1833), West Kent General Infirmary started tending the physically ill in the Maidstone area. Designed by the same architect who was responsible for the county asylum, it too was a voluntary institution funded by subscriptions, church collections and donations and was built near Fishers' Charity land by the old Sittingbourne Road.[4] Also in Maidstone was the Kent Ophthalmic Hospital opened in 1846 and it likewise was supported by voluntary contributions.

In 1825 a voluntary subscription lunatic asylum was mooted for Canterbury but plans did not come to fruition and a public asylum funded out of the county rates was preferred. The project was, however, advertised in the local press and the people of Canterbury were complimented on their generosity: 'The subscriptions of private individuals are spoken of as most magnificent' wrote one reporter adding that subscriptions of £25 were being sought.[5] Most probably it was debated whether to graft a new voluntary lunatic asylum onto the pre-existing infirmary as occurred frequently in other parts of the country such as in Manchester, Liverpool and Leicester. Indeed, from the late eighteenth century a network of voluntary institutions sprang up in the north and west of England but this was not replicated in the south. According to Smith this was due to the existence of St Luke's in the capital. This voluntary subscription asylum, opened in 1751, wielded a substantial influence on the subsequent design and operation of other similar establishments for the insane.[6] From the outset it functioned as a facility for not only the capital but also the surrounding counties and this, along with the extensive private

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[3] Yates, Hume and Hastings, pp.191-2

[4] KHLC-MH/Md1/Am1 Third Report of the Committee of the Maidstone Dispensary for 1832

[5] *Kentish Weekly Post or Canterbury Journal,* 9 September 1825

[6] Leonard Smith, *Lunatic Hospitals in Georgian England 1750-1830* (London: Routledge, 2014), pp.45-6

madhouse sector in the metropolis, was the reason the south east did not develop any voluntary lunatic asylums. They opened in the north precisely because their distance from London meant that placements at Bethlem and St Luke's were inconvenient and problematic.[7] Kent, by contrast, was within easy reach of the capital and so profited from its flourishing lunacy provision, both private and voluntary. Until the county asylum opened in 1833 it was the private sector that filled the gap left by the absence of a voluntary lunatic asylum and this chapter focuses on this lucrative trade, whereby considerable sums of money changed hands in return for specialist, discreet care, enriching the madhouse proprietor but potentially impoverishing the patient and his family.

William Perfect

William Perfect (c.1734-1809) was not only an important figure in the provision for the insane in Kent but was also a person of national, even international stature. Although born in Oxfordshire, he grew up in East Malling where his father was a clergyman and, after serving a seven year apprenticeship to a London surgeon, settled in the adjacent village of West Malling, taking over a vacant medical practice in 1757. He initially specialised in midwifery but, as a surgeon and apothecary, he treated all manner of injuries and illnesses.[8] By 1771 he was caring predominantly for the insane, initially treating single patients in his home but then adapting it to cater for larger numbers.[9] At this time lunacy was a much debated topic, both in parliament and society, and the mad-doctoring trade was rapidly expanding. Driven by an interest in lunacy and a desire to help those thus afflicted, but also, no doubt, spotting a lucrative business opportunity, Perfect set himself up as a madhouse keeper in rural Kent. Not all madhouse keepers were then medical men although, as Parry-Jones has described, this was then slowly beginning to change.[10] They were usually identified as money grabbing individuals, preying on others' misfortunes and abusing the trust placed in them by their customers, who were not necessarily their patients. Their trade was seen as immoral and exploitative, a situation the 1774 act sought to remedy. Perfect wrote about the good intentions and effects of this legislation in *An Address to the Public,* published probably in 1776. He wrote of the 'wise government' that deserved approbation and support for stepping in and appointing 'persons properly

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[7] Ibid., pp.21-2
[8] Burgoyne Black, pp.9-10
[9] *Whitehall Evening Post,* 22 February 1780
[10] Parry-Jones, pp.77-83

qualified to superintend well-regulated and licenced houses for the reception of those who labour under such infirmities of mind as require the skilful management and regimen adapted to their unhappy care'.

Perfect was well aware of the 'flagrant abuses', 'iniquitous proceedings' and the 'spirit of wanton cruelty, rapaciousness and that want of benevolence of heart' that haunted many madhouses in England, a power otherwise known for its humanity. Ever the astute businessman, he contrasted these failing establishments with his own madhouse which he depicted as a rural refuge 'free from aguish complaints and remarkable for its fabulous air'.[11] Indeed, Perfect regularly advertised his services in the local press. In 1771, in the *Kentish Gazette,* he offered care that was a 'medium between the [too harsh] severity of a madhouse and the mistaken partiality of friends' whilst in 1774, in the same newspaper, he advertised accommodation and relief for insane, nervous and hysterical patients at Town Malling 'which lies nearly in the centre of this county; and for pleasantness and salubriousness of air is inferior to no one spot in the kingdom. It is distant from Rochester ten, Maidstone six, Tonbridge ten, Sevenoaks twelve and from the metropolis twenty-nine miles'. He claimed to be able to produce excellent references of 'tender treatment and extraordinary benefit received' and noted that his residence in the area was long standing and his practice well-established.[12]

Perfect continued to build up and expand his business throughout the last quarter of the eighteenth century, achieving widespread recognition in 1787 with the publication of a volume of select cases he had treated for insanity.[13] This volume, along with an augmented edition of 1801, detailed the late eighteenth century accepted treatments for lunacy in some detail: issues, setons, blisters, emetics, vomits and depletive measures.[14] The pulse, the tongue, the blood and the bowels were all minutely examined and treated, whilst medicines such as vitriolic ether and camphorated julep were frequently administered. These methods seem misguided and even barbaric to twenty-first century sensibilities and Alan Bennett used his poetic licence to good effect in his 1995 drama *The Madness of King George* to lampoon them.[15] However, at the time, Perfect boasted of a very high cure rate: of the 61 cases described in *Select Cases,* over 40 had a successful outcome. Moreover, he was not averse to trying out new treatments. He was one of the

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[11] William Perfect, *An Address to the Public,* ?1776 Senate House Library, Porteus Collection
[12] *Kentish Gazette,* 13-17 August 1771 and 3-6 August 1774
[13] William Perfect, *Select Cases in the Different Species of Insanity, Lunacy or Madness* (Rochester: W.Gillman, 1787)
[14] William Perfect, *Annals of Insanity* (London: published by the author, 1801)
[15] Alan Bennett, *The Madness of King George* (London: Faber and Faber, 1995)

first to advocate separating the patient from contact with friends and relatives, observing with the

> 'late learned Dr William Battie that the visits of affecting friends, as well as enemies, and the impertinent curiosity of those who think it a pastime to converse with madmen and to play upon their passions, ought strictly to be forbidden, on the same account the place of confinement should be at some distance from home'.[16]

Also a novelty in the eighteenth century was the use of electricity to treat lunatics and Perfect owned a machine which he made use of when all other treatments had failed. He described some cases of treatment by electricity in the latter chapters of *Annals of Insanity,* suggesting his acquisition of the device was made towards the close of the century. Although he conceded that electricity afforded usually only partial or temporary relief, he gave details of three cases where the cure had been total. Thus, Mrs E.W., who had been reduced to a miserable state of melancholy by the death of her husband, had not responded to any of the usual methods of treatment. Electricity was tried as a last resort with shocks passed through her cranium once a day for a month. This produced an improvement, allowing the patient to dress and feed herself. The shocks were then increased every second, third or fourth day, but not confined to the head, for a month longer, after which she was released home cured with no return of her disorder.[17] Such cases were among the earliest reports of the use in psychiatry of galvanic electricity, that is 'of a continuous electric current of at least potentially significant capacity to be of general neurophysiologic importance'.[18]

Perfect was thus very much a pioneer in a new, developing field of treatment for lunacy. According to R.A. Hunter, portable electric machines became a cure-all in the early eighteenth century with John Wesley acquiring one in 1750 and using it to electrify various patients. In 1767 Middlesex Hospital became the first London teaching institution to purchase an electric machine whilst the application of electricity to the treatment of the insane en masse was first tried in an asylum at Leicester in 1798. There was even a London Electrical Infirmary opened in 1793.[19] Perfect's use of electricity was part of this

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[16] Perfect, *An Address to the Public*
[17] Perfect, *Annals of Insanity,* pp.407-8
[18] Edward Stainbrook, 'The Use of Electricity in Psychiatric Treatment during the Nineteenth Century', *Bulletin of the History of Medicine,* 22 (1948), p.158
[19] R.A. Hunter, 'A Brief Review of the Use of Electricity in Psychiatry with Special Reference to John Wesley', *British Journal of Physical Medicine,* 20 (1957), p.99

enthusiastic wave of galvanic treatment during the eighteenth century. During the early part of the following century, however, the therapeutic use of electricity was contaminated by the prevailing ideas about animal magnetism which was an unorthodox science, popularised by Anton Mesmer in the late eighteenth century, that maintained that invisible, highly charged currents flowed between individuals and sometimes objects that could be harnessed and used to treat disease. As a result galvanism fell out of favour, despite reputable doctors such as Bucknill reporting the successful treatment of melancholia by electricity, confirming Perfect's results of half a century earlier.[20] There was then a brief renewal of interest in the phenomenon awakened by major developments in electrical science taking place during the Victorian era. By the 1890s, however, the psychiatric establishment had once again lost interest and it was not until 1938, when Cerletti and Bini introduced electroconvulsive therapy, that this trend was reversed.[21] It was a progression that could trace its origins back to the work of practitioners like Perfect.

Perfect was thus in some ways a man ahead of his time. Indeed, Burgoyne Black, who penned a short biography of the mad-doctor, described his treatment as holistic, a very modern approach, for he repeatedly emphasised the need for a controlled diet and plentiful exercise as a precondition for good mental health.[22] Alexander Walk, the superintendent of Cane hill Hospital in Surrey, wrote in 1954 that he was one of the most significant eighteenth century authors on the topic of lunacy, his *Select Cases* being warmly praised by the great French reforming alienist Phillipe Pinel, who merely criticised him for not venturing to build up his observations into any kind of system.[23] Walk also noted that Perfect's mode of treatment was mostly medicinal and that he had little to say about moral management. He watched over his mostly acute patients carefully and monitored their day-to-day progress minutely, writing that 'humanity has taught the author to treat all those, who through the severity of their afflictions, have been placed under his care, with the most complacent assiduity'.[24] Walk also posited the possibility that Perfect may have even inspired Pinel to free his patients from their chains during the French Revolution,

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[20] Stainbrook, p.158; In 1849 Bucknill treated melancholia with potassium iodide and galvanic electricity

[21] A.W. Beveridge and E.B. Renvoize, 'Electricity: A History of its use in the Treatment of Mental Illness in Britain During the Second Half of the 19th Century', *British Journal of Psychiatry,* 153 (1988), p.161

[22] Burgoyne Black, p.50; Perfect, *Select Cases,* p.49 and p.174

[23] Alexander Walk, 'Some Aspects of the "Moral Treatment" of the Insane up to 1854', *British Journal of Psychiatry,* 100 (1954), p.811-2.

[24] Perfect, *Annals of Insanity,* Preface

citing case 26 from *Select Cases* of 1776 regarding a violent maniac confined in the Frindsbury workhouse in the Medway towns:

> 'He was fastened to the floor by means of a staple and iron ring, which was tied to a pair of fetters about his legs and he was hand-cuffed. The place of his confinement was a large, lower room….which opened onto the street; there were wooden bars to the windows, through the spaces of which continual visitors were observing, pointing at, ridiculing and irritating the poor maniac, who thus became a spectacle of public sport and amusement….my advice was to take off his shackles and secure him in a strong strait waistcoat….it was also my advice to have a small hovel built for his solitary residence….and to prohibit all persons from going near enough to converse with him, but those that should be appointed the charge of attending him. Proper attention being paid to his person and diet, in a few weeks the patient entirely recovered his reason….'[25]

Whether this case actually inspired Pinel in his actions is far from certain but Walk cites the fact that the latter is known to have given much thought to the lessons to be derived from individual cases. It is also known that he adopted from Perfect at least one form of treatment, the use as a remedy of soft drinks, les boissons acidulées ou émulsionées, to which he may have attached a somewhat exaggerated importance.[26]

Parry-Jones, in his seminal *Trade in Lunacy,* accepted the veracity of Perfect's case studies unquestioningly, although he acknowledged that 'the accounts of these writers [Cox and Perfect] must have been influenced to some extent by the need to display the success of their individual houses'.[27] Walk also hinted that the cases may have been exaggerated to please readers and garner custom: 'In reading his cases one is enormously impressed by his resourcefulness in medical treatment and his assiduous watchfulness of the day-to-day progress of his mostly senile patients. If his instructions were really carried out as he describes them, he must certainly have had a skilled and devoted staff under his control'.[28] This questioning of the veracity of the cases expounded by Perfect was taken up by an Australian writer, Alfred W. Gaudron (b.1947). A Jewish poet from Sydney, Gaudron has written many volumes of essays and poetry displaying an interest in not only the

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[25] Perfect, *Select Cases,* pp.131-35
[26] Walk, p.812
[27] Parry-Jones, p.169
[28] Walk, p.811

Australian landscape but also such issues as world peace, psychiatry and disability generally. In 1993 he penned a short piece entitled *One Cabalistical Word: Or, a Perfect Madhouse* in which he compared the writings of Perfect with those of Tobias Smollett, a late eighteenth century doctor who wrote satirical novels: 'Could it be that Dr Perfect had some real patients, and along with them, also had some concocted patients, ripped from the fictional cards of Dr Smollett?'[29] Gaudron estimated that of the one hundred odd cases listed in the *Annals of Insanity,* perhaps 85% may have been real and actually treated by Perfect. 'The rest seem to be very clever concoctions of literary mishmash, produced in the artificial and stinted mode of 'scholarship' which can be found in an abundant number of eighteenth-century authors, whose leanings towards eclecticism are well-known'.[30] Two cases in particular are highlighted from the *Annals of Insanity:* case 14, in which a middle-aged man drew repeatedly upon his banker for extortionate sums of money whilst believing himself to be variously the Lord Chancellor, the King of Spain or the Duke of Bavaria and case 94, in which a gentleman 'of atrabilarious temperament' expressed the utmost abhorrence at everything red, whether it be a curtain in his room or a waistcoat, both of which he tore into a thousand pieces.[31]

Perfect certainly was of a literary bent, composing a prolific amount of pastoral poetry published in several volumes, the most well-known being *The Laurel Wreath.* He also peppered his case studies with quotations from various poets, most notably citing Shakespeare's *Macbeth* in the preface to *Annals of Insanity.* The collection was intended to showcase the efforts of one who strove to 'minister to a mind diseased' and 'pluck from the memory a rooted sorrow/ Raze out the written troubles of the brain,/ And with a sweet oblivious antidote/ Cleanse the stuffed bosom of that perilous stuff/ Which weighed upon the heart'.[32] Michelle Faubert referred to Perfect as a Romantic-era psychologist-poet who was influenced by the Scottish Enlightenment and whose case studies constituted pop-psychology, a prose complement to his verse.[33] In both prose and verse the merits of a moderate lifestyle were extolled and contentment, often shorthand for mental health, could be found in solitary contemplation associated with a rural existence.[34] Moreover, Perfect, despite the challenges and responsibilities of what could be seen as a stressful and

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[29] Alfred W. Gaudron, *Concision and Precision: Poems and Prose for Fred* (Narrabeen: Prestige Press,1993), p.51

[30] Ibid., p.64

[31] Perfect, *Annals of Insanity,* p.50 and p.372

[32] Ibid., preface

[33] Michelle Faubert, *Rhyming Reason: the Poetry of Romantic-Era Psychologists* (London: Pickering & Chatto, 2009), p.127

[34] Ibid., p.131

depressing choice of career, was not immune to a dash of humour: 'To bleed, or not to bleed? – that is the question:/ Whether it is better in the blood to bear/ The load and pain a pleth'ric brings,/ Or take advice from Hippocratic lore,/ And by complying 'scape them?'[35]

It is clear from the advertisements placed in the local newspapers, as well as the case studies, that Perfect's sphere of activity extended beyond Kent. In an advertisement from 1774 he wrote 'Advice given to any distance and medicines sent if required'.[36] He often went up to London and beyond to visit afflicted patients, either then removing them to his madhouse or treating them in their homes. Removing a lunatic was not always without difficulty, however, as in the case of a man who was only secured by the efforts of four persons after a struggle of nearly half an hour and then conveyed to West Malling in a chaise.[37] In an advertisement from 1776 it was stated that incurables, that is 'idiots' and 'imbeciles', could be accommodated for a fixed time on easy terms.[38] Twenty years later he stipulated a minimum stay of three months for all patients, a ploy, some might say, designed to secure a steady income.[39] The same criticism could also be levelled at the practice of retaining a patient even after they had been cured, ostensibly to avoid the danger of a relapse, or of separating the lunatic from family and friends by forbidding visits.[40] In an age when madhouses were seen as places of confinement rather than cure, there was only one recorded case of possible wrongful detention, although many inmates doubtlessly resented their incarceration. This was that of Job Tripp, committed to West Malling by his younger brother in 1787, then released as sane only to be arrested for debt. Whilst Burgoyne thought the entire proceedings farcical, Allnutt saw them in a more sinister light, asking whether Perfect knew that Tripp was sane?[41] Michael Weller absolved the mad-doctor of all wrongdoing, however, and suggested that Tripp was trying to escape imprisonment for debt.[42]

Perfect's reputation was sound enough for him to offer occasional consultations in London and his business was lucrative enough for him to treat paupers at a reduced rate for a short time. Upon the presentation of a note from their parishes recognising their

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[35] Ibid., p.216

[36] *Kentish Gazette,* 3-6 August 1774

[37] Perfect, *Annals of Insanity,* p.28

[38] *Kentish Gazette,* 3-7 August 1776

[39] *True Briton,* 21 October 1797

[40] Perfect, *Annals of Insanity,* pp.311-328

[41] Burgoyne Black, p.62; Allnutt, p.21

[42] Michael Weller, 'William Perfect MD: 'Minister to Minds Diseased'',part one, *Bygone Kent,* 14 (1993), p.597

straitened circumstances he would give them a course of medicine for free.[43] This concern for social issues was also evident from his condemnation of the custom of denying hanged men a decent burial.[44] Faubert identified 'an anti-establishment rebelliousness' in the Kent mad-doctor, who held 'unconventional and liberal sympathies'.[45] Weller summed him up as 'a remarkable man: rich, clever, respected, moral and generous'.[46] Perfect himself certainly claimed to offer humane treatment. In an advertisement of 1776 he wrote of 'his tenderness and humanity of treatment' whilst that same year Charles Seymour devoted a page to him in his *Survey of the County of Kent,* stating that 'this gentleman, activated by a noble principle of universal benevolence, and a tender concern for the mental infirmities of his fellow creatures, has so far succeeded in the arduous task of curing dementated individuals, as to deserve a singular favour and countenance from the legislature'.[47] This last remark referred to the award of a licence in 1774. Perfect was keen to be seen as a humane, upright madhouse keeper who operated within the tenets of the newly passed legislation. Indeed, in his advertisements he often emphasised the fact that he held a legally approved licence and that his house underwent regular, successful inspections. However, inspections at this time did not equate with a renunciation of the use of mechanical restraint and Perfect, unsurprisingly, tells us very little about his views on the subject, perhaps because to do so might well have damaged his reputation at a time when the use of restraint was hardly questioned. Private madhouses of the late eighteenth and early nineteenth centuries were notorious for mistreating their charges, something Perfect was only too well aware of and from which he sought to distance his business. Yet even so, one wonders whether the employment of a black manservant, John Clow, to help with patients, was not a way of harnessing contemporary racial stereotypes and a residue of fear to keep the mad in line. This is certainly the case in the twentieth century play *The Physicists* by Friedrich Dürrenmatt which is set in an asylum.[48] The employment of Clow could, however, also be interpreted as the action of an enlightened, egalitarian Freemason as Perfect was Grand Master of the Kent lodge from 1795 to his death in 1809.

Perfect built his career as a mad-doctor on the back of the 1774 legislation. The late eighteenth century witnessed the first stirrings of what became the lunacy reform

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[43] Burgoyne Black, p.55

[44] Ibid., p.42

[45] Faubert, p.227

[46] Michael Weller, 'William Perfect MD: 'Minister to Minds Diseased'',part two, *Bygone Kent,* 14 (1993), p.663

[47] *Kentish Gazette,* 3-7 August 1776; Faubert, p.125

[48] Friedrich Dürrenmatt, *Die Physiker* (Zuerich: Diogenes Verlag, 1998), p.56

movement of the following century. For Klaus Doerner, the period 1750 to 1785, the time of the birth of industrial capitalism, the first surge of Romanticism and the first step towards sociology in Scottish moral philosophy, saw the genesis of psychiatry as a medical discipline in England.[49] Doerner emphasised the influence of William Battie (1704-76), the first physician at the newly opened St Luke's in London and a known model for Perfect.[50] Perfect could thus be said to be one of the first psychiatrists. Smith has recently argued that insanity specialist physicians were present in the eighteenth century although Scull and others would situate the emergence of the psychiatric profession much later in the nineteenth century during the era of public asylums.[51] Also not irrelevant here is the Battie-Monro controversy of 1758 which would have been of interest to Perfect, occurring around the time he established himself in private medical practice in West Malling.[52] Moreover, both Battie's and Monro's books were quoted at length by Smollett in *Sir Lancelot Greaves,* which Gaudron compared with the *Annals of Insanity.* However, Gaudron's epigraph, a quote from Smollett's novel, seems, at least when applied to Perfect, a little harsh: 'People may inveigh against the Bastile/ in France, and the Inquisition in Portugal;/ but I would ask, if either of these/ be in reality so dangerous or dreadful/ as a private madhouse in England,/ under the direction of a ruffian'.[53]

Perfect was no ruffian but how enlightened and principled a madhouse keeper was he? He earned his MD from St Andrew's in 1783, a qualification that could be obtained without residence or examination on submission of proof of a satisfactory medical education.[54] He was thus linked to the democratic and knowledge-sharing tradition of the Scottish Enlightenment, as were many other English provincial physicians.[55] He was also a member of an elite, as there were only 12 physicians, as opposed to the vastly more numerous surgeons and apothecaries, in the county of Kent in 1783.[56] His madhouse was a

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[49] Doerner, p.34

[50] Ibid., p.310

[51] L. Smith, *Private Madhouses in England,* pp.46-7, 180, 275-6; see also Jonathan Andrews and Andrew Scull, *Undertakers of the Mind: John Monro and Mad-Doctoring in Eighteenth Century England* (Berkeley and London: University of California Press, 2001); Scull, *Most Solitary of Afflictions,* p.185

[52] In 1758 William Battie, physician of the newly opened St Luke's Hospital clashed in print with John Monro, head doctor at Bethlem, over the definition and treatment of madness. Battie saw insanity as 'deluded imagination' and extolled the benefits of moral management whilst Monro believed it to be 'vitiated judgement' and defended his establishment's traditional practices – Doerner, pp.40-46

[53] Gaudron, p.47

[54] Allnutt, p.23

[55] Joan Lane, 'The Medical Practitioners of Provincial England in 1783', *Medical History,* 28 (1984), p.366

[56] Ibid., p.355

small concern which meant he could personally supervise his patients. Nevertheless, confinement there was still a form of incarceration, usually sought by the lunatic's relatives or friends and doubtlessly engendering resentment and a sense of betrayal. Such feelings were not recorded by Perfect in his case studies although they most certainly existed. Indeed, no first hand testimony has survived from a patient of his asylum other than some poems written by former lunatics since gratefully restored to health. Perfect, himself a published poet, encouraged his charges to express themselves through writing, endorsing creativity as a form of therapy. In 1783 T.J.P. published a poem dedicated to the Kent mad-doctor in the *London Magazine:*

> With doubtful strife, Humanity and Art
>
> For Conquest vie, in Perfect's head and heart:
>
> There Physic every choicest gift bestows
>
> Here Mildness points the way to soften woes.
>
> With sympathetic eye and tender mind
>
> He views the frenzies of the human kind
>
> Reprieves the languid patient from the grave
>
> And pity soothes him whom his medicine saves.[57]

Five years later, one Cynthius also dedicated a five stanza poem to Perfect and published it in *The Times:*

> 'O PERFECT, with pow'r divine/ You all my wreck'd senses repair'd;/ …..My feelings and reason when tost,/ In the ocean of rage, by your care/ Prevented my bark being lost/ And dash'd on the rocks of despair./ My ideas derang'd and misled,/ Hygeia you led by the hand….'[58]

In an obituary it was claimed that Perfect had contributed 'to the stock of sublunary happiness' and had 'diminished the sum of human misery' by 'the skilful and humane exercise of his profession'.[59] All of which paints a truly roseate picture of both the mad-doctor and his trade. The reality was surely more prosaic with restraint being regularly applied. As Gaudron has pointed out there is an irony in the name Perfect itself, hence his

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[57] *London Magazine,* November 1783, p.424
[58] *The Times,* 7 October 1788
[59] *Gentleman's Magazine,* July 1809

subtitle 'a perfect madhouse'. Private lunatic asylums were establishments run for profit, usually exposed to accusations of malpractice and greed. They were often run by lay persons with no medical knowledge. Perfect obviously deviated from this trend and there may have been a conflict of interests in his work as his son and heir went bankrupt shortly after his death. Posterity has been kind to William Perfect, for in an era which increasingly found fault with the trade in lunacy, he was credited, along with his contemporaries Tuke and Pinel, as having been humanitarian in his approach. I personally am inclined to concur with Gaudron that Perfect was almost too good a figure to be true. He was doubtless sincere in his humane intentions but in exercising his profession he would have had to maintain authority over his charges and this entailed power. He made no mention of reluctant patients in his tracts but there must have been many. Nor did he mention restraint. Had he done without it he would certainly have publicised the fact. What is presented to the reader in *Annals of Insanity* is a sanitised description of treating uncomplaining, compliant patients for the most part successfully. The reality was surely somewhat different. Self-referral to a mad doctor was rare at this time and so the lunatics treated by Perfect would have been sent to him by friends, relatives or colleagues. It was his role to restore the suffering individual to the social norm from which he or she had deviated. Thus one female patient was unable to perform her domestic duties (case V) whilst another male patient had become uncharacteristically loquacious and impatient (case I). Although Perfect played down this social side to his profession and emphasises his successful treatment of the body, there was undoubtedly an aspect of social control to his actions, namely restoring the status quo ante of family and business relations, and so of society as a whole.

West Malling Place after William Perfect's death

By the time of William Perfect's death in 1809 the lunatic asylum at West Malling was well established in the local community. Indeed, it was to prove of remarkable longevity, surviving up until 1956. However, Parry-Jones omits to mention its eighteenth century origins in his short list of provincial asylums still existing in 1844, only citing it as an ongoing concern between the latter date and 1910.[60] On the death of the original proprietor the business passed to the son, George Perfect, who was made bankrupt in 1815. As a result the asylum was sold to Robert Rix and his wife Jane, who transferred it to larger premises

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[60] Parry-Jones, pp.38-9

on the outskirts of town. Mrs Rix had been for 25 years an attendant for the insane under William Perfect.[61] A further link to the Perfect family was forged when the Rix's daughter, Mary Ann, married William Perfect's medically qualified grandson, George Leopold Perfect. In Pigot's directory of 1840 Mary Ann was listed as sole proprietor. She later remarried Dr Thomas Lowry who ran the asylum in the 1850s when it was owned by his mother-in-law, Jane Rix. In 1886 the asylum was sold to James Adams and it remained in the Adams family until its closure in the 1950s. The asylum was thus a profitable and enduring family concern and was unusual in that it had two female owners at a time when women were excluded from the medical profession.

In 1849 an advertisement from the *Kentish Gazette* described West Malling asylum in glowing terms:

> '[the asylum], established between one and two centuries, is situate in a delightful and healthy spot in the garden of Kent about 20 miles from the metropolis and accessible from all parts by coach and rail. The house is a fine mansion, romantically placed in its own extensive grounds and fitted up with all the comforts of a first rate private residence….a variety of amusements are provided, including horse and carriage exercise, billiard, a library, newspapers etc. and every possible means are adopted to render the patients comfortable and bring about their recovery'.[62]

By this time the premises were licensed for 32 patients, 18 male and 14 female, although numbers had been higher in the intervening years with 54 in 1842.[63] Few archives have survived from the asylum other than an admission book from 1832 to 1845 and some visitors' reports. From the former it can be deduced that the majority of inmates were residents of the local area, that is West Kent and East Sussex.[64] Those places sending large numbers of lunatics were, in order, Maidstone (14%), Chatham (5.6%), Staplehurst (4%), London (3.6%), Rochester (3.3%) and East Peckham (3%).[65] Most admissions were isolated cases from rural Kent parishes but some patients hailed from Surrey, Hertfordshire and

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[61] NA-HO17/123 Charles Hart (advertisement for West Malling among the papers)
[62] *Kentish Gazette,* 3 March 1849
[63] *Fifth Annual Report of the Commissioners in Lunacy* PP 1850 (735), p.23; KHLC-Q/Alp3 Mrs.Rix's
[64] KHLC-Q/Alp5 Patient Admissions, House of Robert Rix 1832-45
[65] The county town was thus sending large numbers of its lunatics to Rix's rather than the county asylum at Barming Heath despite the heightened costs. This matter is dealt with more fully in a subsequent chapter.

Buckinghamshire with two cases from overseas, Belgium and New South Wales respectively. [66]

The average age of a resident was 40 and there were considerably more single (49%) than married (29%) men. (The marital status of female patients is less clear due to a large number not disclosing details.) Just under 40% of lunatics stayed over a year. This compares with Parry-Jones's findings of 38% at Hook Norton and 34% at Witney in Oxfordshire. 15% died whilst in the asylum at West Malling compared with 21% at Hook Norton and 9% at Witney. [67] Surprisingly for a private asylum only 4.5% of all admissions were listed as gentlefolk, although 18.5% gave their occupation as 'none', which in this context most probably meant they were of sufficient means not to need to earn a living. 7.6% were farmers and their wives whilst the rest were mainly tradesmen and their families or servants. 11% were paupers funded out of the parish rates, even though the county asylum started receiving patients in 1833. Thus listed in the admissions book for 1832 to 1845 were 6 pauper patients from Maidstone Union: Sarah Britten, Mary Goding, Hetty Stevens, Harriet Rice, William Warner and William Niep. [68] A surprising 10% of all admissions were labourers and their wives who are presumed to have funded the cost of their care themselves. According to Charlotte MacKenzie, the fact that skilled working and lower middle classes were able and willing to afford private health care was due largely to the consumer revolution of the late eighteenth century which brought more choice and buying power to the general public. [69] Not only was there a stigma attached to lunacy but also to pauperisation, meaning many families scrimped and scraped to find the necessary funds for private care. Sometimes, however, clients were unable to sustain the drain on their finances and in 1858 Amelia Austin, a 22 year old suffering from mania, was removed from the asylum for this very reason, her father being unable to pay. 'Could not afford to continue her at my terms' was entered in the records, revealing the mercilessness with which a madhouse business was run. [70] West Malling Place may have accepted paupers up until 1844 but it was no charity.

In 1844 the asylum was severely reprimanded by the Metropolitan Commissioners in Lunacy who had inspected the premises in the course of their duties. [71] They made the

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[66] KHLC-Q/Alp5
[67] Parry-Jones, p.210
[68] KHLC-Q/Alp5
[69] Charlotte MacKenzie, *Psychiatry for the Rich* (London: Routledge, 1992), p.14
[70] KHLC-Q/Alp5
[71] The Commission in Lunacy was a board of inspection called into existence by the Lunacy Act of 1774. It consisted of five commissioners, all members of the College of Physicians, who oversaw

sort of discovery that had given private madhouses a bad reputation and which the reformers had battled to eradicate. Six sleeping places for male patients were found in an outhouse concealed from view:

> 'they were wooden closets, 6 feet long, 6 feet high and 3 feet 2 inches
> wide, three being on each side of a passage which was between 2 and 3
> feet wide…. They were all extremely close, but the two centre ones had
> no means of ventilation….they were, of course, quite unfit for sleeping
> places'.[72]

The closets were subsequently dismantled and the outhouse shut up. The episode not only brought the asylum adverse publicity, it also gave rise to section 63 of the Lunatics Act 1845 which made it an offence to conceal from or neglect to show to the visitors any part of a licensed house.[73] It also revealed the inadequate facilities at the asylum for pauper patients and Mrs Rix stopped taking them the same year. Other aspects of care which drew censure from various visitors over time were the lack of an officiating clergyman to perform divine service on Sundays and some deficiencies in the legally obligated record keeping process.[74] Otherwise the surviving visitors' reports were mostly commendatory, commenting on the good meals which the quieter, convalescent patients took together with the proprietor's family. There were ample distractions: needlework for the women and violin playing for the gentlemen, exercise in the extensive grounds, cards, dominoes and bagatelle as well as daily newspapers to read. However, it was stated in one report that most residents were too old or too lost to be usefully employed. Restraint was a recurring issue with 12 patients thus treated in 1842. The visitors were uncharacteristically lenient, stating that 'the degree of restraint in all these cases [is] not greater than appears to be absolutely necessary'. Methods of restraint included straps round the legs and ankles or being fastened to the bed, all of which the commissioners were keen to see discontinued

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licensing and the daytime inspection of madhouses in the metropolitan area (London, Westminster, Middlesex). In 1828 it became the Metropolitan Commission in Lunacy and the number of members was increased again to 15, five of whom were to be physicians and the remainder MPs. They were responsible for inspecting all asylums in London, Middlesex and surrounds. Their role became wider during the national survey and inspections of 1842-3 which led to the report of 1844. In 1845 the Metropolitan Commission in Lunacy was replaced by a new Lunacy Commission which constituted a full-time inspectorate charged with continued licensing and reporting, albeit with extended powers. See Kathleen Jones, *A History of the Mental Health Services* (London: Routledge Kegan Paul, 1973), pp.108-11, 132-44
[72] *Report of the Metropolitan Commissioners in Lunacy* PP 1844 (001), pp.68-9
[73] Allnutt, p.25
[74] KHLC-Q/Alp3 House of Robert Rix, Minutes 1832-45

elsewhere.[75] Some irregularities went entirely unnoticed. In 1828 it had been made illegal for a medical practitioner to sign the certificates of lunatics for a madhouse in which he had a vested interest yet George Perfect did exactly that in 1832 when he committed Mary Bennett of Teston and Caroline Bishop of Wateringbury to West Malling Asylum.[76]

At the Spring Assizes in Maidstone in 1851 the then owner of the asylum, Dr Maddock, was prosecuted for the poor state of the asylum. He and Mr Perfect, the medical attendant who was a descendant of William, were charged by the Commissioners in Lunacy with the concealment of mechanical restraint, the falsification of records required to be kept by law and the generally bad condition of the asylum. The Commissioners ascertained that whilst

'Dr Maddock by the aid of advertisements and public announcements was enjoying a considerable reputation for carrying on a lunatic establishment without any mechanical restraint whatever, such restraint was extensively and almost constantly in use in his house, and that the instruments of restraint were studiously removed and concealed at the time of the visits of the justices and commissioners to West Malling House, and were reimposed immediately on their departure'.[77]

Despite the institution being known as The Retreat at the time, damning testimonials were gathered from former employees and patients as to what actually transpired within its walls. The former head keeper testified to the 'inconsequence of the establishment generally and neglect and ill-treatment of patients'. He was disgusted by the 'coarse and insufficient food' and 'abominable restraint'. On one occasion he had heard screams and had been told that a Mrs Andrews was being beaten with the bed valance by Nurse Jeffreys.[78] Bath water was used for up to 10 patients every fortnight and sanitation generally was very poor, with cesspools emptied very infrequently. An anonymous letter from an attendant was produced, detailing how the death of an old lady, Mrs Burrows, had been 'hushed up'. The author threatened to involve the Lord Chancellor and the Alleged Lunatics Society. Relatives of former inmates also spoke of their ordeal at the hands of Maddock. J.B. Hayes, whose son had been confined at West Malling, stated that 'you are

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[75] Ibid.
[76] KHLC-Q/Alp5
[77] *Sixth Annual Report of the Commissioners in Lunacy* PP 1851 (668), p.19
[78] NA-MH51/44A West Malling Asylum, Dr Maddock

not aware of one half of what took place' and described the present proprietor as 'deceptive' and his predecessor, Mrs Rix, as 'mercenary'. There was a rare first hand testimony from a former patient, Mrs Brigden who wrote:

'I suffered very much from thirst. I often begged for drink but got denied. I often asked if my husband had been to see me and they (the nurses) said no. They said I had got no husband, that I had two children by two different men and was a bad woman. My arms were swelled – I thought they would have burst and the more I told them the tighter they strapped them. I never went out of doors, only three times in the two months when I was downstairs. I had a straitjacket and lock up by one leg, excepting when my arm was swelled so very bad – then I did not have the jacket on when I was got up. I was not up more than five hours at a time'.

During the course of this starvation and ill-treatment she saw Maddock and Perfect just three times each. Mrs Brigden was eventually transferred to the county lunatic asylum just down the road at Barming Heath where she received better care and where her husband was allowed to visit her after a brief period of adjustment and assessment.[79]

In a letter of February 1851, Maddock was referred to as a 'quack', perhaps a reference to his having obtained his medical qualifications in Griesen, Germany.[80] The court case involving Maddock and Perfect was extensively reported in national and regional newspapers such was the public interest in matters pertaining to lunacy.[81] Even though they produced witnesses who testified to their satisfaction with their relatives' treatment and care at the asylum, they were fined £100 and £50 respectively and Maddock had his licence revoked. However, not everyone agreed with the prosecution and 47 signatures were collected in Town Malling to express support for the accused men. In a statement that was published in the local press, they announced that

'we have had opportunity of observing the great improvements in and additions to the asylum made by Maddock for the comfort and convenience of the patients at a large outlay of capital and we take this opportunity of publicly stating that we entertain a high opinion of the humanity and private and professional characters of Maddock and

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[79] Ibid.
[80] *Kentish Times,* 22 March 1851
[81] *The Times,* 21 March 1851

Perfect and our sincere belief that their best, kindest and most humane efforts are ever used to promote the well-being and restoration of the unfortunate persons entrusted to their care'.[82]

Maddock and Perfect were two of many men charged with administrative irregularities and illegal practices in private madhouses. Indeed, Parry-Jones devotes an entire chapter to the abuses and defects of the system in his seminal *Trade in Lunacy*, citing a plethora of shortcomings in establishments up and down the country although not mentioning the situation at West Malling in any detail.[83]

Neither the incident of the concealed sleeping places nor the trial of its proprietor and medical officer permanently damaged the standing of West Malling Place in the local community. It had been established for nearly a century and was a well-known and esteemed feature of town life. Even the discredited Maddock emerged relatively unscathed from his legal ordeal, publishing a treatise on insanity three years later. On the frontispiece he proudly stated that he was 'formerly resident physician and proprietor of the lunatic asylum, West Malling, Kent'.[84] This treatise is reminiscent of Perfect's writings and it may be that Maddock was consciously emulating his famous predecessor. Despite the fact that nearly seventy years separate Perfect's publication of *Select Cases* in 1787 and Maddock's work on mental and nervous disorders in 1854, certain similarities are evident, raising the question of how far treatment for lunacy had actually progressed in the interim. In both the emphasis is on bodily complaints and their effect on an individual's mental equilibrium. It could thus be said that a biological model of insanity was preferred to a psychological or social one by the mad doctors of Kent even in the late eighteenth and nineteenth centuries as somatic remedies formed the mainstay of treatment for insanity for both Perfect and Maddock. Indeed, the latter included in his treatise an epigraph, which he erroneously attributed to Shakespeare, emphasising the importance of physiology: 'The body and mind are like a jerkin and a jerkin's lining – rumple the one, and you rumple the other'.[85]

The alternative response to insanity known as moral treatment, which required kindness and moral constraint instead of fear and physical remedies, was unknown when Perfect opened his madhouse in 1771 but was well known to Maddock, who was prosecuted for his failings in this connection. Moral treatment, although criticised by

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[82] *Maidstone Journal,* 18 February 1851
[83] Parry-Jones, pp.221-280
[84] Alfred Beaumont Maddock, *Practical Observations on Mental and Nervous Disorders* (London: Simpkin, Marshall & Co., 1854)
[85] Ibid.

Foucault, Laing and others as merely replacing external with internal restraint, was nevertheless, in the words of the anti-psychiatrist Peter Breggin, an attempt at helping 'severely disturbed patients in institutions through love, kindness, understanding and moral support'.[86] With his deceitful and excessive use of restraint Maddock signalled his contempt for even the pretence of showing some empathy for his patients, insisting instead on eliciting the desired behavioural responses from them and exercising control. That the local community showed support rather than condemnation for Maddock and his medical assistant George Perfect at their trial reflected how society at large colluded in the controlling aspect of lunacy provision.

Maddock was succeeded by Dr Thomas Lowry who was the second husband of Mary Ann Rix. Under his direction 'the whole place [was] remodelled and the later entries show that the patients are well and judiciously treated and the establishment kept in excellent order'.[87] The number of insane persons accommodated had been reduced to 32 and restraint had been abolished. Ten years later the commissioners reported 'much consideration and kindness' towards the patients and 'permission to go out unattended is given to all who can with propriety be trusted to do so'.[88] The asylum was sold to Dr Adams in 1886 and slowly went into decline although it survived until 1956 in the same family. In 1972 it was a nursing home for the elderly.[89]

Other private asylums in Kent

The viability of provincial private asylums obviously depended on the ability of the proprietors to secure a clientele in their locality. As MacKenzie has noted, madhouses mainly developed in the rural hinterland of burgeoning commercial centres which, in the case of Kent, meant the capital, although the proximity of the gentrified spa at Tunbridge Wells may also have been decisive.[90] Their prosperity hinged on their ability to build up a reasonably affluent customer base but they also supported the local economy, purchasing food, clothes and services such as hair-cutting for their patients as well as providing direct employment for local people as attendants and domestic staff.[91] In view of this competition for custom and resources, it is perhaps surprising that madhouses tended to cluster in

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[86] Peter Breggin, *Toxic Psychiatry* (London: Harper Collins, 1993), p.471
[87] *Sixteenth Annual Report of the Commissioners in Lunacy* PP 1862 (417), p.23
[88] *Twenty-Sixth Annual Report of the Commissioners in Lunacy* PP 1872 (417), p.37
[89] Allnutt, p.20
[90] MacKenzie, p.13
[91] Ibid.

certain districts: 'It seems likely that the presence of one or more madhouses in a single neighbourhood fostered the establishment of others in that area'.[92] So argued Parry-Jones, a point elaborated by the mad-business geographer Chris Philo and termed 'contagious diffusion', whereby

> 'there is a tendency for the phenomenon in question, whether measles outbreaks, convenience superstores or madhouses, to be distributed across space in an uneven manner such that the presence of one or more 'individuals' in a specific area is likely to prompt the further location in that area at later time periods of more 'individuals' of the same kind'.[93]

Thus MacKenzie contended that the Newingtons of Ticehurst were inspired to open a madhouse by the example of Perfect's successful endeavour nearby: 'locally, the well-established and benign practice of William Perfect….at his private madhouse in West Malling in Kent, only seventeen miles from Ticehurst, created a grounding of public opinion on which the new asylum could build'.[94] The owners of the two asylums were certainly aware of one another with Perfect placing an advertisement for West Malling next to one for Ticehurst in the *Sussex Weekly Advertiser* in 1792, the year the latter opened.[95]

Philo identified a small Kent and Sussex cluster consisting of West Malling and Ticehurst and two newer establishments at Goudhurst and Hawkenbury, both of which opened in the 1840s.[96] These latter two, along with Ticehurst, formed a compact triangle along the Kent-Sussex border whilst West Malling was a little further north, very close to the site of the county asylum at Maidstone, a proximity which was perhaps not coincidental either. Of the cluster straddling the county border, two establishments were run by the Newington family, Ticehurst and Tattlebury House in Goudhurst. In addition, another member of the same family took single patients into his home in Tenterden.[97] Tattlebury House was originally licensed to Samuel Wilmot Newington and, like its parent house at Ticehurst, catered for the very rich, housing single patients in family apartments.[98] In 1880 it charged £200 per annum per patient compared with West Malling which charged £130.

[92] Parry-Jones, p.37
[93] Philo, pp.334-5
[94] MacKenzie, p.35
[95] Ibid.
[96] Philo, p.367
[97] MacKenzie, p.134
[98] Hervey, vol.2, p.171

The asylum was licensed for eight quiet and orderly (that is not maniacal) lunatics.[99] The 1841 census showed that, apart from the proprietor's own family and servants, the household included one female patient aged 35. Ten years later there were five private patients (three women and two men) and their individual attendants living at what the census called The Surgery, alongside the Newington family and their servants.[100] The grounds were extensive, eight acres of pasture with cricket and lawn tennis facilities, one and a half acres of orchards and the same extent of garden, lawns and shrubberies with walks. There was a high staff to patient ratio and reports by the Commissioners in Lunacy were favourable, noting that the asylum was well conducted with no seclusion or mechanical restraint.[101]

The third licensed house in the small triangular cluster straddling the Kent-Sussex border was Northgrove House in Hawkhurst, which in 1870 was approved for 21 patients, 15 male and 6 female.[102] It was opened in 1843 by a layman, William Harmer, who had previous experience of caring for single mental patients but whose business career had begun in the world of grocery.[103] In the years 1865 to 1870 the asylum, which was an adapted private dwelling, doubled in size. There were extensive grounds including a bowling green and a cricket field and two detached houses were built in the gardens for the separate accommodation of the wealthy, Cranecroft Front and Myrtle Cottage. Regular carriage rides out were on offer whilst inside there was a billiard room and seven living rooms for relaxation. The presence of a brewery, dairy and bakehouse on site contributed to the partial self-sufficiency of the establishment.[104] In 1862 Harmer was criticised for the frequent use of mechanical restraint, which the commissioners attributed to the unsuitability of the premises and staff for the care of the more violent cases.[105] By 1865 Harmer's son, also a William, had completed his medical training in the capital and had been added to the licence. Most patients were now non- violent as some two thirds were able to attend church.[106] Moreover, they were predominantly single and originated from outside Kent. In 1878 the only recorded suicide in a Kent private asylum occurred at Northgrove House. A female patient escaped through an unlocked door at the foot of the ladies' staircase and threw herself in the pond in the garden. She was rescued but Mr

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[99] *Thirty-Sixth Annual Report of the Commissioners in Lunacy* PP 1882 (357), p.140
[100] *Goudhurst and Kilndown Parish Magazine,* January 2015
[101] Allnutt, p.13
[102] *Twenty-Fourth Annual Report of the Commissioners in Lunacy* PP 1870 (340), p.92
[103] Hervey, vol.2, p.171; previous occupation from census returns 1841
[104] KHLC-Q/Alp1 19 Plan of Northgrove Asylum 1882
[105] *Sixteenth Annual Report of the Commissioners in Lunacy* PP 1862 (417), p.22
[106] Allnutt, p.14

Oswin, the resident medical officer, not recognising her as an inmate of the asylum and thinking her a drunken hop-picker, sent her to Cranbrook Union where she died the next day. The commissioners concluded that inadequate care had been taken of the woman who, although not supposed to be suicidal, had been discovered a few weeks earlier concealing a knife in her dress.[107] Although blame was assigned for not locking the doors nothing was said of the medical officer's failure to recognise his own patient in what was a relatively small asylum. The episode reveals that even the smaller madhouses, advertised as homely refuges for the well-to-do insane, were not necessarily perceived as such by their tenants but rather seen as impersonal prisons from which they sought to flee. Northgrove House was totally destroyed by a fire which broke out early in the morning in the linen room on 4 December 1890. It was with great difficulty that the inmates were rescued through the windows in the roof of the large building with the exception of one female boarder who had been in the toilet at the top of the main staircase, where she was suffocated by the smoke 'which was of the blackest nature owing to the burning pine wood'.[108] Today a blue plaque on a solitary pillar commemorates the only remaining part of the former asylum. The license for Northgrove House was transferred to Redlands in Hadlow near Tonbridge which continued to be run by the Harmer family.

There was another small cluster of private madhouses, unidentified by Philo, on Kent's metropolitan fringe. These were Holt's House at Blackheath, Dartmouth house at Lewisham and Springcroft at Backenham. Of these, Holt's House was the oldest establishment. It had opened in 1813 at two cottages near Lewisham clock tower before moving to Myrtle Place, Vanburgh Park, near Blackheath in 1816. From 1816 to 1818 it was situated at no.47 Vanburgh Park and from 1818 to 1825 at no.43. It took in paupers from Lewisham and Camberwell and some private patients.[109] In 1819 there were seven patients in the asylum, two men and five women but the premises had been licensed for ten in 1814.[110] Richard Holt, the licensee, and his house received unqualified censure from the visitors of the College of Physicians. These found appalling conditions on their visits throughout the 1820s, calling the asylum 'a very disorderly and disgraceful house' and 'very

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[107] *Thirty-Third Annual Report of the Commissioners in Lunacy* PP 1878-9 (342), p.118

[108] Anon., *Journal of Mental Science* 37 (1891), pp.330-31; *The Times,* 5 December 1890

[109] Hervey, vol.2, p.169

[110] *Return of the Number of Houses in Each County….Licensed for the Reception of Lunatics* PP 1819 (271), p.2; *Report together with the Minutes of Evidence taken before the Select Committee appointed to consider the provision being made for the better regulation of Madhouses in England* PP 1814-15 (296), p.177

bad, uncomfortable and ill-managed'.[111] In 1820 they reported three females kept in an outhouse at the bottom of a yard. One of them was chained

> 'by the wrists, arms and legs and also fixed by chains to the crib; her
> wrists were blistered by the handcuffs; she was covered only by a rug;
> the only attendant upon all the lunatics appeared to be one female
> servant, who stated she was helped by the patients'.

Two years later the visiting physicians found a secret room, 'small and offensive', in which a male patient slept and which was filled with dirty, smelly straw. The charge for this accommodation was 20 shillings a week. Holt 'avowed himself to be ashamed to show it to the commissioners, as they found so much fault with his arrangements'.[112] The nearby Dartmouth House in Lewisham appears to have had a better reputation. It was originally known as Ravensbourne Terrace and was founded in 1832 by James Cole, a layman. The business moved to Dartmouth House in 1843 and the number of predominantly male patients increased from six to ten. In 1857 Cole got permission to remove his asylum to Charlwood in Surrey.[113] Several decades later, in 1872, a private lunatic asylum opened at Springcroft in Park Road, Beckenham, also on the metropolitan fringe of Kent. It was licensed to a Dr Robert Stilwell although for the years 1875 to 1880 no license was required as there was only one patient. The considerable sized house spread over three floors was described as pleasantly situated within five minutes' walk of Beckenham station and with a croquet lawn and pleasure and kitchen gardens. The accommodation was unsuitable for those with suicidal tendencies and residents mixed with the proprietor's family, which included seven children.[114] When he died his widow Angela took over the license until it was discontinued in 1895.[115] Since 1930 Beckenham has also been the site of the third Bethlehem hospital.

Also in West Kent, although somewhat on its own geographically, was the small asylum called Windmill Terrace at Milton next Gravesend licensed to Mrs Rebecca Law. It could accommodate up to six patients but in 1830 there was only one female there, not under restraint, who was not responding to treatment.[116] A brief glance at a map of Kent reveals that nearly all the asylums mentioned in this chapter were situated around the

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[111] Ibid.

[112] *Report from the Select Committee on pauper lunatics in the county of Middlesex and on lunatic asylums* PP 1826-7 (557), pp.157-9

[113] Hervey, vol.2, p.169

[114] *Twenty-Seventh Annual Report of the Commissioners in Lunacy* PP 1873 (256), p.63

[115] Allnutt, p.12

[116] KHLC-Q/Alp 11 House of Robert Rix, Various Papers

periphery of Kent. Only West Malling and the county asylums at Maidstone and Chartham were centrally located. However, three further private asylums were planned to the west and south of Town Malling at Westerham, Kemsing and Tonbridge respectively. As early as 1748 a vestry meeting at Tonbridge agreed to erect 'a convenient house for the reception of such unhappy lunatics as now are or hereafter shall be burdensome to the said parish'.[117] In the late 1780s there appears to have been local resistance to the idea of a madhouse opening in Westerham. According to a letter in the archives 'Mr Lewis presents his compliments to Mr Parker and begs the favour of him to request the favour of the justices that may be at any time present not to license and private madhouse in Westerham until the gentlemen of Westerham have heard against it'.[118] Forty years later, Robert Stedman, a surgeon from Sevenoaks, gave notice to the justices of his intention of applying for a licence for a madhouse in Kemsing. It was to have been for eight lunatics and a medical superintendent had already been appointed but the application did not proceed. The proximity of these last two sites to West Malling suggests that clustering was once more occurring. Indeed, West Malling Asylum seems to have inspired not a few competitors to try their luck in the area and its successful location may have influenced the choice of Maidstone for the first county lunatic asylum.

The east of Kent was less well catered for in terms of lunacy provision. Not only were there far fewer private madhouses much later but also publicly funded accommodation for the insane did not materialise there until 1875, when the second county lunatic asylum opened at Chartham near Canterbury. Patients from places such as Dover, Whitstable, Rolvenden, Lydd and Margate had to travel west for institutional care and all were represented in the admission register for West Malling Place between 1832 and 1845. At Hythe, on the east coast, an asylum called The Oaks, licensed to a Dr C. Lovegrove for four female lunatics, had to be given up before it even opened in 1880 due to a lack of patients.[119] There were two asylums at Ramsgate, one at St Lawrence called Northwood House and licensed to E. Walford and A. Sergeant for the reception of three quiet, harmless private patients. It had originally been intended for seven but the inspecting board considered the house not well adapted and the grounds too small. It opened in 1877 and operated for just two years.[120] The other was called Cavendish House and was licensed to John Cresswell in 1875 for an unknown number of lunatics. The

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[117] KHLC-P/371/8/1 Vestry Minutes, Tonbridge 13 May 1748
[118] KHLC-Q/SB 1787 Quarter Sessions
[119] *Thirty-Fifth Annual Report of the Commissioners in Lunacy* PP 1881 (401), p.111
[120] KHLC-Q/Alp 23 Plan of Northwood House

building contained ten bedrooms of a fair size, however.[121] The fact that none of these asylums managed to establish themselves in their vicinity shows not only how competitive a business the mad trade was but also, I believe, the importance of being close to London.

Conclusion

Parry-Jones defined a madhouse as 'a privately owned establishment for the reception and care of insane persons, conducted as a business proposition for the personal profit of the proprietor'.[122] It was thus dependent on market conditions and provided a service for a fee. Indeed, Charles Read gave his sensational novel of 1863 about wrongful confinement in a private madhouse the title *Hard Cash* thereby emphasising the fact that private lunacy care was at base a financial transaction.[123] Madhouse owners, or keepers as they were originally called, played down their financial incentives and emphasised the domesticity and genteel comfort of their establishments. Indeed, most private asylums were converted houses. Such were Northgrove House in Hawkhurst and Tattlebury House in Goudhurst, of which the original plans for alterations to make them fit for lunatics have survived in the archives. William Perfect initially treated his patients at his private house in the High Street, West Malling, before acquiring two further properties as his business expanded. Even the much larger Malling Place, to which the Rix's relocated in the early nineteenth century, was an impressive Elizabethan mansion, once the property of the well-known Kentish Twisden family. The impression these licensed houses were trying to convey was captured by a reporter in the *Kentish Gazette* in 1849. He wrote of West Malling:

> 'strangers who derive their notions of an asylum from the coloured pictures of imaginative writers, or from ill-conducted establishments, where security is made to supersede vigilance and attention would be surprised to see the quietude, repose and cheerfulness pervading the whole establishment –which must not be regarded as a prison for the safe custody of the insane, but rather in the light of a cheerful and comfortable home – a place of shelter from injury and of refuge from the various mental excitements and distractions incidental to mankind – where every reasonable want and wish is attended to and gratified'.[124]

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[121] KHLC-Q/Alp 22 Plan of Cavendish House
[122] Parry-Jones, p.1
[123] Charles Reade, *Hard Cash* (New York: Yurita Press, 2015)
[124] *Kentish Gazette,* 8 May 1849

Private asylums were, however, like their larger public cousins, to all intents and purposes prisons, or bastilles as Louisa Lowe called them.[125] There was no concept of voluntary committal in the eighteenth and nineteenth centuries and those accommodated within their walls were almost always held against their will, usually with the connivance of relatives. The homely décor was deceptive, the interior of a cage where, as the trial of Maddock and Perfect showed, force and restraint were used when no one was watching.

MacKenzie identified three factors of importance in influencing families' choice of care: cost, quality of care and confidentiality.[126] These were all part and parcel of a business transaction whereby an unruly, objectionable relative or spouse was kept out of sight and 'managed', perhaps cured. As a result, in spite of the fact they had no large wards or collectively regimented routine and were not purpose built barracks on a grand scale designed to house hundreds of inmates, I think it not unreasonable to apply some of Erving Goffman's findings in his seminal book *Asylums* to the category of smaller private lunatic asylums. Certainly the phenomenon of large numbers of inmates being corralled into activities in unison was lacking, as were too the vibrant underbelly of institutional life, the lingo, the ward system and the large scale recreational pursuits, but the small private lunatic asylum was, just like its bigger public cousin, nevertheless essentially a 'resocialisation chamber' for 'socially troublesome people', where the inmate was deprived of his legal and civil rights and suffered the loss of his accustomed social role.[127]

A lot of what Goffman describes regarding the moral career of a mental patient in twentieth century Washington is directly transferable, I believe, to private asylums of the past. Particularly relevant is the issue of family collusion and so the sense of 'abandonment, disloyalty and embitterment' felt by the new inmate on admission.[128] Precisely because the institution was that much smaller the allied efforts of proprietor and kin would have been all the more palpable to the patient. Indeed, in what was essentially a business transaction it was not the patient who was the customer but rather those who had had him confined, usually his family. Also relevant to both Goffman's large scale total institutions and the smaller asylums of the past is the issue of insight. 'The patient must 'insightfully' come to take, or affect to take, the hospital's view of himself' writes Goffman, outlining one of the chief precepts of psychiatric practice across the ages.[129] The fact that the patient has been

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[125] Louisa Lowe, *The Bastilles of England, or the Lunacy Laws at Work* (London: Crookenden, 1883)
[126] MacKenzie, p.215
[127] Goffman, pp.73, 150 and 309
[128] Ibid., p.125
[129] Ibid., p.143

confined to a mental institution is taken as proof of the existence of an illness in need of treatment. In both large and small asylums recovery from this condition is only possible by amending the socially contentious behaviour that led him there: 'In a psychiatric hospital, failure to be an easily manageable patient….tends to be taken as evidence that one is not 'ready' for liberty and that one has a need to submit to further treatment'.[130] This docile acceptance of the place accorded them perhaps accounts for the highly exaggerated and flattering panegyrics addressed to Perfect by former inmates since recovered. Incredibly, they harbour no resentment at either mad-doctor or family and instead demonstrate an internalised 'self-alienating moral servitude'.[131]

In a total institution 'the inmate lives all the aspects of his life on the premises in the close company of others who are similarly cut off from the wider world'.[132] This too is true of the small private asylum. The architecture and furnishings may have been more homely and personal with no long corridors or neat rows of identical cells but there was a high, intense level of surveillance nevertheless. In West Malling in 1861 the ratio of attendants to inmates was 1:4.4, whilst in the county asylum in 1840 it had been 1:15.[133] In the smaller licensed houses the ratio was even higher and at Rebecca Law's establishment it was for a while 1:1. Obviously there was tremendous scope here for abuse, which is not to say that it actually occurred. However, the sense of being constantly and closely watched must have been incredibly oppressive and annoying for those unfortunate enough to be incarcerated in a private lunatic asylum. These institutions had a bad reputation. The archives for those located in Kent are inconclusive and incomplete. The impression is that there were certainly some rotten apples in the basket, such as Holt's House in Blackheath and, for a time, Malling Place. That they continued to do business, however, was proof of the ever growing demand for their services. By contrast, the figure of William Perfect who pioneered lunacy provision in Kent in the 1770s, emerges as impossibly idealised. The reality of private care for the insane was, at worst, harsh and coercive, perhaps forcefully so, at best firm and compassionate. I believe it was as much about social control as was later evident in the large public asylums examined later in this thesis.

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[130] Ibid., p.335
[131] Ibid., p.336
[132] Ibid., p.184
[133] Figure for West Malling calculated from the 1861 census; KHLC-U/1515/OQLL1 Marsham correspondence 1840

Chapter Two

Insanity in the Army: Kent's Military Asylums

Introduction

For fifty years, from 1819 to 1869, with the brief exception of the years 1844 to 1847, Kent contained the main, and for most of the time the only, receptacle specifically for lunatic soldiers in the country.[1] However, even though the county was therefore at the forefront of army medical care for the insane, its facilities were not so much specialised psychiatric units as specialised army units with the aim of keeping sick servicemen in a disciplined, authoritarian environment. A soldier who went insane whilst on duty before 1819 was usually sent to one of the civilian, metropolitan madhouses such as Bethlem or Bow or simply discharged to friends and family. There existed no support network for lunatic army personnel and crucially no awareness of any link between the dangers and stresses of a soldier's occupation and mental illness. This lacuna is reflected in the secondary literature on army medical care for the insane, the bulk of which commences in the trenches of World War 1. Edgar Jones and Simon Wessely include a chapter on pre-1914 British military psychiatry in their book *Shell Shock to PTSD,* briefly introducing earlier conditions such as nostalgia, irritable heart and traumatic neurasthenia. They also devote a page and a half to 'the lunatic hospital, Chatham', meaning the small purpose-built asylum that opened at Fort Pitt in 1856.[2] They make scant use, however, of the archival material in the form of annual reports from this institution, a source I found to be rich in contemporary observations on nineteenth century military care of the insane, and fail to mention altogether its forerunner, Fort Clarence, a totally separate building and institution, which functioned for twenty-five years.

Most of the historiography dealing with the historical aspect of military psychiatry seeks to demonstrate the existence of combat related psychological disorders prior to the twentieth century. There is an ongoing debate in modern military, psychiatric and historical circles as to whether combat stress is a timeless phenomenon or, in a pre-twentieth century context, an anachronism. I personally think the latter but I also believe there was an embryonic form of military psychiatry in the British army of the nineteenth century. The very existence of the military lunatic asylum at Chatham was in itself pioneering and

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[1] From 1846 to 1854 insane soldiers were also treated at the Military Lunatic Hospital in Great Yarmouth, the Grove Hall Asylum in Bow and the Colton Hill Lunatic Asylum Hospital near Stafford.
[2] Jones and Wessely, pp.5-7

enabled physicians to observe large numbers of insane soldiers under one roof. This was ground breaking and the fact that the War Office failed to discern any link between active service and psychological disorder at this time does not detract from its import. In this chapter I largely refrain from entering the debate surrounding retrospectively diagnosed combat stress. Instead I examine the Medway military lunatic asylums on their own terms in the context of a previous century as demonstrated by archival material and contemporary observation. Thus in addition to geography, construction and architecture, treatment and diagnosis will be investigated and I will ask whether military lunatics were viewed any differently to their civilian counterparts at Barming Heath. I contend the emphasis was on conformity, with a robust system of punishment for contravention in place as was befitting a military establishment. The nineteenth century army trained its men to suppress their emotions in the line of duty. It expected heroes not victims and was only just beginning to realise that the large number of psychiatric casualties from conflict areas such as the French Wars, or later the Crimea, constituted a significant problem which required appropriate action.

This chapter about the Medway military asylums is intrinsic to my overall argument that social control was the determining factor in countywide lunacy provision in Kent. I am particularly influenced by Foucault's depiction of the soldier, submissive and obedient, as a role model for behaviour among eighteenth and nineteenth century citizens generally. This he outlines in some length in *Discipline and Punish*: 'by the late eighteenth century the soldier has become something that can be made; out of a formless clay, an inapt body, the machine required can be constructed'.[3] This is the basis of what Foucault refers to as 'a military dream of society', consisting of 'meticulously subordinated cogs of a machine' who are trained to 'automatic docility'.[4] He outlines the growth of a disciplinary society where prisons, and by extension hospitals and asylums as well as other institutions, control the use of the individual's time and space, hour by hour. This behavioural and emotional control, which was also social control, was criticised by all the anti-psychiatrists, amongst them Laing who completed his national service between 1951 and 1953 at the psychiatric unit at Netley, Southampton. This was the main treatment facility for insane soldiers after Fort Pitt closed in 1869. The experience was formative for Laing, not only in terms of his subsequent career but also with regards to his opposition to the Vietnam War.[5]

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[3] Foucault, *Discipline and Punish,* p.135
[4] Ibid., p.169
[5] Philip Hoare, *Spike Island: Memory of a Military Hospital* (London: Fourth Estate, 2001) pp.315-7

There were actually two separate military lunatic asylums, on different sites and operational at different times. Fort Clarence opened in 1819, fourteen years before the first insane patients arrived at the county asylum at Barming Heath. It was situated in Rochester and accommodated lunatic soldiers until its closure in 1844 when patients were transferred to a facility at Great Yarmouth. Only a few years later insane servicemen were once again being treated in the Medway Towns, this time at Fort Pitt, a mile down the road from Fort Clarence. This institution, which included a purpose-built asylum opened in 1856, remained functional until 1869 when lunacy provision for army personnel was moved out of Kent to D Block at the Royal Victoria Hospital in Netley near Southampton. To my knowledge there is no published contemporary secondary literature on Forts Clarence and Pitt other than the short subsection in Jones and Wessely. Parry-Jones alludes to Fort Clarence in *The Trade in Lunacy* but only in passing, his main interest being the use of licensed houses to accommodate naval and military lunatics.[6] This chapter therefore breaks new ground in detailing care and treatment of lunatics at the military forts.

Kent was very much a military county with national and regional troop movements closely followed in the local press. There were extensive barracks and fortifications, many of them established in the eighteenth century. The barracks at Dover Castle were thus built in 1745 whilst in the 1790s barracks were constructed at Ashford, Canterbury, Dartford, Maidstone, Hythe, Deal and Walmer.[7] This concentrated military infrastructure meant that there was a higher proportion of adult males in the army countywide than nationally, 10% compared to 2%.[8] The large number of serving soldiers in the county also brought in its wake various social problems, notably crime and prostitution. In 1865 there were 53 brothels in Chatham, 39 in Dover and 33 in Sheerness and prostitutes were often seen dancing to the music of the military bands.[9] As for crime, soldiers made up 11% of the male residents of Kent county gaols during the 1860s and 14% during the 1870s. Common crimes included petty theft, violence, sex offences and arson.[10] Whilst during the French and Napoleonic Wars the county had welcomed the influx of military men to defend its exposed location in the eventuality of attack, later in the nineteenth century residents of garrison towns sometimes felt they were at the mercy of the troops. Conley noted how in Rochester in 1860 local citizens complained that 'some of the soldiers in our garrison form themselves

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[6] Parry-Jones, pp.67-8
[7] Paul Hastings, 'Crime and Public Order' in Lansberry, ed., p.219
[8] Ibid.
[9] Ibid.
[10] Conley, pp.154-5

into regular marauding parties for the purpose of committing thefts from the persons'.[11] She also described how in Dover, where troop ships unloaded men just arrived from abroad, liquor salesmen sometimes boarded the ships before the men disembarked. The soldiers then concluded their drinking bouts by ransacking local shops.[12]

Reasons given for the high crime rate among soldiers include the grim fact of routine army life with many believing that prison was preferable to a life in service and their low social status. The Duke of Wellington famously referred to ordinary soldiers as 'the scum of the earth'. They included in their ranks 'unemployed agricultural labourers, Irishmen, criminals and ne'er-do-wells', many of whom drank heavily and often frequented brothels.[13] As Conley has stated, once in the army many of the soldiers stationed in Kent found little better to do with their spare time than wreak havoc on the local populace or commit crimes among themselves.[14] Indeed, there was a substantial population of soldiers confined in military prisons in Britain, one of which was Fort Clarence itself after 1844.This harsh picture of army life contrasts sharply with the heroic image of the 'Men of Kent' outlined by Beresford: 'Many saw Kent's fortified landscape as monuments to her glorious and unconquered past and the triumph of her people's endeavours'.[15] In 1804, during the Napoleonic Wars and the French invasion scare, a very high 49% of Kentish men were serving voluntarily in the militia, perpetuating the myth of them as unconquered defenders of the realm.[16] They were immortalised by William Wordsworth in a sonnet composed in 1803: 'Vanguard of Liberty, ye men of Kent,/ Ye children of a Soil that doth advance/ Her haughty brow against the coast of France/….In Britain is the breath;/ We are all with you now from shore to shore:-/ Ye men of Kent, 'tis victory or death'.[17]

The birth of an asylum

Fort Clarence opened as a military lunatic asylum in May 1819 and was a converted Napoleonic fort built as part of the Medway defences against an expected French invasion between 1808 and 1812. Even before it was completed it was considered obsolete as far as

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[11] Ibid.
[12] Ibid.
[13] Ibid.
[14] Ibid.
[15] Beresford, pp.138-9
[16] Ibid., p.112
[17] William Wordworth, sonnet XXIII, October 1803

military tacticians were concerned.[18] The War Office thus had a piece of surplus, expensive military infrastructure on its hands at a time when psychiatric casualties from the Napoleonic Wars were running high. In 1815 a Select Committee for the better Regulation of Madhouses in England heard how at Bethlem 'from the war, we had them pouring in from the Transport Board and War Office'.[19] Moreover, John Haslam wrote in a letter to the governors of the institution in 1818 that James Norris had been refused an extra room there in early June 1804 because 'the hospital was kept constantly filled by patients from the army and navy'.[20] Accommodation at a London asylum was both scarce and costly and it is possible that the War Office was already housing some of its insane servicemen at the redundant Fort Clarence before it officially opened as a lunatic asylum. There is in the National Archives a plan of the fort from November 1814 with the words 'occupied by officers (insane)' pencilled in on the flanking casemates to the right of the tower.[21] It is likely this remark was added before the entire structure was converted into an asylum in 1819, as the occurrence would then not have been particularly noteworthy. The War Office, either from a desire to look after its own or to economise, then merely made permanent what had been a stop-gap solution.

Both possibilities were referred to by contemporaries. James McGrigor was the first director General of the Army Medical Corps created in 1815 and was responsible for its professionalization and the concomitant rise of the army surgeon in status, pay and working conditions. He improved the lot of insane soldiers and the *United Service Journal* praised him 'for the exertions [he has] made to rescue the officers and men of His Majesty's Service from the fangs of those merciless contractors for the prolongation of human misery, the private madhouse keepers in or near the metropolis'. S.A.Schetky was the medical officer in charge of Fort Clarence from its inauguration to 1823 and served under McGrigor at Chatham. A brief biographical sketch of Schetky described 'his manly firmness of character and at the same time his naturally gentle and amenable disposition' which meant 'he was peculiarly adapted to watch over and provide for the sufferings of his unhappy patients' to the satisfaction of his superior officers.[22] In his report for the first few

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[18] K.R. Gulvin, *The Napoleonic Defences of Rochester and Chatham* (Medway Military Research Group), p.18

[19] *Select Committee for the better Regulation of Madhouses in England* PP 1814-15 (296), p.90

[20] John Haslam, *A letter to the Governors of Bethlem Hospital containing an Account of their Management of the Institution….with a Correct Narrative of the Confinement of James Norris* (London: Taylor & Hersey, 1818), pp.9-10

[21] NA-WORK 31/315 Plan of Fort Clarence 1814

[22] Dr. Maclagen, *Biographical Sketch of the late Alexander Schetky* (Edinburgh, 1825), p.3

years at Fort Clarence he alluded to 'the score of economical propriety' in its establishment, its 'value being commensurate with its expediency'.[23]

There was a huge problem with discharged soldiers after the Napoleonic Wars and their antisocial behaviour led in part to the passing of the Vagrancy Act of 1824. Many exhibited their war wounds for sympathy or to manage distress, conduct that was prohibited by the act such that 'every person wilfully, openly, lewdly and obscenely exposing his person with intent to insult any female….shall be deemed a rogue and a vagabond'.[24] The War Office responded to the large numbers of deranged soldiers during and following the lengthy Napoleonic Wars by establishing an asylum at Fort Clarence solely for their care and treatment. This was in itself ground-breaking although the Navy had the previous year, in 1818, set up an asylum for the reception of lunatic sailors at Haslar near Portsmouth. At that time the lunacy reform movement was in its infancy and county asylums with their ethos of prompt and specialised treatment would not be mandatory for another 26 years. Indeed, the presence of a military asylum at Rochester may have influenced Kent county magistrates in their decision to erect a purpose-built pauper lunatic asylum at Barming Heath in 1833.

Military medicine has often been credited with the advancement of medical knowledge generally as well as with the consolidation of the medical profession, legitimising medical empiricism and the development of standardised diagnoses and treatment.[25] For Foucault it was in the military hospitals that clinical teaching was first organised.[26] In the realm of caring for the insane in the nineteenth century things seem to have been reversed with the military medical corps adopting civilian procedures, albeit with additional attention to discipline and security. It was not until the carnage of the trenches of WW1 that military psychiatry led the way with the discovery of shell shock. Lessons were then learned and applied to civilian psychiatry, such as the need for early treatment and the possibility of treatment without certification on open wards, prompting

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[23] *The United Service Journal and Naval and Military Magazine,* part 2 (London: Henry Criburn, 1831), p.547; S.A. Schetky, 'Report of the Asylum for Military Lunatics, at Fort Clarence, from its Establishment in May 1819 to May 1823', *London Medical and Physical Journal,* 51 (1824), p.462

[24] RAMC/CF/3/3/1/212/CLAR 278 Peter McAllister, 'The Fort Clarence Military Lunatic Asylum: The Maniacal Register, vol. 2' (unpublished MSc dissertation, Kings College and Institute of Psychiatry, 2009), p.15

[25] Geoffrey L. Hudson, 'Introduction' in Geoffrey L. Hudson, ed., *British Miltary and Naval Medicine, 1600-1830* (Amsterdam: Rodopi, 2007), p.13

[26] Michel Foucault, *The Birth of the Clinic,* trans. A.M. Sheridan (1963; Abingdon: Routledge Classics, 2003), p.69

a debate about lunacy reform.[27] Eric Dean has labelled this spill over from army psychiatry into the civilian realm 'diffusion'. He has also identified the opposite effect, 'denial', whereby the public shields itself from the destructive, chaotic forces of war, romanticising the soldier as participating in a sanitised confrontation between the forces of good and evil in a 'just' war.[28] It would appear this latter effect operated after the end of the Napoleonic Wars in Britain at the time when Fort Clarence found a new lease of life as a lunatic asylum. Although in the early 1800s the link between physical trauma and mental illness had not yet been made, this does not belittle the implications of the founding of Fort Clarence in 1819 at a time when there were no known military lunatic asylums in Europe.

Innovative in conception as Fort Clarence was in its use as a lunatic asylum, its infrastructure and external characteristics were decidedly unsuited to this purpose. In 1792 at the Retreat outside York the necessity of situating a lunatic asylum as pleasantly as possible was stressed as was too the desirability of equipping it with all the home comforts and a family atmosphere. Fort Clarence was as far removed from this ideal as it was possible to get. Indeed, it was in many ways its antithesis, a massive prison-like structure designed as a military fort where many patients were accommodated in the casemates, originally intended to harbour large guns. It occupied the summit and eastern declivity of a ridge on the right bank of the River Medway between two roads at Rochester. A mile from the general invaliding depot at Fort Pitt in Chatham, it consisted of four buildings spread out in grounds, one of them a red brick tower with 9 feet thick walls bordering a deep ditch sloping down to the river. This tower, the heart of the complex and now a listed building converted into luxury flats, has tiny windows and rounded corners and is reminiscent of a small Bastille. Indeed, the overriding impression of the site is one of the state's power not only to wage war but also to confine and punish. In 1844, when the asylum closed deemed unfit for purpose, it was put to use as a military prison, a function far more in keeping with its foreboding and austere exterior. For 25 years, however, the custodial aspect of lunacy provision prevailed at Fort Clarence.

Thomas Markus has written extensively on buildings and power, noting that 'a building's form, function and space each has meanings in the field of social relations, each is capable of signifying who we are, to ourselves, in society and in the cosmic scheme of

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[27] Martin Stone, 'Shellshock and the Psychologists' in *The Anatomy of Madness,* ed. by W.F. Bynum, Roy Porter and Michael Shepherd (London: Tavistock, 1985), vol.2, p.246

[28] Eric T. Dean, 'War and Psychiatry: Examining the Diffusion Theory in Light of the Insanity Defence in Post-World War Britain', *History of Psychiatry,* 4 (1993), p.64

things. And each speaks of both power and bond relations'.[29] Thus at Fort Clarence the very architecture was punitive and a statement of might. Inside it was dark and gloomy, the small barred windows admitting little light although they did, on the west side, offer an uninterrupted view of the river and valley. Later in the century the benefit of rural views was highly recommended by the Commission in Lunacy but at Fort Clarence it was an unintended consequence of converting a military fort, with its prime location overlooking a valley for defence purposes, into a lunatic asylum. There were few guidelines for the War Office to heed in 1819 when it opened its military asylum with the result that Britain's (and probably Europe's) first institution for insane soldiers was a dismal, overwhelming structure with the appearance and inner configuration of a prison.[30] If asylum reform in Britain was following a particular set of ideas that saw 'space, place and design used as methods of treatment', Fort Clarence bucked this trend and adhered to the increasingly outmoded practice whereby confinement was the paramount concern without even the fig-leaf of providing an aesthetically pleasing healing space.[31]

Asylum reform advocated the prompt removal of the lunatic from his illness inducing environment, a recommendation also flouted by the army. The Rochester-Chatham area was a busy military hub and had been so since the foundation of the Royal Dockyard in the mid-sixteenth century. After the Reformation the locality was fortified in the event of attack from Catholic countries and over the following centuries large numbers of army personnel were garrisoned there, particularly at times of war with France. Its selection as the site for an asylum for insane soldiers ensured the inmates were kept in a military environment. As Miles Ogborn and Chris Philo have noted for naval lunatics this was in part to render the arrangement administratively efficient and reduce transport costs but it was also to firmly embed the military maniacs 'in a place still saturated with sights, sounds, activities and (above all) ambience of a [military] life'.[32] The army did not relinquish control over its servicemen just because they were behaving strangely. By keeping them cocooned in a disciplinary environment there was the hope they would soon return to health and be fit for active service again. The argument for situating a military lunatic

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[29] Thomas A. Markus, *Buildings and Power: Freedom and Control in the Origin of Modern Building Types* (London: Routledge, 1993), p.30

[30] Wynn's Act of 1808 merely stipulated that new asylums should be 'in an airy and healthy situation', a criteria Fort Clarence could be said to fulfil.

[31] Barry Edginton, 'A Space for Moral Management: The York Retreat's Influence on Asylum Design' in Leslie Topp, James E. Moran and Jonathan Andrews, eds., *Madness, Architecture and the Built Environment* (London: Routledge, 2007), p.85

[32] Miles Ogborn and Chris Philo, 'Soldiers, Sailors and Moral Locations in Nineteenth-Century Portsmouth', *Royal Geographical Society,* 26 (1994), p.228

asylum in the Medway Towns was aired later in the century after Fort Clarence had closed and a new site had to be found. C. Lockhart Robertson, a military physician, wrote in 1855:

> 'Yet what opportunities does the vicinity of Chatham lying too in the fair Kent, garden of England, afford for similarly placing the insane soldier under his professional influences. The bugle call, from the heights of Chatham, sounds far up the valley; the daily passing to and fro of the depots of men belonging to half the regiments on foreign service, and all the varied military character of the place, present elements of treatment to the hand skilled to minister to the mind diseased, in my judgement, of the highest value'.[33]

In providing an establishment uniquely for the treatment of lunatic soldiers in Kent, the British army was, as already stated, in many ways ahead of its time. Fort Clarence opened in 1819 but as late as 1853 the chief director of French asylums, Monsieur Bettel, told a War Office employee that a special lunatic asylum for the military was

> 'by no means desirable, that there was in the system of military discipline and routine so much that was opposed to the best methods of threating the insane, that the sooner the patient was removed from all connection with a military life, the better chance there would be of effecting a cure'.

He added that one would not erect an asylum especially for insane tailors so why do so for insane soldiers?[34]

J.D. Alsop demonstrated that pre-nineteenth century imperial medicine was predominantly state centred, elitist, white and masculine in its conception and execution.[35]Although the profile of lunatics at Fort Clarence extended down the social scale to include 78% privates as opposed to 17% officers between May 1819 and May 1823, the average patient was almost always a young, male European.[36] Somewhat surprisingly therefore do we find a women's annexe at the asylum housing the lunatic widows of former soldiers. In 1834, out of a total of 103 patients, 7 were women. They had their own separate accommodation and airing yard between the Maidstone-Rochester Road and the

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[33] C. Lockhart Robertson, 'The Miltary Lunatic Hospital', *British Journal of Psychiatry,* 2 (1855), p.40
[34] NA-WO 43/764 Fort Clarence
[35] J.D. Alsop, 'Warfare and the Creation of British Imperial Medicine, 1600-1800' in *British Miltary and Naval Medicine, 1600-1800,* ed. by Geoffrey Hudson (Amsterdam: Rodopi, 2007), p.40
[36] Schetky, p.467

kitchen garden in the defensible guardhouse which, like the main tower had three floors, thick walls and small barred windows. The proximity to the road caused the military authorities some embarrassment as the women sometimes exposed themselves and there were 'gawpers'.[37] In both the tower, where the ordinary soldiers were lodged, and the defensible guardhouse there would have been little privacy. In the tower the indoor space was divided into apartments with the inmates tightly packed in iron bedsteads. There was no separate day or dining room but, in keeping with its former use as a military fort, there was a subterranean passage and a network of tunnels, of little benefit in a lunatic asylum. Indeed, in February 1819 it was recorded that a total of 4,500 barrels of gunpowder were removed from the fort and tower, ready for the Medical Department to take over.[38] Schetky, in his report for 1819 to 1823, stated that the fort 'presented, in a considerable degree, the requisites of security in the dwellings and of an ample space for exercise in the terre pleine'.[39] Bomb-proof rooms were, however, surplus to requirements and the superintendent seems to have been putting a positive gloss on the choice of Fort Clarence as a military asylum, a choice dictated 'by views of convenience or of necessity'.[40]

It is perhaps not unexpected, therefore, that as the century progressed and lunacy reform gathered pace, Fort Clarence came in for more and more criticism especially from the Metropolitan Commission in Lunacy. The institution was totally out of line with the basic precepts and guidelines for asylum construction and furnishing propounded by the Commission and the War Office closed it down in 1844, the same year the Commission submitted its seminal report on the state of lunacy provision in England and Wales to parliament. The following year county asylums became mandatory and it is perhaps fitting that the demise of the bastille-like military asylum should have coincided with a new era of purpose-built asylum construction emphasising non-carceral features. The War Office eventually followed this trend with the erection in 1856 of a new, purpose-built military lunatic asylum at Fort Pitt in Chatham. This structure was lauded in *The Times* as

> 'a most desirable building….it is situate within the ramparts….and is in a
> fine open situation commanding a beautiful prospect in every direction.
> A large corridor extends the whole length of the building, which is
> intended for the use of patients who will thus be enabled to take open
> air exercise daily, regardless of the weather. The ramparts form a barrier

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[37] NA-WO 43/764
[38] Gulvin, p.19
[39] Schetky, p.465
[40] Ibid., p.464

to the rear of the asylum and in the front is a tastefully arranged garden, railed off, and from which they will be able to see and converse with their convalescent comrades. The internal arrangements provide accommodation for a large number of patients and the various wards are admirably adapted for the use they are intended'.[41]

A print of the institution shows a pleasant, light, two-storey house with a verandah and colonnades set in a spacious garden, a marked improvement on the massive brickwork of Fort Clarence. However, the setting was still very much a military one, a fact not everyone agreed with: 'It seemed contrary to common sense that a lunatic asylum for the whole army should be placed in the middle of Fort Pitt, where unfortunate invalids were now experiencing comfort after their return from the Crimea'.[42] Whilst Fort Clarence was a legacy of the Napoleonic Wars, Fort Pitt opened during the equally ferocious conflict that was the Crimean War which lasted from 1854-7. This indicates that medical officers in the army were well aware that armed conflict produced large numbers of not only physical but also psychological casualties for whose welfare the War Office was ultimately responsible.

Discipline and social control

Kent, by virtue of its geographical position in the southeast corner of England facing the continent, was at the forefront of national defence. This had always been the case but during the Napoleonic Wars it was decided to radically overhaul and supplement the fortifications along the coast as well as in the Medway Towns to protect the Royal Dockyard and military establishments at Chatham. William Cobbett, on his journey across southern England, commented on the large number of these defences and decried their construction as a waste of money and a blot on the landscape: 'All along the coast there are works of some sort or other; incessant sinks of money; walls of immense dimensions; masses of stone brought and put into piles….here is the desolation of abomination standing in high places'.[43] Thus was Fort Clarence erected but its architectural style, reminiscent of the Parisian Bastille stormed at the beginning of the revolution, indicated that it was not only the French army that was perceived as a threat but also French ideas. Indeed, the francophile and radical Cobbett said as much whilst reporting on his visit to Dover: 'What they wanted, was to prevent the landing, not of Frenchmen, but of French principles; that

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[41] *The Times,* 25 March 1856
[42] Hansard, 9 March 1855
[43] Cobbett, p.193

is to say, to prevent the example of the French from being alluring to the people of England'.[44] The fortifications, Fort Clarence included, were intended to cow the indigenous population as much as a foreign army and were an exercise in social control. It is not coincidental that Fort Clarence resembled a mini Bastille. It is inconceivable that the War Office was not aware of the similarity in design, pointing to a deliberate imitation of the famous fortress which had come to symbolise the French Revolution and its bloody aftermath. It is deeply ironic, but also perhaps intended, that the fort was used to house insane soldiers from the Napoleonic Wars as if contact with the French and their ideology could unhinge the mind.

Several writers have commented on the relationship between the French Revolution and insanity. Philippe Pinel thought the early 1790s in Paris a good time to study madness: 'and what time could be more favourable for such a study than the stormy years of a revolution, which always is apt to arouse human passions to the highest degree, or I should say, to produce all kinds of mania'.[45] In more recent times, Doerner has written that the French Revolution gave birth to both the bourgeoisie and psychiatry. For him, pauper lunatics were 'literally the embodiment of the ills and incipient crisis of the mid-eighteenth century. When that crisis became obvious at the end of the century, they became a major topic of public debate'.[46] Moreover, George III's spectacularly timed onset of madness in 1788 proved that insanity was a universal affliction but also encapsulated the times. For Foucault insanity was one of several forms of Unreason confined and forced underground in the classical age only to emerge with a vengeance during the revolution. On several occasions in the monumental *History of Madness,* he cites Sade as epitomising those primal forces that broke free after a century and a half of silence:

> 'Sadism is not a name finally given to a practice as old as Eros: it is a massive cultural fact that appeared precisely at the close of the eighteenth century, constituting one of the great conversions in the western imagination – unreason transformed into the delirium of the heart, the madness of desire and an insane dialogue between love and death in the limitless presumption of appetite'.[47]

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[44] Ibid., p.200
[45] Gregory Zilboorg, *A History of Medical Psychology* (New York: W.W. Norton, 1941), p.340
[46] Doerner, p.69
[47] Foucault, *History of Madness,* pp.361-2

Indeed, the British authorities watched with horror and trepidation as their neighbours across the channel descended into an orgy of violence. Security was tightened amidst fears of invasion accompanied by a home grown insurrection in support of the new French ideology. Thus an effigy of Thomas Paine, author of *The Rights of Man,* was burned in public, the radical societies across the country were banned and the Habeas Corpus Act was suspended.[48] A veritable wave of counter-revolutionary panic set in, which had implications for the insanity laws. In May 1800 George III was attending the first night performance of Mozart's *Le Nozze di Figaro,* an opera with revolutionary content, when a leaden ball discharged from a horse pistol less than 18 inches above his head.[49] James Hadfield, an ex-soldier who had fought in the king's army in Flanders, was immediately arrested and charged with treason. He was acquitted on grounds of insanity resulting from a serious head wound incurred whilst fighting in the British army. Fearing that under current legislation he could be released during a lucid interval, the authorities hastily passed the Criminal Lunatics Act 1800, allowing for the indefinite detention of those acquitted of capital offences on account of insanity. As Valerie Argent has suggested, this act was counter-revolutionary panic legislation pushed rapidly through parliament without any concession to minority voices defending individual liberties. She contends that the Hadfield case was a particularly powerful stimulant of panic and reaction, tapping into the well-publicised association of insanity with the French Revolution, as depicted in Burke's *Reflections on the Revolution in France* and the cartoons of the period.[50]

Hadfield was confined in Bedlam where his path crossed that of another famous inmate, James Tilly Matthews whose story also illustrates the link between madness and the French Revolution, a link I think Fort Clarence encapsulated in its massive stone architecture. Matthews believed in the existence of the Air Loom, a machine located in London that worked by animal magnetism, sending invisible rays to control the minds of the politicians and generals of the day, forcing thoughts into their heads and tormenting them with unbearable agonies if they resisted. It was operated by a gang of revolutionary terrorists bent on plunging France and England into war and was known only to Matthews.[51] Deemed a security threat to the king and his ministers, due to his disruption of proceedings in the House of Commons when he shouted 'treason' from the gallery,

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[48] Clive Emsley, *Britain and the French Revolution* (Harlow: Longman, 2000), pp.29-40

[49] Richard Moran, 'The Origin of Insanity as a Special Verdict: The Trial for Treason of James Hadfield (1800)', *Law and Society Review,* 19 (1985), p.492

[50] Valerie Argent, 'Counter-Revolutionary Panic and the Treatment of the Insane: 1800' (unpublished thesis, University of Middlesex, 1978), accessed at http://studymore.org.uk/1800.htm August 2019

[51] Mike Jay, *The Air Loom Gang* (London: Bantam Press, 2003), p.60

Matthews was kept indefinitely at Bethlem, suffering from what nowadays would be termed a paranoid delusion.

There is, however, a real basis in Matthews' biography for the existence of the Air Loom Gang in his mind, demonstrating a clear link between the French Revolution and insanity. In 1792 he accompanied the radical David Williams to Paris, to work with Brissot on the drafting of a new constitution for the infant French republic. Moreover, he actively tried to avert the looming spectre of war, advocating peace until it became a treasonable offence on both sides of the Channel. At one point he was granted an audience with Pitt suggesting his activities were not unimportant to the government, yet as Mike Jay explains,

> 'they were treading a precarious line between being French spies or British traitors. They had received their invitation via a secret French agent in London, were travelling undercover and virtually on enemy soil, in a country militarised under a brutal police state and were about to witness the most convulsive political events in living memory'.[52]

It is not difficult to imagine the pressure brought to bear on a fragile, sensitive psyche during the manifold twists and turns of the French Revolution. Matthews witnessed the Terror first-hand and certainly felt betrayed by those in power. Indeed the Air Loom which his beleaguered mind conjured up can be seen as a symbol of power. It demands conformity both in thought and deed, inflicting pain on those who disobey. It was thus an instrument of control and, although the product of a lunatic's brain, serves as a metaphor for the British state's policing of revolutionary behaviour and the association of revolution and insanity. In the twentieth century Laing and others postulated that mental illness represented a conflict between the social self and the true self and it is certainly possible that Matthews' sincere political views, especially regarding the prospect of war, put him in an impossible situation which only the tortured ruses of insanity rendered bearable.

Matthews was the first of many patients to speak openly and in detail about a persecution complex. As the nineteenth century progressed, alienists became increasingly familiar with the claim that their patients' minds were being manipulated by hidden machines operating in line with the latest scientific inventions, be it animal magnetism, electricity or the telephone. The Air Loom was the original 'influencing machine'. Cases were not unknown at Fort Pitt. In 1859 Surgeon Alexander Macarthur, who had been at Lucknow during the Indian Mutiny, believed there was a conspiracy against him whereby

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[52] Ibid., p.94

with the aid of mesmerism whatever he did became known to others. He refused to reply to letters, putting them unopened in his pocket in the belief that their writers knew his thoughts and sentiments without his committing them to paper.[53] As far as the Air Loom was concerned, it may have been a figment of Matthew's imagination but it was considered a very real threat to the authorities, whose fear of revolutionary ideology proved a catalyst for psychiatric intervention. The mayhem and bloodletting of 1789 and after thus drew attention to questions of lunacy and the period witnessed the birth of the supposed antidote: psychiatry. When the political situation in Europe had calmed down, after the defeat of Napoleon and the Congress of Vienna in 1815, Fort Clarence, originally a military installation, was assigned a new role as a lunatic asylum for insane soldiers. Its bastille inspired architecture was a constant reminder of the perils of insubordination and rebellion against authority. 'That way madness lies….'[54]

An institution for insane soldiers was very much still part of the army and discipline and order were even more ubiquitous than in a civilian establishment. Indeed, Foucault saw the military model as a metaphor for the new disciplinary society of the classical age. 'Out of a formless clay, an inept body, the machine required can be constructed', he wrote of the soldier in *Discipline and Punish,* the aim being to create a disciplined mass, a docile, useful troop who executed what was required without fuss:

> 'there was a ….military dream of society, its fundamental reference was
> not to the state of nature, but to the meticulously subordinated cogs of
> a machine, not to fundamental rights, but to indefinitely progressive
> forms of training, not to the general will but to automatic docility'.[55]

Cornelis van der Haven has documented in *Battlefield Emotions* how the Dutch army of the seventeenth century used drilling and allocution to keep soldiers' emotions in check and ensure obedience, even when under fire.[56] This army discipline was upheld at the Medway lunatic asylums. Thus drilling took place in the quadrangle at Fort Clarence and soldiers were expected to show due respect to their superiors as they would in the field. One factor in the decision to found a military lunatic asylum was doubtless the advantage of keeping insane soldiers within a military environment, thereby easing the transition back into active

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[53] Annual Reports on Cases Treated in the Lunatic Hospital, Fort Pitt, Chatham 1858-1870, p.15 (in the private ownership of Brigadier Peter Abraham)

[54] William Shakespeare, *King Lear* 3.4.21

[55] Foucault, *Discipline and Punish,* p.135 and pp.168-9

[56] Cornelis van der Haven, 'Drill and Allocution as Emotional Practices in Seventeenth Century dutch Poetry, Plays and Military Treatises' in Erika Kuijpers and Cornelis van der Haven, eds., *Battlefield Emotions 1500-1800* (London: Palgrave Macmillan, 2016), pp.28 and 33

service with its emphasis on discipline and obedience. Although Schetky also identified camaraderie and solicitude as important motivating factors, this military model on the whole left little room for humanitarian concerns.[57] Indeed, it was not until 1863 and the founding of the International Red Cross that a more compassionate approach to soldiering began to emerge. Up until then the soldier had been expected to blindly obey orders both on and off the battlefield with no recognition of the physical and psychological toll exacted. Waltraud Ernst has noted that 'military authorities were concerned primarily with correction of the undesirable behaviour rather than the alleviation of personal suffering'.[58] She added that the language of 'disgraceful and highly irregular conduct and neglect of duty to the prejudice of good order and discipline' was heard in barracks and mess decks, not talk of emotional breakdown, nostalgia or cultural alienation.[59] Even in those few cases in which transfer to the lunatic asylum occurred, medical certificates echoed the discourse of discipline. Thus Private James Quinn who had been stationed in Ceylon, drank excessively and 'no amount of punishment would appear to check' his dipsomania. He was flogged six times and also imprisoned before the medical authorities finally shipped him back to Fort Pitt lunatic asylum in 1859.[60]

There existed at the time when Forts Clarence and Pitt were operational a very heroic ethos surrounding warfare, masculinity and valour. A deserter could still be branded with the letter D for desertion on the arm, head or chest. In 1851 there was at Barming Heath a former soldier, James Buckley, who had been 'branded with a D following the questionable practice followed in the army'. He had problems with drink and it is tempting to conclude that his career as a criminal vagrant probably stemmed from the same psychological root as his decision to desert from the army.[61] Ernst has noted that 'service in the Victorian army was generally acknowledged to be an extremely stressful trade' with enlistment usually for life which in practice meant 25 years although shorter enlistments were offered in wartime.[62] Throughout the nineteenth century cowardice was considered shameful, war was glorified and wounds regarded as a badge of honour. Heroic self-sacrifice was idealised, epitomised for N.E.J. Morecroft by the death of Nelson in full dress uniform at the moment of victory at Trafalgar. This 'constructed a view of war as sublime

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[57] Schetky, p.462
[58] Waltraud Ernst, *Mad Tales from the Raj* (London: Anthem Press, 2010), p.130
[59] Ibid.
[60] Annual Reports, Fort Pitt, p.26
[61] KHLC-MH/Md2/Ap1/3 Oakwood Hospital Admission Register 1833-54
[62] Ernst, p.34

and even beautiful at a distance' and 'made the idea of the soldier hero particularly palatable'.[63]

People in society generally were hardened to bloodshed and violence, not least in the form of the Bloody Code which was not dismantled until the 1820s. As Rosalind Crone has noted animals were frequently used to satisfy spectators' thirst for blood with brutal sports such as cockfighting, throwing-at-cocks, bull- and badger-baiting and dogfights regularly attracting large, heterogeneous crowds.[64] Crone also states that even though these forms of actual violence faced regulation at the turn of the nineteenth century, 'the theme of violence continued to be a permanent feature of mainstream entertainment throughout the Victorian period'.[65] Citing as examples the banal violence of the widespread Punch and Judy shows and the fascination with bloody murder that was sensationalised and commercialised in broadsheets and theatre, Crone contests that 'the Victorian popular imagination was bloodier, much more explicit, and more angry and turbulent than historians have thus far been prepared to acknowledge'.[66] At all levels of society mortality rates were high: in 1841 life expectancy at birth was 21.6 years in Manchester, 28.1 years in Liverpool and 22 years in Glasgow. Of the 350,000 deaths in England and Wales in 1842 40% were in children under five years meaning illness and loss were familiar companions in most households.[67] There was thus, in a society where according to Foucault the masses were being drilled into meekly accepting their subordinated role, little sympathy for the insane soldier whose mind had given way under a regime of strict discipline and order, even if this extended to the wholesale slaughter of the battlefield.

The army was a locus of power, the upholder of law and order and in the 1830s it was local Kent troops that were called out to suppress the Swing Riots and the Battle of Bossenden Wood.[68] Abroad, the military represented the British crown against a variety of European enemies and colonised peoples. Insanity in the ranks was readily identifiable by its symptoms in a setting where bravery and total obedience were demanded. Masses of

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[63] N.E.J. Morecroft,' 'No Nation Ever Sent Forth Braver Troops to Battle': Images of the Soldier in nineteenth-Century British Literature and Culture' [online]. In: Crotty, Martin (editor) When the Soldiers Return: November 2007 Conference Proceedings Brisbane: University of Queensland, School of History, Philosophy, Religion and Classics, 2009: 88-96. Https://search.informit.com.au/documentSummary;dn=724480909018702;res=IELHSS (accessed 1 May 2019)

[64] Rosalind Crone, *Violent Victorians* (Manchester: Manchester University Press, 2012), pp.7-8

[65] Ibid., p.8

[66] Ibid., p.7

[67] Tristram Hunt, *Building Jerusalem* (London: Phoenix, 2004), p.37

[68] Troops stationed in the Home Counties furnished the second highest group of insane soldiers at Fort Pitt in 1865. Annual Reports Fort Pitt, p.228

men were expected to act and move in concert and strange, erratic behaviour would have stood out against such a disciplined backdrop. Only the suicidal soldier with a determined death wish went perhaps undetected, valiant and praiseworthy as it was to risk one's life in the course of duty.[69] *The Times* reported in 1858 that 'if a man is anxious to get rid of his life without having recourse to measures of direct suicide, the most honourable way to obtain this desirable end is to enter as a private' in a British regiment.[70] The insane soldier, if stationed abroad, was invariably sent back to England aboard one of the many ships that docked at Chatham. The arrival of these ships and their cargo of insane servicemen alongside the sick and disabled, was regularly reported in *The Times.* For example, in 1856, as the Crimean War was coming to an end, the paper reported that six lunatics from the conflict had arrived at Chatham docks and had been sent on to the new asylum at nearby Fort Pitt.[71]

Many of the inmates at both Fort Clarence and Fort Pitt had been stationed in India, where they had often been admitted to one of the local asylums such as Madras or Deolali (from where the expression 'to go doolally' derives) in the hope they might make a swift recovery and quickly resume active service. These local Indian asylums were cleared out in the 1860s due to administrative changes, leading to a rise in the number of mentally ill soldiers being transported back to the Medway Towns for treatment.[72] Ernst has estimated that prior to this about 4% of all hospital admissions in India may have been of military personnel afflicted with insanity.[73] She also suggested that being declared insane was sometimes considered a softer option than the usual corporal punishment (flogging with the loathed cat-o'-nine-tails or in some cases death) for insubordination, desertion or violence.[74] The army was, however, alert to the practice of feigning insanity and went to some length to prevent or uncover it, as exemplified by the case of E. Pigott, an Irishman discharged from the East India Company's military service in 1828 and sent to Fort Clarence, who was suspected of being 'a most determined malingerer'. To force him to confess he was rapidly forced through a subterranean passage, given a copious shower bath and generally roughly treated before being placed in the whirling chair, all with the aim of breaking his resistance. Perhaps unsurprisingly under such duress Pigott confessed

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[69] Soldiers had over five times the annual male average suicide rate by occupation and were by far the most endangered group. Olive Anderson, *Suicide in Victorian and Edwardian England* (Oxford: Clarendon Press, 1987), p.95
[70] *The Times,* 9 February 1858
[71] *The Times,* 24 March 1856
[72] NA WO/43/764
[73] Ernst, p.97
[74] Ibid., p.34

and was forcibly reenlisted in the ranks of the East India Company and sent out to Madras to serve.[75]

Control in the military lunatic asylum was largely maintained through a deference to rank which replicated proceedings and hierarchy in the army outside. Officers and privates were accommodated separately and had different daily routines and duties. The ordinary soldiers performed all domestic tasks such as 'cleaning, scouring the platters, making the beds, bringing the returns from the steward's store, laying the tables for meals, carrying the foul linen to the washhouse'. They ate with their fingers.[76] The officers, by contrast, used knives and forks and enjoyed a more leisured existence: 'they range over an ample space of sod, and enjoy the prospect, read magazines and newspapers, or novels, or classical authors; smoke; dose in the shade or gaze at the sky; play at quoits, or skittles, or backgammon'.[77] In the officers' upper house at Fort Clarence a hanging lamp in the staircase was kept lighted during the day so as the men could light their cigars.[78] They were also encouraged to pursue intellectual activities such as studying classical authors or helping with the accounts.[79] Moral treatment, which Schetky identified as fostering discipline and mental training, was used sparingly at Fort Clarence due to a lack of available funds, the patients paying for their care out of stoppages from their salaries. For the lower ranks the only sort of employment on offer was the conversion of the fort gardens into an extensive kitchen garden 'by which means economy and useful labour….might be jointly ensured'. On trial, however, the soil was found to be 'so very thin and barren' and only a stripe along the better part of it was 'under the spade of the maniacs' in 1823. Other attempts at therapy also floundered with British soldiers lacking the ingenuity and powers of invention of their continental counterparts: 'hence none of those neat models, no dice, no chess-men, no cribbage-boxes nor straw hats issue from the convalescents of English hospitals'. Ironically, Schetky attributed this lack of creativity to the soldier's total immersion in a strictly disciplined daily routine: 'the concentration of the powers of the Englishman to the few automatic, unintelligent motions, by which, as a small part of an immense machine, he co-operates to the production of a great effect, increases his peculiar utility, but impairs his general powers of invention'.[80]

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[75] *Newry Telegraph,* 6 October 1829
[76] Schetky, p.465
[77] Ibid.
[78] NA-WO/43/764
[79] Schetky, p.479
[80] Ibid.,, p.472

This brings to mind Foucault's military model of society, quoted above. The automatism associated with this model was also evident in the drilling in the exercise yard at Fort Clarence:

> 'on the word of command to 'fall in' being given, the remaining instinct of military obedience arranges them, though somewhat slowly and uncouthly, into two ranks and controls their march into military time and order, round and round the quadrangle, or in the outer garden or terre pleine, assisted by the clarinet of a mad musician'.[81]

It was an unintentional but revealing parody of the discipline and control inherent in a military lunatic asylum. Kuijpers and van der Haven have demonstrated in some detail in *Battlefield Emotions* how drilling was used to achieve the primary duty of all soldiers, namely obedience.[82] A soldier was not supposed to move his body until ordered to do so. This was intended to ensure a fighting unit stayed together even in battle and did not break rank. The interiorised and automatized movement of marching and military exercise carried out simultaneously by large numbers of men were believed to produce feelings of exultation and a sense of togetherness, termed 'muscular bonding' by William H. McNeill. The drilled soldier was ideally calm, silent and receptive to the commands of his superiors, an object lesson in self-control.[83] Quite often songs and marching bands would strengthen the effect of the drilling, a feature of military life engrained on the body of not only the mad clarinettist at Fort Clarence but also his colleagues who responded automatically to the command to 'fall in'. This was the basis for Foucault's military model of society. Although I find it quite disturbing it does explain how the need for a docile, compliant workforce to man the new industrialising landscape was met. Moreover, it highlights how those who rebelled against the demands of authority were dealt with: incarceration either in a workhouse, prison or lunatic asylum.

Military medicine for the insane

Military medicine for the insane in the nineteenth century was not dissimilar to its civilian counterpart. Most of the diagnoses at both Fort Clarence and Fort Pitt were similar to those issued at civilian asylums, the most common being mania. At Barming Heath in 1850

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[81] Ibid., p.465
[82] Kuijpers and van der Haven, eds., p.28
[83] Ibid., p.33; William H. McNeill, *Keeping Together in Time: Dance and Drilling in Human History* (Cambridge MA: Harvard University Press, 1995)

58% of those admitted were maniacal which compared with 31.1% at Fort Clarence between 1824 and 1831 and 48.5% at Fort Pitt in 1866.[84] Other frequent diagnoses included general insanity, melancholy and amentia, an insufficient mental development and functioning. At Fort Clarence in June 1841, out of 21 soldiers, 3 were melancholic, 9 manic and 9 were suffering from amentia.[85] This high incidence of amentia reflected adversely on the army's recruitment policy, suggesting a poor vetting process for suitability at enlistment or, perhaps, a lifetime of blind obedience. At Fort Pitt in 1861, 111 out of 310 inmates were manic with 57 described as having 'fatuitas', meaning idiocy. Indeed it was noted in the annual report for that year that many of the soldiers discharged should never have been recruited in the first place as a large number were 'incapable of learning their military duties from intellectual deficiency'.[86] Once a soldier had left the army he was no longer the responsibility of the War Office and some former soldiers found their way to Barming Heath where they were commonly diagnosed with mania. However, between 1833 and 1854 over a third (38.5%) of ex-soldiers presented with dementia and GPI, a disease we now know to be syphilis and which they may have contracted whilst in the army.[87]

To write or speak of military psychiatry in contemporary times is to evoke the shell-shocked soldiers of the trenches or the traumatised veterans of Vietnam with their modern diagnosis of combat stress. Military medicine for the insane was very different in the nineteenth century, with no link between mental illness and experience on the battlefield. Jones and Wessely have suggested that psychiatric casualties occurred before the discovery of shell-shock but were only partially diagnosed as such.[88] In the scanty archives which survive from the Kent military asylums between 1819 and 1869 there are only a handful of cases which might be interpreted as arising directly from the trauma of war. Schetky described the aberrations of a soldier who believed that 'a young man of the name of Livingstone had got into his flank in the shape of a cock'.[89] The soldier concerned had suffered a head wound to the head as had 10% of his fellow patients. Here a direct association was made between a war wound in the form of a blow to the head and psychological disturbance. In Fort Pitt by 1865 the percentage suffering from insanity

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[84] KHLC-MH/Md2/Ap1/3; RAMC/CF/3/3/1/212/CLAR 278, McAllister, p.28; Annual Reports Fort Pitt, p.406

[85] NA-WO/43/764

[86] *Army Medical Department Report: Statistical, Sanitary and Medical Report for the Year 1861* PP 1863, p.406

[87] KHLC-MH/Md2/Ap1/3

[88] Jones and Wessely, p.19

[89] Schetky, p.470

caused by a head wound or inflammation of the brain had halved to 5.4%.[90] No other wounds were specifically mentioned in the archives although they must have been many and varied.

There are almost no references to the bloody business of war and the psychological implications for those thus employed in the archives although at Fort Pitt James Skelly, who had a long career in army service behind him, complained of having been 'killed' in the '98 Irish rebellion and again in India.[91] Also possibly suffering from some form of conflict trauma were those soldiers whose medical notes reveal them to have been at Lucknow in 1857, during the Indian Mutiny. These were Surgeon MacArthur, whose persecution complex has already been described above, and Private John Murray who suffered an epileptic fit and lost the power to speak above a whisper.[92] Whether MacArthur and Murray were stationed at the besieged Residency in Lucknow or formed part of the relieving columns is not known but either way they would have faced a tense and protracted struggle with an enemy who had not only caught them off guard but who had previously been seen as a trustworthy ally. Soldiers at Lucknow would have striven to prevent a repeat of events at Delhi and Cawnpore where large numbers of civilians were massacred, many of them women and children. For Kim Wagner these atrocities were 'exaggerated and sensationalised' whilst John Keay has stated that the massacre at Cawnpore 'was too shocking for polite English mention'.[93] Lucknow in particular was mythologised in subsequent retellings of the Great Rebellion as a triumph of national solidarity in the face of adversity. It is thus ironical that the only mention of a named military encounter in the medical notes of the inmates of Forts Clarence and Pitt, should be one where the public representation of the conflict was considerably at odds with the individual soldiers' experience, in the case of MacArthur and Murray the slide into insanity. It should be emphasised, however, that no explicit link was made by medical officers at the military asylums between madness and warfare. The inferences are all mine. The lack of insight into the now well-established link between madness and warfare was partly the result of the nineteenth century view of combat as a virile and valorous endeavour. To associate it with lunacy would have been to deny its intrinsic heroism and so demean not so much the individual soldier as the army as a whole. Indeed, the term 'windy', meaning

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[90] Annual Reports, Fort Pitt, p.320
[91] Annual Reports Fort Pitt, p.104
[92] Ibid., p.28
[93] Kim Wagner, *The Great Fear of 1857: Rumours, Conspiracies and the Making of the Indian Uprising* (New Delhi: Dev Publishers, 2010), p.236; John Keay, *India: A History* (London: Harper Perennial, 2000), p.442

lack of courage and derived from the term 'wind contusions', was used to describe cases of tingling and twitching in soldiers who had been close to the passage of a projectile or its explosion but not suffered a physical wound during the Napoleonic Wars.[94]

Nineteenth century medical officers did identify certain diseases with military service, however, most notably 'irritable heart' and 'nostalgia'. The former, also known as DAH (disordered action of the heart) was a popular diagnosis in the Crimean and American Civil Wars and became a serious concern for the British army in 1864 following a presentation at the United Services Institute by W.C. Maclean, professor of military medicine at the Army Medical School in Netley. Maclean described irritable heart, or 'the soldier's spot', as 'that rapid, often tumultuous action so common among soldiers; and which, once established, is never got rid of as long as a man remains in the army and wears the dress and accoutrements of the infantry soldier'. The condition was ascribed by Maclean to the cumbersome kit troops had to wear and carry which constricted and hindered movement. DAH was never diagnosed at the Medway lunatic asylums but at the general hospital at Fort Pitt, between 1860 and 1861, 13.7% of those discharged presented with heart disease for which no organic cause could be found. The following year it was 14.8%.[95]

The other psychological disorder common among soldiers in the nineteenth century was nostalgia. It originated among Swiss mercenaries in the late seventeenth century and was characteristically a state of deep despair and homesickness found in conscripted or forcibly impressed troops sent to foreign territories where they had practically no prospect of leave.[96] It did not find favour with the British army although it was frequently diagnosed in European and American armies. Susan Matt has documented the central importance of home life to Americans and their susceptibility to homesickness.[97] In a chapter of her book devoted to the American army she notes that between 1861 and 1866, the Civil War years, 5,213 white union soldiers and 324 black soldiers suffered homesickness acutely enough to come to a doctor's attention with 58 white and 16 black soldiers dying of the disease.[98] Both northern and southern soldiers had been brought up in a culture that not only allowed but in fact encouraged men to display

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[94] Jones and Wessely, p.2

[95] W.C. Maclean, 'A Lecture on Diseases of the Heart in the British Army: the Cause and the Remedy', *British Medical Journal,* 1 (1867), pp.161-2

[96] George Rosen, 'Nostalgia: a 'forgotten' psychological disorder', *Psychological Medicine,* 5 (1975), p.341

[97] Susan Matt, *Homesickness: an American History* (Oxford: Oxford University Press, 2011)

[98] Ibid., pp.76-7

tender emotions about home life. Once at war they found those feelings could interfere with the imperative to fight. Military doctors advocated a tough response in cases of nostalgia and only in severe instances was furlough or even discharge recommended.[99]

Although the British did not recognise nostalgia as a diagnostic category, they did entertain a policy of repatriation for insane soldiers stationed abroad: 'there was no better cure for an ailing and alien [soldier] than home', wrote Ernst, maintaining that this view became the centrepiece of the treatment of the European insane.[100] Thus Private David Fitzgerald was sent home from Mauritius after seven years of service having shown signs of mental aberration and excitement, destroying clothes and offering violence to others. At Fort Pitt, however, he was quite calm and quiet.[101] British alienists preferred a diagnosis of melancholia to that of nostalgia and this accounted for 5% of admissions at Fort Clarence between 1824 and 1831 and 40% at Fort Pitt in 1869.[102] In 1860 Lieutenant William Smith was admitted to the latter institution suffering from melancholia. His symptoms had manifested themselves on a 50 mile march from Azamgahr to Varanasi in India when he accused the regiment's assistant surgeon of trying to poison him. He was wretched enough to have attempted suicide. The annual report for 1860 at Fort Pitt attributed his illness to the effects of climate. This referred not only to exposure to a tropical sun and the many diseases rife in the tropics but also the sense of dislocation and uprootedness many soldiers felt in foreign parts. The unfamiliar hot weather brought home to them how far they were from the changeable skies of England and so from family, friends and all things homely. This is not so different from the condition of nostalgia diagnosed by doctors in America and on the continent.

Climate, in particular a hot or tropical climate, was assigned a major role in the development of mental illness by the medical authorities at both Fort Clarence and Fort Pitt. Private Isaac Stuttel was admitted to Fort Clarence in 1825 having descended into a state of troublesome and dangerous imbecility whilst stationed first at Zante then at Corfu in the Mediterranean. He imagined himself a prince and everyone his servants. Although disappointment was given as the cause of his insanity it was noted that 'climate may no doubt have had considerable influence in predisposing to the disease under which he at present labours'.[103] Similarly, Assistant Surgeon Brown of the 3rd foot regiment was

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[99] Ibid., pp.96-8
[100] Ernst, p.123
[101] Annual reports Fort Pitt, p.28
[102] RAMC/CF/3/3/1/212/CLAR 278, McAllister, p.32; Annual Reports, Fort Pitt, p.416
[103] RAMC/CF/3/3/1/40/CLAR 278 Maniacal Register Fort Clarence 15/1/1834-26/3/1834.

admitted in 1832 having become ill and suicidal in Ceylon three years previously. It was believed that only a change in climate would restore his health.[104]At Fort Pitt later in the century in 1859 both Gunner George Burrell and Private William Long had been exposed to too much sun on the subcontinent, but whereas the former seemed to have recovered during the journey home, the latter's mental powers remained much impaired.[105] In 1865 at Fort Pitt, of a total of 149 admissions, 28% were climate related, 35% if sunstroke is included. This is the largest single category followed at 14% by hereditary and congenital complaints.[106] In 1862 the annual report stated that it was probable the effects of climate were under recorded, especially in India and other tropical climates where soldiers were often led to drink excessively, something the medical officers were reluctant to commit to paper due to pension issues.[107]

J. Fayrer, a physician at the Royal India Asylum who wrote an article on the dangers of sunstroke in 1879, noted how 'soldiers marching or fighting, when oppressed by weight of clothing or accoutrements, are apt to suffer either from simple heat exhaustion or from that form of insolation which results from direct action of a powerful sun on the head and spine. This is common enough in India and elsewhere during the hot season'.[108] He added that the phenomenon was not unknown even in England: 'people in the hay-field, or otherwise exposed to great heat in this country, especially if they have indulged in excess of alcoholic stimulants and food, may suffer'.[109] As treatment for sunstroke he recommended removal into the shade and the application of a cold douche to head and body. He cited the example of large numbers of soldiers struck down by the fierce April sun during the capture of Rangoon in 1853:

> 'they were brought to me, and laid out in rows, perfectly unconscious, *in their red coats and black leather socks* (they wore them, in those days, even in action under a tropical sun). They nearly all recovered....in some cases, rousing by flagellation with the sweepers' broom was added with good effect'.[110]

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[104] Ibid.
[105] Annual reports Fort Pitt, p.29
[106] Ibid., p.320
[107] Ibid., p.96
[108] J. Fayrer, 'Sunstroke and some of its Sequelae', *Brain,* (1879), p.300
[109] Ibid.
[110] Ibid., p.304

If not treated promptly, coup-de-soleil could be fatal or lead to insanity as in the case of Private John Masterson who caught too much sun whilst stationed in India and had to be transferred to Fort Pitt.[111]

Opinions varied as to whether a white European could acclimatise to the heat and humidity of a tropical climate. By the nineteenth century belief in adaptability was rare. The European in India was perceived to 'droop', both physically and mentally, the longer he was exposed to the rigours of climate.[112] In 1867 the author of the annual report at Fort Pitt wrote of climate: 'I am disposed to accord it a very prominent place in the catalogue of immediate causes both as regards the development of hereditary predisposition and its tendency to produce functional or organic visceral affections of a distressing character'.[113] A hot or tropical climate could thus act as a catalyst and bring out latent tendencies of insanity in the serving soldier. There is an irony here, in that the colonisers and their occupying army, who were supposed to be racially and culturally superior to their conquered subjects, were in fact physiologically unsuited to their self-appointed role as upholders of the social order in exotic climes. They were effectively emasculated and deprived of their authority. This susceptibility to climate may have induced the natives to mutiny in India in 1857 and in Saul David's account of this uprising there are numerous references to soldiers falling prey to heat induced illnesses.[114]

This unsuitability for the climate led, at the end of the nineteenth century, to the development of the diagnosis of tropical neurasthenia, a taxonomic category which displayed considerable social and cultural usefulness. Anna Greenwood has stated that it was

> 'a diagnostic marker of white civility, as opposed to black madness. When indigenes acted in ways deemed deviant, they were typically locked up by the colonial state in asylums; when whites did the same, similar or worse, they were often diagnosed as sufferers from tropical neurasthenia and were quickly repatriated under this only slightly stigmatising label'.[115]

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[111] Annual reports of Fort Pitt, p.29

[112] Mark Harrison, ''The Tender Frame of Man': Disease, Climate and Racial Difference in India and the West Indies, 1760-1860', *Bulletin of the History of Medicine,* 70 (1996), p.79

[113] Annual Reports, Fort Pitt, p.377

[114] Saul David, *The Indian Mutiny 1857* (London: Viking, 2002), p.225

[115] Anna Greenwood, 'The strange history of tropical neurasthenia', *The Psychologist,* 24 (2011), p.227

The diagnosis was thus an expedient for furthering the colonial political agenda and allaying racial anxieties. However, I would agree with Warwick Anderson, who examined the situation in the American occupied Philippines in the early twentieth century. He contended that tropical neurasthenia was essentially confined to the upper and middle classes, that is the officer class. The ordinary soldier, when exposed to the tropical sun, was more likely to suffer from melancholia or paranoia than neurasthenia: 'a flattening of emotional response or a psychosis not an overcivilised nervousness'.[116] This difference in diagnosis can be interpreted as an exercise in social control within the army, with the lower ranks, like the pauper lunatics in civilian society, subject to tighter constraints than officers or gentlemen. The latter did become deranged but in much smaller numbers: there were 27 officers as opposed to 126 privates admitted to Fort Clarence between 1819 and 1823 and 4 officers as opposed to 142 privates at Fort Pitt in 1859.[117] As with civilian society, it was the lower classes which made up the majority of inmates in asylums, in part due to their inferior standard of living and higher social insecurity but also the result of a social imbalance. In military life too, the propertied and moneyed class was better able to conceal any family insanity.

Treatment at Forts Clarence and Pitt, like diagnosis, was similar to that found at Barming Heath including bleeding, blistering, warm and cold baths and the administration of sedatives such as strammium, prussic acid and opium. As already mentioned, moral treatment was only partially implemented at Fort Clarence for reasons of both economy and the limiting topography of the site. It was, however, in place at Fort Pitt where it was deemed 'most beneficial'.[118] Useful occupation weaned patients from constant brooding and delusional thoughts whilst amusements such as nine pins, skittles and a game called Four Corners served to 'carry off exuberant nervous energy'. Rank was respected at all times with officers and men each having their own separate bagatelle tables.[119] Unlike in the civilian asylum there was no classification according to disease in the military forts until 1859. At Fort Clarence this was due to a lack of space, there being only 8 rooms for 70 patients. Making a virtue of necessity, Schetky defended the custom of mixing up patients in different stages of their illness or with varying diagnoses:

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[116] Warwick Anderson, 'The Trespass Speaks: White Masculinity and Colonial Breakdown', *The American Historical Review,* 102 (1997), p.1355
[117] Schetky, p.464; Annual reports Fort Pitt, p.11
[118] Annual reports Fort Pitt, p.97
[119] Ibid., p.8

'After all, is it certain the indiscriminate mixture of various cases of mania is an evil? May not the contrast, the recoil of the feelings in maniacs of opposite feelings, on being made to live together, produce a salutary effect, by powerfully dispelling the illusions of reverie, - by impressing on the patient's mind the appalling conviction that he is deemed a fit associate for the wretched objects, whose follies are so unlike his own, - and thus by throwing the mind back upon what remains of common sense?'[120]

As was to be expected of a military asylum, there was 'a prompt attention to discipline' and with it a heavy reliance on mechanical restraint.[121] The use of restraint at Fort Clarence was a sign of the times. When it opened in 1819 restraint was very much in common usage, although unnecessary and cruel measures had already been denounced by parliamentary enquiries. It was not until the late 1830s, after Barming Heath became operational, that the non-restraint movement got truly underway and when the new purpose-built asylum opened at Fort Pitt, it soon proudly declared mechanical restraint defunct since the site had been otherwise made safe and secure. Thus a higher fence was erected and shutters were added to the previously unguarded windows, preventing patients from cutting themselves on shards of glass or suspending themselves from the iron bars.[122] Whilst the annual reports of Fort Pitt reveal restraint formerly used to protect inmates, Schetky's report from Fort Clarence demonstrates its punitive and disciplinary aspect. Control over a disparate group of lunatics was exercised through physical chastisement and public humiliation: 'the violent are not dangerous to the timid, for the peccant individual is immediately seized, and is either confined by himself in a small room reserved for this purpose, or, being allowed to take exercise in his strait-waistcoat, his example may be salutary to such as are capable of reflection'.[123] Schetky distinguished between violence caused by mental illness and gratuitous violence and treated them accordingly:

'the sallies of the ferocious are checked by mere coercion, if that type is attended with complete prostration of the perceptive and discriminative

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[120] Schetky, p.467
[121] Ibid.
[122] Annual reports Fort Pitt, p.7
[123] Schetky, p.467

powers; if these remain in part, if the case is one of mere ardour and disposition to violence and extravagance....punishment is awarded'.[124]

Punishment was something the insane soldiers at Forts Clarence and Pitt would have known all about as army discipline was strict and often harsh. Whilst serious crimes were dealt with by courts martial, which sentenced the offender to flogging, relocation to an inhospitable and unpopular area such as West Africa or even death, smaller offences were handled at regimental level. Punishments included restricting a soldier to barracks, restricting his diet to salted water and mouldy bread, the removal of his alcohol ration or forcing him to parade in full dress.[125] Also commonly ordered was solitary confinement, often in a room without windows or outside light. Solitary confinement was also used at Fort Clarence but on the whole it would seem the insane soldiers were treated more leniently than their sane counterparts. There was, however, an occurrence there in August 1836, reported in the *London Evening Standard*, which suggests the army was demonstrating its prerogative to punish even if it was only to some mad soldiers. Private Alexander Moore of the Royal Irish Fusiliers was flogged in the grounds of the lunatic asylum for drawing his bayonet and striking a fellow soldier with a poker, knocking him unconscious. He was not a lunatic but the scene of his punishment was a lunatic asylum with presumably the inmates as spectators. Were the military authorities intimating the soldier's actions were worthy of a lunatic or were they seeking to deter the actual lunatics from similar acts of violence?[126]

When it came to discipline and chastisement, the physicians at Fort Clarence had one weapon in their armoury that rivalled the most brutal of standard army punishments: the circular swing. The circular swing, also known as the rotatory or whirling chair, was 'a powerful engine in the treatment of insanity'.[127] It was invented by Joseph Mason Cox in 1804, based on a design by Erasmus Darwin from 1794-6. Cox was one of the first regularly qualified physician who studied medicine in order to specialise in mental diseases and his machine was conceived to break down 'the catenation of morbid ideas' associated with lunacy.[128] The patient was placed in the chair either in the horizontal or perpendicular position and gyrated at variable velocities, a motion which not only produced nausea,

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[124] Ibid., p.479

[125] Michael S. Neiberg, *Soldiers' Lives through History: the Nineteenth Century* (Westport CT: Greenwood, 2006), p.43

[126] *London Evening Standard,* 22 August 1836

[127] Vieda Skultans, *Madness and Morals: Ideas on Insanity in the Nineteenth Century* (London: Routledge & Kegan Paul, 1975), p.117

[128] Ibid.

vomiting and defecation but also severe convulsions. The direction of the swing could be suddenly reversed or the entire procedure abruptly halted. The aim was to occasion 'a very violent shock both to mind and body' and to induce a state of terror which would 'correct erroneous ideas….destroy the links of morbid association and break the force and effects of vicious mental habits'.[129] As Scull has noted, this was in keeping with the tenets of Lockean associationism. Locke had stated that madmen 'do not appear to have lost the faculty of reasoning but having joined together some ideas very wrongly, they mistake them for truths, and they err as men do that argue right from wrong principles'.[130]

The chief consequence of subjecting a lunatic to the swing was to reduce him to a state of meek obedience, or as Hallaran, the superintendent at Cork Asylum, described it 'to assert the operator's supreme authority over the most turbulent and unruly'.[131] Schetky commented that 'during the collapse and distressing sickness and languor produced by this dreaded instrument, penitence and strenuous promises of amendment have sometimes been proferred' but he conceded that its use must appear to the patient 'a gratuitous act of oppression and cruelty', hence during his tenure it was seldom used for any purpose other than punishment.[132] In 1828, however, George Man Burrows commented on the case of an insane officer he had seen at Fort Clarence. He was

> 'always walking, as long as the regulations of the place permitted, on one particular spot. He never spoke voluntarily to anyone, and his sole occupation, besides walking to and fro, was rubbing his hands together, on which he always wore gloves, or rather the remnants of gloves. He had continued in this state several years'.

Almost a year later Burrows revisited the asylum and met the same man again, still walking and rubbing his hands but looking much better and giving a civil and rational answer on being accosted. An enquiry into the cause for this improvement revealed that he had been subjected a few times to the operation of the rotatory chair: 'he always expressed much alarm at the motion; [but] it broke, in a great degree, his habit of abstraction and from that time his improvement was visible'.[133] As Smith has noted, 'fear was to be deliberately fostered' so that the patient's recollection of the action on his system created such an

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[129] Hunter and MacAlpine, pp.596-7
[130] John Locke, *An Essay Concerning Human Understanding* (1690; London: Everyman, 1961), p.127
[131] Quoted in Nicholas Wade, 'Cox's chair: 'a moral and a medical mean in the treatment of maniacs'', *History of Psychiatry,* 16 (2005), p.78
[132] Schetky, pp.472-4
[133] George Man Burrows, *Commentaries on the Causes, Forms, Symptoms and Treatment, Moral and Medical, of Insanity* (London: T & G Underwood, 1828), p.293

impression that the physician only had to threaten its use to secure compliance with his wishes.[134]

The swing was thus employed to elicit correct, desired behaviour and was very much an instrument of social control, calming the violent and recalcitrant, reanimating the languid and exposing imposters (see the case of E. Pigott mentioned above). Fort Clarence was by no means unusual in its possession of the contraption. Burrows, writing in 1828, stated that 'the rotatory machine is met with now in most British public asylums; but its results are very differently reported; some speaking most favourably of it, some dubiously; and with others it has fallen into disuse'.[135] For Nicholas Wade the peak period of the chair's employment was between 1810 and 1840 whilst Smith states that it became a common feature of county asylums in the 1820s and early 1830s.[136] There was a circular swing at the Royal Dundee Asylum, Wakefield, Cork as well as the private Fishponds Asylum near Bristol, owned by Cox himself, to name but a few.[137] There is no evidence one was installed at Kent Asylum when it opened in 1833 but by then the first glimmerings of the non-restraint movement were dawning in alienist circles.

Later in the century, at Fort Pitt in the 1860s, military medicine extended to a scientific interest in the configuration of the lunatic soldiers' skulls. The nineteenth century was a time of great interest in the shape and size of heads. Phrenology, which examined the shape of the head for protuberances and indentations from which the character of a person could be inferred in a procedure known as cranioscopy, was developed by the Viennese Franz Joseph Gall in the late eighteenth century. It was popularised in Great Britain by his one-time collaborator Johann Spurzheim on a successful lecture tour of the country in 1814-15. The nucleus of the British phrenological movement was in Edinburgh where the Combe brothers became devoted advocates of its doctrines. Phrenology achieved widespread popularity between 1820 and 1840 with Queen Victoria and Prince Albert inviting George Combe to 'read' the heads of their children.[138] At a lower social level there were many public lectures given on the subject across the country (one was held at Maidstone in August 1831 on phrenology and its application to crime prevention) and it was not uncommon for employers to demand a character reference from the local

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[134] L. Smith, *Cure, Comfort and Safe Custody,* p.206
[135] Quoted in Skultans, p.117
[136] Wade, p.80; L. Smith, *Cure, Comfort and Safe Custody,* p.205
[137] Wade, p.80; L. Smith, *Cure, Comfort and Safe Custody,* p.206; Wade, p.78; Parry-Jones, p.92
[138] T.M.Parssinen, 'Popular Science and Society: The Phrenology Movement in Early Victorian Britain', *Journal of Social History,* 8 (1974), p.1

phrenologist.[139] The popular science was originally considered a reforming discipline, rooted in the belief that 'men had innate faculties which could be gradually modified and improved through a better environment'.[140]

The skull was divided into zones, each representing a different faculty or organ, for example Veneration, Amativeness, Acquisitiveness, Tune etc., which if disordered exhibited protuberances or indentations. Once identified these faculties could be cultivated and so restored to health. Thus, explains Cooter, the nymphomaniac required greater exercise of her intellectual faculties and higher sentiments that these might come to preponderate over the enlarged Amativeness.[141] Gall himself had said that 'the great point always is to divert the attention of the patient from the object of his insanity by fixing it upon other objects'.[142] There was thus a confluence of interests between phrenology and moral treatment: the provision of a healthy, benevolent environment with rational amusements and individually designed occupations which would modify and correct deranged thoughts and behaviour by restoring balance. Moral treatment was implemented at Kent County Lunatic Asylum from its inception in 1833 and it was to this that J.Q. Rumball referred in his 1843 letter to Lord Brougham:

> 'most of the superintendents of our public asylums are phrenologists.
> Hanwell, Gloucester, Glasgow, Leicester, Nottingham and Maidstone are
> thus governed; in them, the spirit of improvement, of amelioration to
> the patient in his physical treatment and philosophy in his cure, is alone
> apparent….' [143]

Heads were measured at Barming Heath for a short while in 1846 but the findings were never published, however, and would appear to be the result of personal interest by one of the medical officers rather than of a co-ordinated research programme by the institution.

The interest in skulls at Fort Pitt in the 1860s was of a very different kind. Phrenology had been largely discredited by 1850 but there was a resurgence of interest from 1860 when Lorenzo Niles Fowler arrived from America to begin a highly popular lecture tour on the subject. This may have inspired the interest in soldiers' skulls at Fort Pitt

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[139] *Maidstone Journal,* 30 August 1831; http://victorianweb.org/science/phrenology/intro.html accessed 1/7/2019

[140] Roger Cooter, 'Phrenology and the British Alienists, c.1825-1845, part 1', *Medical History,* 20 (1976), p.11

[141] Roger Cooter, 'Phrenology and the British Alienists, c.1825-1845, part 2', *Medical History,* 20 (1976), p.137

[142] Ibid.

[143] Cooter, part 1, p.4

but it is also possible that word of Cesare Lombroso's measurements of Italian soldiers' skulls and the accompanying theories of physiognomic determinism had reached Chatham. Lombroso was from 1859 an army doctor and was shortly to go on to lead the psychiatric facilities at various Italian universities. There is a clear overlap of enquiry, stimulated by a common interest in phrenology, between his work and investigations at Fort Pitt. Here Staff Surgeon Luke Barron was struck by the number of cases in the asylum in which an unsymmetrical configuration of the cranium existed, often with a corresponding distortion of the face. The percentage displaying this feature was 'very large' (20%) and 'fairly warrants the deduction that this disparity between the hemisphere of the encephalon exercises a marked influence on the production of mental disease'.[144] The men were readily identifiable, their name and regiment listed in a table of the annual report subsequently submitted to parliament. Thus Patrick Murphy of the 1/17th regiment had a 'cranium not symmetrical; right side flattened and pressed in above the ear especially and projecting above this point; deformity very evident before and behind'. Walter Barlow's cranium was 'faulty in many respects'.[145]

This research raises issues of free will versus determinism. Lombroso famously went on to develop the theory of biological determinism and the born criminal. The recording of skull configuration in insane soldiers at Fort Pitt, couched in negative language such as 'deformed', 'faulty' or 'peculiar', could be seen as a reflection of the growing importance of heredity as an explanation for insanity that developed in the latter half of the nineteenth century. It could also be viewed as an exercise in social engineering, whereby the socially unfit would be identified and prevented from enlisting: 'when such malformation exists…. it might suggest to the examining surgeon the expediency of increased caution in testing the recruits' mental capacity more particularly'.[146] An individual with an abnormal skull might thus find his entry into and advancement within the ranks blocked, as the army aimed at establishing a more efficient fighting force comprised of more robust intellects less prone to psychological disturbance. This determinism, which somewhat sinisterly prefigures the eugenics movement of the early twentieth century, is at odds with phrenology's early values.

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[144] *Army Medical Department* PP 1863, p.473
[145] Ibid., p.476
[146] Annual Reports, Fort Pitt, p.92

Conclusion

The maintenance of a lunatic asylum in Kent devoted solely to the care and treatment of insane soldiers was in many ways a progressive undertaking. In 1819, when Fort Clarence opened, there was no military lunatic asylum in Europe and even in 1856, when the purpose-built Fort Pitt started receiving patients, armies on the continent usually sent their madmen to civilian institutions (Belgium) or kept them in a mad ward attached to the general military hospital (Austria and Tuscany).[147] Indeed, in 1819 there were only a few county asylums in existence in England and Wales (Philo lists 6 out of a total of 45 in 1877) and the establishment of Fort Clarence seems, in this context, ahead of its time.[148] An awareness of the link between war and psychological trauma lay a century in the future but even so there was a perceived need for a specialist facility treating the army insane following the Napoleonic Wars and so by implication an incipient understanding of the soldier's susceptibility to mental illness. It was realised that 'the treatment adapted to civilians [was] by no means applicable to those who through the greater portion of their days have been accustomed to the habits and discipline of a military life'.[149] Despite Wellington's remarks that soldiers were 'the scum of the earth' and 'the very worst members of society', a reporter from the *Public Ledger and Daily Advertiser* showed his compassionate side when he stated that 'Fort Clarence….is now fitting up in the most complete and suitable apartments for the reception of those unfortunate persons belonging to the army who are affected with insanity'.[150]

Forts Clarence and Pitt were receptacles for serving soldiers who had gone insane whilst on duty, often on foreign soil. As with civilians, the initial aim of treatment was to return the lunatic to the workforce, in this case active service for the crown. However, the military authorities were well aware of the high risk factors involved in sending a soldier whose mind had given way back into the ranks:

> 'It is a matter of great responsibility and attended with some anxiety for a medical officer to decide upon the cases of men to be allowed to return to their duty as soldiers, liable as they are to be sent to all climates, entrusted with arms and, at times, various responsibilities, free

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[147] NA-WO/43/764
[148] Philo, p.540
[149] *Bury and Suffolk Herald,* 12 May 1847
[150] Richard Holmes, *Redcoat* (London: Harper Collins, 2001), p.148; *Public Ledger and Daily Advertiser,* 29 May 1819

from friendly observation and solicitude, and leading a life which from

various causes is proved to be detrimental to health'.[151]

When the Metropolitan Commissioners in Lunacy visited Fort Clarence in 1844 they identified an extremely low cure rate of between 1.4 and 4% (the average at Barming Heath was around a third).The rate of return to duty was somewhat higher but still low and the implication is that some soldiers resumed their military duties before they were fully recovered. [152] McAllister found just 12% of admissions to Fort Clarence were returned to duty between 1824 and 1831, the same percentage Jones and Wessely cited for Fort Pitt in 1860.[153] In the latter case the vast majority (60%) were discharged to friends whilst 18% were transferred to Grove Hall Asylum at Bow. The army thus disposed of those who were unfit for duty, often through questionable means. At Fort Pitt in 1860 the Commissioners in Lunacy highlighted the practice of setting insane soldiers at large in the streets, throwing the burden of their maintenance on the parish in which they might be found wandering. They cited the case of William Carroll, a pensioner of the 84th regiment, who had been in service for over 21 years and was suffering from dementia. Three times, acting on instructions from the Secretary of State for War, Carroll was set 'at liberty', only to find his way back to Fort Pitt on each occasion. The legality of these proceedings was disputed and the practice caused much 'public sensation and remark'.[154] *The Times* reported on the story, stating that a large number of lunatic soldiers were becoming chargeable to St Margaret's Parish, Rochester, and were not welcome. In one instance a lunatic wandered through Rochester and a wood as far as Maidstone before being readmitted to Fort Pitt. The military authorities, who had seemed so progressive when they undertook to provide an asylum for insane soldiers in 1819, now appeared to be shirking their responsibilities to these same servicemen, acting towards them in a miserly and callous manner.

The purpose-built lunatic asylum at Fort Pitt, opened in 1856, was deemed 'rather a place for observation and temporary probation than one for care and treatment'.[155] Nevertheless, the Commissioners visited it regularly, as they did all establishments devoted to the care of the insane, and their reports on it read very similarly to those of civilian institutions. The War Office was for the most part willing to take on board the Commission's recommendations, such as when the latter criticised 'the practice of passing

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[151] Annual reports Fort Pitt, pp.2-3
[152] *Report from the Metropolitan Commissioners in Lunacy to the Lord Chancellor* PP 1844 (001), p.41
[153] CF/3/3/1/212/CLAR 278 McAllister, p.23; Jones and Wessely, p.6
[154] *The Times,* 19 November 1859
[155] *Fourteenth Annual Report of the Commissioners in Lunacy* PP 1860 (338), p.64

from patient to patient in rapid succession, suits of clothes, without regard to the various statures of the wearers'.[156] Even so, Fort Pitt was eventually closed down and the 50 remaining patients transferred to Netley on 4 July 1870. Robertson, an alienist with experience of treating insane soldiers, would like to have seen a state-of-the-art facility for 300 patients built in the vicinity of Chatham, eliminating the need to transfer the acutely insane to Grove Hall, Bow, 'the dismal London suburb'.[157] Years earlier, he had disagreed with the 1844 report of the Metropolitan Commissioners in Lunacy about conditions at Fort Clarence: 'my impression strongly is that the treatment, moral and medical, of the patients at Fort Clarence, was in every way superior to that pursued in the few existing public institutions of that date, as for example the York Asylum, and of course much more so to that of the mass of private asylums of the period'.[158] Robertson also praised McGrigor, who had drawn up the original regulations for the government of Fort Clarence, for his spirit of scientific humanity which, he said, was 20 years ahead of that found in civilian establishments.[159]

Praise for both McGrigor and Fort Clarence also came from other quarters. Andrew Halliday wrote in a report that

> 'a military fort was certainly not the most desirable building out of which to form an hospital for the sick; yet, with all its inconveniences, it has been made a very comfortable asylum and nowhere have the effects of medical science and the sound common sense principles of moral management been more successful than at Fort Clarence'.

He added that 'the cures….in this military asylum are equal to those of any public or private establishment in the empire'.[160] The *United Service Journal* for its part praised McGrigor for turning 'the dungeons of a military fort' into 'a comfortable asylum'.[161] This is all in stark contrast to the criticisms voiced not only by the Commissioners in Lunacy but also by inside army personnel. In 1841 Commandant Colonel William Warren described 'the absolute inhumanity….to confine officer and men labouring under disease in such a place'.[162] Another commandant, Colonel Thomas Wiltshire, could not 'sufficiently impress on the

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[156] *Twenty-Third Annual Report of the Commissioners in Lunacy* PP 1868-9 (321), p.281
[157] Robertson, pp.39-40
[158] Ibid., p.32
[159] Ibid., p.33
[160] Andrew Halliday, *A Report to Lord Seymour* (London: Thomas & George Underwood, 1829), p.69
[161] *The United Service Journal and Naval and Military Magazine,* part 2 (London: Henry Criburn, 1831), p.547
[162] NA-WO/43/764

reader the extent of the gloom and dreariness that pervade the whole of the buildings. Nor the extreme discomfort and misery endured by the afflicted and wretched inmates'. The fort had 'the aspects of a prison,' he wrote, and the patients, 'instead of finding comfort, pure air, light, cheerfulness and warmth' were immured in places of confinement 'uncomfortable….dark, dreary and cold….calculated to lead a mind inclined to morbid melancholy into a state of incurable insanity'.[163] A reporter from the *South Eastern Gazette,* writing in 1841, lamented that Fort Clarence, rather than being a beacon of scientific enlightenment, lagged far behind its civilian counterparts and made frequent use of 'instruments of torture' in what was an era of non-restraint.[164]

It appears to me that the army was, initially at least, more interested in discipline and economy, that is social control, than health and humanity when it came to caring for and treating insane servicemen. The very choice of a defunct military fort, where patients had to be accommodated in casemates and a massive, gloomy tower reminiscent of the Bastille, is central to this conclusion. So too is the punitive use of the circular swing and the practice of examining insane soldiers' skulls with the aim of identifying those recruits likely to succumb to the stresses of army life with symptoms of lunacy or amentia. The War Office probably thought their provision more than adequate given the general conditions prevalent in the army at that time. Drink, disease and lack of hygiene were rampant and living quarters were more cramped than in a prison or workhouse with privacy practically non-existent. A private in the 15th Hussars found men in the cavalry barracks at Maidstone 'packed….so closely that I have seen them sleeping on the tables used for dining, under the tables and in the coal-boxes'.[165]

As the century progressed, however, the spotlight was shone on soldiers' lives and there was a perceived need for higher, more humane standards. Holly Furneaux has explored how attitudes to heroism, and with it the popular image of the soldier, changed during the Crimean War: 'Representations of the working-class soldier's gentlemanliness, often expressed as emotional and tactile forms of gentle manliness, directly challenged established perceptions of his brutish violence'.[166] Furneaux uses fictional and real characters to illustrate how soldiers embodying a range of humanitarian values and compatible with a new liberal rhetoric of war, gradually displaced heroes who enjoyed the

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[163] Ibid.

[164] *South Eastern Gazette,* 2 November 1841

[165] Holmes, p.279

[166] Holly Furneaux, *Military Men of Feeling: Emotion, Touch and Masculinity in the Crimean War* (Oxford: Oxford University Press, 2016), p.7

violence of battle, hunting, boxing and street fighting.[167] Thus Trooper George and Matthew Bagnet in Dickens' *Bleak House* (1857) are both ex-military men neither of whom are militaristic. The former is shown to be a deeply gentle, caring man who has nursed his former captain back to health whilst the latter has become a domesticated musician whose catchphrase 'discipline must be maintained' is used ironically.[168] These figures contrast sharply with the didacticism of earlier books about the Napoleonic Wars in which the soldier-hero was depicted as infallibly brave, intrepid and gallant.[169] This shift in perception of the soldier is reflected in the War Office's changing attitude to its insane servicemen: in 1819 it could only find an unsuitable military fort to house them but by 1870 it was having to acknowledge the Commission in Lunacy's criticism of its new facility at Netley: 'the unsatisfactory nature of the arrangements made generally for insane soldiers and the necessity of making further and adequate provision for them is daily becoming more urgent'.[170]

Despite this softening of attitude within and towards the army, the issue of social control remains. Discipline did have to be maintained and it was not until the twentieth century and the 'swinging sixties' that the cultural and moral straitjacket began to be truly loosened. Several of the anti-psychiatrists of this period were vociferous in their condemnation of the Vietnam War which came to symbolise for many pacification in the name of endorsing existing power structures and effecting social control: 'The issues of mental illness and militarism were not understood as distinct, but distinctly interwoven'.[171] Conventional psychiatrists were seen as in cahoots with coercive authority, the same authority that was supporting the killing of innocents in foreign wars. Unconventional psychiatrists such as R.D. Laing soon gained celebrity status, however, with their denunciation of the status quo and their celebration of madness as a justified response to a mad society and a rite of passage on a journey towards greater self-insight. Laing did his national service at the military psychiatric facility at D Block in Netley in the early 1950s and it made a lasting impression on him. He wrote in his Netley diary: 'Sanity is determinism and totalitarianism. It is death to the soul and the end of freedom. Against this self-justified

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[167] Ibid., pp.82-3
[168] Ibid., pp.78-9
[169] Ibid., p.91
[170] *Twenty-Seventh Annual Report of the Commissioners in Lunacy* PP 1871 (351), p.47
[171] Staub, p.122

tautology, this invincible and inevitable self-rectitude, the romantic revolt takes its origin'.[172] Laing did not always salute his superiors and once, whilst on duty,

> 'he heard a manic patient raving inside a padded cell; he ordered an injection to be administered if the man did not quieten down. But before it was given, [he] had the cell opened and sat down to listen instead. After half an hour the patient calmed down and didn't need the sedative'.[173]

Laing may be accused of romanticising madness but he also knew its awful reality first-hand. Forts Clarence and Pitt were the grim precursors of Netley's D Block which was therefore not the first military asylum as often asserted.

As in civilian asylums there were often attempts at defying authority through escape, although security was much tighter in the military institutions. Thus Captain Strange escaped from Fort Clarence in 1844 but was found in Cheshire where he had walked, begging along the way, dressed in his military cloak and cap.[174] After the transfer of patients from Fort Pitt to Netley in 1870 there were 12 attempts at escape, a quarter of all patients, 'facilitated no doubt by the defective and insecure arrangement of the iron fence dividing the airing courts'.[175] At Fort Pitt there had been an aviary for the diversion of the men confined there but the birds wanted to fly away in the winter months due to the fort's bleak and exposed location.[176] It is tempting to see the birds as a symbol of the soldiers' plight for if a lunatic asylum was a grim place to be, a military lunatic asylum was especially so. Soldiers, who usually enlisted for life, were trapped in a system which demanded total obedience even in sickness.

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[172] Hoare, p.326
[173] Ibid., p.324
[174] *Kentish Gazette,* 20 February 1844
[175] *Twenty-Fifth Annual Report of the Commissioners in Lunacy* PP 1871 (351), p.377
[176] Annual Reports, Fort Pitt, p.380

Chapter Three

Building the Asylum

Introduction

Between 1774 and 1874 the county of Kent took upon itself to build not one, but two asylums catering for the needs of the pauper insane. It was thus one of a handful of counties to erect multiple asylums in the nineteenth century, the others being the industrial northern counties of Lancashire and Yorkshire and the similarly situated and equally populated Surrey and Middlesex. Staffordshire, Gloucestershire and the borough of Birmingham also did likewise. Surrey and Middlesex were, like Kent, adjacent to the capital, a factor affecting their demographic profile as they demonstrated a high level of lunatic poor inhabiting the squalid and cramped accommodation on the metropolitan fringes. Indeed, these five counties were the most densely populated areas of Britain in 1857 and that same year recorded the highest number of lunatics and idiots in the country with Gloucestershire just nudging Kent into sixth place.[1] They opened their original asylums under the 1808 permissive legislation and erected subsequent institutions after the passing of the 1845 Act rendered the construction of county lunatic asylums compulsory. They enthusiastically embraced what Peter McCandless has deemed 'society's belief that the only proper abode for the insane was an asylum' and its subsequent stipulation to 'Build! Build!'[2] This chapter will trace the decision-making process behind the building of the earlier of Kent's two asylums at Barming Heath near Maidstone. This opened in January 1833 and remained the county's main treatment facility for pauper lunatics until April 1875 when a second asylum was opened at Chartham near Canterbury. In the first half of this chapter the motivation of the prime movers will be examined as well as the social and political factors behind the decision to build. Was there any connection between the widespread social unrest in the county and the need to provide an asylum? Did the enigmatic figure of William Courtenay encapsulate the asylum's raison d'être? How did the balance between humanitarianism and social control play out? In the second half the actual bricks and mortar of construction will be considered with reference to architecture, layout and the various impressions made on both inmates and visitors.

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[1] *Judicial and Criminal Statistics* PP 1857 (157)

[2] Peter McCandless, ''Build! Build!' The Controversy over the Care of the Chronically Insane in England, 1855-1870', *Bulletin of the History of Medicine,* 53 (1979), p.572 and p.565

The decision to build – a humanitarian impulse?

The idea of building an asylum in Kent was first discussed at the General Sessions for the county in March 1825 but put on hold for three years until 18 November 1828 when it was decided to go ahead with the project. This meeting was well attended, attesting to its importance, and appointed a committee to deal with the specifics of the undertaking. It consisted of the Earl of Winchelsea, Earl Darnley, the Earl of Romney, Sir Edward Knatchbull, William Deedes, Thomas Hodges, George Gipps and John Pemberton Plumptre. Half of those appointed were members of the local landed aristocracy, the rest being gentlemen of note and members of parliament hailing from well- established professional and military circles. Of these, two figures stand out as having played a not insignificant role in determining how, when and probably if at all an asylum should be built, namely the Earl of Romney and Sir Edward Knatchbull.

The Earl of Romney was influential in choice of site and architect. Barming Heath had been agreed on as the location and John Whichcord hired as designer by the time the General Sessions sat in March 1829 and five months later, on 26 August, the first stone of the edifice was laid.[3] Whichcord had also designed and built Mote Park, the Romney county seat situated to the east of Maidstone, and the family actually sold some of their land at Barming Heath to the asylum committee.[4] In the minutes for 15 March 1830 £650 for the purchase of a cottage and land from the Earl was recorded.[5] Both the second and third Earls of Romney were heavily involved in the running of the new asylum and their name usually headed the list of those present at committee meetings. Moreover, they were patrons of the charitable hospital, also designed by Whichcord, which opened in Maidstone in 1833, the same year as the asylum. It offered medical services for the indigent sick free of charge and the Earls' patronage showed their paternalistic concern for the health of the poorer sections of society, an issue the construction of a lunatic asylum was intended to improve. Sir Edward Knatchbull was the other influential figure on the committee set up to oversee the planning of the asylum. From 1810 to 1833 he was chairman of the General Sessions which was responsible for the entire proceedings and eventually gave the project the green light. He thus exerted considerable authority and could determine which topics were discussed. He was a vocal and prominent member of parliament, leading those who represented the agricultural interest. A staunch resister of change, he supported the Corn

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[3] *Maidstone Journal,* 8 September 1829

[4] There seems to be some confusion whether it was John Whichcord senior or his colleague Daniel Alexander who built Mote Park. They often worked on projects together.

[5] KHLC-Q/GO4 General Sessions Order Book, 15/3/1830

Laws and was for a long time an opponent of reform, an issue linked to the relief of distress affecting much of the country, including Kent, in the 1820s.[6] Like the Romneys, the Knatchbulls were generous patrons of foundations for the care of the poor and in 1827 Charles Knatchbull, Sir Edward's half-brother, was recorded as having bequeathed £100 to the Kent and Canterbury Hospital.[7]

There was thus undoubtedly a humanitarian streak in the actions of the prime movers behind the decision to build an asylum before it became legally necessary to do so. Like many philanthropists of the time Knatchbull was an evangelical, deeply convinced of the rightness of the Protestant cause.[8] Romney's family too had been involved in church building in Maidstone.[9] Yet despite this concern of the well-heeled for the health of the poor of Kent and their often considerable patronage there remains the nagging question of how disinterested their giving actually was. Was not all philanthropy a disguised form of naked bribery? Alan Kidd has outlined the concept of the 'reciprocal gift' where charity to the poor was a skilful mechanism designed to elucidate designated responses in the receiver, namely social obligations such as behaviour modification and deference.[10] Brian Harrison has even raised the question of how far philanthropic zeal was linked to the Victorian fear of revolution.[11] Seen in this light and set against the backdrop of agricultural unrest in Kent in the early 1830s, the time when the asylum at Barming Heath was being built, concern for the poor insane may not have been as selfless as at first appears. Undoubtedly there were genuine humanitarian and altruistic intentions for, as Scull has remarked when discussing the roots of lunacy reform, who would openly avow malevolent designs on the object of his attention?[12] Moreover, the issue of giving aid with no strings attached touches upon the distinction so frequently made in the nineteenth century between the deserving and undeserving poor. Lunatics were seen as victims of circumstance and usually elicited a compassionate response. Helping them by building an asylum, in which they could be properly cared for and returned to their senses, was seen as a noble cause. An article in the *Canterbury Journal* demonstrates this stance:

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[6] Sir Hughe Knatchbull-Hugessen, *Kentish Family* (London: Methuen, 1960), p.181

[7] *Maidstone Journal,* 20 May 1827

[8] Beresford, p.324

[9] https://www.maidstone.gov.uk/_data/assets/pdf_file/0007/19699/Holy-Trinity-Appraisal.pdf accessed 31 March 2018

[10] Alan Kidd, 'Philanthropy and the 'Social History Paradigm'', *Social History,* 21(1996), p.187

[11] Brian Harrison, 'Philanthropy and the Victorians', *Victorian Studies,* 9(1966), p.372

[12] Scull, *Most Solitary of Afflictions* (London: Yale University Press, 1993), p.3

'Madness is certainly, of all the diseases which human nature is subject to, the most frightful and awful….to relieve such objects by providing for them skilful medical attendance, uniformity of air and exercise and a prescribed regimen, to perhaps awaken some unexpected gleam of reason and once more to open the temple of the heart….[is] an endeavour worthy of the county, which it is for the dignity of humanity to foster and which of all the recent establishments in Kent is the noblest and most required of any of them'.[13]

That Kent was ready to champion the plight of its pauper lunatics twelve years or more before it was legally obliged to do so appears all the more striking when its record in other spheres of social provision is considered. Under another piece of permissive legislation it declined to establish a police force in 1839, citing high costs and unnecessary interference by central authority as determining factors.[14] Precisely these factors had been brushed aside at the General Sessions when deciding to build the asylum and it is noteworthy that Knatchbull, who pushed for the construction of an asylum, was against the establishment of a county police force. With regards to the costs of a new asylum, it was merely stipulated that work on the new structure should not commence until the expense of building the new courthouse in Maidstone had been defrayed.[15] Objections by the householders who had to pay the increased rate to fund the asylum were overruled and the archives are replete with prosecutions for failure to comply. As for interference by central authority, it must be remembered that the Commission in Lunacy, the governmental watchdog, was not established until 1845, after which date the Kent justices responsible for the asylum and the commissioners were frequently at loggerheads. In 1828, when Kent authorised the asylum's construction, there was no central body regulating lunacy matters so the magistrates who gave the go ahead, apart from applying to parliament for the power to raise the county rate, were acting independently, a prerogative they guarded jealously across the decades.

Contrasting sharply with the eager readiness to build a lunatic asylum was the county's tardiness in public health matters, most notably its failure to provide an efficient sewage system. Given that in the words of Scull, a lunatic's life had been essentially one of 'shit, straw and stench' before the enlightened new century saw a sea change in attitudes

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[13] *Kentish Weekly Post or Canterbury Journal,* 30 September 1825
[14] Hastings, 'Crime and Public Order' in Lansberry, ed., pp.239-40
[15] KHLC-Q/GO3, General Sessions Order Book 1824-29, 7/7/1825

and treatment, it is particularly ironic that a county that was keen to provide humane accommodation for its insane was content to leave its sane paupers wallowing in excrement.[16] Indeed, the new asylum was fitted out with water closets, a luxury unknown to the poor lunatic and 'with which probably he had never been before in such close relation'.[17] Alan Everitt described an account of public health provision in Kent by Paul Hastings as

> 'a devastating indictment of opposition to improvement in a singularly backward county....Time and again progress was obstructed not simply by meanness, but by the maze of overlapping authorities, forever squabbling over who was responsible, while the poor died like flies in tenements, cellars and slums'.[18]

There was thus little awareness that poor public health could adversely affect citizens' mental health. Squalor and filth were not only the seedbeds of disease but also of intolerable psychological stress. Yet the authorities were content to pluck those disordered in their senses out of their everyday insanitary surroundings and house them in the hygienic asylum environment, only to send them back to their unimproved dwellings on recovery.

The internecine squabbling by county magistrates over a new sewage system contrasted sharply with the general consensus shown at the 1828 meeting which debated whether to build a lunatic asylum. The committee set up at this meeting dealt with all practical and financial issues pertaining to construction. It canvassed for contracts and assessed tenders for brickwork, plumbing, furnishings, food and other details, most of them advertised on the front page of local newspapers. Only the purchase of instruments of restraint, the tools of the trade for a mad-doctor, were left to the future superintendent who was sent to London to acquire safety chairs and plunging cold baths for each sex.[19] Everything proceeded smoothly with no noteworthy differences of opinion. The only significant hitches were when the original opening date of October 1832 had to be delayed due to the engineer, Mr. Sylvester, being held up in the north of England and thus unable to install the steam boiler in time and when in December the pump did not work due to

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[16] Scull, *Most Solitary of Afflictions* p.47
[17] Arlidge, p.201
[18] Alan Everitt, Review of *Religion and Society in Kent* by Yates, Hume and Hastings in *English History Review,* 112(1997), pp.486-7
[19] KHLC-Q/GCL3 Oakwood Hospital Surveyor's Reports 1829-33, 8/4/1832

lack of water and the well shaft had to be deepened and a reservoir made.[20] The Kent justices obviously wanted a state-of-the-art asylum and sent Whichcord to Middlesex to inspect the new institution at Hanwell opened in 1831. He conversed with the superintendent Dr Ellis on some of the finer points of asylum construction, for example whether lunatics should be employed to pump water, whether a chapel was required and what was the best way of laying out the garden grounds.[21] Indeed, the construction and opening of Hanwell attracted much interest in Kent and in November 1827 the *Maidstone Gazette* published a lengthy article on the proposed Middlesex asylum perhaps to prepare public opinion in Kent for one there.[22] Kent magistrates' enthusiasm for a county lunatic asylum did not merely advertise their benevolence but also displayed their embrace of the latest engineering developments and architectural design. It was as much a symbol of scientific progress as of therapeutic enlightenment.

The social and political landscape – a hidden controlling agenda?

Even the most cursory overview of the national political landscape in nineteenth century Britain reveals that the period during which the asylum at Barming Heath was conceived of, constructed and inaugurated was a time of intense reform and change. The years 1828 to 1833 saw the Repeal of the Test and Corporation Acts (1828), the Catholic Relief Act (1829), the establishment of the Metropolitan Police (1829), the Great Reform Act (1832), the abolition of slavery (1833) and the Factory Act (1833). In addition, the year after the asylum opened, the controversial Poor Law Amendment Act (1834) was passed, a piece of legislation that had been in the pipeline for some time. Lunacy reform was also at the forefront of public debate at this time and in 1828 two bills were passed, the County Asylums Act (9 Geo.IV, c.40) and the Madhouse Act (9 Geo.IV, c.41), providing for a certain degree of centralisation and establishing a reformed commission to inspect institutions for the insane. Regular medical attention and accurate record keeping were made compulsory, whilst restraint could only be imposed by order of the medical attendant, measures designed to rectify the many abuses in the treatment and care of lunatics.

Some of the above legislation was liberalising and humanising, some was repressive, aimed at maintaining law and order. Either way, it is a well-established fact that social and political change are often accompanied by rebellion and disorder. This was

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[20] KHLC-Q/GCL3 25/9/1832 and 26/12/1832
[21] KHLC-Q/GCL3 25/10/1831
[22] *Maidstone Gazette,* 20 November 1827

certainly the case in Kent during late 1830 when the Swing Riots erupted in the county. This rural uprising was a well organised and rapidly diffusing protest against low wages, high tithes, unemployment, cuts to poor relief, the use of threshing machines and the general agricultural distress that had affected the country as a whole in the period since Waterloo. It began in the Elham Valley area of East Kent in August 1830 with the destruction of threshing machines but soon other tactics were being deployed, most notably incendiarism and the sending of threatening letters, often signed Captain Swing. The protests swept across Kent through September and October before reaching Sussex and other southern counties in November. They then became more sporadic in Kent although they continued to flare up from time to time until late December and beyond. Needless to say, the incidents inspired fear amongst the middle and upper classes, especially wealthy farmers whose ricks and threshing machines were targeted, and the authorities reacted quickly, sending in troops to quell the disturbances. According to Eric Hobsbawm and George Rudé, the uprising was effectively halted in its tracks by the 'draconian punishments distributed' but a more recent analysis by Carl Griffin contends that protest smouldered on 'long after the Assizes and Special Commissions had terminated their bloody business on the scaffold'.[23] Although officially Swing lasted from 24 August to 31 December 1830 it undoubtedly had a lengthy gestation period as well as an afterlife. Griffin has documented the considerable unrest of the late eighteenth and early nineteenth centuries in Kent, showing how labourers had resorted to incendiarism and machine breaking in the decades before Swing erupted.[24] He also asserted that ordinary labourers and their families were so squeezed financially that they turned to illegal activity to supplement their income:

> 'the arts of collective action and organisation, without which the Swing
> could not have happened, were learnt not in the occasional resort to
> riot but in the criminal, poaching and smuggling gangs that offered one
> of the only alternatives to immiseration under an unfettered agrarian
> capitalism'.[25]

Moreover, dips in the economy in the decades before Swing coincided with periods of violence and unrest including an intensification of distrust and rivalry between locals and Irish migrant workers.[26]

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[23] Eric Hobsbawm and George Rudé, *Captain Swing* (London: Lawrence and Wishart, 1970), p.281;Carl Griffin, *The Rural War* (Manchester: Manchester University Press, 2012), p.313

[24] Griffin, p.50 and p.53

[25] Ibid., p.51

[26] Ibid., pp.48-51

There was thus an overlapping time frame of the planning and construction of the asylum at Barming Heath and the build-up and eruption of the Swing Riots, a fact I do not believe is coincidental. A similar phenomenon could be observed in the north of England where bouts of Luddism broke out among the industrial workers from 1811 to 1816, mostly in Nottinghamshire, Lancashire and Yorkshire. These counties so happened to open lunatic asylums in 1812, 1816 and 1818 respectively. This raises the issue of social control and the asylum as deterrent to ensure appropriate behaviour amongst the potentially disaffected lower classes. Noteworthy in this connection is the fact that Maidstone itself, the site of the new asylum, had long held a reputation as a radical centre. Griffin contends that 'it was here that the dual inspirations of machine-breaking in East Kent and the events in France combined to first forge 'Swing' as a complex, more than parochial, movement'.[27] Indeed, the town congratulated the French 'on their revolution' and the radical William Cobbett held the first lecture of his south-eastern tour there. Neither Griffin nor Hobsbawm and Rudé mention any cases of rioters being acquitted on grounds of insanity although I came across the case of John Seaman, accused of arson at Otford, who suffered a fit whilst being cross-examined and was subsequently acquitted.[28] Justice was otherwise harsh, with four executions for arson in Kent. Moreover, the erection of the new county asylum also sent out a strong message that antisocial and deviant behaviour would not be tolerated. It was not that the Kent authorities sought to suppress political dissent through the diagnosis of mental illness as happened in Soviet Russia in the twentieth century. Theirs was a more subtle form of social control and behaviour modification but it too, as was customary at the time, associated revolution with insanity. With outright rebellion and social protest punished with the full force of the law, the impoverished and downtrodden labourer had to find other outlets to express his stress and disaffection. This could often take the form of mental illness and it was this the asylum was designed to rectify.

The Swing rioters were strongly influenced by events across the Channel, showing support for their co-insurrectionists, the July revolutionaries, through their words and actions. Reporting the Kent disturbances in late October 1830, *The Times* noted that the tricolour flag had been hoisted at several locations.[29] In addition *Cobbett's Weekly and Political Register,* a radical publication supportive of both the English and French rebellions, recorded subscriptions from Kent readers 'for the relief of the brave Parisian sufferers'. The 'reformers of Leeds', near Maidstone, donated £3 to the cause whilst Penn's men at

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[27] Ibid., pp.194-5
[28] *Maidstone Journal,* 21 December 1830
[29] *The Times,* 30 October 1830

Greenwich contributed £1 and 7s.[30] These were not huge sums but they revealed nonetheless a significant groundswell of sympathy among the people of Kent for their French cousins. All this would have greatly alarmed the authorities. So it is somewhat surprising that the first prosecution of the Swing uprising, against the seven Elham machine breakers whose actions signalled the start of the riots, resulted in the startlingly lenient sentence of 4 days' imprisonment rather than the maximum of 7 years' transportation. The magistrate in charge of the Quarter Sessions in October 1830 was Sir Edward Knatchbull, the local Tory MP, who had also played an instrumental role in planning the construction of the county lunatic asylum, a project by now well underway. Knatchbull later stated that the sentences could not have been otherwise under circumstances he was not at liberty to disclose and he reported to Prime Minister Peel a few days after the trial that 'strangers' were active in the county, exciting 'the people'.[31] Whatever his motives, Knatchbull's leniency sparked an intensification of protest, perhaps the intended outcome, a way of luring the disaffected and rebellious labourers out into the open all the easier to catch and punish them.

Something similar may have been at work in 1838, in what was essentially a continuation of Swing, when the imposter Sir William Courtenay led the abortive and fatal uprising that was the Battle of Bossenden Wood. He too was allowed to garner support for his movement unopposed right up to the actual battle, in the process immunising the county against further social unrest for the foreseeable future. The figure of Courtenay will be examined in depth in the final chapter as his actions mostly followed the opening of the asylum but suffice it to say here that he embodied the connection between insanity and rebellion so feared by authority, as he was a certified madman who had been confined at Barming Heath for four years. As with Swing, none of the participants in the rising, except Courtenay himself, were found insane even though many of them were obviously deluded. The asylum's role in the episode was considerable: it was criticised for releasing into society a madman with millenarian beliefs and sufficient charisma to persuade a host of poor agricultural labourers to follow him in the illegal pursuit of social justice.

The link between social unrest, particularly the French Revolution(s), and insanity has been commented on by several writers both contemporary and modern. Pinel thought the early 1790s in Paris a good time to study madness whilst Doerner noted that George

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[30] *Cobbett's Weekly and Political Register,* 16 October 1830
[31] Carl Griffin, ;Policy on the Hoof': Sir Robert Peel, Sir Edward Knatchbull and the Trial of the Elham Machine Breakers, 1830', *Medical History,* 15 (2004), p.127 and p.133

Ill's onset of lunacy seemed to encapsulate the spirit of the times.[32] For Foucault insanity was one of several forms of Unreason confined and forced underground in the classical age only to emerge with a vengeance during the Revolution.[33] Indeed, Foucault and his contemporaries, amongst them Laing, Szasz and Goffman, were part of their own revolution in the 1960s and 1970s when the historiography of madness adopted a newly critical stance to the discipline of psychiatry. Loosely termed 'anti-psychiatrists' they contended that treatment of the insane had been primarily about power and the elimination of deviance, refuting the time honoured Whig perspective that psychiatry had transitioned in a steady progression from the use of chains and the whip to humanitarian care. Set against a backdrop of decolonisation and anti-authoritarianism, the anti-psychiatrists' ideas support my contention that the erection of a county asylum in Kent was less about humane care, although that was the publicly avowed aim and undoubtedly did play a not insignificant role, and more about the suppression and correction of nonconformist behaviour.

Bricks and mortar: location

Building the asylum at Barming Heath was a huge logistical undertaking requiring the cooperation of the overseeing committee, the architect, numerous tradesmen and the first superintendent George Poynder. The latter brought with him expertise gained from setting up and running the Gloucester Asylum, built in 1823. Kent was the thirteenth county to construct an asylum under Wynn's permissive legislation of 1808. Guidelines were few. Sections 16 and 26 stipulated that

> 'the said visiting justices as well in the choice of ground and situation as
> in determining on the plans for building….such lunatic asylums, shall as
> far as conveniently may be, fix upon an airy and healthy situation, with a
> good supply of water, and which may afford a probability of constant
> medical assistance'.[34]

Although the rural setting of 37 acres at Barming Heath on the edge of the county town of Maidstone was chosen as the site of the new asylum it was not a foregone conclusion. Philo has detailed how there was a shift away from the eighteenth century urban

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[32] Zilboorg, p.340; Doerner, p.69
[33] Foucault, *History of Madness,* p.107
[34] Kathleen Jones, *Lunacy, Law and Conscience 1744-1845,* (London: Routledge & Kegan Paul, 1955), pp.75-6

subscription model of asylum construction to a nineteenth century rural rate-funded one.[35] Kent initially toyed with the idea of the former and the city of Canterbury was considered as a possible location. This was perhaps due to the fact that the appendix to the 1807 committee report enquiring into the state of pauper and criminal lunatics in England and Wales contained a plan for the division of the country into districts, each served by an asylum. The plan lumped together Kent and Sussex and placed the envisaged asylum for the area in Canterbury.[36] Also, Canterbury already possessed an established infirmary run on a subscription basis and it was often the practice, in the early days of asylum building, to site institutions for the insane in the vicinity of existing hospitals.[37] In 1825, when Kent magistrates were first debating the possibility of erecting an asylum, Canterbury was so confident it would be chosen as the location that subscriptions were advertised at £25 each. An article in the local newspaper explained that although the asylum would be situated in the eastern part of the county it would 'be open for the whole'. The reporter praised the local people's generosity and concluded 'we hope with all our hearts that the work may proceed'.[38] This article appeared in September, two months after the General Sessions had decided to invoke Wynn's Act and build an asylum out of the county rates so there seems to have been some difference of opinion and competition as to siting and funding between the potential locations.[39]

The decision to build a rate funded rather than a subscription asylum did not mean the institution refused charitable donations. Indeed, regular collections were held at neighbouring churches for the asylum's upkeep. For example, between 3 and 12 October 1854 30 churches contributed to the running costs of Barming Heath with amounts varying from £1 7s 6d from Nettlestead Church to £46 8s 9d from Trinity Church in Maidstone.[40] These sums were, of course, merely a drop in the ocean when it came to the asylum's budget which was officially sourced entirely from the county rate, meaning that the middle and upper class residents of Kent were compelled to contribute to the enterprise. Unsurprisingly this was met with hostility by not a few residents, such as one parishioner from Wrotham who voiced his opposition in a letter to the printer of the *Kentish Chronicle:*

'Surely, Sir, all those who were to pay, ought first to have been publicly

consulted, but as this appears not to have been the case, it is to be

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[35] Philo, p.489

[36] Ibid., p.531

[37] Ibid., p.489

[38] *Kentish Weekly Post or Canterbury Journal,* 30 September 1825

[39] KHLC-Q/GO3 7/7/1825

[40] KHLC-MH/Md2/F1 Oakwood Hospital Treasurer's Account Book 1845-49

hoped that every parish in the county which may feel itself aggrieved, will unite in petitioning the legislators for relief from so heavy an imposition'.[41]

He maintained that Wrotham did not need a lunatic asylum and indeed in the first admission book for Barming Heath from 1833 to 1842 there are no lunatics listed who were domiciled there. By 1845 to 1850, however, there were four, Wrotham being one of many parishes that sent several lunatics to the asylum rather than just presenting one isolated case.

Opposition to the new institution continued long after it was built and in 1839 F.G. stated in the *Maidstone Journal* that 'a strong feeling has prevailed against the expenditure of much time, labour and money upon the erection of a lunatic asylum, which was censured as being utterly disproportionate to any advantages likely to ensue'.[42] At a meeting of Maidstone town council in February 1858 the town clerk recalled the 'fearful outcry' that erupted at the enormous expense of building a county asylum.[43] Despite this vivid recollection those present at the meeting were discussing, not for the first time, the possibility of erecting a second asylum in Maidstone to cater for those borough lunatics Barming Heath refused to take due to overcrowding and differences with the Commissioners in Lunacy.[44] Although nothing had been definitively settled advertisements had been placed in the local press for a suitable site. The proposed asylum would ideally be large enough to accommodate pauper lunatics from other boroughs, such as Tenterden and Rochester, and it was to be funded out of the local rates, a fact which gave rise once again to concerns over cost. The project stalled, however. Had it gone ahead Maidstone would have been in the unusual position of having two publicly funded lunatic asylums within its confines as occurred at Leicester and later in the century at Dartford, also in Kent.[45]

Kent's eventual choice of Barming Heath on the western edge of Maidstone as the site of the new county asylum was remote enough to be considered conducive to wellbeing yet within easy reach of the local town's amenities. In 1854, James Huxley, the then

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[41] *Kentish Chronicle,* 21 July 1829

[42] *Maidstone Journal,* 8 April 1839

[43] *Maidstone Gazette,* 16 February 1858

[44] KHLC-Md/JQz7 Notice of meeting 1846

[45] Leicester had a county asylum opened in 1837 and a borough asylum opened in 1869 (Philo, p.541 and p.562) whilst Dartford became a 'hospital town' in the late nineteenth century (Nick Black, 'The extraordinary tale of Dartford, the hospital town', *Journal of the Royal society of Medicine,* 102 (2009), pp.521-29)

medical superintendent of the asylum, wrote an extensive article describing the history and site of the institution:

> 'The Kent Asylum is placed on Barming Heath, within two miles of Maidstone, the county town, and about six miles north-west of the centre of the county. Its site is elevated to from 200 to 300 feet above the level of the river Medway, by a gradual ascent from the town; and the building stands on the top of a line of hill overlooking a valley, in the bottom of which lies that river. The surrounding district has been called the garden of Kent; being a part of the county most largely producing hops, vegetables and fruits. For a great part this is a highly cultivated area; and where the land is not under tillage it bears woods, chiefly of oak, with a valuable undergrowth'.

As to the history of the site, Huxley added that 'the first and principal portion (of land) was purchased of the parish of Maidstone, at whose expense it had been brought into cultivation, a few years previous to the erection of the asylum, by the labour of the paupers. The land, previous to its coming into the possession of the parish, was common land, belonging to the lord of the manor of Maidstone and certain tenants, who surrendered their rights to the parish that paupers might be employed in profitable labour, during a season of great distress'.[46] There thus existed already in the minds of the local populace an association between the site and self-help in times of adversity. The site chosen at Barming Heath was also not so far from West Malling Place, a very successful and long lived private lunatic asylum. Although Philo applied the theory of clustering to private madhouses, the proximity of the county asylum to the private one was surely not coincidental either. One may have been a non-profit making institution and the other a lucrative business but they both dealt with lunatics.

Plans and power – a prison in all but name?

The choice of John Whichcord senior to design and build the asylum at Barming Heath was significant. He had designed many public county buildings including Maidstone Union Workhouse, West Kent Infirmary, Maidstone Corn Exchange and Kent Fire Offices but most notably he was responsible for the new gaol, opened in Maidstone in 1819.[47] The

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[46] James Huxley, 'History and Description of the Kent Asylum', *The Asylum Journal*, 3(1854), p.39
[47] https://en.wikipedia.org/wiki/John_Whichcord_Snr accessed 2/4/2018

resemblance between the prison and the lunatic asylum are, even today, striking: the high walls, the same dull Kentish ragstone, the small windows. Moreover, the similarity was not merely physical. Thomas Markus outlined the architecture of confinement in his book *Buildings and Power.* He argued that external and internal spaces contributed to the reformation, that is 'the restoration and purification', of poor or transgressive individuals such as the mad.[48] Asylums, like prisons, were instruments of power, not least due to the vast resources needed to erect them: land, raw materials, products, tools, machines, labour and money.[49] A building's form, function and space each had meanings in the field of social relations, enforcing the institution's external and internal power structure and the asylum occupied an unstable space between prison and hospital: 'from the former it [took] individual, solitary cells, from the latter the ward it transformed into a unique space which [was] locally free but securely bounded – the gallery'.[50]

Barming Heath was built according to the frequently used corridor plan and consisted of a central administrative block with long corridors on either side bent back on themselves to form a U shape. The base of the U was a corridor, 299 feet long with cells on one side whilst the arms of the U had cells on each side. Evolving out of long galleries, passageways and cloisters, the corridor was very popular in the nineteenth century both in residential and public building spaces and it was no longer 'just a passage but a destination in its own right'.[51] In the asylum, the corridor allowed for segregation of the sexes and ease of communication. At Barming Heath the corridor doubled as the dayroom or gallery, to which patients were consigned on being expelled from their sleeping quarters. In inclement weather it was used for recreation and such spaces were easier to light and ventilate than areas where there were cells on both sides.[52] However, the prison-like atmosphere was evident:

> 'narrow stone stairs, low vaulted ceilings, rows of dark, dungeon-like
> cells, with a narrow gallery running between them, dimly lit by an oil
> lamp; at the angle between two galleries the keeper's' room; floors of
> stone, whitewashed walls, windows covered with a wire screen;
> furniture, a few deal tables and forms secured to the floor; heavy
> wooden chairs in which patients were strapped; a primitive wooden

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[48] Markus,, pp.95-6
[49] Ibid., p.23
[50] Ibid., p.30 and p.130
[51] Mark Jarzombak, 'Corridor Spaces', *Critical Inquiry,* 36 (2010), p.752
[52] Andrew Scull, *Social Order/Mental Disorder* (London: Routledge, 1989), p.232

bedstead with straw for bedding. People these wards with lunatics in coarse, scanty clothing, some in strait waistcoats, some in manacles or other form of restraint, and it is not difficult to picture the dismal, ill-lighted interior of this original building, nor the terrible lot of those who inhabited it'.[53]

The cells were 10 by 7.2 feet which compared with a cell in Pentonville, described by Ignatieff, of 13.5 by 7.5 feet.[54] The door-jambs were of cast iron and doors opened inwards, all fitted with inspection plates which the keeper could open to observe the patient when he chose. [55] Also fixed to some doors was 'a small commode with enclosed copper pan, strongly attached, seat high....for the purpose of ensuring cleanliness in some patients when in too violent a state to be entrusted with any loose vessel with which they could beat the door and disturb the peace'.[56] Cell doors were normally locked at night and unlocked in the morning and were fitted with spring-locks, having a brass handle outside only.

'By this, it was intended to dispense with use and sound of the key in locking up. The door being pulled-to, and having no inside handle, would be effectually fastened on the tenant of the room as if secured in another way; and although the fact of locking remains, and the change may seem to amount to no more than a distinction without a difference, the unpleasantly suggestive noise made by using a key is rendered unnecessary'.[57]

Such attention to detail was already shown at the Retreat, the Quaker asylum near York, founded in 1792 and the model for many subsequent institutions for the insane. Samuel Tuke noted in 1813 how the grating sound of bolts on the outside of the cell door was 'very objectionable' and recommended their removal.[58] These details of the mechanics of incarceration were representative of the agenda of those who built the asylum: the somewhat hypocritical need to maintain a controlling influence whilst appearing motivated by selfless humane ideals. What could be more powerless than being locked in a cramped cell with a small window covered with guards of wire seven feet from the ground without

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[53] Geraldine Proctor, *A History of Oakwood Hospital from 1828 to 1982* (Maidstone: Kent County Council, 1982), p.2
[54] KHLC-MH/Md2/P2 Ground Floor Plan, Oakwood Hospital; Ignatieff, p.4
[55] Huxley, p.42
[56] Ibid., p.42
[57] Ibid., p.41
[58] Samuel Tuke, *Description of the Retreat* (York: W.Alexander, 1813), p.107

even for appearance's sake a doorhandle? In an article from 1988 Lindsay Prior argued that the emphasis upon the cell as the building block of the asylum is suggestive of two separate but co-existing principles: a desire to emphasise the individuality of the occupant and a desire to control the occupant. He concluded that pre-1845 asylums were constituted primarily as a mechanism of control, plainly evident in their resemblance to prisons.[59] In a more recent article Leslie Topp has continued to highlight the dual nature of the cell, remarking on its scope for privacy and even defiance whilst serving as the site of the controversial practice of seclusion.[60] This was tantamount to solitary confinement and was used to calm intractable lunatics after the abolition of restraint. The patient's locked room thus became for Topp a microcosm of the enclosing walls of the asylum itself.[61]

The watchword of the asylum was surveillance and it was designed to facilitate this end. As Huxley commented in 1854 on the layout of the original asylum at Barming Heath,

'an attendant's room is placed at the junction of every two wards….and, so far as regards the three tiers next the centre, the attendants have access from their rooms, right and left, to two wards each, and through their half-glazed doors a two-fold means of observation also'.[62]

Combined with the inspection panels on the individual cell doors, this comprehensive overview on the part of the attendants meant a total lack of privacy for the inmates and scrutiny at all times. The inspiration for this was Bentham's Panopticon, a penitentiary design made in 1791 in which the inspectors of the institution had a clear view of all the prisoners from their vantage point in a central tower but were themselves invisible. Foucault analysed panopticism in *Discipline and Punish,* in which he described the transition to a disciplinary society: 'Whenever one is dealing with a multiplicity of individuals on whom a task or a particular form of behaviour must be imposed, the panoptic schema may be used'.[63] Thus madmen could be watched for acts of violence on themselves, others or the institution's property and infrastructure and their movements monitored at all times. This was an asylum that was a prison in all but name.

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[59] Lindsay Prior, 'The Architecture of the Hospital: A Study of Spatial Organisation and Medical Knowledge', *The British Journal of Sociology,* 39(1988), p.102
[60] Leslie Topp, 'Single Rooms, Seclusion and the Non-Restraint Movement in British Asylums, 1838-1844', *Social History of Medicine,* 31 (2018), pp.756-6 and pp.764-6
[61] Ibid., p.773
[62] Huxley, p.41
[63] Foucault, *Discipline and Punish,* p.205

However, there exists also the opposite view of the asylum as an oasis of calm, a retreat from the stresses and burdens of everyday life, a place of treatment, repose and above all cure. Although he was also aware of their custodial functions Smith found that nineteenth century asylums superficially bore more resemblance to hospitals than prisons. 'Their siting in ample grounds, with views over open countryside, confirmed the therapeutic intent of the founders'.[64] Sarah Rutherford made an even more positive appraisal:

> 'The asylum building and estate were a key element of the therapeutic armoury. The asylum was a medical facility and was not intended to have a punitive regime with repressive and deterrent surroundings of the sort found in prisons and workhouses. To provide suitably cheering surroundings that would help lift the patients' mood, the asylum estate was modelled on the country house estate, with which it had much in common'.[65]

According to this model, inspiration for the new asylums came from the York Retreat where, at the end of the eighteenth century, the founder William Tuke had striven to create a tranquil, homely setting for his insane Quaker patients. This was termed 'moral architecture' where the very fabric of the building was designed to rehabilitate and restore unhinged spirits. There were elements of the country house about the asylum at Barming Heath, most notably its size, its location and its grounds, especially the sweeping drive leading up to the main entrance, still visible today. However, on balance, it is the repressive details which seem more numerous: the clock fitted at the asylum was of the same description as that which marked time at the county prison, furniture was bolted down to prevent injury and the ward bookshelves were kept under lock and key.

Impressions

There are no eyewitness accounts of the impressions made by their palatial surroundings on inmates at the Maidstone asylum. However, if there were extant accounts they would almost certainly contrast the austere, grandiose institution with the rather cramped and meagre hovels and cottages the poor usually inhabited, many of them also dirty and cold.

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[64] L. Smith, *Cure, Comfort and Safe Custody,* p.160
[65] Sarah Rutherford, *The Victorian Asylum* (Oxford: Shire Publications, 2008), p.22

Added to their loss of liberty the effect would have been quite intimidating. Arlidge imagined the arrival of a pauper lunatic at an asylum which could have been Kent:

'the newcomer into the asylum is ushered into a long passage or corridor, with a series of small doors on the side, and a row of peculiarly constructed windows on the other; he finds himself mingled with a number of eccentric beings, pacing singly up and down the corridor or perhaps collected in unsocial groups in a room opening out of it….presently he will be introduced through one of many little doors around him into his single sleeping room, or will find himself lodged in a dormitory with several others. And by degrees he will learn that another little door admits him to a water closet (with which probably he has never been before in such close relation), another to a *sanctum sanctorum* – the keeper's room, with which he must not enter'.[66]

If the inmates left no records of their impressions, the many visitors who came from near and far, did. When new, the asylum was state-of-the-art and mainly positive remarks were made in the visiting books. Favourable articles also appeared in local newspapers which reflected the asylum's status as a symbol of local pride and philanthropy. The *Kentish Gazette* noted that

'on entering the precincts [you are] struck by the noble appearance of the institution, massive in its structure, plain and unpretending in its architecture, built of sandstone, with a centre somewhat elevated, and wings on either side; ascending the flight of steps you enter a spacious hall, from there you proceed in to the various galleries, appropriated to the use of the inmates, these are three or four on either side, in length from 30 to 40 feet, lofty and airy, on one hand are the dormitories of the patients, on the other, by the end of numerous windows, an extensive view of the surrounding countryside is afforded'.[67]

A reporter from the *Maidstone Journal* was keen to stress the curative function of the asylum and added that

'for this reason, pains have been taken to divest every part of the building of the gloom of the prison. No iron bars are to be seen, and the

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[66] Arlidge, p.201
[67] *Kentish Gazette,* 12 March 1844

walls are of such a height as not to intercept the view of the surrounding country. The airing grounds are spacious and afford ample means of classification. They have mounts in the centre which command a fine and cheerful prospect'.[68]

Some visitors were quite enthusiastic about the asylum describing it as that 'noble institution' and this 'beautiful asylum'.[69] The Metropolitan Commissioners in Lunacy stated in 1844 that it had been well constructed and was among the best in the country.[70]

The same 1844 report also raised the question of the effect this grandiose architecture might have on the diseased mind:

'What, let us ask, must be the effect of an imposing lodge entrance and magnificent portico on the mind rendered by disease highly suspicious and apprehensive? Too certainly his malady could be aggravated by them; they are not, to the mind of a poor person, suggestive of an entrance to an asylum, to a place of refuge; they would seem to him the portals of some immense establishment, possibly a prison'.[71]

The same report later remarked:

'Let us imagine the benighted mind, after a protracted period of darkness, awakening to consciousness and looking around for comfort and sympathy. Let us observe the effect of bars, solitude and gloom on the first dawnings of a gentle spirit. In the twilight….of the mind, the morbid apprehension and dread are augmented to the highest degree, and surrounding objects become suggestive of follies or transgressions. In such a condition, the prison-like aspect of the place exerts a strong feeling of committed error and crime….which the most anxious solicitude of the care-takers….cannot remove'.[72]

Contemporaries were thus aware of the custodial image of the asylum and considerable efforts were undertaken at Barming Heath to mitigate this, most notably the changes to the locking system mentioned above and the decoration of the wards in imitation of a homely environment.

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[68] *Maidstone Journal,* 15 April 1834
[69] *Kentish Gazette,* 12 March 1844; KHLC-MH/Md2/Am1/4 Visitors' Book 1833-93
[70] *Report of the Metropolitan Commissioners in Lunacy* PP 1844(001), p.14
[71] 'Report of the Metropolitan Commissioners in Lunacy', *Westminster Review* 43(1845), p.166
[72] Ibid., p.167

My own impression of the Maidstone asylum, now converted into luxury flats and only possible to view from the outside, is one of an imposing, massive, sombre building, in appearance more like a prison than a country house with its long rows of windows (which, *pace* the *Maidstone Journal* reporter, had glazing bars and iron grilles) and elongated facade of cold stone. The original asylum, extended between 1836 and 1847, is now grade II listed along with the former superintendent's house of 1866 and the gate lodge and original wall. A later structure, Queen's House or the Additional Building, constructed in 1850, is also protected. Indeed, as the number of insane paupers grew the asylum had to be enlarged again and in 1864 the Third Building was added. In 1874 it reached a capacity of 1,299 patients which compares with just 168 housed there on its opening in 1833. The asylum at Barming Heath, which in the twentieth century was known as Oakwood Hospital, is mentioned in John Newman's *The Buildings of England.* The author describes it as 'classical and imposingly symmetrical' in a parkland setting. The entrance is 'grandiloquent' with gate-posts on which are perched great iron lamps. Newman also refers to the Tuscan flavour of the central portico and relates how 'the avenue of Wellingtonias might be the prelude to a hotel in Cannes or Monte Carlo rather than to a hospital'.[73] The entire site was largely self-sufficient, boasting a fully operative farm with livestock, vegetable gardens, meadows, a bowling green and a brewery within its perimeter. Huxley likened the patients to inhabitants of a village.[74] It was a village cut off from its neighbours, however. Inmates lived in splendid isolation, deprived of their civil rights and in most cases involuntarily committed with no appeal. Whatever its function, humanitarian or controlling, the asylum dominated the surrounding landscape, which in the 1830s was still undeveloped. As Enoch Powell so vividly said in 1961:

> 'there they stand, isolated, majestic, imperious, brooded over by the gigantic water-tower and chimney combined, rising unmistakable and daunting out of the countryside – the asylums which our forefathers built with such immense solidity to express the notions of their day'.

Conclusion

This chapter has sought to demonstrate that there were two opposing ideological currents at work in the decision to build a county lunatic asylum at Barming Heath: humanitarianism

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[73] John Newman, *The Buildings of England, Kent: West and the Weald* (London: Yale University Press, 2012), p.69
[74] KHLC-Q/GCL4 1847, p.4

and social control. On the one hand, the existence of a state-of-the-art facility to treat and cure the insane of the lower classes was a symbol of local pride and benevolence, evidence of the philanthropic leanings of the great and the good in the county, men such as the Earl of Romney and Sir Edward Knatchbull. On the other hand, it was a brooding presence dominating the surrounding landscape and sending out a clear message: conform if you do not want to end up here! Nor was the overlapping time frame of social unrest and construction of the asylum coincidental. The events were intertwined and the agenda, to my mind, one of social control. The humanitarian viewpoint was widespread in the historiography of lunacy provision prior to the work of those who are commonly dubbed the anti-psychiatrists. It was a meliorist stance, epitomised by the work of Kathleen Jones, that emphasised that everything had evolved for the best along an almost uninterrupted continuum. This interpretation continued alongside the more vociferous exponents of social control to re-emerge in the twenty-first century in the writings of Pamela Michael, who, in a study of the treatment of the mentally ill in North Wales, adopted the self-confessed unfashionable approach of regarding care of the insane as a great 'humanist project'.[75]

Advocates of the two strands, the humanitarians and the social-controllers, were well aware of each others' writings and there ensued some acrimonious academic scraps. Most notably, Scull emphatically refuted the notion of the history of insanity as progress and was quite scathing of contributions made to the genre by medical practitioners (with the exception of Parry-Jones and Hunter and MacAlpine), charging them with an Orwellian ability to rewrite the past in order to provide an account supportive of present psychiatric practice. He accused psychiatrists of being attentive to the need to police the writing of their own history and being hostile to those historians who did not flatter, alluding as they did to issues of social control and repression. In 1991 he singled out John Crammer's history of the Buckinghamshire Asylum as 'a recent unregenerate example of the genre, revelatory of profound ignorance and/or hostility and misunderstanding of a whole generation of non-psychiatric histories of psychiatry'.[76] Crammer penned a stinging reply three years later in which he attacked Scull's understanding of the definitions of madness (a lay judgement), insanity (a legal concept) and mental illness (a medical judgement) and his lack of practical experience in dealing with the 'deranged'. Moreover, he ascertained that the conformity required of the individual was not in any sense political but merely an

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[75] Michael, pp.1-2

[76] Andrew Scull, 'Psychiatry and its Historians', *History of Psychiatry,* 2 (1991), p.239

expression of common human decency: '[it] meant washing oneself and taking some care of personal appearance, not masturbating in public or defecating on the chairs, avoiding aggression, not totally ignoring others, accepting the asylum's timetable of bed and meals'.[77]

Crammer here touches on an issue central to the concept of social control: how much conformity is demanded? Is outward conformity enough or is an inward adjustment also required? For the anti-psychiatrists this evoked the matter of authenticity and Laing, in particular, outlined how a gap between the outer, social self and the inner, emotional world of an individual could lead to mental illness if too wide. Given that overtly aggressive or regressive behaviour usually masks hidden issues that can be traumatic in nature, it is somewhat naïve for a psychiatrist such as Crammer to aver that only outward conformity was being sought by the authorities. The insane were in some shape or form socially maladjusted individuals and the authorities automatically assumed they were at fault. Could it not be that the social environment was partly to blame? Scull wrote in 1991 that nineteenth century lunacy reform was Janus faced, simultaneously embodying (at least at the outset) 'a humanitarian concern for the protection, against visible abuses, of people who were coming to be seen as curable sufferers whose condition was not their fault' whilst concealing ever more regulation of lunatics' lives.[78] This is Scull at his most conciliatory as his books describe a decidedly controlling agenda. It is this element of social control, at times shot through with compassion, that the following chapters on the asylum regime seek to elucidate.

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[77] John Crammer, 'English Asylums and English Doctors: Where Scull is Wrong', *History of Psychiatry,* 5 (1994), p.104
[78] Scull, *The Insanity of Place,* p.115

The Asylum Regime: Admission

Introduction

Once the county asylum near Maidstone was completed, it rapidly began to fill up. Starting with 126 lunatics, 69 male and 57 female, in 1833 it had reached a capacity of 1229 in the annual report of 1874 when the time period covered by this thesis ends.[1] The following three chapters collectively deal with the asylum regime and the mechanics of treating these lunatics at Barming Heath. They follow the trajectory of a lunatic through the system, from admission through residence to departure. In this initial chapter on admission I shall firstly be examining the actual admission procedure and comparing it with Goffman's remarks on total institutions. Certification was a demonstration of power by the authorities and, although traces of this are hard to recover, it could be both emotionally and psychologically traumatic for the person concerned. I shall then outline the demographic profile of those admitted, highlighting abode, gender, age and marital status, religion and education, and occupation. Was there such a person as the average patient? There have been many studies of the admission profiles of asylum inmates. Anne Digby examined them at York Retreat whilst Melling and Forsythe investigated them for Devon's asylums in *The Politics of Madness.*[2] More recently Shepherd has studied admissions at the Surrey asylums.[3] All of these works are regionally based and I too have tried to link admission records to local factors, in my case to the situation in nineteenth century Kent.

The first admission to the new county asylum was Mary Hogg who entered the institution on 4 January 1833, aged 52.[4] She was a married woman with 14 children, 9 of whom were still living and one of whom, a daughter, accompanied her to the asylum. As was often the case, it was a family member, in this case the daughter, who gave key information to the medical officer noting the particulars of the case, elaborating on the personal details offered by the patient herself. Akihito Suzuki has described how approving doctors gladly adopted lay interpretations of a relative's descent into madness, in this instance the occurrence of a former attack following a confinement and the attribution of

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[1] KHLC-Q/GCL4 1862-3, p.12 and 1874, p.12
[2] Anne Digby, *Madness, Morality and Medicine* (Cambridge: Cambridge University Press, 1985); Melling and Forsythe, *The Politics of Madness*
[3] Shepherd, *Institutionalising the Insane*
[4] KHLC-MH/Md2/Ap1/1 Oakwood Hospital Admission Register 1833-42

the present disorder to ill treatment by the husband.[5] This ready acceptance of a third party perspective can be interpreted as a collusion between the asylum and the family of the insane patient, whereby the former undertook to seek to fix the problem posed by the lunatic for the latter. Moreover, talking on behalf of someone can be a form of disempowerment. Of course, Mary may have been only too glad of her daughter's support. She was after all the very first patient admitted to the new state-of-the-art institution and was breaking new ground in the community. Not only was her state of health unsettling but her predicament was daunting. In the admission register Mary's occupation was listed as greengrocer in the town of Faversham and she was described as 'industrious', although it is not clear whether this was a self-evaluation. It does show, however, how insanity dragged even the respectable poor down to pauperism and dependency on the parish. Mary's insanity manifested itself in a 'flighty' manner, singing and restless nights. She thought those around her were trying to poison her and she tore her clothes and broke windows. She experienced mood swings, being sometimes excited and sometimes depressed. Her general state of health was bad and two months after admission she was found dead in her room having coughed up blood. She had been covered in bruises. Throughout this chapter I will return repeatedly to Mary Hogg's case, using her as a touchstone to examine the various aspects of the asylum's demographic profile and asking how typical an inmate she was.

The admission procedure

Mary Hogg was brought to the asylum from home as were 24% of cases admitted between 1842 and 1846.[6] Admission of a pauper was by order of a Justice of the Peace upon application by the local poor law official, the overseer, or, after 1834, the relieving officer. Sometimes a local clergyman or magistrate signed the committal order and in the case of criminal lunatics the order was signed by the Secretary of State. A medical examination was made to confirm the state of mind of the alleged lunatic. In Mary's case the certificate of insanity was signed by a local physician, Robert Lukyn, who examined her on the order of two justices, the Reverend John Moore and Gerard Gosselin Esquire.[7] The asylum merely received the certified patient. At no time did it get involved with the certification process.

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[5] Akihito Suzuki, 'Framing psychiatric subjectivity: doctor, patient and record-keeping at Bethlem in the nineteenth century' in *Insanity, Institutions and Society, 1800-1914* , ed. by Joseph Melling and Bill Forsythe (London: Routledge, 1999), pp.120-122

[6] KHLC-MH/Md2/Ap1/1

[7] KHLC-MH/Md2/Ap28/1 Oakwood Hospital Reception orders 1833

Indeed, it was illegal for doctors with a vested interest (usually pecuniary) in an asylum (usually private) to sign the document consigning the lunatic to its premises. After 1834 the entire admission procedure, from alerting the authorities to transportation to the asylum gates, was in the remit of the new poor law leading Peter Bartlett to see the former as an extension of the latter.[8] 6.6% of admissions between 1842 and 1846 were from the houses of friends or relatives but the largest category was brought from the workhouse (49%).[9] These admissions were conducted in an atmosphere of much more intensive observation and control than domestic ones. Both, however, were triggered by adverse behaviour which disrupted either the efficient management of the union house or upset the home routine. A litany of night wandering, exposure of person, swearing, shouting and violent or threatening behaviour runs throughout both sets of cases. Thus on the one hand Elizabeth Dalley, 42, became very violent whilst in Greenwich Union and was admitted to Barming Heath in 1837 because she attempted to strike and bite others and tore her clothes. On the other hand Edward Pierson, a married farmer with two children, had become unwell at home, throwing things about and generally being aggressive. He was admitted in 1846.[10] Wherever the lunatic was brought to the asylum from, and this could also be another asylum or hospital (11.4%) or the gaol or police station (5.6%), the main issue was one of order. The concept of social control, discussed above with regards to the building of the asylum, is also relevant to its peopling. Although much behaviour was doubtless deranged and even dangerous, there was often a fine line between the antisocial and the insane. Some actions could even be interpreted as angry frustration at the workings of the hated poor law. Thus Appoloni Bland, admitted from Greenwich police station, had broken the relieving officer's windows.[11]

Admission to a lunatic asylum was a stressful experience, accompanied by feelings of bewilderment, trepidation bordering on fear and in many instances a sense of outrage and betrayal. Official visitors heard a great many complaints of wrongful confinement suggesting that not a few patients felt themselves unjustly treated. Indeed one visitor noted how he witnessed 'the *ordinary* morbid repinings at loss of liberty'.[12] Highly unusual was the case of 26 year old Elizabeth Wood from Milton next Gravesend who ran away from the workhouse and in 1835 came to the asylum, where she had been before, of her

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[8] Peter Bartlett, *The Poor Law of Lunacy* (London: Leicester University Press, 1999), p.32
[9] KHLC-MH/Md2/Ap1/2 Oakwood Hospital Admission Register 1842-46
[10] KHLC-MH/Md2/Ap1/1 and MH/Md2/Ap1/2
[11] KHLC-MH/Md2/Ap1/2
[12] KHLC-MH/Md2/Am1/1 Oakwood Hospital Visitors' Book 1833-64

own accord.[13] Anxieties were not lessened by the intense scrutiny of the medical examination on arrival. The new patient was subjected to 'a painstaking process of observation and inquisition'.[14] Questions were asked about personal details, religion, education, the nature and duration of the present bout of insanity, past attacks, whether there was a propensity to lunacy in the family and the prevalence of violence or suicidal thoughts. What the patient would not tell, however, physicians sought to discern by attention to facial expression and demeanour. Thus in 1847 John Dooley's 'expression of countenance' was recorded as 'bright and excited' and he was diagnosed as suffering from mania. By contrast, Emily Roots, an epileptic admitted the same year, had a grave expression. Others were described as 'gay', 'unsettled', 'wandering', 'stupid', 'vacant' or 'listless'.[15] This appraisal of physiognomic detail helped medical officers with classification as the impression made on admission determined which ward a patient was allocated to, whether they slept alone or in a dormitory and the level of surveillance they would be subjected to.[16] Physiognomy was ubiquitous in nineteenth century society. Its basic tenet, that the internal state of a person was reflected in their external characteristics, had been around for a long time but it attained 'almost universal penetration into the Victorian consciousness'.[17] Its application to mental patients suggests there existed a social norm from which the insane deviated in their facial expressions. Even eye colour was recorded in the admission register in 1846, although this was probably less to do with inherent character traits than with the expediency of having a description of the inmate in case of escape in the days before photography.[18]

After the medical officer's welcoming interview the new patient was separated from whoever may have accompanied him to the asylum and led into the bowels of the institution where his personal possessions were taken from him and he was bathed and issued with uniform clothing. Naked bodies were closely examined for bruising and injury,

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[13] KHLC-MH/Md2/Ap1/1

[14] Kathleen M. Brian, '"The Weight of Perhaps Ten or a Dozen Human Lives": Suicide, Accountability and the Life-Saving Technologies of the Asylum', *Bulletin of the History of Medicine,* 90 (2016), p.605

[15] KHLC-MH/Md2/Ap25/3 Oakwood Hospital Case Notes 1847-50

[16] Brian, p.606

[17] Sharrona Pearl, *About Faces: Physiognomy in Nineteenth-Century Britain* (London: Harvard University Press, 2010), p.2

[18] The endowment of facial features with character attributes was first posited as a scientific discipline by the Swiss Johann Caspar Lavater in the late eighteenth century. He noted, inter alia, the significance of the nose, the chin and the forehead. He also associated eye colour with certain characteristics. Thus grey eyes denoted deceit, instability and indecision whilst brown eyes were often the sign of a choleric temperament. This theory was almost certainly known to medical officers at Barming Heath but there is no evidence it affected treatment and diagnosis.

hair was combed for lice and sometimes cut.[19] This penetration of the private reserve of the individual violated the territory of the self, an experience likened to rape by Goffman: the inmate

> 'comes into the establishment with a conception of himself made possible by certain stable social arrangements in his home world. Upon entrance, he is immediately stripped of the support provided by these arrangements....he begins a series of abasements, degradations, humiliations and profanations of self'.[20]

Admission was thus a form of 'programming' whereby 'the new arrival allows himself to be shaped and coded into an object that can be fed into the administrative machinery of the establishment, to be worked on smoothly by routine operations'.[21] At Barming Heath, as at the total institutions described by Goffman, the privilege of receiving visitors was completely withheld at first, ensuring a deep initial break with past roles. Indeed, it was granted only after the inmate had been acclimatised and assessed and was further denied if it provoked negative or disruptive reactions in the patient. Thus in 1868 Ellen Attwood's two daughters, Eliza and Sarah, were advised by superintendent Kirkman not to visit again as it upset their mother too much. Moreover, they were to forewarn the asylum if their father intended to visit as his last appearance had prompted Ellen to try and kill herself.[22] Like so much regarding the asylum this could be interpreted two ways, either as controlling or caring. Although my overall approach is to demonstrate how lunacy provision in Kent had a controlling agenda, I hope in this instance the asylum had the welfare of its patient at heart rather than minimalizing disruption to daily routine. I suspect the truth lies somewhere in between with both custodial and curative factors playing a role.

Abode

Mary Hogg, whose admission and case notes are given above, was in many ways a typical inmate of the Kent Asylum. For a start she was a Kentish woman, from Faversham in the north of the county. Had she been committed 40 years later she would have been taken to the asylum at Chartham near Canterbury which provided for the eastern parishes but this did not open until 1875. Before then the asylum at Barming Heath catered for the whole

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[19] KHLC-MH/T3/Ar4 General Rules for the Government of the Kent County Asylum 1854, p.11
[20] Goffman, pp.35-6 and p.24
[21] Ibid., p.26
[22] KHLC-MH/Md2/Ap25/6 Oakwood Hospital Case Notes 1853-55

county. In the years 1833 to 1842 five lunatics were admitted from Faversham, the same number as from Sevenoaks and one more than from Dover.[23] Analysis of the parishes sending pauper lunatics to Barming Heath for the same years reveals that it was the towns on the Thames and Medway estuaries that provided the largest number of patients, namely Woolwich, Greenwich, Deptford and Chatham. There was not only a significant military and naval presence in these areas but also a heightened population density with accompanying levels of squalor owing to rapid urbanisation on the edge of the metropolis. Both of these factors may have contributed to the high admission rate. An examination of the occupations of those lunatics admitted from these parishes indicates that although a few came from the less respectable stratum of society (prostitute, vagrant, criminal lunatic) roughly a quarter (a half in Deptford) were skilled workers with trades such as tailor, stonemason, waterman and painter and these tradesmen would have lived in the better part of town. Only a few military men and their families were represented, mostly sailors and discharged soldiers suggesting that the armed forces can be discounted as a contributory factor for the high number of lunatics hailing from the estuary towns.

The majority of admissions to Barming Heath were isolated cases from small rural communities dotted across the county. An analysis of the number of lunatics admitted by parish for the years 1845 to 1850 reveals not only that it was the areas of dense population which returned the most lunatics (the most likely explanation for the high numbers originating in the estuary towns) but also that the main catchment area was the western part of the county, particularly the metropolitan fringe and the Weald, with many parishes in the eastern part sending no lunatics at all.[24] The city of Canterbury sent only two, although this was due to its borough status which meant it was not affiliated to the county asylum. Also probably partly responsible for the preponderance of lunatics originating in the west of the county was the better transport links between Maidstone and the settlements in this area:

> 'of the 680 miles of piked roads in Kent, almost two thirds were in the western half, this disparity explained by the greater proximity of London, and indeed the presence of other magnets like Maidstone and Chatham; the coastal character of much of east Kent and the alternative sea transport no doubt reduced the urgency for road improvements'.[25]

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[23] KHLC-MH/Md2/Ap1/1
[24] KHLC-MH/Md2/Ap1/3
[25] Lawson and Killingray, pp.122-3

Despite being home to the first locomotive passenger railway in the world, between Canterbury and Whitstable, which opened in 1830, Kent did not get a cross-county service until the early 1840s with Maidstone connected to the network in 1844. Most patients destined for Barming Heath would have travelled by road, however, for reasons of cost and convenience but also privacy. There is evidence in the archives that Tonbridge Union kept vehicles ready for this very purpose, suggesting its cost-effectiveness.[26]

The distribution of the abodes of lunatics committed to Barming Heath also refutes Jarvis' Law, whereby citizens who resided in locations close to the county asylum were more likely to feature amongst its admissions than those who lived further away. The law stated that the likelihood of becoming a patient diminished in direct proportion to the proximity of the individual's place of abode to the institution and as transport links deteriorated. Edward Jarvis was an American alienist and he developed his law in the frontier society that was nineteenth century America. It is known as the distance-decay model and several historians have investigated its applicability to conditions in this country, most notably Philo and Melling and Turner. Whilst Philo concluded that the model was not transferable to England, Melling and Turner found that 'the catchment area of the Devon Asylum expanded outwards from the neighbouring and more densely populated parishes near Exminster to the more thinly populated and remote parishes'.[27]

In Kent, just a decade after its opening, the asylum at Barming Heath was failing to cater for the insane paupers in the east of the county. It is not inconceivable that Canterbury and its surrounding area were somewhat aggrieved at being passed over as the site of the new county asylum and the lack of inmates hailing from this part of the county could be interpreted as a form of protest. Indeed, the Commissioners in Lunacy noted in 1856 that

> 'seven poor lunatics are now sent to Hoxton House [London] from
> Canterbury (a distance of upwards of 80 miles from their homes),
> passing on their journey within a few miles of the Kent County Asylum,
> into which they might have been admitted on the usual terms paid by all
> other out-county patients'.[28]

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[26] KHLC-TO/AM14 Tonbridge Union, Minutes of the Board of Guardians 1856-58
[27] Chris Philo, 'Journey to asylum: a medical-geographical idea in historical context', *Journal of Historical Geography,* 21(1995), p.156; Joseph Melling and Robert Turner, 'The Road to the Asylum: Institutions, distance and the Administration of Pauper Lunacy in Devon 1845-1914', *Journal of Historical Geography,* 25(1999), p.311
[28] *Tenth Annual Report of the Commissioners in Lunacy* PP 1856 (258), p.9

For electoral and judicial purposes Kent was divided into East and West with parity between the two halves. Siting the new asylum at Maidstone in the western half may have upset this delicate balance and ruffled a few feathers. It is to be assumed that pauper lunatics in the east of Kent were more often than not cared for at home by friends and family as there is no evidence that insanity was less widespread there than in the west. It was not until 1875 that the second county asylum was opened at Chartham. Examination of the admission books for its inaugural year reveals that practically all the patients were chargeable to unions in the eastern half of the county. Populous Thanet Union, which contained parishes that had sent a sizeable number of lunatics to Barming Heath twenty years earlier, had by far the largest amount of insane residents in the new asylum (20.6%). By contrast, Bridge Union, which contained the parish of Chartham itself, sent considerably fewer (3.9%).[29] Jarvis' Law can thus not be said to apply to Kent. Both its asylums were meticulously planned and their locations carefully chosen with, as Philo has noted, the concept of distance-decay factored in.[30] Admissions were not evenly distributed across the county nor was there any significant clustering around either asylum. It was rather the individual local union policy, notably relating to cost, which affected numbers sent to the asylum and not distance. Thus the guardians of Greenwich Union wrote to Superintendent Huxley in 1846-7 asking whether any of its certified lunatics could be safely returned to the workhouse, almost certainly with an eye to the cost of maintenance.[31] It is likely similar considerations were debated across the county and across time and that they, along with parochial political rivalry, hold the key to the distribution pattern of admissions.

Gender and class

That the first patient admitted to Barming Heath was a woman is perhaps fitting when it is considered that from mid-century there were more women than men in most asylums across the country, Kent included.[32] Between 1833 and 1842 224 insane women entered this institution compared to 315 men.[33] From 1847, however, the first year for which an annual report survives, up until 1874, the percentage of female admissions fluctuated

[29] KHLC-MH/T3/ka1 St Augustine's Admission Register 1875-80
[30] Philo, 'Journey to Asylum', p.156
[31] LMA-GBG 009 Minutes of the Greenwich Board of Guardians 1846-7
[32] Anna Shepherd, 'The Female Patient Experience' in *Sex and Seclusion, Class and Custody,* ed. by Jonathan Andrews and Anne Digby (Amsterdam: Rodopi, 2004), p.228
[33] KHLC-MH/Md2/Ap1/1

between 55.2% and 58.9%.[34] This compares with a ratio of 51% to 49% of women to men in the general population outside the asylum, both in Kent and nationwide.[35] The Kent figures are only slightly higher than findings from other studies. An average 53% of total admissions were female at the Surrey, Devon and Buckinghamshire asylums whilst at Leicester it was 54% in the years 1860 to 1865.[36] Wright highlighted the small discrepancy between male and female admissions in county pauper lunatic asylums, showing that whilst the overall number of admissions between 1853 and 1871 increased substantially, the male to female ratio remained more or less constant and equal.[37] Melling and Forsythe, writing of the Devon experience, averred that 'there is now broad agreement among asylum historians that the increasing preponderance of women in the nineteenth century asylum was the product of length of stay and longevity rather than of admission practices'.[38] However, there were areas in Britain where the balance was reversed. In Ireland, and to a lesser extent North Wales, male admissions outnumbered female ones even late in the century suggesting there were social factors at work particular to the Celtic nations which differed from those in Saxon England.[39]

The preponderance of women over men in English asylums from mid-century has given rise to a debate as to whether insanity at that time was a 'female malady'. Elaine Showalter is of the opinion it was, both in cultural representation and institutional reality. For her, Victorian alienists linked female insanity to the biological crises of a woman's life-cycle – puberty, pregnancy, childbirth, lactation and menopause - and perceived women as 'childlike, irrational and sexually unstable but also rendered them legally powerless and emotionally marginal'.[40] Moreover, the female lunatic was subordinate to male figures of authority in the asylum just as she was to her husband or father in the outside world.[41] Showalter also contended that women's behaviour was being controlled in asylums and I do think there is some evidence, if patchy and inferential, that this took place at Barming Heath. For example, in 1870 Ellen Pamplin was admitted suffering from the delusion that her husband wanted to get rid of her by cutting her throat so as he could cohabit with

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[34] KHLC-Q/GCL4 1847-74
[35] www.visionofbritain.org.uk Figures extrapolated from 1831 and 1871 census
[36] Shepherd, *Institutionalising the Insane*, p.93
[37] David Wright, 'Discharge of Lunatics from County Asylums', p.100
[38] Melling and Forsythe, *The Politics of Madness,* p.128
[39] Oonagh Walsh, 'Gender and Insanity in Nineteenth-Century Ireland' in *Sex and Seclusion, Class and Custody* ed. by Jonathan Andrews and Anne Digby (Amsterdam: Editions Rodopi, 2004), p.72; Pamela Michael, 'Class, Gender and Insanity in Nineteenth-Century Wales' in *Sex and Seclusion,* p.99
[40] Showalter, p.73 and p.79
[41] Showalter, *The Female Malady,* pp.55 and 81

prostitutes. Ellen was 50 years old and had had 12 children and it is quite possible that her 'delusion' was based in some fact, her husband having tired of her. In her notes was also recorded that she claimed to have had an adulterous connection with one gentleman and kissed another, all of which constituted unfeminine behaviour by nineteenth-century standards.[42] It was a contravention of what Showalter has called 'the ladylike values of silence, decorum, taste, service, piety and gratitude' and raises the question of how far the asylum was complicit in reinforcing female behaviour that was acceptable to a staunchly patriarchal society. For example, in the archives at Barming Heath there are numerous records of women using abusive language. This was construed as a symptom of insanity, implying a deviance from the accepted feminine norm. Yet swearing was surely equally prevalent on the male wards but considered more acceptable and so not worthy of note. Likewise, lascivious behaviour was considered unfeminine and lunatic and the all male Commission in Lunacy recommended that trousers be worn by guilty women to prevent acts of indecency.[43] Again exposure and even masturbation seem to have been more tolerated among men. The gender expectations of wider society were thus reinforced by the asylum.

However, Showalter's 1985 thesis, that 'nineteenth patriarchal society utilised psychiatric institutions to control difficult women rather than to cure them of genuine mental illness', quickly came under attack as did her contention that insanity was a feminine preserve.[44] McCandless has also examined the issue of insanity as a 'female malady', investigating the treatment of women at the South Carolina Lunatic Asylum in the nineteenth century.[45] A similar question might be asked of the Kent Asylum and my conclusion, based on an examination of the admission and case books, is the same as that of McCandless, namely that madness was not a female malady in nineteenth century South Carolina/Kent as the physicians were not obsessed with the role of women's reproductive organs as a catalyst for mental illness. Indeed, if a comparison is made between the case notes of Barming Heath and the select cases treated by William Perfect, it appears that it was the late eighteenth century and not the nineteenth century that was fixated on the female reproductive system. Just over half of the female cases Perfect described alluded to disturbances of women's biology, most of them a disruption of the menses. Perfect

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[42] KHLC-MH/Md2/Ap25/13 Oakwood Hospital Case Notes 1870-71
[43] KHLC-Q/GCL4 1857, p.26
[44] Shepherd, *The Female Patient Experience,* p.224
[45] Peter McCandless, 'A Female Malady? Women at the South Carolina Lunatic Asylum, 1828-1915', *Journal of the History of Medicine and Allied Sciences,* 54(1999), pp.543-571

explained that 'a suppression of the menstrual flux, either from mental affections, viscal adhesion in the blood, defect of quantity or from some accidental cause, is always attended with injury to the constitution, so far as to even induce insanity'.[46] Very few such references were made in the records of the county asylum, one being that of Louisa Snow whose condition worsened at the time of menstruation which was occurring every three weeks.[47]

The archival material of Barming Heath reveals that a very large proportion of patients were male. If women, as irrational creatures, were considered more susceptible to insanity, men who became insane could feel emasculated by their own perceived weakness and the treatment they received as a result.[48] Thus John Wall was frightened of his own shadow reflected on the asylum wall, kicking at it and saying it mocked him.[49] As Helen Goodman has noted, 'pre-Freud, many nineteenth century psychiatrists presented the suppression of the emotions as one of the primary goals of a healthy British male education'.[50] However, aggression was viewed more sympathetically when expressed by men than women, it being considered an intrinsically male characteristic along with a powerful sex drive. Louise Hide has documented how power struggles and posturing displays of masculinity were not unusual on the male wards although these could easily spill over into actual violence which was not tolerated.[51]

Male role models were also clearly defined in the nineteenth century and middle and working class men alike were expected to stand on their own two feet and provide sufficiently for dependents. As Marjorie Levine-Clark has asserted 'a man without work was somehow less than a man, no matter to what class he belonged' and unemployment was regarded as the fault of the worker rather than the market or system.[52] Poverty and lack of work could drive a man insane, with the accompanying sense of failure and shame leading to high levels of domestic violence. It is therefore not surprising that the majority of completed suicides were by men, exposed as they were to the vicissitudes of the market.

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[46] Perfect, *Annals of Insanity*, p.200

[47] KHLC-MH/Md2/Ap28/1

[48] Helen Goodman, 'Madness and Masculinity: Male Patients in London Asylums and Victorian Culture' in *Insanity and the Lunatic Asylum in the Nineteenth Century* (London: Pickering & Chatto, 2015), p.164

[49] KHLC-MH/Md2/Ap25/3

[50] Goodman, p.150

[51] Louise Hide, *Gender and Class in English Asylums, 1890-1914* (Basingstoke: Palgrave Macmillan, 2014), p.159

[52] Marjorie Levine-Clark, 'Embarrassed Circumstances: Gender, Poverty and Insanity in the West Riding of England in the Early Victorian Years' in *Sex and Seclusion, Class and Custody,* ed. by Jonathan Andrews and Anne Digby (Amsterdam: Editions Rodopi, 2004), p. 126

Some historians, notably Joan Busfield, have contended there were typical male representations of insanity in the nineteenth century: the mad genius, the criminal lunatic and the masturbatory insane. These complemented Showalter's stereotypical images of women as neurotic and irrational.[53] There were thus rigid concepts of both masculinity and femininity in the time period under consideration and transgressions from the norm were deemed for both sexes a threat to the social status quo and therefore very much bound up with issues of control and power in the asylum.

Management of the gender divide in the asylum included segregation into separate wards and airing courts. Only rarely was this rule relaxed such as when the better behaved patients were given permission to attend the asylum ball. Relations between the sexes must have been strained at such events, due to both the illness of the participants and the intense surveillance. There is a famous lithograph by Katherine Drake from circa 1847 of a lunatics' ball at the Somerset County Asylum which illustrates, as Scull has noted, how even the forces of sexuality had been tamed and brought under control.[54] Unlike their socially elevated counterparts it would have been relatively easy for members of the working class to fraternise with the opposite sex on the outside yet in the asylum middle and upper class customs prevailed. Thus female patients were chaperoned if a male visitor came to see them.[55] Moreover, attendants and nurses solely looked after inmates of their own sex. It was not until the early twentieth century that female nurses were employed on male wards and much later still that male nurses were accepted on female wards.[56] At Barming Heath it was stipulated in the rules and regulations that male attendants were not to enter the female wards and in June 1862 attendant Shrimpton was reprimanded for using a borrowed key to pass from his own ward number 4 to the female ward number 19.[57]

In wider society there was also segregation by class. For Scull the social structure of the nineteenth century asylum was an accurate reflection of the class-based society outside the gates.[58] However, Barming Heath was an institution for pauper lunatics and therefore did not in itself replicate society's class structure. Pauper lunatics were by definition those insane persons maintained wholly or partially at public expense by

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[53] Joan Busfield, 'The Female Malady? Men, Women and Madness in Nineteenth Century Britain', *Sociology,* 28 (1994), p.268
[54] Scull, *Most Solitary of Afflictions,* p.286
[55] KHLC-MH/T3/Ar4 p.12
[56] Mick Carpenter, 'Asylum Nursing before 1914:a Chapter in the History of Labour' in *Rewriting Nursing History,* ed. by Celia Davies (London: Croom Helm, 1980), p.137
[57] KHLC-MH/T3/Ar4 and MH/Md2/Am1/1
[58] Scull, *Most Solitary of Afflictions,* pp.354-5

parishes or Poor Law unions. Insanity may have caused the pauperisation or it may have derived from it. The wide range of patient occupations at Barming Heath, some of them more middle than working class, indicates that the former was a frequent occurrence. For Adair, Forsythe and Melling 'the pauper lunatic was 'made' by the Poor Law machinery at local level'.[59] In addition to financial necessity, pauperisation more often than not entailed a devastating loss of face at having sunk so low as to have to enter what Hide calls 'a Faustian pact' with the authorities, whereby liberty and social identity were exchanged for regular meals, clothing, shelter and a degree of warmth in an asylum.[60] Indeed, Lorraine Walsh has contended that respectability rather than class is the more useful concept to employ within the context of the asylum when analysing social divisions. Along with socially accepted behaviour it was a key tenet of moral therapy whilst also 'being a necessary prerequisite for the receipt of parish relief and charitable monies in general'.[61]

The social composition of the asylum population was thus not as homogenous as might appear at first glance for, if all the patients were legally paupers, their previous social status differed widely. Moreover, there existed within the asylum numerous social hierarchies. For example, there were working as opposed to non-working patients.[62] In addition the classification of inmates according to their symptoms determined their subsequent allocation to a suitable ward from which they could either progress up or down according to whether their condition improved or worsened. This phenomenon, called the 'ward system' by Goffman, meant the refractory patients were ranked lower than the quiet and orderly ones.[63] There existed also a hierarchy of the asylum staff with the superintendent and the medical officers occupying the status of gentlemen whilst attendants and nurses were often of an inferior class to their charges.

Barming Heath was an institution funded out of the county rate to house and treat pauper lunatics. It is therefore surprising to find evidence of a handful of private patients being cared for at the asylum between 1850 and 1857. These were charged 11s 1d per week in 1851, the same rate as out of county lunatics and this compares with 9s 11d for pauper lunatics in 1865.[64] Private lunatics ate the same food as their pauper counterparts,

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[59] Richard Adair, Bill Forsythe and Joseph Melling, 'A danger to the public? Disposing of pauper lunatics in late-Victorian and Edwardian England', *Medical History,* 42 (1998), p.3
[60] Hide, p.177
[61] Lorraine Walsh, 'A Class Apart? Admissions to the Dundee Royal Lunatic Asylum 1890-1910' in *Sex and Seclusion,* ed. by Andrews and Digby, p.251
[62] Hide, p.8
[63] Ibid.
[64] KHLC-MH/Md2/Am1/4 Oakwood Hospital, Visitors Book 1833-93

mixed with them on the ward and received the same medical and moral treatments.[65] One of the first private patients was George Lambert, a linen draper from Ash next Sandwich admitted in 1850, who was bled copiously and fastened down during fits, dying two months after admission.[66] In 1853 there were 19 private patients out of an asylum population of 545 (3.5%).[67] This was the maximum number attained as from 1855 no further private patients were admitted due to a lack of space, although a document in the archives records that between 1850 and 1895 a total of 210 private patients were treated in the asylum. This is a very small number given the thousands of paupers in the institution during this period. Moreover, the same document lists the occupations of those treated privately and they coincide with those of the pauper class of lunatics: carpenter, wife of a grocer, domestic servant, wheelwright, daughter of grocer, painter etc.[68] This suggests that there were not a few independent workers who resisted the stigma of pauperisation and managed to find the funds to pay for private status at the county asylum if not for treatment in a private establishment. Barming Heath remained primarily a pauper institution and pauper lunatics from the contributing parishes of Kent were always given priority over borough, out of county and private patients. In his annual report of 1857-8 Huxley expressed surprise that there were not more private patients in the asylum and society generally given that 'the distracting influences of an advancing civilisation', to which the upper classes were most exposed, were responsible for the increase in cases of insanity. In his accustomed caustic tone Huxley identified two reasons for this state of affairs, criticising both the Poor Law and the Commission in Lunacy in the process. Firstly, 'pauper insanity is encouraged by a system which freely opens the wards of an asylum to any imbecile youth or demented old person of the pauper class and that in accordance with economic laws the supply of insanity has kept pace with the demand'. Secondly, private patients avoid the asylum and go to private houses where they can escape the 'legislative over interference' of the Commissioners in Lunacy.[69]

Age and marital status

Other demographical details recorded on admission included age and marital status. Mary Hogg was, at 52, slightly older than the average inmate who, whether male or female, was

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[65] KHLC-Q/GCL4 1851, p.12
[66] KHLC-MH/Md2/Ap25/4 Oakwood Hospital, Case Notes 1850-53
[67] KHLC-Q/GCL4 1853, p.5
[68] KHLC-MH/Md2/Ap3/1 Oakwood Hospital Private Patients 1850-95
[69] KHLC-Q/GCL4 1857-8, p.26

typically between 30 and 40 years of age. Numbers dropped incrementally on either side, there being very few young children and octogenarians. The youngest patient admitted for the years 1833 to 1842 was James Cooper, aged 8, a harmless idiot from Dartford who was considered tractable but suffered from fits.[70] In 1849 a three and a half year old, Frederick Venables, entered Barming Heath for a short while before being transferred to Highgate Idiot Asylum, at the expense of the parish of Gravesend and Milton, where he could be better cared for.[71] Nowhere in the archives is any mention made of special care for the very young, of whom there was one aged 5 to 10 and six aged 11 to 15 between 1833 and 1842.[72] Most of these young patients were idiots and they would have been cared for, along with the adults, on the specialised idiot ward. The oldest case recorded for the years 1833 to 1842 was that of William Pinion, 84 and from Leigh, who had been a farm labourer before he tried to cut his throat and entered the workhouse.[73] Andrew Scull has famously condemned the practice of using the asylum as a dumping ground for unwanted, troublesome individuals, amongst them the aged. However, already in 1859 the prominent alienist John Thomas Arlidge had identified the unsuitability of certain patients, including the senile, for asylum care. He quoted the experience of Kent Asylum, which in 1853 admitted 11 patients with an average age of 64. He clarified that their malady was often simply 'decay of mind' and quoted from Huxley's 1857/8 annual report:

> 'To grow childish, wilful and intractable; to lose memory and forget the good habits of a life; to take no note of times and seasons; to wake by night and be restless and to become generally incapable, are the rule rather than the exception at the close of an extended life. I do not think these natural ills ought to be the cause so frequently as they are found to be, for sending the subjects of them to an asylum'.[74]

However, the year of this report, 87% of patients admitted were under 60 so there seems to be little evidence, pace Scull, that Kent Asylum was being swamped by the elderly.[75]

Mary Hogg was married, like 46% of all female admissions between March 1842 and September 1846. The percentage is only slightly lower for male admissions (45%). There were considerably more single men in the asylum than there were single women

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[70] KHLC-MH/Md2/Ap1/1
[71] KHLC-MH/Md2/Am1/1
[72] KHLC-MH/Md2/Ap1/1
[73] KHLC-MH/Md2/Ap1/1
[74] Arlidge, pp.94/5
[75] KHLC-Q/GCL4 1857-8, p.7

(43% as opposed to 35%) but more women were widowed (18.5% compared to 8%).[76] This implies that marriage, that supposed Victorian haven of domesticity and respectability, was no protection against insanity for either sex. Indeed, it is quite often possible to detect relationship difficulties in the admission and case notes, many of them exacerbated by poverty and a fear of destitution and abandonment. Mary Hogg herself was covered in bruises on admission whilst the cases of Sarah Willis (admitted 1835-6) from Chatham, whose husband had abandoned her shortly after the birth of their child to go to America, and of Rachel Goldsmith (admitted 1839) from Faversham, who was ill-used and irritated by the man who lived with her, illustrate the close connection between the immediate social environment and insanity, particularly the negative influence of dysfunctional close relationships.[77] Marjorie Levine-Clark has examined dysfunctional domesticity among female patients of the West Riding Pauper Lunatic Asylum and concluded that insanity may have been a way to escape intolerable stress surrounding issues of poverty, grief, relationship difficulties and violence in the home.[78] Amidst all the female examples of ill-treatment by partners there was only one case of a man, Thomas Graves, admitted in 1839, whose insanity was attributed to the immoral misconduct of his wife.[79] He was an intemperate labourer from Springfield near Elham who had previously been in the army. In 1835 another male patient, Edward Sherlock, 35 and from Chatham, was recorded as having become insane due to remorse at ill-using his wife.[80]

Religion and education

Also recorded in the admission notes from 1842 onwards were religious affiliation and educational background. In a county that is home to the headquarters of the established church it is hardly surprising that the majority of patients professed the Anglican faith (65%).[81] This is in line with the findings of the religious census of 1851 for Kent.[82] Non-conformists accounted for 12%, Roman Catholics 3% and there was one solitary Jew. Patients like Mary Hogg often refused, or were not asked, to give details of their religious

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[76] KHLC-MH/Md2/Ap1/2
[77] KHLC-MH/Md2/Ap1/1
[78] Marjorie Levine-Clark, 'Dysfunctional Domesticity: Female Insanity and Family Relationships among the West Riding Poor in the Mid-Nineteenth Century', *Journal of Family History,* 25 (2000), p.341
[79] KHLC-MH/Md2/Ap1/1
[80] KHLC-MH/Md2/Ap1/1
[81] KHLC-MH/Md2/Ap1/2
[82] Bob Ogley, *Kent 1800-1899: A Chronicle of the Nineteenth Century* (Westerham: Froglets Publications, 2003), p.130

leanings (20.5%) or, conversely, they could be quite effusive in the particulars they gave, especially the Wesleyans. Thus Elizabeth Larston (admitted 1842) was a Wesleyan 'accustomed to attend clap meetings' whilst William Cope (admitted 1844) from Westerham was originally an Anglican but had become a teacher among the Wesleyans 17 years previously.[83] There had been a chapel and attendant chaplain on site from the asylum's opening in 1833 although not the self-contained building still extant in the former hospital grounds today. That chapel, St Saviour's, was completed and ready for consecration in 1850 and Anglican services were held there on Sundays.[84] Roman Catholic services were not held until 1876.[85] In January 1851, of a total of 450 patients, 144 attended morning and evening services.[86] This is 32%, a somewhat lower figure than the 40% of churchgoers recorded for Kent at large in the religious census.[87]

As Smith has pointed out, organised religion became a standard aspect of asylum life: 'Its benefits were recognised not only as being directly therapeutic, but also as being functional by promoting order and regularity, key elements in the return to normality'.[88] In 1847 John Conolly had also emphasised the managerial and therapeutic advantages of attending a religious service, stating that 'by tranquillising the excited brain and soliciting such faculties as are disordered or oppressed to ancient and customary exercise' Sunday observance assisted the physician in his endeavour to find a cure.[89] Whilst religious worship was encouraged, religious mania was considered a form of insanity, as in the case of John Carwell, admitted in 1833, who had been subject to 'the effect of certain passages of scripture on an ill-regulated mind'.[90] From November 1867 to October 1869 3.5% of 656 patients admitted were diagnosed specifically as suffering from religious delusions, the same percentage that were intemperate or hereditary.[91]

The asylum authorities were also interested in the educational level of their charges and asked them on admission about their literacy skills. In the years 1842 to 1846 only 8% of patients admitted said they could neither read nor write. A further 13% could

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[83] KHLC-MH/Md2/Ap1/2

[84] *Kentish Gazette,* 22 October 1850

[85] KHLC-Q/GCL5 Oakwood Hospital, Reports of the medical officers and superintendent of the County Lunatic Asylum with statistical tables 1874-1890, 1876 p.5

[86] KHLC-MH/Md2/Am1/4

[87] Ogley, p.130

[88] L. Smith, *'Cure, Comfort and Safe Custody',* p.209

[89] John Conolly, *The Construction and Government of Lunatic Asylums* (London: John Churchill, 1847), p.124

[90] KHLC-MH/Md2/Ap1/1

[91] KHLC-MH/Md2/Ap1/5 Oakwood Hospital, Admission and Discharge Register 1867-1871

read but not write whilst 24% were fully literate.[92] The high number (55%) of patients, Mary Hogg included, who gave no details was either due to slackness on the part of the officiating medical officer or, perhaps more likely, a reluctance to be specific about educational background. Given that many of them originated from the lowest stratum of society and that they had all been pauperised this is perhaps not surprising. In a time before compulsory education it is likely that many labourers were in fact illiterate and somewhat embarrassed by the fact. This supposition is supported by the large number of patients unable to give their exact age. E.P. Thompson ascertained that roughly two thirds of working class men could read 'after some fashion' in the early nineteenth century although rather fewer could write.[93] However, Reay has discovered that for the parishes of Boughton, Dunkirk and Hernhill, where William Courtenay led his failed uprising in 1838, male agricultural labourers had an illiteracy rate of 77.2% between 1801 and 1850 and 60.5% between 1851 and 1870.[94]

Nevertheless, the asylum had a well-stocked library which inmates made good use of, much to the surprise of Superintendent Huxley who commented that Kent was an agricultural county and so not much inclined to bookish pursuits.[95] Two patients admitted in 1834 were recorded as having gone insane due to 'overstudy'. One of these was an attorney, Stanley Sharp, who also imagined he was the Lord Chancellor, but the other was a shoemaker, William Purcell from Chatham, who had been accustomed to begin his studies at four o'clock in the morning.[96] This indicates that self-improvement through education was an ideal many of the lower classes aspired to. Indeed, under Kirkman, the chaplain took reading and writing classes and weekly readings were held in the concert room to both 'instruct and amuse', with the advantage that illiterate patients could also attend.[97] An examination of the 1851 Education Report reveals that Kent was a somewhat average county in its provision of day and church schools and compared favourably with neighbouring Surrey and Sussex for the number of scholars in attendance, including agricultural labourers attending evening schools.[98] A large proportion of asylum inmates were agricultural labourers and it is likely they constituted the main part of the 55% who failed to disclose their level of education.

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[92] MH/Md2/Ap1/2
[93] E.P. Thompson, p.783
[94] Barry Reay, *Microhistories: Demography, Society and Culture in Rural England 1800-1930* (Cambridge: Cambridge University Press, 2002), p.218
[95] Q/GCL4 1854-5, p.33
[96] KHLC-MH/Md2/Ap1/1
[97] Q/GCL4 1863 p.6
[98] *Census of Great Britain 1851 Education Report and Tables* PP 1852-3 (1692)

The recording of literacy skills in the admission registers is particularly significant as there was much debate in the nineteenth century about the relationship between insanity and education as an indicator of civilisation. Prominent alienists proffered differing opinions. Alfred Maddock, who owned the private asylum in West Malling from 1849 to 1851, thought that the rural and agricultural districts were less prone to insanity than the more densely crowded urban and manufacturing areas where the better educated superior classes congregated.[99] By contrast, Andrew Halliday, a Scottish physician and reformer, stated that 'it is in the agricultural districts that insanity is to be found to be the most prevalent, and also where there is a certain degree of ease and indolence, with a half-cultivated state of mind'. Henry Maudsley, the famous alienist after whom the Maudsley Hospital in London is named, concurred:

> 'Agricultural counties furnish a larger proportion of lunatics than manufacturing districts….moreover, the stagnant, unintellectual life of an agricultural labourer is less conducive to mental health than the more active and varied intellectual life evoked by the pursuits and interests of a manufacturing town'.[100]

Data from the asylum at Barming Heath can be quoted to support both stances. On the one hand, by 1800 the north-west of the county, the Weald, Thanet and the principal towns were educationally well provided for.[101] These were areas that sent large numbers of patients to the asylum at Maidstone, seeming to substantiate Maddock's view that the more cultivated an area the more prevalent insanity. On the other hand, the largest occupational category at Barming Heath was that of the agricultural labourers who had a low level of literacy, supporting the opposite standpoint of Halliday and Maudsley.

Occupation

When the asylum opened in 1833 Kent was still a predominantly rural county despite the assertions of some historians to the contrary.[102] It is thus hardly surprising that, as mentioned above, the largest occupational subgroup in the institution for the years 1833 to 1842 was that of agricultural workers (24%). These included gardeners, graziers, huntsmen, herdsmen and foresters as well as the simple farm labourer who alone accounted for 22%

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[99] Skultans, p.57
[100] Halliday, p.22; Skultans, p.68
[101] Yates, Hume and Hastings, p.96
[102] Conley, p.8

of lunatics.[103] The percentage of agricultural labourers in the asylum was greater than the percentage in the general population of Kent (21.7%) indicating that this group, which at times lived perilously close to the bread line, was perhaps susceptible to insanity. The insecurity of unpredictable seasonal work, rather than the labour itself, adversely affected their mental health. The next largest subgroup was the 'occupation unknown' category (22%) which included not only 'idiots' and criminals but also many unskilled workers who changed jobs frequently or were unemployed when they fell ill. Army and naval personnel accounted for 4.7% of all admissions, reflecting Kent's geographical position on the frontier of defence and the stationing of large numbers of soldiers and sailors there. Unskilled workers who gave details of their last employment constituted 2.8% of asylum admissions. A hefty 16.7% were skilled artisans and tradesmen, from shoemaker to wheelwright to cabinet maker, who in normal circumstances could support themselves from their earnings but who had fallen on hard times due to the onset of lunacy. Indeed, lunacy was a pauperising illness and loss of occupation could precede or follow its onset. Thus Sarah Hughes, 43, who was admitted in 1842, lost her job as a domestic servant about 18 months before her admission whilst John Collins, a carver and guilder from Rochester admitted in 1836, neglected his business, languishing in bed all day in a state of depression.[104] Madness might strike even in the workplace, such as in the case of John Bigg, a shoemaker, who had become insane whilst employed, 'aggravated by men working in the same room', and had escaped from the shop only to be admitted to the asylum in 1852.[105] These patients were all pauperised, a condition that often continued after discharge due to the stigma of insanity and incarceration in an institution for the insane.

The above figures highlight the possibility that the asylum was being used as a curative and correctional facility for the skilled, repairing shattered minds so as workers might resume their place in the workforce. It would seem that unskilled workers, both male and female, were more likely to be kept back in the workhouse. Quite a few (14%)female admissions gave their husband's or father's occupation, describing themselves as the wife or daughter of, say, a blacksmith or a bricklayer. In this subgroup 74% were labourers' wives. This is perhaps evidence of a trend which according to Levine-Clark had set in by the 1830s whereby women's work outside the labouring man's home was becoming associated with a questionable respectability as the working class tried to emulate the male

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[103] KHLC-MH/Md2/Ap1/1
[104] KHLC-MH/Md2/Ap1/2 and MH/Md2/Ap1/1
[105] KHLC-MH/Md2/Ap1/1

breadwinner ideal.[106] Another 12.4% of women, among them Mary Hogg, gave an occupation of their own, 57% of them having worked in domestic service. Other occupations included housekeeper, laundress, seamstress, schoolmistress, nurse and needlewoman. There were also three prostitutes and one woman, Mary Davies, a vagrant lunatic, whose occupation was listed as 'Irish'. Crossed out beneath the entry was written 'of loose and immoral habits and addicted to drink'. She had been admitted shortly after the asylum's opening, in April 1833. Mary Hogg's occupation of greengrocer was unusual in that it was not a typically female employment. She may have been working in a family business but in an age when most respectable women did not work at all, this could be interpreted either as a sign of economic necessity or of an independent character.

Conclusion

Wherever they were domiciled, whatever their age, religious persuasion, educational level, gender or occupation, lunatics were thought to be easier to treat and cure if they were admitted swiftly after the onset of their symptoms. The Commissioners in Lunacy emphasised the importance of this repeatedly in their annual reports and Arlidge asserted that 'insanity is a very curable disease if only it be brought under early treatment'.[107] The visiting justices at Greenwich Union lamented the cost cutting practice of delaying admission to the asylum as impolitic and improper, 'precluding the employment of treatment at a stage of the disease when the most favourable result might be anticipated'.[108] . In 1853 the most common length of attack prior to admission was under one month, followed closely by under three months, suggesting that the necessity of early removal to the asylum after the onset of mental disorder was being absorbed by both the authorities and the general population.[109] There were, however, recorded in the asylum archives, some incredibly swift admissions. James Lanslett became violent and suicidal for the first time the day before his admission from home in the 1840s and the family of Samuel Longby called in the doctors immediately on 10 April 1846 when he threatened to throw his mother down a well. The fact that the day before he had run out of the house in a state of nudity seems to have been tolerated but the threat of violence was not.[110]

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[106] Levine-Clark, 'Embarrassed Circumstances', p.127
[107] Arlidge, p.27
[108] LMA-GBG 008 Minutes of the Greenwich Board of Guardians, September 1844 to March 1846, p.22
[109] KHLC-Q/GCL4 1853,p.9
[110] KHLC-MH/Md2/Ap1/2

Nipping lunacy in the bud was thus of central importance to the authorities, eradicating the offensive behaviour as soon as possible and deterring any imitative conduct.

The typical inmate of Barming Heath, as indeed of most asylums across the country, was not therefore identifiable by character attributes but rather by social nonconformity and behavioural deviance. He or she had contravened society's rules and come to the attention of local authorities who swiftly consigned him or her to the county lunatic asylum where treatment, or correction, could take place. An analysis of the demographic profile of admissions demonstrates that nobody was immune from the threat of insanity. Nearly all occupations were represented in the asylum as well as all age groups, educational levels and religious denominations. If agricultural labourers were present in large numbers, Anglicans in the majority and women more numerous than men, this merely reflected the demographics of the county as a whole. Essentially the asylum was a holding pen for those who failed to function appropriately in society at large. Mary Hogg's symptoms – a flighty manner, restless nights and the tearing of clothes and the breaking of windows – meant she would have been unable to pursue her occupation or care for her large family. Her symptoms were not as antisocial as those of some lunatics confined at Barming Heath: she did not run around naked, shout at passers-by in the street or offer violence to others, yet her daily functioning was significantly impaired and as such she threatened the fragile social fabric in her own small way. The asylum's raison d'être was, I believe, to correct such behaviour and return the afflicted to society a well-adapted and uncomplaining citizen. Contemporaries seem to have been aware of the role played by environment and relationships on mental health, meticulously noting details in the records, but at no point did they collate their findings into a concrete theory of lunacy, preferring in the early part of the nineteenth century physical and moral causes of madness and from the 1870s onwards degenerationist and later eugenicist explanations. It was not until the 1960s and 70s that a uniquely social theory of insanity was proposed.[111]

It was not recorded who instigated committal proceedings against Mary Hogg, whether it was her family, particularly her husband who was suspected of ill-treating her, or the local parish authorities, or, a highly unlikely scenario, Mary herself. More and more families were no longer prepared to put up with the unreasonable behaviour of their insane relatives and confined them to the new asylums slowly emerging after the 1808 legislation. This trend, whereby institutionalisation replaced the care of a lunatic by the family or community, was eagerly endorsed by the authorities who saw it as a means of

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[111] Staub, pp.3-4

maintaining social control and eradicating the potential for disorder, even revolution. On an individual basis each admission to the asylum constituted the penetration of the patient's hitherto private reserve by strangers operating from a position of strength and it was for many a humiliating and disempowering experience. Mary's reactions to her admission to a brand new state-of-the-art lunatic asylum are nowhere recorded in the archives: was she glad of a refuge from a stressful domestic situation or was she resentful and intimidated? As the first patient to be admitted she would have been spared the sight of large numbers of behaviourally challenged lunatics congregated together in a small space. Indeed, for a very brief time she was the only occupant of this massive structure and may have even relished the attention bestowed upon her although she was probably more likely to have been overwhelmed by her surroundings and the piercing scrutiny of staff. The new patient's journey through the system had only just begun, however. She, or he, now had to be inducted in and assimilated to the asylum's austere regime, the daily workings of which are the subject of the next chapter.

Chapter Five

The Asylum Regime: Residence

Introduction

In 1837 W.A.F. Browne described the ideal asylum as a hierarchical rural society in miniature, a veritable 'hive of industry' whose pervading atmosphere of contentment and tranquillity contrasted sharply with the pandemonium and chaos commonly associated with Bedlam.[1] As Michael Donnelly has noted, however exaggerated it may be, the description well represents the ideological programme which the early nineteenth century lunacy reformers advanced. Moreover, Browne's ideal asylum colony is portrayed as peopled by the insane yet apparently lacking any repressive apparatus and without notable disease or disorder or indeed any personal unhappiness among its inmates.[2] Huxley depicted the reality of asylum life more accurately in his annual reports but he too, in 1847, compared the asylum population at Barming Heath to 'inhabitants of a village'.[3] Indeed, with a fully functioning farm, a brewery and numerous artisan workshops on site and a ready supply of free labour, the asylum was in many ways self-sufficient. The work ethic, however, was underpinned by a punishment and reward system, a far cry from Browne's colony where 'the inmates all seem to be activated by the common impulse of enjoyment, all are busy and delighted by being so'.[4] At Barming Heath the authorities sought to recreate the patriarchal and familial structure of society outside its walls, a principle of asylum care established by the Tukes at the Retreat outside York in the late eighteenth century. There was hence much attention paid to décor and ambience with the aim of emulating the tranquil domestic setting of a respectable Victorian home. Also inherited from the Retreat was the notion of the superintendent as a kind of benevolent paterfamilias figure, directing and nurturing his charges. This view of the asylum as a microcosm of wider society, functioning along similar lines and imitating the latter's values and practices, is also reflected in the title of a twentieth century study of an American mental hospital by William Caudill: *The Psychiatric Hospital as a Small Society.*[5] This work

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[1] W.A.F. Browne, *What Asylums Were, Are and Ought To Be* (Edinburgh: Adam and Charles Black, 1837), p.229;

[2] Michael Donnelly, *Managing the Mind* (London: Tavistock, 1983), p.31

[3] KHLC-Q/GCL4 1847, p.4

[4] Browne, p.229

[5] William Caudill, *The Psychiatric Hospital as a Small Society* (Cambridge MA: Harvard University Press, 1958)

examines the social interactions between and among staff and patients at a modern psychiatric facility from an anthropological angle and is at first glance far removed from the bucolic representations of moral treatment found in Browne. Yet the basic idea is analogous: lunatic asylums/ mental hospitals constitute a microcosm of wider society, be it from the perspective of activities undertaken or interpersonal interaction.

However much the asylum may be said to mirror outside society, in reality it was very much cut off from the wider world. All the inmates were confined there officially in order to be cured but none were there voluntarily. They had all been certified and were not free to leave, not even to step outside into the fresh air without permission. In this second chapter on the asylum regime I will be asking how this element of compulsion affected daily life in the asylum. The chapter begins with a discussion of what distinguished the asylum from wider society, namely its medical aspect. I will outline the principal diagnoses and treatments including the issue of restraint, for which Kent Asylum at one time had a dubious reputation. In addition, I will address the question of diet which in many cases operated as an extension of therapy. Moral treatment was implemented at Barming Heath from its opening in 1833 and I will be examining the work and amusement opportunities on offer to patients, detailing how these spent their time whilst incarcerated. How successful a tool of rehabilitation were these activities? Finally I will investigate the dual role played by staff in promoting patient well-being and ensuring the smooth running of the asylum and give a cameo portrait of the three superintendents covered by the time frame of this thesis, asking how their individual characters shaped asylum life. Throughout I shall continue to examine lunacy provision from a modern, anti-psychiatric stance as I believe the anti-psychiatrists' view of insanity as a social phenomenon reveals past conditions in a fresh light.

Diagnosis

At the beginning of his or her period of residence in the asylum the new patient was given a diagnosis, based on the known symptoms, which determined future treatment. This act of labelling was a manifestation of state and medical power to forcibly treat maladaptive behaviour and was in itself justification for intervention in an individual's private sphere. For Thomas Scheff, writing in 1966, labelling someone as mentally ill was akin to a self-fulfilling prophecy as the imposition of a diagnostic label reinforced the undesirable conduct whereas the absence of a label more often than not led to spontaneous

normalisation.[6] Scheff also considered twentieth century diagnoses 'indelible', that is they were for life and only ever in remission, never cured.[7] In the nineteenth century, by contrast, many patients were discharged 'cured'. Indeed, the whole ethos of the asylum movement was geared to finding a cure for insanity so the issue of a diagnostic label haunting a patient on his release would not seem to apply, although this is not to deny the huge stigma associated with confinement in an institution for the insane even then. Making a diagnosis enabled alienists to classify patients according to their illness, facilitating both care and administration. Moreover, the various diagnostic categories were also assiduously recorded in statistical tables, of interest to both contemporary colleagues and future historians.

Nineteenth century psychiatric terminology was very different to current diagnostic categories although the deviant behaviour thus circumscribed has remained essentially unchanged over time. However, as in chapter two, where I eschewed using the modern terms combat stress disorder and PTSD to describe the symptoms of lunacy in insane soldiers confined in the Medway military asylums, so here too I am wary of retrospective diagnoses. Nevertheless I think it necessary to point out that the terms 'mania' and 'attacks of mania' have been replaced by 'psychosis' and 'psychotic episodes' since the latter half of the nineteenth century whilst melancholy can not be equated with twenty-first century depression despite colloquial usage and etymological links. Pietikainen quotes psychiatrist David Healey to argue that many former melancholic conditions would now be diagnosed as schizophrenia or dementia.[8]

In the nineteenth century there was a longstanding basic distinction between mania and melancholia. At Barming Heath the most frequent diagnosis for all yearly intakes was mania and its derivatives, monomania, chronic and acute mania, puerperal mania, hysterical mania and erotomania. In the case book for the years 1845 to 1850 these illnesses accounted for 58.6% of all diagnoses, a pattern repeated in asylums across the country.[9] Maniacs often expressed delusional ideas with grandiose content and their behaviour was usually antisocial if not dangerous. Mania was associated with fury, frenzy and raving madness. Bucknill and Tuke, in their *Manual of Psychological Medicine* regarded it as a disorder of the emotions but earlier writers had considered it an aberration of the

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[6] Thomas Scheff, *Being Mentally Ill* (Hawthorne NY: Aldine Publishing, 1966), pp.63-72
[7] Ibid., p.191
[8] Petteri Pietikainen, *Madness: A History* (Abingdon: Routledge, 2015), p.159 and pp.163-4
[9] KHLC-MH/Md2/Ap1/3

reasoning faculties.[10] Pinel had distinguished between mania with delirium and mania without delirium.[11] Not surprisingly then, those suffering from mania at Kent Asylum exhibited a variety of symptoms. James Marsh, admitted in 1847, suffered 'a paroxysm of the most furious violence' whilst in the asylum and had to be restrained in a strait waistcoat for 48 hours.[12] Maria Miller, also admitted in 1847, was a chronic maniac, considered suicidal and dangerous. She was restless and inactive, paying no attention but standing for a long time in one position. She later became somewhat excited, prone to singing with a disposition to undress.[13] In 1864 sixty year old Sarah Bennett from Dartford believed her food was poisoned and accused the local clergyman of killing her daughter. She tore books, broke windows and swore profusely.[14] Of all the cases of mania in the years 1845 to 1850 the illness mostly affected patients aged 21 to 40, but unlike other studies, where men were worse afflicted, at Kent Asylum, women with mania outnumbered men in every age group.[15] This pattern was repeated in later years, in 1867-68 and 1879. Showalter has demonstrated how nineteenth century alienists were influenced by contemporary fictional representations of mania, especially female mania in the form of Bertha Mason from Charlotte Brontë's *Jane Eyre* (1847). Showalter argued that the image of Bertha Mason, violent, dangerous and raving, haunted Conolly's *Treatment of the Insane Without Mechanical Restraints,* published in 1856:

> 'her voice, her sudden and violent efforts to destroy things or persons,
> her vehement rushings to fire and window, her very tread and stamp in
> her dark and disordered and remote chamber have seemed to
> penetrate the whole house; and, assisted by her wild energy, the very
> walls and roof have appeared unsafe'.[16]

Conolly's work, as indeed Brontë's, was almost certainly known to medical personnel at Barming Heath, who may have been led to diagnose mania in their female patients more frequently.

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[10] John Bucknill and Daniel Tuke, *Manual of Psycholgical Medicine* (Philadelphia: Blanchard & Lea, 1858), p.221
[11] Philippe Pinel, *A Treatise on Insanity* (Sheffield: W. Todd, 1806), pp.150-56
[12] KHLC-MH/Md2/Ap25/3
[13] KHLC-MH/Md2/Ap25/3
[14] KHLC-MH/Md2/Ap25/10 Oakwood Hospital, Case notes 1863-1866
[15] Shepherd, *Institutionalising the Insane,* p.122
[16] John Conolly, *The Treatment of the Insane Without Mechanical Restraints* (London: Smith, Elder & Co., 1856), pp.149-50

Also depicted in Brontë's popular fiction was the melancholic. Showalter described how in *Villette* (1853) the heroine, Lucy, was afflicted with attacks of agonising depression, loneliness and anxiety leading to hallucinations and breakdown. According to the best Victorian moral system her physician recommends happiness and a cheerful mind as the antidote to her condition but as she sceptically responds: 'No mockery in this world ever sounds to me so hollow as that of being told to *cultivate* happiness'.[17] In the asylum at Barming Heath melancholics were distracted from their despondency by work or amusements in an effort to break their cycle of negative thoughts although it is not difficult to imagine a keeper or medical officer telling a patient to cheer up or snap out of it. The numbers suffering from melancholia (15%) for the years 1845 to 1850 also show a female preponderance, which is in keeping with Wright's findings that women fell prey to mood disorders more often than men.[18] Melancholy was characterised by delusions of a morbid or despondent nature: 'The subject of it loses his relish for existence, he feels depressed and unequal to the ordinary duties which call him into public life, and in the domestic circle, he is more silent than in health and seeks entire solitude'.[19] Thus Mary Coleman, admitted in 1850, exhibited physical weakness and languor and was much distressed. She suffered from sleeplessness, an impaired memory and the delusion that everyone was an Indian. Causes for her distress were given as desertion by her husband and the death of her only child.[20]

There were more cases of dementia (19.3%) than melancholy at Kent Asylum in the years 1845 to 1850, a result which was in some asylums reversed. Pinel called dementia 'the abolition of the thinking faculty' whilst his pupil Esquirol differentiated between imbecility, where neither the understanding nor the sensibility had been sufficiently developed, and dementia, where these faculties had been lost to a considerable degree.[21] It was a progressive illness that affected many younger and middle-aged patients and was not associated with the elderly as it is today. James Read, 44, a bricklayer, was admitted in 1846 after a short bout of insanity attributed to a blow to the head following a fall from scaffolding. After a year at Barming Heath he stopped talking incoherently and incessantly but descended into a state of dementia in which he remained up to and beyond his transfer

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[17] Showalter, p.70
[18] David Wright, 'Delusions of Gender?', in *Sex and Seclusion, Class and Custody,* ed. by Jonathan Andrews and Anne Digby (Amsterdam: Editions Rodopi, 2004), p.152
[19] Bucknill and Tuke, p.153
[20] KHLC-MH/Md2/Ap25/4
[21] Pinel, p.160; Bucknill and Tuke, p.121

to the workhouse in 1859.[22] There were over twice as many cases of dementia in men than women at Kent Asylum between 1845 and 1850 and for both genders it was the under fifties who were most afflicted. Dementia was more of a general descriptor that could be further refined according to causation than a discrete diagnostic category and as such it was often found in conjunction with other diseases like mania, melancholia and general paralysis.

Other conditions which were categorised separately for the years 1845 to 1850 were imbecility (7.4%) and epilepsy (0.3%). Sufferers of both afflictions were considered fit subjects for residence in a lunatic asylum in the nineteenth century. Indeed, the number of epileptics is likely to have been higher than formally noted as the propensity to have fits was recorded in the admission books under its own heading but was considered a symptom of other diseases. For example, Richard Nicholls, admitted in 1847 aged 44, suffered from dementia with epilepsy.[23] The percentage of idiots at Barming Heath was roughly on a par with that of other asylums. Frank Crompton found 5.5% of the population was idiotic at Worcester Lunatic Asylum between 1852 and 1872 whilst Melling and Forsythe's analysis of Devon County Lunatic Asylum revealed almost 8% of males and 5% of females with what are now termed learning disabilities.[24] The ratio at Kent Asylum was 4:3.4%. As the nineteenth century progressed it was realised that lifelong idiots required specialist care separate from lunatics who had lost their wits and in 1878 Kent opened an asylum at Darenth, near Dartford, solely for this purpose. Already in 1874, Kirkman had appealed to his 'brother superintendents' to help him find a suitable husband and wife team to 'instruct and improve' about 20 male idiots resident in the asylum. They were to be treated 'after the manner presented at Earlswood and Colchester', both modern purpose-built facilities for the idiotic.[25] It was a sign of the times that the female idiots (18 in 1872) were not included in this provision. Idiots at Kent Asylum had their own separate and segregated ward and airing ground.

Two illnesses which doubtlessly occurred more frequently than specifically diagnosed were general paralysis of the insane (GPI) and puerperal mania. The former was often a male disease whilst the latter was exclusively female, occurring after childbirth. At

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[22] KHLC-MH/Md2/Ap25/2 Oakwood Hospital Case Notes 1845-6
[23] KHLC-MH/Md2/Ap25/3
[24] Frank Crompton, 'Needs and desires in the care of pauper lunatics: admissions to Worcester Asylum, 1852-72', in *Mental Illness and Learning Disability since 1850,* ed. by Pamela Dale and Joseph Melling (Abingdon: Routledge, 2006), p.53; Melling and Forsythe, *The Politics of Madness*, p.64
[25] KHLC-Q/GCL4 1874, p.6

Barming Heath they tended to be subsumed into the more common categories of dementia and mania respectively. A diagnosis of GPI was in effect a death sentence, its outcome always fatal. For this reason physicians were often reluctant to diagnose it until its existence was incontrovertible and Gayle Davis has noted that many diagnoses were made retrospectively at post-mortems.[26] Symptoms, as enumerated by Jennifer Wallis in her recent study of the body at West Riding Asylum, included 'a staggering gait, delusions, disturbed reflexes, speech difficulties and muscular weakness'.[27] The parameters for identifying GPI were thus relatively fluid. Using figures from the tables published in the annual reports at Barming Heath, it would appear that the incidence of GPI actually decreased over time, from 7% in 1848 to 2.3% in 1870. I think this conclusion false, however, as GPI was on the increase nationally and internationally and there was no reason why Kent should have bucked this trend. It is more probable that the criteria for identifying GPI were being set differently by the various physicians at the asylum. Indeed, the difficulty of agreeing on a consensus about the main features of a diagnosis was not peculiar to the nineteenth century and still bedevils modern psychiatry today, as several critical and anti-psychiatrists have demonstrated.[28] The case notes at Barming Heath contain many instances of GPI such as Frederick Plumb, a criminal lunatic admitted from Maidstone Gaol in 1870, who died after nine months in the asylum. He had had an impaired mind and was incoherent, dirty and destructive as well as becoming totally bedridden and paralytic towards the end of his illness.[29] GPI was not recognised as a form of syphilis until 1910 but in hindsight it is easy to conclude that patients such as Abraham Burley, a mariner who had sailed the world, had picked up the disease in a brothel in a foreign port. He was admitted in 1850, talking about being robbed and God giving him gold buttons to put on his clothes.[30] Women also contracted GPI but they were fewer in number.

If GPI was a predominantly male disease puerperal mania was exclusively female. Despite being a recognised disease since the 1820s it was a rare diagnosis at Barming

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[26] Gayle Davis, 'The most deadly disease of asylumdom: general paralysis of the insane and Scottish psychiatry, c. 1840-1940', *Journal of the Royal College of Physicians of Edinburgh,* 42 (2012), p.270; see also Gayle Davis, *The Cruel Madness of Love: Sex, Syphilis and Psychiatry in Scotland, 1880-1930* (Amsterdam: Rodopi, 2008)

[27] Jennifer Wallis, *Investigating the Body in the Victorian Asylum* (Cham CH: Palgrave Macmillan, 2017), p.10

[28] Richard P. Bentall, *Madness Explained* (London: Penguin, 2003), pp.47-9; Burstow, *Psychiatry and the Business of Madness,* ch.4

[29] KHLC-MH/Md2/Ap25/13

[30] KHLC-MH/Md2/Ap25/4

Heath. In the years 1845 to 1850, out of 619 admissions to the asylum at Maidstone, only four (0.6%) were diagnosed as puerperal mania.[31] Figures from other asylums vary enormously, as Hilary Marland has shown, ranging from 2% for Buckinghamshire County Asylum between 1853 and 1873 to 20% for Leicester Asylum mid-century.[32] The absence of the disorder from admission and case notes at Kent Asylum suggests 'that the afflicted women were recorded as suffering from mania, or perhaps melancholia, and the fact of their having recently given birth was not deemed significant enough to warrant a separate classification'.[33] This reticence in diagnosing puerperal mania foreshadowed by several decades the view of J.Thompson Dickson, physician at St Luke's, who argued in 1870 that 'there is nothing peculiar in the insanity of childbed, rendering it a disease peculiar to women….the so-called puerperal insanity is ordinary insanity, appearing at, and only slightly modified by the child-bearing circumstance'.[34]

Puerperal mania was very much the product of the early and mid-Victorian period, during which time a domestic ideology and ideal of motherhood evolved, alerting families and doctors alike to any deviation from this norm.[35] Often the symptoms of insanity after childbirth lingered for years after parturition. This was the case of Ellen Hay and the aptly named Mary Fever who had given birth three and five years before respectively. They were both labourers' wives admitted in 1834 with a tendency towards violence.[36] Postnatal mental illness had the power, then as now, to shock: previously polite and demure women raved and became violent and verbally abusive, uncaring and threatening towards newborn and partner alike. Thus in 1871 Lydia Wilson was afflicted with puerperal mania immediately after the birth of her two week old baby. She became dangerous and dirty, tearing her clothes to pieces and snatching a watch chain from the medical officer and trying to choke him.[37] In another case

> 'a female patient was confined of a female child which was artificially
> reared for four months and then sent home. The mother had been in a
> state of complete stupidity from her admission to her confinement (two
> months) and she remained the same for about another month

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[31] KHLC-MH/Md2/Ap1/3 Oakwood Hospital Admission and discharge Register 1833-54

[32] Hilary Marland, *Dangerous Motherhood: Insanity and Childbirth in Victorian England* (Basingstoke: Palgrave MacMillan, 2004), p.36

[33] Ibid., p.37

[34] Ibid., p.205

[35] Ibid., p.202

[36] KHLC-MH/Md2/Ap1/1

[37] KHLC-MH/Md2/Ap25/14 Oakwood Hospital Case Notes 1872-75

thereafter. Then a total change in her state occurred. She became excited, assaulting persons and destroying things in the most pertinacious and violent manner and during the subsequent five months to the end of the year this state has continued. At the same time her ideas and language have been the most obscene and her habits the most uncleanly imaginable.'[38]

Infanticide was always a real danger. Indeed, in the year the asylum opened two women were admitted who had both murdered their offspring and then been acquitted on grounds of insanity. These were Elizabeth Brown, tried at Maidstone in July 1831 and transferred from Rix's having also spent some time in gaol, and Francis Colegate, one of the very first patients at the new asylum when it opened in 1833, who had cut her child's throat.[39] Elizabeth Brown had thrown her infant son, Thomas, into the air as high as she could in the market place at Gravesend. She caught it but then dashed it on the stones for all to see. At her trial she was incoherent and said she thought the child was a goose. She was subject to fits at the full moon (the original etymology of the word lunatic) and had suffered one at the time of the infanticide. When sentenced she had defiantly said 'hurrah for a jolly good cause' and had left the bar smiling.[40] By contrast, when Francis Colegate was acquitted on grounds of insanity the reporter of the *South Eastern Gazette* had commented that 'the poor creature walked away from the bar evidently unconscious of the critical situation in which she had been placed'.[41] Both women were confined indefinitely at Barming Heath where they mingled with other less notorious patients.

Puerperal mania (and indeed infanticide) led women to contravene society's basic expectations of acceptable feminine behaviour especially as the typically female charateristics of caring and nurturing were visibly disturbed. Evenso there was a groundswell of sympathy for this shocking condition, more so than for other mental illnesses. Being an exclusively female affliction it raises the issue of how far diagnosis at Barming Heath was gendered, that is to what extent did the gender of a patient play a dominant role in the decision over the selection of particular psychiatric diagnoses? From

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[38] KHLC-Q/GCL4 1860-1, pp.18-19; Births were not an uncommon occurrence at Barming Heath and were meticulously recorded in the annual reports. In 1863 there were two births, one with a fatal outcome for mother and child. The following year there were three births. In one case the father of the patient was reported to be the father of the child whilst the other two were doing well and awaiting discharge. In 1865 no births were recorded but in 1866 there were three more births to lunatic mothers, one of which was of twins.

[39] KHLC-MH/Md2/Ap1/1

[40] *Maidstone Journal,* 31 May 1831

[41] *South Eastern Gazette,* 2 August 1831

the examples quoted above there does not appear to be any evidence that the behaviour, moods and thoughts that led to the diagnosis of mania, melancholy, idiocy and dementia differed between male and female cases. Both sexes were equally represented and in the case of mania there was even a marked reluctance to diagnose the puerperal gender variety. Wright drew a similar conclusion in a study of Buckinghamshire Asylum.[42] This further undermines Showalter's contention that insanity was 'a female malady': 'Far from representing a dominance of disorders controlling women's challenging behaviour, new women-specific classification (with the exception of puerperal insanity) are conspicuous by their absence in mid-Victorian pauper institutions'.[43] Thus out of 619 total admissions there was only one diagnosis of the heavily gendered affliction of hysteria in the years 1845 to 1850.[44]

Drugs, depletion and diet

These various diagnoses were treated in a myriad of ways. Treatment by drugs for insanity was widely regarded as humane yet it was in essence just another form of restraint, the natural successor to mechanical coercion. As Sarah York has stated, 'unlike chains and fetters, the introduction of drugs could masquerade behind a therapeutic rationale, making it acceptable to the emerging psychiatric profession, the Lunacy Commission and wider society'.[45] The central issue was control. In the nineteenth century, as indeed in more modern times when drugs have become more sophisticated, pharmaceutical remedies were used to modify unwanted, disruptive behaviour, to ensure a quiet, orderly ward or to reduce the risk of suicide. They were commonly administered at night, a particularly dangerous time for suicidal patients, when there were fewer attendants on duty and the asylum effectively shut down. Chemical restraint kept turbulent patients quiet in the way mechanical restraint had previously done and the arguments surrounding the deployment of the two types of restraint were not wholly dissimilar. A later superintendent at Kent Asylum, Prichard Davies (1876-1904), wrote 'I believe that very few medical officers used powerful drugs purely and simply as restraints, yet I am sure many used them as a means of controlling, with the hope that quiet being established cure would follow'.[46] In my

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[42] Wright, 'Delusions of Gender?, p.169
[43] Ibid., p.165
[44] KHLC-MH/Md2/Ap1/3
[45] Sarah York, 'Chemical Control or Therapeutic Intervention? Drugs and the Treatment of Suicidal Lunatics in Late Nineteenth-Century England', *Ex Historia,* 2 (2010), p.20
[46] Quoted in George Savage, 'The Use of Sedatives in Insanity', *The Practitioner,* xxxvii (1886), p.181

interpretation this statement is tantamount to an admission that alienists sought first and foremost to control their patients with the publicly avowed more progressive and curative aims of their discipline being allotted a subsidiary role.

Nineteenth century alienists did not have modern pharmaceutical remedies at their disposal. There were no behaviour- and mind-altering anti-psychotics or anti-depressants but there were several commonly prescribed, very powerful sedatives. Of these, opiates, including opium itself, henbane, morphia and hyoscyamus, were the most routinely used. In 1847 the Commission in Lunacy conducted a comprehensive survey of the widespread medical treatments in both public and private asylums. They remarked that opium, now a banned narcotic, 'in some of its preparations, is regarded as one of the most efficacious remedies in several forms of mental disease, and particularly, as a remedy in cases of extreme violence and maniacal excitement'. In the same report, Poynder noted that

> 'sedatives (either alone or combined with stimulants), such as the tincture of opium or hyoscyamus or the preparations of morphia, with the compound spirit of sulphuric ether, will often allay irritation and procure rest, especially when conjoined with a generous diet and London porter'.[47]

Thus in 1846 Ann Sarah Wiltshire, 56, was given doses of hydrochlorate of morphia at night for three months after making a suicide attempt and the following year William Hills, 59, suffering from mania and believing his soul destroyed past redemption, was administered ether and opium together and then morphia, which for a while gave rise to an improvement in his condition.[48] Other drugs that featured repeatedly in the case notes were ammonia and ginger (to treat melancholy), digitalis (to calm disturbed patients) and potassium bromide, chloral hydrate and chloroform (to induce sleep). Opium had been known and used since antiquity whilst morphine and hyoscyamus were more recent discoveries, isolated in the 1800s and 1830s respectively.[49] In 1832 chloral hydrate was synthesised and used as a powerful sedative and hypnotic from 1869 onwards when it began to appear in the case notes at Barming Heath, demonstrating the asylum's readiness to employ the latest treatments. As a drug, chloral hydrate was unsafe and had several adverse side effects such as rashes, abdominal pain and organ failure. Overdosage could be

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[47] *Commission in Lunacy: Further Report to the Lord Chancellor 1847* PP 1847 (858), pp192-93
[48] KHLC-MH/Md2/Ap25/2 Oakwood Hospital Case Notes 1845-6; MH/Md2/Ap25/3
[49] Pietikainen, p.289

fatal.[50] In 1872 Jane Marsom was administered the drug to 'quieten' her whilst the highly excitable Elizabeth Nelson took it two or three times a day for over a week in 1870. It was recorded that 'it had had a very good effect reducing the excitement and procuring sleep'.[51]

Psychiatry, in theory and practice, was in its relative infancy in the nineteenth century, only really developing as a separate discipline with the establishment of county asylums following the 1808 and 1845 legislation. Much of the treatment administered was basic and strongly influenced by the methods of previous centuries. Maddock included in his treatise on mental and nervous disorders, published in 1854, a description of the humoral theory of medicine which dated back to medieval times. Indeed humours, or temperaments, of which there were four (sanguine, phlegmatic, bilious and nervous), were recorded in the case notes at Barming Heath in the 1840s. Thus in 1846 John Forrester, a farm labourer who had been wont to wander in the woods, was of a nervous phlegmatic temperament whilst Thomas Yates, a block printer suffering from mania, was held to be nervous sanguine.[52] Bleeding was another age-old medical procedure used to treat mental illness well into the nineteenth century. Although on the wane in some alienist circles by the time the Kent Asylum opened, there are nevertheless records of its application in the archives. George Lambert, a bricklayer admitted in 1850 plagued by paroxysms, was bled of more than two pints of blood 'to the half full of a good sized wash hand basin' and blistered on the nape of his neck. He had had to be restrained during fits and died two months after admission, the depletive treatment having failed.[53] Indeed, Huxley advised the use of local depletives and counter-irritants (cupping, setons, leeching, blistering to the temples and the nape of the neck) in cases of mania whilst his predecessor Poynder was of the opinion that general bleeding for mania was injurious rather than beneficial.[54]

The main emphasis of treatment at Kent Asylum was on the smooth functioning of the patient's alimentary canal which was believed to be indicative of overall constitutional health. It was noted of James Read in 1846 that his bowels were regular whilst Emily Bernal's diagnosis of melancholia in 1850 was based on 'intestinal and bilary functions being neglected'. Once these were restored her mental symptoms ceased and she was

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[50] Ibid., p.290
[51] KHLC-MH/Md2/Ap25/14; MH/Md2/Ap25/12 Oakwood Hospital Case Notes 1868-70
[52] KHLC-MH/Md2/Ap25/2
[53] KHLC-MH/Md2/Ap25/4
[54] *Commission in Lunacy: Further Report to the Lord Chancellor 1847* PP 1847 (858), p.395 and p.183

discharged.[55] Emetics, purgatives and aperients (laxatives) featured prominently in the physicians' armoury in all nineteenth century asylums. Modern commentators have noted the controlling aspect of purgatives such as croton oil. Smith described how at St Peter's Hospital in Bristol emetics, including 'antimony in nauseating doses', were administered to control maniacal excitement.[56] Indeed the administration of a purgative or sedative was perhaps even more controlling than external restraint as it worked from within and altered the patient's bodily functioning, rendering him powerless. Smith has also described in some detail the various drugs available to alienists to regulate the digestive tract and so hopefully cure the patient of his/her insanity. He cites tartrate of antimony as the most common emetic, whilst purgatives included magnesium sulphate (Epsom Salts), calomel, castor oil and the highly unpleasant but effective croton oil.[57] All of these were in use at Barming Heath. Thus in 1852 Emma Dreyheller's attacks of cerebral congestion with coma, during which she was confined to bed for several days, were relieved by purging with croton oil.[58] Mary Hogg's mood swings were treated with Epsom Salts and senna whilst the depressed and suicidal Sarah Rolf, who was prescribed castor oil occasionally from 1845, thought she never had an evacuation without medication.[59] This minute attention to the digestive tract was another legacy of ancient and medieval medicine although Pinel gave the issue a modern gloss when he asserted the link between mania and the epigastric region, noting in particular the importance of hunger, calling it 'the most powerful motive of action of both savage and civilised man'. Based on his experience at Parisian asylums he argued that troubled eating figured in the origin of many varieties of mental disorders.[60]

It is not surprising, therefore, that the importance of a generous diet was unanimously endorsed by both physicians and the Commissioners in Lunacy in their 1847 nationwide survey. Indeed, a wholesome diet was regarded as an extension of medical remedies and Smith has noted that 'asylum food exemplified the interface between principles of economic management and those of curative treatment'.[61] Unlike in the workhouse, where costs were kept to the absolute minimum and the prevailing ethos of less eligibility determined that the standard of living of the paupers in the institution should

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[55] KHLC-MH/Md2/Ap25/2; MH/Md2/Ap25/4
[56] Leonard Smith, 'Lunatic Asylum in the Workhouse: St Peter's Hospital, Bristol, 1698-1861', *Medical History,* 61 (2017), p.232
[57] L. Smith, *Cure, Comfort and Safe Custody,* pp.198-99
[58] KHLC-MH/Md2/Ap25/4
[59] KHLC-MH/Md2/Ap25/1 Oakwood hospital Case Notes 1833-46; MH/Md2/Ap25/2
[60] Elizabeth Williams, 'Stomach and Psyche: Eating, Digestion, and Mental Illness in the Medicine of Philippe Pinel', *Bulletin of the History of Medicine,* 84 (2010), p.371 and p.378
[61] L. Smith, *Cure, Comfort and Safe Custody,* p.164

be no higher than that of the working labourer on the outside, in the asylum staff were attentive to their inmates' physical health and were pleased when they put on weight. In a county of predominantly agricultural labourers the stresses of poverty were often the direct cause of mental instability. Thus Sarah Tuckley, a labourer's wife from Westerham, was admitted in 1853, severely malnourished. For a year she had been breastfeeding the youngest of 7 children but had been surviving 'for a long period on little or nothing but bread and not even tea or sugar – never meat'. Her symptoms included talking of killing different people, amongst them her own children. In addition to the standard asylum diet she was prescribed beef tea and arrowroot to strengthen her.[62] Just eating wholesome meals on a regular basis aided the recovery of many pauper patients and there is evidence that the menu at Barming Heath was of a high standard. There was a constant supply of fresh vegetables from the kitchen garden, enough for the asylum to be self-sufficient. What could not be home grown was bought in. On New Year's Day 1833, the day the asylum opened, the *Maidstone Journal* carried on its front page an advertisement for suppliers of tea, sugar, rice, cheese, butter, hops and best wheaten bread.[63] In the *Lancet* in 1850 it was reported that 'at Gloucester, Kent, Nottingham and Stafford asylums patients have nearly 3lbs of cooked meat and cheese every week' whereas at York, Suffolk and Hanwell it was little more than 1lb.[64] Meat, either hot or cold, was on the menu every day except Thursdays when there was rice milk or suet pudding whilst on Saturday there was a soup made from Friday's leftover meat and shin bone. Breakfast consisted of cocoa and bread and butter, definitely more appetising than the gruel served in workhouses and in some asylums, and there was cheese for supper. Women received smaller portions than men, except for bread which was given out in equal quantities.[65]

A generous diet in the nineteenth century included a not insignificant supply of wine, beer and spirits. What is striking in the financial records of the asylum at Maidstone is that considerably less was spent on medicines than beer, the latter considered a staple of the working man's diet.[66] For the quarter up to 7 January 1849 £10 12s 7d was spent on medicine whilst the outlay for beer was £114 13s 6d! In the *Lancet* report of 1850 it was noted that at the asylums at Gloucester, Kent, Nottingham and Stafford 14 pints of beer

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[62] KHLC-MH/Md2/Ap25/6
[63] *Maidstone Journal,* 1 January 1833
[64] *Lancet,* 26 October 1850
[65] KHLC-Q/GCL4 1864, pp.14-15
[66] KHLC-MH/Md2/F1; Niall McCrae, 'The beer ration in Victorian asylums', *History of Psychiatry,* 15 (2004), p.155

were allowed weekly whilst at York, Hanwell and Suffolk there was no beer at all.[67] An examination of the 1864 dietary for Barming Heath reveals that 7 pints of beer were served to both sexes each week, half a pint with each main meal.[68] Little water was drunk in the asylum and beer in particular was issued as an inducement to labour whilst porter was prescribed to fortify weak constitutions. Thus Sophia Willard, admitted in 1846 severely depressed, was ordered a pint of porter a day along with beef tea and arrowroot to strengthen her defences. [69] There lived at Barming a certain Mr Ellis, who, in the late 1820s and early 1830s, campaigned tirelessly to reduce the duties on malt and beer and so secure the poor labouring classes much needed nourishment. He considered beer the 'natural heritage' of the agricultural labourer.[70] Given the close proximity of Ellis' residence to the asylum it is almost certain that physicians at the latter were well informed of the former's crusade and so provided a generous quantity of beer in their dietary. However, fifty years later views had changed and in December 1879 beer was removed from the menu, apparently with little adverse reaction, by Superintendent Davies. This was not just a question of saving money but of promoting temperance: '[it is] not advisable to continue supplying exciting beverages, which I felt sure had a tendency to prolong their malady and by keeping up a taste for intoxicants in those inclined to over indulgence in them, directly conduce to a speedy relapse after they were discharged'.[71] Beer was replaced with water whilst wine and spirits were reserved for the acutely ill and extremely debilitated, sent from the surgery as medicine.[72]

The importance attached to diet was reflected in the fact that the Commissioners in Lunacy liked to visit asylums during meal times and sample the food. An entry in the Visitors' Book from 1836 recorded how they had 'observed patients at dinner, seemed particularly quiet and contented'.[73] On one occasion they recommended the unpopular soup be replaced by a roast.[74] Patients and attendants alike were not reticent in voicing complaints about the quality of the food to visitors, who listened attentively and sampled substandard items for themselves. There was no trace of the precept of less eligibility about mealtimes, in its place a sense of entitlement to wholesome nourishment whilst incarcerated at the state's expense. Thus one lunatic in 1852 objected to the cheese, which

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[67] *The Lancet,* 26 October 1850
[68] KHLC-Q/GCL4 1864, pp.14-15
[69] KHLC-MH/Md2/Ap25/2
[70] *Maidstone Journal,* 2 June 1829
[71] KHLC-Q/GCL5 Annual Reports of Kent County Lunatic Asylum 1874-90 1880, p.6
[72] Ibid.
[73] KHLC-MH/Md2/Am1/1
[74] KHLC-MH/Md2/Am1/4

the commissioners tasted and confirmed 'did not come up to the terms of the contract which specifies good double Gloucester cheese'.[75] Similarly, in 1859 the bread was 'indifferent' whilst ten years later the puddings did not contain enough meat.[76] Efforts were made to make meal times as relaxed and homely as possible: despite the fact that table knives were counted after every meal for safety reasons, from 1864 meat was carved on the ward rather than in the kitchen, a not unhazardous undertaking, given that it involved a sharp knife and a room full of lunatics, many of them suicidal or violent.[77]

Restraint

The asylum at Barming Heath opened its doors in a pivotal decade for lunacy reform. Only four years after it received its first patient, restraint as a means of dealing with the recalcitrant insane was abolished at Lincoln Asylum. Two years later the immense Hanwell Asylum in Middlesex, under Conolly's management, followed suit thereby setting a trend that was taken up by the Commission in Lunacy after 1845 and subsequently vigorously defended. Kent County Asylum was thus constructed in an era when restraint was the norm but expanded in one which admonished its use. The non-restraint movement divided opinion and there was much controversy surrounding the subject in Maidstone. As early as 1825 John Andrews, a Kent physician, wrote of the need to erect a county asylum where 'it is by means of such a superintendence that the necessity of violence and a system of terror is removed and under its influence the patient is soon led to perceive that he is exempt from harsh treatment'.[78] Non-restraint was part of the concept of moral treatment which emerged simultaneously in England and France at the end of the eighteenth century and represented a radical break from the past, when madmen were routinely shackled and even whipped. In France Pinel famously freed the Parisian lunatics of their chains during the revolution whilst in England the Tukes ran a small Quaker asylum called the Retreat near York, where kindness was the order of the day.

Traditional psychiatric history, notably the Whiggish standpoint espoused by most practitioners and many historians whereby a steady progression could be traced from barbarism to respectful kindness in the care of the insane, regards these developments as fundamental to the foundation of what they deem to be a humane profession. The anti-

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[75] KHLC-MH/Md2/Am1/1
[76] KHLC-MH/Md2/Am1/4; KHLC-MH/Md2/Am1/1
[77] KHLC-MH/Md2/Am1/4
[78] KHLC-U1515/OQ/L1; Q/GB8 Letter regarding proposed county lunatic asylum, 1826

psychiatrists of the 60s and 70s were more cynical. According to Laing and Foucault this new rule of kindness merely saw a shift in the locus of restraint, from outside the patient to within. They understood the internalisation of control mechanisms to be a method of treatment as invasive and repressive as chains and manacles ever were. In his 1964 preface to *The Divided Self* Laing wrote that 'psychiatry can, so easily, be a technique for brainwashing, of inducing behaviour that is adjusted', going on to add that 'in the best places, where straitjackets are abolished, doors are unlocked, leucotomies largely forgone, these can be replaced by more subtle lobotomies and tranquillisers that place the bars of Bedlam and the locked doors *inside* the patient'.[79] Foucault expressed something similar, only in denser, more poetic prose:

> 'The fear was no longer of what lay on the other side of the prison door, but what raged instead beneath the seals of conscience....what at first glance seemed to be a simple negative operation that loosened bonds and freed the profound nature of madness, turned out to be a positive operation that enclosed madness in a system of rewards and punishments'.[80]

Laing and Foucault's criticism contrasts with Samuel Tuke's cheery optimism and praise for moral management, in particular the use of fear and the desire for self-esteem to encourage lunatics to exercise self-restraint.[81] Here the benefit of analysing past lunacy provision through the prism of modern anti-psychiatry becomes apparent: the 'kind treatment', whilst undoubtedly an improvement on chains and whips, is revealed to be a far-reaching subterfuge practised on the insane to ensure appropriate social behaviour. Little or no thought appears to have been given to the lunatics' internal well-being as long as they externally conform. The anti-psychiatrists regarded this ploy as deceitful and conducive to a prolongation of the inauthenticity in social relationships that was responsible for much mental illness in the first place. Their jargon of the freedom and sense of breakthrough that they saw as inherent in madness brings more readily into focus the nineteenth century preoccupation with conformity and order when treating the insane.

Two of the three superintendents at Barming Heath whose tenure falls within the time frame of this thesis were reluctant to abandon restraint. The first, George Poynder (1833-46), was sent to London to acquire safety chairs and plunging cold baths for each sex

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[79] Laing, *The Divided Self*, pp.vii and 12
[80] Foucault, *History of Madness,* pp.485-87
[81] Tuke, p.157

before the asylum opened indicating that restraint was factored in as a method of treatment at the new institution from the outset.[82] The Visitors' Book shows that restraint was used in the first decade of operation, albeit sparingly. In April 1841 12 cases of restraint were recorded, 8 women and 4 men, but thereafter numbers decreased rapidly to two or three cases per visit with no-one under restraint in 1844.[83] This decline coincided not only with the spread of the non-restraint movement but also with some adverse publicity for Poynder on the use of restraint at the asylum. In October 1840, at a meeting of the Middlesex magistrates to discuss Hanwell Asylum that was reported in *The Times*, the chairman, Sergeant John Adams, cited Maidstone Asylum as an institution where excessive and cruel restraint was still practised. He claimed to have seen

> 'a female fastened into what was termed a coercive chair with a large
> cuirass of thick leather round her body so tightly that as she moved it
> creaked. Her hands were pinioned before her and on asking if she would
> like to be released she answered that she would be grateful if her hands
> were freed. There were also between 20 and 30 others who were in
> different sorts of manacles, forgers of mischief'.[84]

Adams was a tireless reformer of not only asylums but also prisons and campaigned relentlessly on a national scale for the implementation of non-restraint. His determination and enthusiasm were the driving forces behind the acceptance of Conolly's policy of non-restraint at Hanwell, it being said that 'if it were not for him, that said Dr Conolly would not be able to go on'. Moreover, he wrote more than 20 articles in the *Lancet* on the subject, being by far its most prolific exponent.[85]

To further his cause Adams visited Kent Asylum in the summer of 1838, trying unsuccessfully to persuade Poynder of the benefits of the new approach to treating lunatics. In November 1840 he wrote to Poynder regarding two of his patients. One was a criminal lunatic named James Ward who had killed a fellow Greenwich pensioner at the hospital infirmary in 1834 by stabbing him six times in the chest and neck. The attack had been a frenzied response to what Ward perceived as mockery.[86] At Barming Heath he was considered very violent, dangerous and extremely unstable, making liberal use of offensive

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[82] KHLC-Q/GCL3 8/4/1832
[83] KHLC-MH/Md2/Am1/1
[84] *The Times,* 30 October 1840
[85] Akihito Suzuki, 'The Politics and Ideology of Non-Restraint: the Case of Hanwell Asylum', *Medical History,* 39 (1995), p.10
[86] *Maidstone Journal,* 18 March 1834

language.[87] There is no record of Ward's treatment at the asylum in the archives but Adams asserted that he had been strapped to a bed for five and a half years, a measure he found unacceptable even for a criminal lunatic. Poynder's reaction was that someone who had killed and threatened to do so again should not be allowed to associate with others, adding that 'in the present day it may subject me to the imputation of inhumanity'.[88] The superintendent was forced to defend the asylum's reputation, warning that 'if they push their system too far regardless of the consequences, if they run into extremes and boldly and broadly assert that under no circumstances personal restraint is justifiable, depend upon it, they will injure their case instead of advancing it'.[89] In a later letter he further elaborated that 'it is the honest conviction of my mind that if an odium is cast on the use of restraint and it should be discontinued and abolished altogether, something much worse will be substituted in its place'.[90] Adams persevered, however, and began writing to the Earl of Romney, describing the success of abolishing restraint at Lincoln and Hanwell and claiming that 'the quantum of restraint in Maidstone Asylum exceeds the quantum in any other county asylum except perhaps Bodmin'.[91] By 1841 he had won over the Earl and visiting justices to his cause and forced Poynder into a humiliating climb-down.[92]

Poynder's successor, James Huxley (1846-63), also fell foul of the authorities on the issue of restraint. In his 1854 Annual Report he explained that for the eight years ending midsummer 1854 the annual average of cases under restraint numbered three or roughly 0.5%. 'They were mostly implemented with the object of prevention of self-injury, some to enforce recumbency as a remedy for excessive exhaustion'. Separation and not restraint was used to prevent destruction of property or violence to others.[93] Huxley stated that the system of non-restraint was 'uniformly, if not universally, pursued and upheld in this asylum'.[94] However, he condemned the total renunciation of restraint as 'fashionable' and too 'sweeping' and allowed for its use in certain circumstances:

> 'whether mild or strong in its kind, brief or extended in its application, with proper care, restraint may always be used (as often as really necessary) without injury to the person, without an amount of

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[87] KHLC-MH/Md2/Ap1/1
[88] *Maidstone Journal*, 6 November 1840
[89] Ibid.
[90] Ibid., 25 January 1841
[91] Ibid., 22 December 1840
[92] L. Smith, *Cure, Comfort and Safe Custody,* pp.270-1
[93] KHLC-Q/GCL4 1854, p.31
[94] Ibid., p.31

discomfort deserving to be weighed against the benefit, and, chief of all,

without injury to the social and moral condition of the asylum'.[95]

Restraint was thus for Huxley not incompatible with humanitarianism or moral authority. Indeed, he caustically referred to the new tyranny of non-restraint as 'the philanthropic dress of the time'.[96] In 1856 he acknowledged in his annual report that 'for the first time [I was] driven….to overstep a boundary line of principle which I had felt confident never to cross'.[97] As with Poynder it was the handling of a homicidal and suicidal male patient that caused outrage. The man in question was 'of admirable build, [with] the skill of a practised fighter and no fear' and attacked others with no provocation. Straps had been around each of his arms above the elbow in such a way as to prevent him from striking out whilst allowing writing and feeding. In addition, the patient was often secluded and, although only restrained by day, he remained so for four months until he was removed to another asylum.[98] The Commissioners advocated a zero tolerance policy towards restraint and in 1861 they strongly reprimanded Huxley for this and another case where a woman had apparently been left without clothes for 12 months: 'The Board consider that such cases, which they believe to be without parallel in any similar institution in the country, are discreditable to the management of, and ought not to be found in, a county asylum'.[99] Two years later Huxley resigned. He was replaced by William Kirkman (1863-76), a staunch non-restraint man who wrote in his 1874 report that 'mechanical restraint has never been resorted to in this asylum by the present superintendent, of course, excepting the necessary appliances for surgical purposes'.[100]

Despite the outward renunciation of the use of restraint, however, a residue of corporal punishment remained in the practice of the shower bath, commonly administered at Kent Asylum. The shower bath, or cold douche, involved the application of 'forcible streams of cold water to the head of a suitably restrained maniac'.[101] It usually lasted half a minute. The shock was designed to calm excited patients by breaking the train of thoughts that had led to the violent outburst and jolting them back into sanity. It was not always effective. Thus Eliza Janet David was subjected to a shower bath in 1873 'but with little

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[95] Ibid., p.32
[96] Ibid., 1861-2, p.32
[97] Ibid., 1856, p.5-6
[98] KHLC-Q/GCL4, p.33
[99] *Sixteenth Annual Report of the Commissioners in Lunacy* PP 1862 (417), p.187
[100] KHLC-Q/GCL4 1874, p.9
[101] Scull, *Most Solitary of Afflictions,* p.73

good effect'.[102] By contrast, Sarah Bennett was given a cold douche in December 1866 for abusive language and in February 1867 it was noted that 'since the application of the douche she has never been heard to make use of bad language and has been very quiet and well-behaved'.[103] Although they must have been in frequent use beforehand, shower baths were only mentioned in the archives at Barming Heath from the 1860s onwards. This was not a case of concealment as from the outset restraint had been meticulously recorded by superintendents in the annual reports as well as by visitors to the asylum in the visitors' book. Two reasons for this omission can be surmised. Firstly, as the century progressed, the Commissioners in Lunacy demanded more exact record keeping of the administration of shower baths, especially after the death of a patient at Surrey Asylum following a prolonged one in 1857.[104] Secondly, the prohibition of restraint did not extend to shower baths. This is borne out by the fact that, as Hervey has shown, they were even administered to recalcitrant patients at Hanwell, that 'mecca of non-restraint'.[105]

Replacing restraint was a blatant system of reward and punishment not far removed from naked bribery. Even the basic freedom of movement was brandished to elicit compliant, socially acceptable behaviour. Thus in his 1848 annual report Huxley stated that 'it is found that allowing occasional walks in the country to the best conducted and most industrious of the patients is the indulgence chiefly coveted by them'. This was hardly surprising for individuals often cooped up inside or in airing yards and deprived of their liberty. Huxley went on to say 'that it is not only an excellent means of rewarding good behaviour but a valuable object for promoting it'.[106] Bestowing responsibility was another means of rewarding appropriate conduct. Thomas Jordan, aged 30 and admitted in 1865, was a tailor from Greenwich diagnosed with mania. Having proved himself safe and reliable he was permitted to assist the knife cleaner in the kitchen, this in an institution where knives were collected and counted after every meal.[107]

Erving Goffman has examined the system of rewards and punishments in his seminal book *Asylums*. In particular, he detailed the 'ward system' whereby a patient is rewarded for good, obedient behaviour with promotion to a ward with more freedoms and punished for obstreperous, untidy behaviour with demotion and its concomitant loss of

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[102] KHLC-MH/Md2/Ap25/14
[103] KHLC-MH/Md2/Ap25/10
[104] *Eleventh Annual Report of the Commissioners in Lunacy* PP 1857 (157), pp.24-37
[105] Hervey, vol.1, p.204; Scull, *Most solitary of Afflictions,* p.290 n.79
[106] KHLC-Q/GCL4 1848, p.4
[107] KHLC-MH/Md2/Ap25/10; MH/Md2/Am1/4

liberties.[108] This system was in place in the nineteenth century at Kent Asylum. In the case notes from the early 1870s it was recorded which ward a patient was on and when they were transferred from one to another. Thus John Ganley started his asylum career as a violent maniac on ward 7 in 1871. In 1874 he was transferred to ward 9 where he used threatening language but by 1876 he was on ward 18, picking fibre and quiet.[109] Different wards had different levels of surveillance gauged to cope with varying behavioural challenges. Indeed, for Goffman, mental hospitals existed primarily to provide a residence for various categories of socially troublesome people.[110] This too could be said of nineteenth century asylums, including Kent. Restraint may have been officially abolished but ward allocation, shower baths, the ever increasing prescription of powerful sedatives, the use of a punishment and reward system, often round the issues of liberty, to elicit the desired behaviour, all served to maintain a quiet, orderly institution which made the work of doctors and attendants easier and inflated the cure rates. There was thus a tension between the asylum as a place of custody and correction and as a place of cure. It presented itself as a compassionate refuge for shattered spirits who would be nursed back to health, but once confined the insane found the road to recovery strewn with social strictures that were to be complied with if release was to be secured.

Domestic setting and work

An absence of restraint was not the only constituent of the method of care known as moral treatment. A gentle approach was central but so too was 'kindness and good order within an attractive environment'.[111] For the Quakers at the Retreat spiritual healing had been paramount but other asylums, including Kent, adopted only the objective and external characteristics, notably a domestic setting and opportunities for work. A domestic setting was cultivated in the furnishings and decorations on the wards. Thus there were open fires in the galleries, ornaments on the chimney breasts and seats with backs for comfort. Flowers were placed in the windows and a variety of pet animals were kept: singing birds, parrots and even guinea pigs. Prints were put up on the walls, which were in turn painted and generally an effort was made to make the patients overlook their confinement, including the erection of a Christmas tree during the festive season.[112] If they felt at ease in

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[108] Goffman, p.315
[109] KHLC-MH/Md2/Ap25/14
[110] Goffman, p.309
[111] Digby, p.33
[112] KHLC-Q/GCL4 1847, 1866; MH/Md2/Am1/4

their new surroundings perhaps their minds would heal. However, there was little scope for individuality: everyone wore asylum clothing and footwear and there were restrictions on personal belongings. In 1845 Sophia Willard was not allowed to keep a bag of 'rubbish' she had hoarded and was punished with a shower bath when she reacted violently and abusively to it being taken from her whilst in 1872 William Ledger Broxholm was forced to hand over a packet of letters his son had given him whilst on a visit to the asylum.[113] No money or alcohol was allowed on the premises and post was restricted.[114] Most artificial of all was the segregation of the sexes and constant surveillance. This was a highly structured domestic setting with even the basic right to go outside at leisure curtailed.

At the Retreat a sense of domestic intimacy had also been promoted with the asylum population and staff acting as a surrogate family for confined lunatics. Familiarity and affection were more difficult to maintain in a large county asylum, however, although a patriarchal structure, with the superintendent watching over his patients/children, was emulated.[115] For Foucault,

> 'a fictitious familial décor' underlined this institutional parody of the family unit and the end result was not fellow feeling but control: 'the belief was that the 'family' placed the patient in a milieu that was both normal and natural; the reality was that it alienated them still further. The mad were accorded the legal status of minors to protect them as subjects before the law; but when this ancient structure became a form of coexistence, it meant that they were entirely controlled, as psychological subjects, by men of reason, who became for them the incarnation of adulthood, i.e. both domination and destination'.[116]

Smith has described moral management as 'an application of means to occupy patients' thoughts and to lead them away from the distressing or irrational preoccupations that had led to incarceration'.[117] Previously, lunatics had been left to their own devices, often a life of idleness abhorrent to the nineteenth century work ethic. Indeed, labour was considered the most therapeutic and worthwhile occupation for patients, not least because it 'extended the alienist's power to control and manipulate an inmate's physical world and

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[113] KHLC-MH/Md2/Ap25/2; KHLC-MH/Md2/Ap25/14
[114] KHLC-MH/T3/Ar4, p.13
[115] Conolly, *Construction and Governement,* p.144
[116] Foucault, *History of Madness,* pp.489-90
[117] L. Smith, *Cure, Comfort and Safe Custody,* p.208

hence all the 'impressions' which struck his mind'.[118] It was encouraged wherever possible at Kent Asylum and the principle was laid down in the institution's regulations:

'During the day patients of both sexes shall be employed as much as practicable out of doors; the men in gardening and husbandry, the women in occupations suited to their ability….workshops and tools shall be provided; artisans and others shall be encouraged to follow their particular callings and to learn shoemaking, tailoring and other common useful trades; needlework, straw work and other suitable employments shall be provided for the women'.[119]

In 1850 40% of a total of 396 patients were employed, the men in husbandry, carpentry, kitchen work and fibre pulling, the women in needlework, laundry, cleaning and kitchen work.[120] By 1863 the figure had risen to 57%.[121] This regime was already in place shortly after the asylum's opening. In April 1834 a reporter from the *Maidstone Journal* noted:

'some of the men are constantly employed in the garden and grounds and although they are entrusted with spades and other garden tools no accident had hitherto occurred. Some of the females as are in a fit state, assist in the washhouse, the laundry and the house, whilst others are employed in needlework which is both useful to themselves and the institution. In short, everything that can contribute to the health and comfort of the patients and the economy of the establishment is strictly attended to'.[122]

However much the alienists and commissioners in lunacy championed the curative aspect of work it must not be forgotten that the asylum authorities had at their disposal a ready supply of free labour. Over the years recuperating patients saved the institution a lot of money with their work, which at times even included tending the sick.[123] In the 1850 annual report it was regretted that there were so few artisans in the asylum 'on account of various alterations and repairs which might otherwise be done for the cost of the materials'.[124] Indeed in 1849 240 pairs of new shoes and boots were made and 1,107 pairs

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[118] Donnelly, p.37
[119] KHLC-MH/T3/Ar4, p.10
[120] KHLC-Q/GCL4 1850, p.6
[121] KHLC-Q/GCL4 1863, pp.5-6
[122] *Maidstone Journal,* 15 April 1834
[123] KHLC-MH/Md2/Am1/4
[124] KHLC-Q/GCL4 1850, p.6

repaired on site. The same year some of the male patients built a wall for a new airing yard, thereby contributing with their labour to the actual bricks and mortar of the asylum which confined them.[125] Mostly the male inmates worked on the farm, haymaking and growing vegetables of which there was an ample supply and near self-sufficiency.

Whilst men worked outdoors or in workshops, women laboured inside the asylum, in the laundry and kitchen, saving the wages of hired servants and also contributing to the economy of the institution. Hide has contended that their work in the laundry was highly symbolic, a strong metaphor for cleansing and purification of the soul.[126] When it came to needlework, there was no question of them sewing or embroidering some personal item of their own choosing. They were given asylum articles to repair or the materials to make them from scratch. In 1848 female patients at Barming Heath repaired, amongst other things, 2,714 gowns, 9,679 pairs of stockings and 788 sheets. They made 118 petticoats, 40 carpets and 96 tea towels.[127] For both sexes there may have been the option to go hop-picking, Maidstone being a prime area for cultivation of the crop. If so, this was a rare opportunity for the sexes to mingle. In the first annual report for Chartham Asylum in 1876 it was noted that a total of 50 patients had been hop-picking in the company of their attendants at a local farm. They began work at 8 am, broke for lunch at noon and returned to the asylum at 6 pm over a period of 16 days. They were paid for their labour at the same rate as ordinary, sane hop-pickers, that is 1s 6d per basket of five bushels, but were not allowed to keep their earnings of £58 4s. These were spent by the Asylum Committee on amusements to distract them in their confinement.[128] A similar arrangement most probably prevailed at Barming Heath.

Labour in the asylum, as in the prison or workhouse, emphasised the inmates' chief social role: that of worker. It was unremunerated and heavily gendered according to prevailing social norms. It was, however, far less brutal and coercive than in these other institutions being more meaningful, with an end product that was useful and necessary to the economic management of the asylum. In the workhouse, the routine was meant to be dull and the work hard and disagreeable. Stone breaking, oakum picking and arduous domestic chores were the usual tasks assigned. These tasks were not entirely absent from the asylum regime, however, and in 1850 3.5% of male patients employed were occupied

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[125] KHLC-Q/GCL4 1849, pp.3-4 and p.16
[126] Hide, p.107
[127] KHLC-Q/GCL4 1848, p.13
[128] KHLC-MH/T3/Aa2 Chartham Asylum Annual Report 1876

breaking stones or pulling fibres.[129] The medical staff did not force inmates to work but they strongly encouraged it. Thus William Hills, a labourer suffering from melancholia, was, a year after his admission, 'in constant agricultural employ'. In October 1849 it was recorded in his case notes that he had discontinued work over the last couple of months 'and cannot be prevailed on now to work'.[130] Work was regarded as a form of therapy, not a deterrent as in the workhouse, but there was nevertheless an element of social control to it as the individual was prepared for re-entry into the community.

Scull has emphasised how the rise of capitalism, with its attendant commercialisation and consumerism, impacted on lunacy provision during the Industrial Revolution.[131] The brutalities of a waged labour market, with its competitiveness and cycles of boom and bust, had shattered the minds of many of the patients confined at Barming Heath. Indeed, in the admission and discharge register for the years 1833 to 1854, of the causes of insanity listed, many referred to setbacks in trade and employment and the accompanying pecuniary difficulties.[132] Thus Thomas Withers Powell was a 38 year old attorney who had been disappointed in his career and admitted to the asylum in 1844, not having been called to the bar. He had not spoken to anyone for several years and had broken his brother's windows and struck his wife.[133] Similarly, James Adams of Milton, a licensed victualler suffering from chronic mania admitted in 1848, had experienced misfortunes in business and the unrelated Henry Adams from Deptford had been disappointed not to receive promotion at the dockyard five years later.[134] For Rothman the startling rise of cases of insanity in Jacksonian America could be directly attributed to the precariousness of the labour market, where a highly fluid and mobile society had led to unrealistic and unlimited ambitions. The cure, which Rothman believed to be uniquely American, was the insane asylum, where the imposition of a regimented routine inculcated respect for authority along with order and a sense of personal limitations.[135] Edward Jarvis described the cut-throat competition of the American dream where 'no son is necessarily confined to the work or employment of his father, but all the fields of labour, of profit, or of honour are open to whomsoever will put on the harness'.[136]

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[129] KHLC-Q/GCL4 1850, p.6
[130] KHLC-MH/Md2/Ap25/3
[131] Scull, *The Most Solitary of Afflictions*, pp.30-34
[132] KHLC-MH/Md2/Ap1/3
[133] KHLC-MH/Md2/Ap1/2
[134] KHLC-MH/Md2/Ap1/3
[135] Rothman, p.115 and p.152
[136] Ibid., p.115

Nineteenth century Kent was not as fluid a society as its American counterpart yet it was nevertheless true that many were broken by the system. The Kentish economy expanded steadily between the mid-seventeenth century and the First World War. However, economic progress was destructive of certain traditional labour groups (silk throwers, broad cloth weavers, foundrymen) whilst creating a range of fresh opportunities for new labour groups (gas fitters, machinists, marine engineers). There were also new opportunities in the ports, on the railways and in the domestic and holiday sectors. This meant much unemployment and retraining, a process which many workers found stressful. In addition there was widespread migration with its concomitant loss of identity and rootedness, away from the countryside to the burgeoning towns of north Kent.[137] It could be said that the asylum at Barming Heath was designed to patch up and mend these casualties and return them, productive once more, to the workforce. In its General Rules laid down in 1854 it was stipulated that 'workshops and tools shall be provided; artisans and others shall be encouraged to follow their particular callings and to learn shoemaking, tailoring and other common and useful trades'.[138] A facility for the insane was being used to retrain workers ready for useful employment in wider society where they could contribute to the economy. This was lunacy provision seeking to mould a healthy, docile, malleable and efficient workforce. Custody in an asylum was being utilised to correct deviancy, including idleness, and turn out well adapted labourers. If successful they were deemed cured.

Amusements

For those unable, or unwilling, to work there were plenty of amusements on offer. The Commissioners in Lunacy regularly inspected the distractions available to patients on their visits and it was considered good practice to have lunatics usefully occupied rather than lounging around listlessly. 'Efforts [should be] made to break the monotony of their lives', they wrote in the visitors' book in 1861.[139] In 1844 the *Kentish Gazette* reported that the patients were 'all, without exception, as much as possible in the open air during the day, some perambulating walks, others amusing themselves with cricket, fives and the like manly sports, with keepers constantly mingling among them'.[140] The asylum possessed

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[137] Richardson in Armstrong, ed., p.235
[138] KHLC-MH/T3/Ar4, p.11
[139] KHLC-MH/Md2/Am1/4
[140] *Kentish Gazette,* 12 March 1844

extensive grounds, including a bowling green and a meadow, where team games, especially cricket, were played on a regular basis. By 1861 the teams consisted of patients and staff alike. Moreover, in an agricultural county, hop picking in the neighbouring gardens was a popular, although unremunerated, pursuit and home visits were allowed if family lived close by and the patient was well enough.[141]

For those patients who had to stay indoors, or, in the case of inclement weather, there were books, magic lanterns, board games and musical instruments available to pass the time. The library was well stocked and well used despite the rural character of the county.[142] Periodicals such as the *Illustrated London News, All the Year Round* and *Household Words* (edited by Charles Dickens) were on the shelves and books included Goldsmith's *History of England, Lives of Celebrated Greeks and Romans,* the works of Scott, *Gulliver's Travels, Old English Ballads, Arabian Nights, Robinson Crusoe* and *Don Quixote.*[143] However, the same year these publications were procured, 1848, the visiting committee ordered that the bookshelf in each gallery was to be fitted with a lock and key, indicating its attitude towards the asylum populace, namely that pauper patients were not to be trusted with valuable books and magazines without due supervision. The titles purchased were also quite literary and there was an element of didacticism about their acquisition as they had been published by the society for Promoting Christian Knowledge.[144] Efforts were made to raise literacy levels among inmates with reading and writing classes taking place twice a week in 1863.[145] That same year it was noted in the visitors' book that musical instruments had been bought and a band formed with weekly concerts, although a reporter of the *Kentish Gazette* noted a violin on a ward in 1840.[146] Concertinas had been supplied to the wards and there were weekly singing classes in the asylum chapel where an organ had been installed.[147] Although not mentioned in the archives until 1883 there was surely a piano on site, not least because for the Victorians it was considered *de rigueur* for respectable families to have one in their parlour and the Commissioners in Lunacy were particularly keen to replicate this domestic environment on the wards of the asylum.[148]

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[141] KHLC-Q/GCL4 1860, p.19 and 1861, p.21
[142] KHLC-Q/GCL4 1854, p.33
[143] KHLC-Q/GCL8 Oakwood Hospital, Minute book of the committee of visitors 1843-1849, April 1848
[144] KHLC-Q/GCL4 1852-3, p.23
[145] KHLC-MH/Md2/Am1/4
[146] *Kentish Gazette,* 1 December 1840
[147] KHLC-Q/GCL4 1863, p.4
[148] KHLC-Q/GCL5 1883, p.28

Organised entertainment, in the form of theatrical representations and weekly and annual dances, was also a feature of asylum life. In 1847 Huxley conducted an 'experiment' and inaugurated the annual ball. It was one of the rare occasions when the sexes met and mingled. Attended by 110 women and 35 men there was dancing, singing and a communal supper. 'The advantages of such amusements are obvious and consist as much in anticipation before and recollection after, as on the occasion itself'.[149] By 1848 the event had become biannual, being held outside at the rear of the asylum in summer and in a gallery in winter. 'On these occasions, the utmost propriety and decorum have been observed, and in no instance has any excitement or bad consequence followed – but, on the other hand, much real enjoyment has been afforded and doubtless benefit has resulted from the degree of self-control which has been called forth'.[150] In 1850 the press were invited to such an event attended by 300 patients, the governor and the superintendent: 'the ballroom, as well as the supper room, was very tastefully decorated by the patients, who seemed to enjoy themselves extremely. This speaks volumes in favour of the excellent management of our county asylum'.[151] The winter entertainment was discontinued in 1860 due to the lack of a purpose-built recreation room but was resumed in 1863 under Kirkman, who noted in his annual report that year that the ball was much appreciated by the patients: 'by rationally cheering them [it is] well calculated to conduce towards their recovery'.[152]

Indeed, it would have been possible for inmates to read about a similar ball to their own, held at St Luke's, in the pages of the 1852 edition of *Household Words,* a journal to which the asylum subscribed. Did they recognise themselves in Dickens' portrait?:

> 'It was very remarkable to see how they huddled together without communicating; how some watched the dancing with lack-lustre eyes, scarcely seeming to know what they watched; how others rested weary heads on hands and moped; how others had the air of eternally expecting some miraculous visitor who never came, and looking out for some deliverances that never happened. The last figure of the set danced out, the women-dancers instantly returned to their station at

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[149] KHLC-Q/GCL4 1847, p.10-11
[150] KHLC-Q/GCL4 1848, p.4
[151] *Kentish Gazette,* 12 March 1844
[152] KHLC-Q/GCL4 1863, p.3

one end of the gallery, then men-dancers repaired to *their* station at the other; and all were shut up within themselves in a moment'.[153]

Other than in fiction there is no evidence of sexual encounters or nascent relationships forming at such events even though at working class dances on the outside this would undoubtedly be the case.[154] Only the well-behaved were allowed to attend and the authorities were effectively demonstrating their power to withhold or grant opportunities to socialise freely with the opposite sex, reminding patients of what they were missing and prompting them to mend their ways in order to secure release.

Amateur theatricals, which were performed yearly from 1863, were equally appreciated by the asylum populace. They too were reported in the local press, sometimes at considerable length, but, unlike the balls, they did not involve active patient participation. A series of now forgotten short one act plays, most of them farces, such as *Dream of the Future, My Wife's Second Floor* and *A Humping Legacy* were performed over several evenings by asylum staff and their families, including the clerk, steward and medical officers. They were 'ably assisted' by Dr Kirkman.[155] One of them, *Phenomenon in a Smock Frock* by William Brough, performed in 1867, was a comic drama with a light-hearted moral twist: the plot turned around the necessity of 'innocent flattery and pleasant fiction' to ensure the smooth running of society. One of the characters, the milkman John Buttercup who speaks in a broad Somersetshire dialect, commits several social gaffes by blurting out uncomfortable truths, a practice he soon learns to amend.[156] The brevity and frivolity of the play suited it to performance in an asylum and distracted brooding minds. The audience consisted of patients (about 300 in March 1864), their attendants and friends, and a smattering of the local gentry who were identified individually in the newspaper reports. The success of these evenings demonstrated how, despite its much vaunted splendid isolation, the asylum had become part of the local social landscape. It also showed that staff shared a certain camaraderie and a desire to uplift the tormented spirits of their charges whilst doubtlessly having some fun in the process. Patients probably welcomed the change to their usual evening routine with the additional attraction of the opportunity to stay up late.

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[153] *Household Words,* 17 January 1852

[154] Anna Hope, *The Ballroom* (London: Transworld, 2016)

[155] *Tunbridge Wells and Tonbridge Weekly Chronicle,* 8 March 1864; *Kentish Chronicle,* 9 November 1867

[156] William Brough, *A Phenomenon in a Smock Frock* (London: Thomas Hailes Lacy, 1852)

Staff: therapeutic agents or servants of the state?

Central to a patient's experience of life in an asylum was his contact with staff. The personalities of attendants and doctors permeated the asylum regime and profoundly affected the atmosphere on the wards. Conolly recognised the impact attendants in particular could have on the daily running of an asylum, writing in 1847 that

> 'the whole life of the numerous incurable patients in county asylums must take its character from the attendants, and be agitated or tranquil, passed in misery or content according to the qualifications possessed by those in whose sole and immediate charge and power they must necessarily be for the greatest part of every day'.[157]

At Barming Heath, according to Sergeant Adams, there was 'great and sincere kindness of manner in the attendants to the patients' despite the continuing use of restraint.[158] However, there was inherent in psychiatry a conflict of interests: concern for the welfare of a sick individual as opposed to the duty to protect the public and enforce social norms. Or, in Szasz's words, 'does psychiatry aspire to be the servant of the individual or of the state?'[159]

Whilst I would agree with Scull that lunacy reformers professed humane intentions, I disagree with Leonard Smith's statement that 'any interpretation of the lunatic asylum as essentially a monolithic instrument of social control does an injustice to many of its practitioners'.[160] Shepherd described attendants and doctors as 'therapeutic agents', stressing their curative role, but they could equally be seen as agents of social manipulation in the employ of the state, particularly if, as I have been suggesting, a controlling agenda was the prime raison d'être of Kent County Lunatic Asylum. I am here heavily influenced by my own experiences of modern mental health provision during which I have sadly found empathy almost totally lacking. Without genuinely compassionate engagement by staff with the patient the humanitarian approach fails miserably. As Bonnie Burstow has outlined in *Psychiatry and the Business of Madness* most mental health professionals concur with the official ideology of the establishment regarding forms of treatment, which in practical terms means large doses of medication, perhaps even ECT, to ensure compliant

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[157] Conolly, *Construction and Governement,* p.117
[158] KHLC-U1515/OQ/L1 16 November 1840
[159] Szasz, 'Ideology and Insanity', p.510
[160] Scull, *Most Solitary of Afflictions,* p.3; Leonard Smith, *'Cure, Comfort and Safe Custody'* (London: Leicester University Press, 1999), p.5

behaviour.[161] Although most medical practitioners are convinced of the efficaciousness of these treatment methods, I find myself asking whether they are really any less barbaric and coercive than the chains and whipping of old. Formal training for attendants and nurses was not organised until 1885 when a handbook was published listing discipline as their first duty. 'The ideals were more authoritarian than humane' wrote Mick Carpenter, adding that security was more important than moral treatment.[162] Elsewhere, historians of nursing have concluded that 'despite the humanitarian language control in the county asylums involved intense disciplinary pressure on patients, reinforced by punishment, segregation and physical or chemical restraint'.[163] This is far removed from Shepherd's 'therapeutic agents'. In reality the care extended to asylum inmates was probably never wholly benign or harsh but hovered somewhere inbetween, very much dependent on the personalities of both attendant and patient. Whilst it was not impossible to be both therapeutic agent and servant of the state I concur with Szasz that it is neither easy nor wise to serve two masters.

It was no coincidence that attendants were formerly known as keepers, implying that those who looked after the mentally ill both restricted access to them and controlled their movements in the same way zoo and gamekeepers controlled animals.[164] There is also a biblical reference and the term is suggestive of close surveillance and prison, where gaolers kept the inmates safely locked away behind closed doors. From the 1840s onwards, with the emergence of a county asylum network, the terms 'attendant' and 'nurse' were preferred, reflecting an outward change in their role from custodian to carer. However, although there was undoubtedly a shift in the nature of their duties, the alteration in nomenclature reflected largely cosmetic changes as attendants still enforced good behaviour, guarded access to their charges and watched over their every conversation, movement and mood.

Although contemporaries wrote lavishly about the ideal attendant and the difficulties of recruitment, only recently have historians acknowledged the significant role of asylum staff in lunacy provision and rescued them from the bottom rung of the social ladder where Scull placed them back in the seventies. For Scull they were 'the dregs of society', scarcely better than the inmates themselves, a conclusion shared by Mellett a few

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[161] Burstow, *Psychiatry and the Business of Madness*, ch.6
[162] Carpenter in Davies, p.126
[163] Robert Dingwall, Anne Marie Rafferty and Charles Webster, *An Introduction to the Social history of Nursing* (London: Routledge, 1988), p.126
[164] Peter Nolan, *A History of Mental Health Nursing* (London: Chapman & Hall, 1993), p.6

years later.[165] For Carpenter, writing in 1980, being an attendant was often regarded as 'an occupation of last resort'.[166] Both Scull and Carpenter used adjectives such as 'defiling' and 'contaminating' to describe the work undertaken and Carpenter went so far as to liken asylums to sewers, cleansing society of moral filth.[167] In 1837 Browne described keepers as 'servants of the very worst caste….hired for the express purpose of acting as spies or watchmen….the unemployed of other professions'.[168] They were thus unskilled servants of the state, employed to keep the deranged in line. Altruism was very rarely a motivating factor in choosing asylum work. Indeed, in 1876 T.S. Clouston reported that

> 'in the course of thirteen years' experience as an asylum superintendent
> I have just had one person assign as a reason (and I constantly ask the
> question) that she wished to do good to her fellow creatures; and the
> circumstance was so unprecedented that I regarded her with much
> suspicion and cross-questioned her most sharply to detect any lurking
> hypocrisy'.[169]

Later generations of historians, notably Smith, Moran and Wright, but also more recently Monk, have portrayed asylum attendants in a less perjorative light, recognising that they were ordinary working class people making informed career choices.[170] Walton concluded that they were 'drawn from strata well above the dregs of the labour market' whilst Hervey, analysing the profile of attendants at the Maidstone asylum, found that in 1876 48% were ex-army and navy men.[171] Former military personnel had extensive experience of discipline and were used to operating under a harsh code of conduct, desirable attributes for attendants. They also may have welcomed the prospect of ordering around those beneath them where previously they themselves had been issued

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[165] Scull, *Museums of Madness,* p.182; David Mellett, *The Prerogative of Asylumdom* (London: Garland Publishing, 1982), pp.42-3

[166] Carpenter in Davies, p.134

[167] Ibid., p.129

[168] Andrew Scull, ed., *The Asylum as Utopia: W.A.F. Browne and the Consolidation of Nineteenth Century Psychiatry* (London: Routledge, 1991), pp.150-51

[169] T.S.Clouston, 'On the Question of Getting, Training and Retaining the Services of Good Asylum Attendants', *British Journal of Psychiatry,* 22 (1876), p.384

[170] L.D. Smith, 'Behind Closed Doors: Lunatic Asylum Keepers 1800-1860', *Social History of Medicine,* 1 (1998); James E. Moran, 'Keepers of the Insane: The Role of Attendants at the Toronto Provincial Asylum, 1875-1905', *Social History,* 28 (1995); D.Wright, ''The Dregs of Society?' Occupational Patterns of Male Asylum Attendants in Victorian England', *International History of Nursing Journal,* 1 (1996); Lee Ann Monk, 'Working in the Asylum: Attendants to the Insane', *Health and History,* 11 (2009)

[171] John Walton, 'The Treatment of Pauper Lunatics in Victorian England', in *Madhouses, Mad-Doctors and Madmen,* ed. by Andrew Scull (Philadelphia: University of Pennsylvania Press, 1987), p.182; Hervey, vol.2, p.105

commands. John Sheehan has suggested that that some of the 'petty tyranny' on the part of the attendants may have been a 'reflection of the way they were treated within the hierarchy of the asylum'. Moreover, he contended that 'if the freedom of movement of patients was restricted because they were compulsorily detained, that of the attendants was also restricted because being absent from the asylum without permission was a disciplinary matter'.[172] Thus Eliza Jury was suspended for exceeding her leave in February 1873.[173] Nor were impudence, laziness and bad time-keeping tolerated: that same year Emma Dorcas Kitchenham was pardoned after having been given her notice for being saucy whilst William Smithson and Elizabeth Scott were reprimanded, the former for wasting time and the latter for being late with supper.[174] Conduct outside the asylum was also policed with Mrs Downing and her daughter reproved for being 'flashyly dressed' in excessive white petticoats in which they stopped to look in shop windows and incited men in Maidstone.[175] Indeed the female attendants were only to be absent from the asylum with the matron's permission whilst the men were free to leave the premises from 8 to 10 every evening.[176] In some asylums such as the Littlemore Asylum in Oxford and Wakefield Asylum in Yorkshire, attendants were even expected to salute their superiors.[177] There is no evidence for this at Barming Heath.

The attendant's duties were manifold, from getting the patients up and putting them to bed, bathing them and making sure they were clean, keeping them occupied, checking for injury and monitoring mood and helping with mealtimes. Up until 1863 there were no separate night attendants and day staff took it in turns to work the night shift.[178] All these tasks involved the management of often recalcitrant lunatics and the modification of their awkward, antisocial behaviour. Whatever the particular task at hand, one overriding principle was clear: 'the attendant shall be instructed to treat their patients kindly and indulgently and never to strike or speak to them with unnecessary harshness'.[179] They were to remain calm in the face of the utmost provocation. Many an attendant failed

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[172] John Sheehan, 'The Role and Rewards of Asylum Attendants in Victorian England', *International History of Nursing Journal,* 3 (1998), pp.28-9

[173] KHLC-MH/Md2/As1/1 Oakwood Hospital Record of conduct and character, work and employment of male and female nurses and attendants

[174] Ibid.

[175] Ibid.

[176] KHLC-MH/Md2/Z7/2 Oakwood Hospital 1885 regulations

[177] Claire Chatterton, ''Always bear in mind that you are in your senses': Insanity and the lunatic asylum in the nineteenth century – from keeper to attendant to nurse' in *Insanity and the Lunatic Asylum in the Nineteenth Century,* ed. by Thomas Knowles and Serena Trowbridge (London: Pickering & Chatto, 2015), p.92; Sheehan, p.27

[178] KHLC-MH/T3/Ar4

[179] Ibid.

at this hurdle and the staff register, visitors' book and annual reports contain many instances of investigations, even prosecutions, for what was considered under the reformed asylum system, assault. All complaints of ill-treatment by patients were subject to enquiry and often, if it could be proven that only necessary force was used, the attendant was cleared of wrongdoing. Such was the case in August 1852 when an attendant named Atkins gave a would-be escapee a blow to the side to prevent himself from being strangled.[180] Likewise the attendant John Smith was cleared of ill-treating and kicking William Sutton in October 1862 when it transpired that Sutton had made up his claim to get removed to another ward, perhaps because of difficulties with Smith.[181] However, in 1874 two attendants were awaiting prosecution for assaults on patients. Two years earlier Isaac Baxter had been suspended from duty for allowing Stephen Ispole to escape from the farm and in 1865 there was a suspension for ill-treating a patient and a dismissal for intoxication.[182] Indeed, drunkenness was the main reason for dismissal (25%) according to Hervey, who analysed the reasons male attendants gave for leaving their employment in 1876-7. Of the female attendants in the same years nearly a quarter were unable to cope with the demands of the job or found asylum life too restrictive whilst 12% were fired for cruelty, neglect or drunkenness.[183]

Work was emotionally and physically draining and the pay low, comparable to agricultural labourers and domestic servants, although it included board, lodging and washing. In 1852 female attendants earned between £16 and £25 per annum whilst male attendants earned between £27 and £40 per annum.[184] Although there was a high ratio (1:15) of attendants to patients at Kent Asylum there was, unsurprisingly, a high turnover of staff with female attendants staying an average of 18 months in 1876-7. The average for male attendants for the period 1876-80 was 25 months.[185] Nearly all the recruits were born in the county and some had relatives working in the asylum suggesting recruitment was often by word of mouth.[186] Some attendants, however, worked at the asylum for a considerable length of time: in 1866 two men were reported to have retired with a pension after 15 years of service each.[187] Moreover, that same year Kirkman recorded in his annual report that one male attendant had resigned due to serious injuries received from

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[180] KHLC-MH/Md2/Am1/1
[181] Ibid.
[182] KHLC-MH/Md2/Am1/2 Visiting Committee Report Book 1865-92
[183] Hervey, vol.2, p.106
[184] *Seventh Annual Report of the Commissioners in Lunacy* PP 1852 (285), p.61
[185] Hervey, vol.2, p.104
[186] Data taken from 1851 census
[187] KHLC-Q/GCL4 1866, p.6

dangerous patients during his employment, demonstrating that the risk of assault was not one way, the difference being that lunatics were not held accountable for their actions.[188]

At the apex of the patriarchal pyramid in the county asylum was the superintendent whose authority was paramount. Previously he had been expected to have an intimidating physical presence, to be of 'a commanding stature, a stern manner, a fierce look, a loud voice', but Poynder was described as 'cautious' by Smith and Huxley was portrayed as 'retiring' in an obituary.[189] The superintendent was by definition a gentleman and thus of a different social class, with the deference and respect this entailed, to the majority of his pauperised charges. His lengthy tenure gave the asylum stability whilst his duties comprised not only medical matters but also administrative and practical concerns such as how best to ventilate and heat the asylum or the optimal covering for patients' beds.[190] In November 1831 the post was advertised in the *Maidstone Journal,* occupying the prominent top left hand corner of the front page as a signal of its importance to the local community.[191] A fee of £300 per annum, rate and tax free, was offered with a residence at the asylum complete with fixtures, candles, coals and fresh vegetables from the asylum garden. The chosen candidate, like the medical officers serving under him, was expected to be a member of the Church of England and lead a strictly moral life.[192] From 1866 the superintendent lodged in his own separate house in the asylum grounds, his old apartment on the third floor having being converted into a ward for the better class of female patients.[193] The large six bedroomed house called The Beeches still stands on St Andrews Road and is a Grade II listed building.

Between its opening in 1833 and 1876 Kent Asylum had three superintendents: George Poynder (1832-46), James E. Huxley (1846-63) and William Phillips Kirkman (1863-76). Poynder had been a medical officer at Bethlem where he would have been swept up in the reforms implemented in the wake of the 1815 scandal, when a committee exposed a myriad of abuses, the most notorious being the case of William Norris who had been kept in chains continually for nine years. He had subsequently been appointed the first superintendent at the Gloucester Asylum at a time when restraint was the accepted norm, travelling to London to acquire what were then the tools of his trade: bolts, wrist locks,

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[188] KHLC-Q/GCL4 1866, pp.5-6

[189] Conolly, *Construction and Governement,* p.141; L. Smith, *Cure, Comfort and Safe Custody,* pp.270-1; *Journal of Mental Science,* 53 (1907), p.419

[190] Huxley, p.45

[191] *Maidstone Journal,* 8 November 1831

[192] *Kentish Gazette,* 23 April 1850

[193] KHLC-Q/GCL4 1866, p.20

handcuffs, leg stocks and a strait waistcoat. [194] This previous experience was undoubtedly a factor in his designation as the first superintendent of Kent Asylum and during the final phases of construction the architect, John Whichcord, regularly consulted with him on the finer points of detail. Thus he estimated the capacity of the beer casks necessary to slake the patients' thirst, suggested the installation of a plunging cold bath and advocated a reduction in space for the airing grounds as they were for the exclusive use of paupers who presumably were thought to require less exercise.[195] As outlined above, Poynder found it difficult to adapt to the new ideology of non-restraint in the late 1830s but he was nevertheless referred to as 'able and humane' by one J. Smith in 1839. He held sway over the asylum for a total of 13 years during which time issues or setons were discontinued and special wards created for noisy and contagious cases. He was also business-like in his approach to money, making requests for furnishings for his flat and an increase in salary. He was not seen as progressive. [196]

Of the three superintendents in office during the time frame of this thesis the second stands out as the most colourful and controversial. He is also the only one to be commemorated in the neighbourhood of the old asylum with a road, the James Huxley Avenue, named after him. Indeed, after his premature retirement in 1863 he lived out his days in the close vicinity of the site of his former labours, at 39 Upper Fant Road, Maidstone. Huxley retired at the young age of 42 on the verge of a breakdown, brought on according to Ronald Clark by the stress of looking after his frail and elderly parents and by the strain of caring for his patients.[197] To these possible causes I would add the adverse publicity of a public feud with the Commissioners in Lunacy and the timing of his younger brother's rise to fame.

Although employed by Kent county authorities Huxley could not be described simply as a servant of the state, rebelling as he did against the strictures of the governmental watchdog, the Commission in Lunacy. Yet neither was he a straightforward therapeutic agent, for despite having the welfare of his patients at heart, he was reluctant to relinquish the use of restraint and its accompanying control, believing instead that it was sometimes necessary to be cruel to be kind. He was a headstrong and independently minded physician who at times seemed to relish antagonising the Commissioners with his

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[194] Ann Bailey, 'The Founding of the Gloucestershire County Asylum, now Horton Road Hospital Gloucester, 1792-1823', *Trans. Bristol and Gloucestershire Archaeological Society,* XC (1971), p.186
[195] KHLC-Q/GCL3
[196] Anon., 'Provision for Pauper Lunatics', pp.63-5
[197] Ronald Clark, *The Huxleys* (New York: McGraw-Hill, 1968), p.74

inflammatory remarks in his annual reports. He was outspoken about their modus operandi, accusing them of 'ill-judged interference' in medical matters.[198] Not only was he censured for the use of restraint (see above) but also the practice of night waking, whereby a patient was awakened at night to avoid dirty habits, and the allowing of lunatics to lie on the floor proved to be bones of contention:

> 'Having lost their freedom as to the world external to the asylum, they
> must, also, lose the little independence left to their lives; even as to how
> they must proceed in the search for bodily comfort. They must expiate
> their misfortune in a life of perpetual drill; they must sit; they must walk
> around the estate of the asylum; they must work; but they must not do
> anything not in the miserable book of visitors'.[199]

Huxley warned his fellow superintendents not to submit to the exhortations of the Commissioners who demanded 'a slavish bowing down' as the 'best preparation of the soil, for their crop of encroachments'.[200] He accused the Commission of 'careless and culpable misrepresentation' of the state of affairs at Kent Asylum in order 'to condemn a noble institution'.[201] In the 1861-2 annual report he counted five examples of misrepresentation and took particular exception to the description of a woman 'left in a state of nudity for 12 months'. He said she had merely refused to wear a night gown in bed and he had not wanted to employ restraint to force her compliance.[202] This was Huxley's last annual report and it is highly likely that his bitter altercations with the Commission wore him down and contributed to the collapse of his health.

Also perhaps responsible was his brother's debate with Wilberforce on evolution and the subsequent public discussion. It was in 1860 that Huxley became a household name, the same year the Commission in Lunacy stepped up their censure of the asylum at Barming Heath: 'The entire condition of this asylum at present is so inferior to that of other establishments, and it is indeed so far behind the average state of such institutions throughout the kingdom'.[203] T.H. Huxley was renowned for his agnosticism and from an obituary in the *Gloucester Journal* we know that James shared his brother's religious views

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[198] KHLC-Q/GCL4 1861-2, p.31
[199] Ibid., p.29
[200] Ibid., p.33; N. Hervey, 'A slavish bowing down: the Lunacy Commission and the psychiatric profession 1845-60' in *The Anatomy of Madness,* vol.2, ed. by W.F. Bynum, Roy Porter and Michael Shepherd (London: Tavistock Publications, 1985)
[201] KHLC-Q/GCL4 1861-2, p.23
[202] Ibid.
[203] KHLC-Q/GCL4 1860-1, p.23

although they were not as pronounced.[204] The Commission in Lunacy was a religiously conservative body whose inception had been presided over by the staunch evangelist Lord Shaftesbury. Huxley's beliefs would not have endeared him to the Commission and it is tempting to conclude they were partly responsible for the latter's censure of him and his asylum. In 1863 Thomas Huxley, who brought up James's daughter Kate, wrote of his brother in a letter that 'James is as mad as a sane man can be' and that 'he had done with the asylum and was in a more human frame of mind than I have known him for a long time'.[205] Further contributing to James's near breakdown was also perhaps the fact that shortly before his retirement he was stabbed by a patient with a dinner fork. It was stated in the annual report for that year, written by his successor Kirkman, that 'fortunately an attendant was close at hand or a valuable life might have been sacrificed. The kindness with which all the patients speak of their late superintendent, adviser and friend and especially the inmates of this particular ward, proves that the man must have had some delusion respecting him'.[206] Huxley's anti-authoritarianism found renewed expression in his great-great-nephew, Francis Huxley, who counted R.D. Laing as one of his closest friends and who was director of studies from 1974 to 1982 at the latter's Philadelphia Association where the open display of psychotic experience was encouraged. One can only surmise what James, who defended the continued use of restraint under certain circumstances, would have made of that.

The disgraced Huxley was replaced in 1863 by Kirkman who was very popular with the Commissioners in Lunacy. Indeed, in 1864 the latter seemed to imply a direct comparison between the 'very unsatisfactory' condition of the asylum under Huxley and the positive state of affairs under the new directorship.[207] By 1872 they were enthusing about the 'progressive improvements' effected and still in progress at the asylum, attributing them to the 'activity and zeal of Dr Kirkman'.[208] His compliance with the Commissioners' recommendations contrasted sharply with Huxley's confrontational attitude but so too did his religious affiliation. William Kirkman was the son of John Kirkman, the longstanding superintendent of Suffolk Asylum who incorporated divine worship into his treatment and recovery programme. The latter believed asylums ought to

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[204] *Gloucester Journal,* 23 February 1907

[205] Eliza Huxley to T.H. Huxley, 8 June 1876, Edinburgh Huxley Papers, Imperial College, London 31.44; Huxley Papers, 6 May 1863, Family Correspondence Series ll (cataloguing in progress), Imperial College, London

[206] KHLC-Q/GCL4 1863, p.6

[207] *Eighteenth Annual Report of the Commissioners in Lunacy* PP 1864 (389), p.13

[208] *Twenty-Sixth Annual Report of the Commissioners in Lunacy* PP 1872 (279), p.148

be 'noble, religious institutions' where sacred truth was revealed and 'his mission was not just cure, but progression to a more godly state of being'.[209] William seems to have been a less zealous but still committed Christian. It was on his watch that the chapel was enlarged and an organ installed. The number of divine services was increased with one service in 1867 holding 350 patients, nearly half of the total asylum population. [210] All three superintendents were employees of the state and were instrumental in ensuring the asylum ran smoothly with good order maintained. There is no reason to question their devotion to their patients, whose welfare they had at heart, and so they could be said to be therapeutic agents. However, it should be noted that the timing of their tenure coincided with the considerable expansion of medical authority within society and in particular the consolidation of the power of alienists, arising largely from their pre-eminence within the newly established asylums. This power was partly derived from the growing relationship between them and the state and their shared role in disseminating social control. Only Huxley seems to have experienced a conflict of interests, often siding with his patients against the powerful inspectorate that was the Commission of Lunacy.

Conclusion

Many lunatics showed considerable improvement once removed from their illness inducing environment, often the family unit. Perhaps to be expected, therefore, is the relatively low average length of stay, 4 or 6 months for male patients and 6 months closely followed by 4 months for female patients for the time period August 1845 to July 1849. The median length of stay was 9.5 months for men and 8 months for women.[211] In 1874 the most common length of stay for both men and women was 3 to 6 months which was also the median length of stay. 77% of patients stayed less than a year compared with 58.4% in 1845 to 49.[212] Wright gives a figure of 73.8% of patients staying less than a year at Buckinghamshire Asylum in the years 1853 to 1872 but his median length of stay was considerably longer than at Barming Heath, between 10 and 15 months for men and over 20 months for women.[213] Wright and Ray have used such figures to assert that chronic cases did not accumulate in nineteenth century asylums to the extent commonly imagined

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[209] L. Smith, *Cure, Comfort and Safe Custody,* p.210
[210] KHLC-MH/Md2/Am1/4
[211] KHLC-MH/Md2/Ap1/3
[212] KHLC-Q/GCL4 1874, p.17
[213] Wright, 'The Discharge of Pauper Lunatics', p.102

by both contemporary and modern historians.[214] Scull in particular contended that these institutions were 'houses of perpetual detention', a conclusion which seems a little exaggerated as long periods of residence were the exception and not the rule. This is not to deny that asylums, Kent included, became overcrowded as the nineteenth century progressed. Indeed, in 1865 there were 108 more patients than the asylum was calculated to accommodate.[215] Moreover, many inmates must have become institutionalised. Of 415 admissions between 1845 and 1849 only 12 (2.9%) spent longer than 20 years in the asylum. Reading the case notes of these inmates is to be confronted with the monotony and interminability of life in an institution for the insane. Pages of entries were marked 'no change', 'no improvement' or simply 'idem'. Some were incarcerated for so long that no friends or relatives could be found at the time of their death whilst others spent longer within the asylum's walls than they had previously on the outside. The longest recorded stay (57 years and 10 months) was for a wandering lunatic named Emily Wilson, who despite her status was described as 'a respectable and intelligent looking young woman'. She was admitted in October 1848, aged 30, with a diagnosis of monomania and lived in the asylum until her death, aged 87, in 1906.[216]

This chapter has dealt with the in-patient phase of what Goffman called the 'moral career' of the mental patient. Features of this phase included alienation and mortification, regimentation and tyrannisation as well as a phenomenon known as 'looping', whereby any face-saving defence mechanisms, such as sullenness or expressions of contempt, were interpreted as signs of illness.[217] Goffman found these features in most total institutions of which Kent County Lunatic Asylum is an example. In March 1850 it was reported that patient Goodhew from ward number 9 had delivered a handwritten letter complaining of being retained in the asylum without cause which was to be discussed at the committee's next meeting in May. James Goodhew was a 72 year old butcher from Bexley who had been diagnosed with acute mania and hospitalised several times. In 1850 his symptoms were given as having the idea of 'grubbing up a large wood called Westwood and cultivating the ground, thereby relieving the payment of rates.' He had written unwelcome letters regarding the proposal to the bursar of the College of Oxford which had the lease of the site and had broken local windows. The medical officer who treated Goodhew did not

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[214] Ray, p.234
[215] KHLC-Q/GCL4 1865, p.5
[216] KHLC-MH/Md2/Ap25/3
[217] Goffman, p.155, p.42 and p.41

approve of him approaching the visitors about his detention behind his back and recorded in the case notes,

> 'after having been on excellent terms with myself he suddenly began to make written complaints….these he attempted to get out of the asylum clandestinely. They were brought to me and when I attempted to represent to him that his ideas were mistaken he became suddenly violent, intemperate in his language and angry'.[218]

This remark demonstrates not only the restrictions placed on patients' communication with the outside world but also the phenomenon of looping identified by Goffman. Goodhew's quite understandable righteous indignation was construed as proof of his illness and the need to detain him further. He was eventually released, recovered, in October 1850.

Very few first-hand testimonies as to what life was like in Barming Heath Asylum have survived. However, there are two letters in the archives which bear witness to opposing ends of the experience spectrum. The first one was attached to Huxley's annual report of 1861-2 and was an idyllic depiction of daily routine at Barming Heath, written by a patient to his mother:

> 'I write these few lines to you, hoping that by the blessing of God they may find you all well, as thank God they leave me a good deal better than I was when I came here….my doctors and keepers they have acted towards me with the greatest kindness. And the inmates of the asylum seem to be more sensible and try to help one another, than they did in the Union. And the provisions we have here are a great deal better than they are in the Union'.[219]

Sentiments of a contrasting nature were found in the many letters Frederick Hunter wrote to the Earl of Romney in the mid- 1840s. They contained a list of 180 grievances, including not being allowed to walk out with the keeper and having to put clothes outside his room at night. Hunter complained of this 'false imprisonment' and this 'incessant insult' and accused others of murdering him and destroying his life: 'I am by this imprisonment deprived of all the blessings of a social life attendant upon a right application of property, freedom and time'.[220] Another patient, Thomas Forbes, wrote to the Committee of

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[218] KHLC-MH/Md2/Ap25/3; KHLC-MH/Md2/Ap1/3
[219] KHLC-Q/GCL4 1861-2, p.32
[220] KHLC-U1515/OQL2-4 Romney of the Mote Manuscript 1848

Magistrates: 'None of you has done anything for me, nor given me ought'. He also composed religious verse:

> Self-will had lack'd the Saviour, up
>
> As me 'Insane', to hide the light
>
> And keep a house of slaves confin'd
>
> In Barming Heath Madhouse, we find.[221]

Complaints at being locked up were unsurprisingly quite frequent among inmates at Barming Heath with one visitor commenting on 'the ordinary morbid repinings at loss of liberty'.[222] In addition to loss of liberty there was the enforced separation from friends and family to contend with. Goffman has described the sense of betrayal felt by many mental patients on being locked up, 'the realisation –justified or not – that he had been deserted by society and turned out of relationships by those closest to him'. [223] For those who wished to see a familiar face visiting hours were restricted, just once a fortnight at the medical officer's discretion. Allowances were made, however, if the patient was physically ill or if visitors had come from a distance, in which case they would also be admitted for two hours on Sundays after church.[224]

The issue of wrongful confinement, extensively documented by Sarah Wise, was usually raised in connection with private asylums where those with money and property were confined and where a handsome profit was to be made.[225] Pauper lunatics were unlikely to be put away by scheming relatives keen to stop profligate spending or acquire a fortune but troublesome behaviour or violent domestic conflict might be cause to call in the authorities and seek committal. Jane Marsom, a single schoolmistress from Greenwich aged 45, pleaded to be discharged repeatedly after her admission in 1872 and thought she had been sent to the asylum to be kept out of the way, presumably by her sister-in-law who had told the admitting officer that Jane had run about the street soliciting people to dance with her and had lain down in the mud only to be brought home by a policeman.[226] There was particular scope for abuse when there were no witnesses to the unreasonable behaviour and when it was one person's word against another's. Harriet Foster's symptoms

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[221] KHLC-U1515/OQ/L4
[222] KHLC-MH/Md2/Am1/1
[223] Goffman, p.136
[224] KHLC-MH/T3/Ar4
[225] Sarah Wise, *Inconvenient People: Lunacy, Liberty and the Mad-Doctors in Victorian England* (London: The Bodley Head, 2012)
[226] KHLC-MH/Md2.Ap25/14

were recorded as 'imagines that her husband is sometimes out later than he should be and does not take care of his family'.[227] The word 'imagine' is significant. It is the choice of the medical officer taking notes and interviewing the new inmate and whoever had accompanied her to the asylum. It could be a statement of fact, the wife being delusional, but it could also be a sign of something more sinister, the husband asserting his power and prerogatives and consigning a complaining spouse to an institution for the insane. It is impossible to say. In the 1960s, Laing and Esterson exposed 'the cross-currents of affection, hatred and indifference' within families with a member suffering from schizophrenia.'[228] Although diagnosed and treated very differently the symptoms of mental illness were not dissimilar in the nineteenth century to what they are today, consisting of delusions (the content of which has changed dramatically due to technical advances), suicidal thoughts, mood swings and a propensity to violence to name but a few. It is therefore reasonable to conclude that many of the patients at Barming Heath were merely the weakest link in their familial constellation and that they had effectively been scapegoated by their dysfunctional relatives. Octave Mannoni, a Freudian analyst, even went as far as to say that 'their exclusion [had] a role analogous to that of human sacrifices in former times'.[229]

The asylum regime undoubtedly scarred those who experienced it. It sought to bring order into chaos, serving a dual custodial and restorative function. The pendulum swung back and forth between these two poles but on balance, I believe, the asylum's primary role was to correct socially unacceptable behaviour, eliminate it and restore the patient to society. That the asylum at Maidstone was relatively successful in doing this is reflected in the low figures for average length of stay, quoted above. If a patient conformed to the asylum's regulations and behaved appropriately inside there was every hope he or she would do likewise outside. Hence the notion of the asylum as a microcosm of society, alluded to at the outset of this chapter. Caudill noted that 'a psychiatric hospital may be thought of as a setting which provides the opportunity not only for the reorganisation of some aspects of individual personality, but also the opportunity to achieve a better understanding of relations between people'.[230] However, Goffman has suggested that many inmates felt contaminated by forced interpersonal contacts and forced social relationships in the institutional context.[231] As in wider society the asylum contained an

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[227] KHLC-MH/Md2/Ap1/1
[228] Laing and Esterson, backcover
[229] Mannoni, p.499
[230] Caudill, p.333
[231] Goffman, p.35

eclectic mix of personalities. Unlike wider society, however, it allowed no personal space to escape the annoying antics of fellow lunatics. It remained a highly artificial environment, separated from the real world by thick, high walls.

This chapter consists of two contrasting halves, namely the medical restrictions and treatments imposed on the inmate and the activities on offer to alleviate his or her predicament. I am aware that in detailing these activities, many of which would have been unfamiliar to the pauper lunatic, I may have inadvertently given the impression that Barming Heath was coterminous with Browne's ideal asylum mentioned in the opening paragraph. The staging of regular balls and theatricals as well as the playing of team sports and musical instruments may, if viewed in isolation, evoke a leisurely, peaceful establishment far removed from the conventional horrors of Bedlam. Indeed in his book *The British Anti-Psychiatrists* Oisin Wall cites T.P. Rees as saying that the mental hospitals of the future will all have been converted into holiday camps by 2056.[232] On a personal level I was once confronted with an acquaintance's envy at the activities on offer in a Swiss mental health clinic where I was confined. Whereas I could learn for free silk scarf painting and basket weaving, to name but two pursuits on offer, she had to pay dearly to attend courses in the same on the outside. However, I agree with Castel that this implementation of moral treatment was in essence a fassade, so organised that 'reason, as complete conditioning by rules, shall annul the disorder of the spirit and morals that is madness'. It was a 'manipulative technique' that pervaded the asylum on every level.[233] Unlike Browne, whose asylum was an oasis of contentment and voluntary occupation, lacking any repressive apparatus, this chapter has also sought to detail the harshness of residence in a real asylum: the presence of disease with socially challenging symptoms, the use of powerful medication and sedatives, the constant surveillance and the continued use of coercion in the form of seclusion and shower baths to enforce desirable behaviour and sometimes to punish. Most aggravating of all was the loss of liberty and privacy, the loss of control over one's everyday life in a place where, paradoxically, they sought to instil self-control. The two contrasting halves to this chapter reveal the contradiction inherent in asylumdom, namely its much publicised, curative, humanitarian image as opposed to its more prosaic custodial and punitive function. It is my contention that the latter controlling aspect is the more accurate.

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[232] Oisin Wall, *The British Anti-Psychiatrists* (Abingdon: Routledge, 2018), p.49
[233] Castel, 'Moral Treatment', pp.258-9

Chapter Six

The Asylum Regime: Departure

Introduction

In this chapter I will be examining how inmates exited the asylum, mostly by a discharge order but many of them in a coffin and a few as escapees or suicides. Departure from an institution for the insane has been less fully investigated in the historiography than admission or residence whilst archives give at most the date of release and then the patient is lost to view unless readmitted. However, in a 1999 article, Wright analysed the discharge of pauper lunatics from Buckinghamshire Asylum between 1853 and 1872 and disputed Scull's contention that a lunatic asylum was primarily custodial in function. He found that, in addition to England and Wales, a variety of other national contexts (Ireland, Switzerland, South Carolina, Australia, Quebec) exhibited relatively short stays for a high percentage of discharged patients, suggesting an internationally consistent rapid turnover of patients that refuted the image of the asylum as a custodial institution.[1] In 1981 Ray had also dismissed the 'spectre of chronicity' as overblown rhetoric. He examined the social meaning of discharge in the context of the 'impairment model' of madness, whereby the lunatic inhabited not a sick role but a stigmatised role in which identity was always impaired: 'Behaviour is to be maintained by social pressure to resemble normal behaviour as closely as possible'.[2] There was an element of social control to this model as the patient was judged recovered if he demonstrated the capacity to work and was considered harmless. By contrast, in 1985 J.K. Walton identified the very low cure rates at Lancaster Asylum mid-century and the infrequent cases of 'bringing back' someone from the asylum into the community. He concluded that 'this was a disastrous failure for the moral treatment system, which had begun with confident claims about the prospect of socialising the deviant, dissolute and depressed into sober, hard-working citizens'.[3] Walton wrote of a 'built-in bias against cures and discharges' in the asylum system which moulded increasingly dependent patients. When it did release someone, it did so 'suddenly and without resources, into a harsh and unfriendly world'.[4] In addition to examining discharges

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[1] Wright, 'The Discharge of Pauper Lunatics', pp.106-7

[2] Ray, p.244

[3] J.K. Walton, 'Casting Out and Bringing Back in Victorian England: Pauper Lunatics, 1840-70' in *The Anatomy of Madness,* vol. 2, ed. by W.F. Bynum, Roy Porter and Michael Shepherd (London: Tavistock Publications, 1985), p.142

[4] Ibid., p.143

from Kent Asylum in the light of these articles I will be considering other routes out of the asylum, notably death, suicide and escape. How common were they and what do they reveal about institutional life? Was suicide prevention about preserving life or was there an element of social control to it too? I will also be evaluating ex-inmates' social standing with particular reference to Goffman who wrote about the stigma suffered by ex-mental patients.

Recovery

The conventional way to leave the asylum and gain re-entry into normal society was through a discharge order. It was usually issued by the medical superintendent but visitors to the asylum, most notably the Commissioners in Lunacy, were also often approached with requests for release by disgruntled patients. Moreover, relatives could ask for the release of a family member, regardless of whether they were improved or not and there exists in the archives at Maidstone a letter case book for the years 1869 to 1872, full of correspondence requesting details of the state of mind of an incarcerated relative and enquiring into their possible release date.[5] Wright has suggested that few families sought the release of a member who was so violent as to be a danger to themselves or the community but William Deane's wife did exactly that in 1870.[6] Indeed, a good many requests were refused. Sometimes those requesting the discharge were either unrealistically optimistic or naively unaware of the state of health of their relative or parishioner. Thus in the same year Will Finlay was not returned to his family, having launched two attacks on fellow patients, cutting one badly on the forehead, whilst the clerk of Eastry Union, enquiring after the release of Harriet Archer, probably in a bid to save money, proved to be grossly ignorant of her condition. Dr Kirkman informed him: 'I am not sure the woman will recover at all either mentally or bodily. She is so exhausted that it requires strengthening medicines, wine and other nourishment to keep her alive'.[7]

Judging when a patient was fit to be at large again was not always straightforward and the responsibility to get it right was great. Unnecessary detention could wreck life prospects whilst premature discharge might result in readmission or even suicide. Mistakes were inevitably made. At the Kent Asylum the most notorious case of a bungled request for discharge by a family member was that of Sir William Courtenay, alias John Nicholls Tom,

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[5] KHLC-MH/Md2/Ap25/82 Oakwood Hospital, Letter Case Book 1869-72
[6] Wright, 'The Discharge of Pauper Lunatics', p.99
[7] KHLC-MH/Md2/Ap25/82

who was released into the care of his father against the superintendent's better judgement only to go on to lead a fatal affray in Bossenden Wood in 1838. Poynder, superintendent at the time, defended himself and the asylum from recriminations at great length in the pages of *The Times,* reprinted for local consumption in the *Maidstone Journal.* 'I have yet to learn how any blame can possibly attach to me in this case. With regard to the document under which Courtenay was discharged, I had no discretion left me to exercise' he wrote, alluding to the intervention of the Secretary of State in the case, overriding his own assessment that Courtenay was 'a most decided madman and a very unfit person to be at large'.[8] Poynder compared Courtenay's situation with that of another patient, 'a poor woman of the name of Usborne', also confined at Barming Heath. She had been indicted for stealing a coat but acquitted on the grounds of insanity. She remained in the asylum 16 months after being pronounced perfectly recovered and fit to be discharged and it was not until another medical certificate of her continued sanity, together with a strong letter from the visiting justices, was transmitted to the Secretary of State's office that a warrant was sent for her liberation. Both Courtenay and Osbourne were criminal lunatics, which meant the risk to society was considered higher than for ordinary lunatics, but the principle of dangerousness applied to all the insane.

One way of evaluating not only a lunatic's ability to cope with the outside world but also his level of conformity and integration was to grant a probation period of one month. Such was the case of Charles Brawley, a shoemaker from Rochester admitted in 1851, and Elizabeth Smith, a labourer's wife from Northbourne admitted two years earlier, both permitted to be absent on trial for 28 days before being definitively discharged.[9] Maria Marden was not so fortunate. Her 28 day trial absence from the asylum ended with her being readmitted in an overexcited state in 1846 for a further 17 years.[10] According to Wright, magistrates awarded an allowance to assist the patient's reintegration back into the community, chargeable to the parish of settlement.[11] Tonbridge Union even kept vehicles 'for the purpose of sending home recovered paupers under proper and trustworthy care when their home is at a distance from the asylum' and covered the expenses.[12] Quite often there were disputes about cost and who should pay, as in the case of Ann Cramp who, having been admitted in 1869, was discharged to Tenterden Union

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[8] *Maidstone Journal,* 28 August 1838
[9] KHLC-MH/Md2/Ap1/3
[10] KHLC-MH/Md2/Ap25/3
[11] Wright, 'The Discharge of Pauper Lunatics', p.98
[12] KHLC-TO/AM14

without her husband being informed. Not only did the husband believe his wife should be returned to him at the union's expense but there had also been a mix-up over Ann's clothes which had stayed behind at the asylum. These, taken from the patient on admission when a uniform was issued, were meant to be returned on discharge. Who bore the cost of uniting Ann with her apparel is not known.[13] However, it can be said with some certainty that unions were very mindful of costs incurred in providing for their lunatics. Sums spent were meticulously recorded and justified. Indeed, often it was the poor law officials who requested the discharge of a lunatic back into the workhouse in a bid to save money. Thus in 1848-9 the Greenwich Board of Guardians wrote to Huxley enquiring 'if in his judgement any pauper idiots or lunatics may be safely removed to the union house'. Huxley identified six.[14]

The lunacy reformers emphasised repeatedly the therapeutic aims of the asylum and the prospect of recovery for the insane within its walls. It was only in the latter part of the nineteenth century, when the promised cures failed to materialise, that they adopted a more defeatist attitude and acknowledged its custodial function. Throughout, recovery rates were of paramount importance and published regularly in the annual reports. They were seen as a barometer of an asylum's success or failure at returning its charges, their minds healed and their troublesome behaviour eliminated, to mainstream society. Historians have also computed their own figures and compared institutions. Thus Wright has calculated a figure of 51.6% discharges for admissions in England and Wales in county and borough asylums between 1854 and 1872.[15] In Kent the average percentage was somewhat lower, hovering around a third of all admissions. Thus in 1860 36% of patients admitted were discharged recovered.[16] In the years 1863 to 1872 discharge rates fluctuated between 20.22% in 1870 and 46.72% in 1864, the average being 34.9%.[17] The recovery rate for all admissions between 1833 and 1852 was 28.4%, rising to 39% if those discharged relieved and not improved are included in the calculation.[18] Compared with other studies, Kent was therefore performing below average. Wright found significantly higher rates (48.6%) at Buckinghamshire County Lunatic Asylum between 1853 and 1872 whilst Hunter's analysis of Colney Hatch in 1861 revealed a figure of 51%.[19] These figures

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[13] KHLC-MH/Md2/Ap25/82
[14] LMA-GBG 009
[15] Wright, 'The Discharge of Pauper Lunatics', p.99
[16] KHLC-MH/Md2/Ap1/4 Oakwood Hospital Admission and Discharge Register 1854-62
[17] KHLC-Q/GCL4 1872, p.4
[18] KHLC-Q/GCL4 1853, p.3
[19] Wright, 'The Discharge of Pauper Lunatics', p.101 and p.112 n.36

have been used to refute the custodial aspect of asylum care and the overt social control inherent in the system posited by Scull.

The asylum network covered all of England and Wales and superintendents exchanged information with each other on a regular basis either through private correspondence, the reports of the Commission in Lunacy or, after 1841, via the Association of Medical Officers of Asylums and Hospitals for the Insane and its publication the *Asylum Journal of Mental Science.* The Kent authorities were aware of their relatively poor performance but they offered neither explanations nor remedies, merely referring to 'our apparently low percentage of recoveries'.[20] The annual reports were records of fact and there were no official targets to meet. For the historian it is difficult to evaluate this poor performance at such a lengthy removal in time but it is likely due to either differences in calculation or more stringent criteria being used to classify someone as recovered. Moreover, Scull avers in his recently published *Psychiatry and its Discontents* that the average cure rate of nineteenth century asylums was approximately a third, making Kent's performance more in line with the national trend.[21]

The longer the stay in the asylum, the less likely the patient was to be released recovered, or indeed, to be released at all. There were, however, some notable exceptions such as Maria Marden, mentioned above, who suffered from mania but was discharged recovered after 21 years of confinement. She was reported to be a 'great gossip', a remark which gives a rare glimpse into a patient's character and suggests a certain resilience which enabled her to survive two decades of being locked away and still emerge in her right senses.[22] There were many cases of readmission, with patient names recurring in the admission register and case notes. Their exact figure fluctuated around a quarter to a fifth with 15.9% in 1854-5 and 22.7% in 1857-8.[23] Either they were released too early or, once back in their old environment, symptoms of lunacy had re-emerged, sometimes only after a delay of several years. Thus James Goodhew, whom we met complaining of unjust detention to the visiting justices, had been previously released from Barming Heath in January 1845 whilst George Postle, a 24 year old sailor from Woolwich, was readmitted five times between 1833 and 1839.[24]

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[20] KHLC-Q/GCL4 1871, p.4
[21] Andrew Scull, *Psychiatry and its Discontents* (Oakland CA: University of California Press, 2019), p.45
[22] KHLC-MH/Md2/Ap25/3
[23] KHLC-Q/GCL4 1857-8, p.18
[24] KHLC-MH/Md2/Ap1/1

Many lunatics had no prospect of recovery or release and Kirkman's estimate that in 1864, of a total asylum population of 698, only 50 (7%) were deemed curable seems at first glance to support Scull's assertion that asylums were being used as 'dumping grounds' for the chronic and unwanted insane.[25] However, that same year the superintendent quoted 46.7% of recoveries on admissions.[26] A year later 51% of admissions were discharged, 72% of them recovered.[27] These high figures raise the possibility that some patients were being released not fully recovered. A patient was considered recovered if he could lead a full and productive life integrated back into the social fabric of the community. An examination of those admissions for 1869 discharged recovered before the 1871 census was taken shows that 57% were still in Kent on census night, most of them living with their families. Of the remainder, 27% could not be identified based on the information given in the admission register and may have died or emigrated. The other 16% had moved away from the county or been admitted to prison. [28] There was a constant flux in the labour market in nineteenth century Kent and it is not possible to say whether the decision to move away was prompted by the wish to escape it being known they had been confined in the local asylum. However, not one ex-inmate was listed as lunatic in the census even though there was provision to do so. Also it is not possible to say whether these ex-patients were in actual employment on census night although one woman, Jane Austin, a 64 year old widowed charlady from Gravesend, listed her occupation as pauper indicating she had fallen on hard times since discharge.

For many inmates release from the asylum was as stressful and shameful as admission and residence. Not all ex-patients were welcomed back into the family fold or circle of friends with open arms. Thus Augusta Wapking's friends did not want her to return to their vicinity in 1869 as this would 'evoke memories of her previous condition and prevent her finding employment'. They urged her to settle anywhere else in the country but not in Birmingham 'where her past eccentricities are so well known', thereby practically disowning her and even suggesting she return to her native Germany.[29] The asylum authorities were very much aware of the difficulties faced by newly released patients, particularly with regards employment prospects, and at times actively tried to ease the transition. In October 1869 Superintendent Kirkman wrote to Dartford Union on behalf of a

[25] KHLC-Q/GCL4 1864, p.4;
[26] KHLC-Q/GCL4 1864, p.4
[27] KHLC-Q/GCL4 1865, p.3
[28] KHLC-MH/Md2/Ap25/12
[29] KHLC-MH/Md2/Ap25/82

female patient, Rosetta Saxby, admitted in 1869, to ask whether they could find her suitable employment either in needlework or childcare as it was not in her interests to return to the union or her father's.[30] Unfortunately the outcome is not recorded but the request showed that the asylum, whose unofficial aim was to mould useful members of society out of troublesome lunatics, was aware that its method of doing so – confinement – could be counterproductive at times as it carried with it a social stigma that put off many future employers. However, some employers showed themselves more understanding and there are in the archives some letters enquiring after the health of a former employee and their possible return to work. Thus Maria Papillon had employed Mary Amos as a cook prior to her admission to the asylum in 1869 and was keen to reengage her services if her health allowed. Similarly, the employers of Thomas Harris, collector of taxes at Gravesend and Milton Union, asked of Dr Kirkman when he would be able to resume his duties following his admission the same year.[31] For the majority of the patients, however, release from the asylum was as much a shock as admission and only in a few institutions did there exist philanthropic associations whose function it was to help newly discharged patients. Such was the Queen Adelaide Fund at Hanwell, set up in 1835 to financially aid former inmates and assist them find their former place in society, thereby preventing relapses.[32] There is no evidence such a fund existed at Maidstone. Thus on the whole there was no after care, no rehabilitation and, unless granted a 28 day trial absence, no gradual easing back into society with its duties and responsibilities.

Death

Scull famously posited that many patients locked away in institutions for the insane 'were simply left to rot'.[33] The outcome was, perhaps unsurprisingly, often fatal and in the early 1840s the Board of Guardians in the parish of Greenwich complained how lunatics were often transferred to the asylum 'in the last stages of exhaustion when they are past all hope of recovery and are literally sent to die'.[34] Of the 574 patients admitted to Barming Heath between 1845 and 1850 51% died in the asylum. [35] In 1844 the Metropolitan Commissioners in Lunacy compared death rates between the various public asylums. The

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[30] Ibid.
[31] Ibid.
[32] Hunter and MacAlpine, p.872 and p.884
[33] Scull, *Most Solitary of Afflictions,* p.289
[34] LMA-GBG 008
[35] KHLC-MH/Md2/Ap1/3

percentage of deaths to average numbers resident over the previous five-year period was 10.7% for Kent, the same as at Gloucester. The lowest rate was 9% at Middlesex and Nottingham whilst Norfolk had the highest rate of all of 19%. A comparison of cures and deaths to overall discharges for the same time frame showed that Kent had more deaths (50%) than cures (35%). For all other asylums, with the exception of Middlesex and Norfolk, the situation was reversed.[36] Superintendents also calculated their own mortality rates and recorded them in their annual reports. However, they were not always consistent in their method as sometimes they worked out the percentage of deaths on the total asylum population, sometimes on the mean daily average. The result could differ by over 2%, being higher when the mean daily average was used. Mortality rates fluctuated from year to year, reaching a high of 15% (on the mean daily average) in 1854-5 and a low of 6.3% (on the whole number treated) in 1858-9. In the years 1872 to 1874 they settled down to around 7% (on the whole number treated).[37] Also from the annual reports it is clear that male patients were more likely to die in the asylum than their female counterparts. Thus between January 1833 and July 1846 183 men and 94 women died whilst incarcerated.[38] In the year 1860-61 the ratio was 51:33 but in 1874 there was near parity, 58:56.[39] Thus even though women predominated in the asylum population from mid-century the number of male deaths was consistently higher.

Many patients came to the asylum in bad physical health, weakened by poor diet and meagre living conditions. In 1874 Superintendent Kirkman lamented the physical state of many admissions: 'Several of the patients admitted during the year have been received in an exhausted and sad condition and the removal of a few has been altogether unjustifiable; these last were admitted in a dying state and never rallied from the exhaustion which had been contributed to by long and tedious journeys'.[40] That year the biggest killer was maniacal and melancholic exhaustion (27%), followed by apoplexy and paralysis (18%) and epilepsy (13%). Other causes of death included fever, breast cancer, abscess, liver disease and bronchitis.[41] . In 1847, under Huxley's directorship, percentages had been not dissimilar with 48% dying from exhaustion, in many cases the direct consequence of mania, 'the patient being worn out by mere mental excitement, raving and violence', but in others due to old age or physical complaints such as lung disease. 29% died

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[36] *Report of the Metropolitan Commissioners in Lunacy* PP 1844 (001), p.189
[37] KHLC-Q/GCL4 1874, p.4
[38] KHLC-Q/GCL4 1847, p.2
[39] KHLC-Q/GCL4 1860-1, p.5 and 1874, p.12
[40] KHLC-Q/GCL4 1874, p.7
[41] KHLC-Q/GCL4 1874, p.17

of paralysis, 15% of epilepsy and 2% of heart disease.[42] The poor physical state of many of the asylum's inmates led Scull to conclude that it was being used as a

> 'dumping ground for a heterogeneous mass of physical and mental wrecks – chronic alcoholics affected with delirium tremens or, with permanently pickled brains, reduced to a state of dementia; epileptics; tertiary syphilitics; consumptives in the throes of delirium; cases of organic brain damage; diabetics; victims of lead or other forms of heavy metal poisoning; the malnourished; the simple-minded; women exhausted and depressed by the perpetual round of pregnancy and childbirth; and those poor worn-out souls who had simply given up the struggle for existence'.[43]

It is open to question whether insanity exacerbated physical ailments or whether bodily conditions added to mental distress. Cathy Smith has noted that 'there was….acceptance over time and between medical men that insanity made its sufferers vulnerable to other diseases and vice versa'.[44] A host of specialists, from Pinel, Esquirol, Samuel Tuke, Prichard, Farr and Thurnam, to Bucknill, Daniel Hack Tuke, Bodington and Crichton-Browne never disputed the link between insanity and other organic diseases.[45] Crichton-Browne believed that medical knowledge had made it 'more and more apparent that a bodily derangement is responsible for every mental disorder and that a mental element mingles with every bodily disease', a statement that echoes Maddock's epigraph to his 1854 treatise on mental and nervous disorders: 'the body and mind are like a jerkin and a jerkin's lining – rumple the one and you rumple the other'.[46] There was a fierce debate in the nineteenth century between those who saw the origins of insanity in moral, that is psychological, causes and those who looked to its organic genesis. This split spilled over into discussion of the implications of death by insanity, a topic which at that time raised delicate and controversial questions about the nature of the soul. Burrows asked in 1828 whether the insane could die of sheer insanity and answered in the affirmative whilst in 1835 James Cowles Prichard believed that 'insanity is not to be reckoned among the diseases which are very dangerous to life'. He thought that death, when it came, was

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[42] KHLC-Q/GCL4 1847, p.5
[43] Scull, *Most Solitary of Afflictions,* p.372
[44] Cathy Smith, ''Visitation by God': rationalizing death in the Victorian asylum', *History of Psychiatry,* 23 (2011), p.110
[45] Ibid.
[46] Ibid.; Maddock erroneously attributed the quotation to Shakespeare when it is in fact from Laurence Stern's *Tristram Shandy*

purely organic in nature.[47] As the nineteenth century progressed there was an increasing endeavour to portray insanity as a medical condition that came under the jurisdiction of the newly emerging discipline of psychiatry. As a result somatic-pathological rather than psychological approaches to mental illness were more and more preferred.

The reduction in deaths from exhaustion between 1847 and 1874 was attributed by a visitor to the asylum in 1875 to an increase in the number of post-mortems which allowed of a more precise allocation of cause of death.[48] These were only carried out with the consent of the relatives. From around the time of Kirkman's tenure as superintendent the Commission in Lunacy had pressed for more post-mortems in asylums and cited Kent, along with Nottingham, Dorset and Lincoln, as institutions lagging behind the national average of 61% in 1873.[49] In 1870 they had stated in their report:

> 'Whether as a means of discovering injuries which patients may have received, and, by the known certainty of detection, tending to check acts of violence on the part of attendants; or with the all important view of advancing the knowledge of the pathology and treatment of the various forms of insanity; we think that the practice of making post-mortem examinations should, as far as possible be everywhere the rule, and not, as in many instances, the exception'.[50]

In 1874 there were just 7 post-mortems at Kent Asylum whereas a year later there were 54. A visitor to the asylum noted that 'this result is remarkable proof of the necessity for such examinations wherever possible'.[51] However, since September that year the practice had been discontinued as the superintendent had no time to perform them: post-mortems were obviously not a priority for the medical staff at Barming Heath. Yet another visitor that same year remarked that 'if the medical staff is not strong enough to enable them to make post-mortem examinations it should be strengthened' and he proposed hiring a third medical officer.[52]

This preoccupation with post-mortems in the last decades of the nineteenth century reflects the increasing readiness to attribute lunacy to bodily dysfunction. However, pinpointing the somatic origin of insanity (the 'tyranny of organisation' as

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[47] C. Smith, p.107 and p.109
[48] KHLC-MH/Md2/Am1/4
[49] *Twenty-Eighth Annual Report of the Commissioners in Lunacy* PP 1874 (284), p.25
[50] *Twenty-Fourth Annual Report of the Commissioners in Lunacy* PP 1870 (340), p.31
[51] KHLC-MH/Md2/Am1/4
[52] KHLC-MH/Md2/Am1/4

Maudsley put it) proved elusive as very few dissections of the brains of those suffering from madness exhibited concrete evidence of any disease of that organ, just as in modern times no chemical imbalances have ever been shown to exist in the brains of the mentally ill despite claims of the big pharmaceutical companies.[53] This is to my mind an indication that mental illness is, as the anti-psychiatrists averred, primarily a social phenomenon. Recently Wallis has documented how doctors at the West Riding Asylum examined in minute detail the body at various interfaces (skin, muscle, bone, brain, fluid) hoping to gain insight into the etiology of mental disease. Quoting the West Riding superintendent, James Crichton-Browne, she states as her aim the elevation of the scientific to parity with the social as approaches to the study of insanity.[54] I would argue, however, that it is not the biological element that has been hitherto neglected but rather the social aspect even though moral management operated on a psychosocial level. It was not until the anti-psychiatry movement of the mid-twentieth century that the view of mental illness as a social construct began to be taken seriously.[55] Yet whilst Laing and Esterson were able to demonstrate that symptoms such as delusions, thought disorders and paranoia were often rooted in the patient's immediate social environment, usually the family, it is nevertheless harder to detect a social cause for conditions such as brain lesions, neurological disorders and GPI. These are, however, no longer classed as mental illnesses.

In the case of the death of a patient, the parish and relatives (listed in that order in the regulations) were to be notified. If requested, the body was to be delivered to either union or family but if not removed it was to be buried under the direction of the superintendent on the fourth day after death.[56] Mary Hogg's body was handed over to her family and she was buried in her home town of Faversham. Those who were not claimed were interred at the burial ground in Maidstone, the asylum itself having no cemetery of its own until 1871. Indeed, as Philo has detailed, the presence of cemeteries in asylum grounds was a contentious issue with the Lunacy Commission expressing a preference for off-site burials from the early 1860s.[57] Reasons given included medical criteria, notably health risks arising from too-close proximity of the living to the dead, and 'a lingering moral concern' about the possible harmful effects of a burial ground too readily visible to

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[53] Skultans, pp.206-7; Burstow, *Psychiatry and the Business of Madness,* p.168
[54] Wallis, p.7 and p.229
[55] See Staub, *Madness is Civilisation: When the Diagnosis was Social 1948-1980*
[56] KHLC-MH/T3/Ar4, p.13
[57] Chris Philo, 'Troubled proximities: asylums and cemeteries in nineteenth-century England', *History of Psychiatry,* 23 (2012), p.97

patients.[58] However, exceptions were made as in the case of Kent Asylum where 'inconvenience and expense….had long been felt of taking the funerals to [a] cemetery through the town of Maidstone, a distance of four miles'.[59] A cemetery was thus opened in 1871 in Oakapple Lane, away from the main buildings of the asylum and the chapel of St Saviour's. It still exists today, maintained by Maidstone Borough Council and when I visited it had a very forlorn, abandoned quality about it. A few headstones remain, including some of erstwhile attendants but the greater part of this large plot of land is filled with unmarked graves, the final resting place of many of the asylum's inmates. In 1871 68 patients out of a total of 119 deaths (57%) were buried at the new asylum cemetery. Of these 17.6% were in their twenties at the time of death, roughly the same percentage as those over 70.[60] Alienists debated whether insanity reduced life expectancy. Bucknill and Tuke, along with Prichard, suggested age of mortality did not necessarily indicate that madness shortened life but some commentators, notably Burrows, found it difficult to reconcile long life in insane patients with the increased propensity to other diseases.[61] Leonard Smith has noted that the statistician William Farr demonstrated in 1841 the high mortality of lunatic asylum patients compared with the general population. He also quoted Lockhart Robertson as stating that 'the prognosis, as to the expectancy of life, is directly and materially reduced by the mere presence of mental disease'. A lunatic was twice as likely to die than a sane person.[62]

In addition to the risk of succumbing to either insanity or some associated bodily ailment, there was also the ever present danger, for lunatics and staff alike, of contracting an epidemic disease. There were two cases of cholera in 1854-5 whilst in the Main Building in 1867 there were 10 cases of typhoid which claimed the lives of one nurse and one female patient. Kirkman wrote in his annual report that year that Nurse Elizabeth Albury, 'a valuable attendant', had caught the disorder whilst 'in the faithful discharge of her duties'.[63] Also in 1867 smallpox was introduced to the asylum from Tonbridge Union but it was successfully contained by quarantine and vaccination.[64] Dysentery carried off 7 patients in 1854.[65] Indeed, that same year Huxley emphasised the need for thorough

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[58] Ibid., p.98
[59] *Twenty-Fourth Annual Report of the Commissioners in Lunacy* PP 1870 (340), pp.15-16
[60] KHLC-MH/Md2/Ap15/1 Oakwood Hospital Register of Burials 1871-94
[61] C. Smith, p.110
[62] Leonard Smith, 'Welcome release: perspectives on death in the early county lunatic asylums, 1810-50', *History of Psychiatry,* 23 (2012), p.118
[63] KHLC-Q/GCL4 1854-5, p.31 and 1867, pp.4-5
[64] KHLC-Q/GCL4 1867, pp.4-5
[65] KHLC-Q/GCL4 1854, p.37

ventilation, good and plentiful food and warm clothing in order to prevent the spread of epidemics in what was a confined and often overcrowded space.[66] His preventative measures must have had a positive effect as fatalities from epidemic diseases were somewhat lower at Barming Heath than in other similar institutions such as West Riding Asylum where cholera alone carried off 106 patients in 1849.[67]

Death, or serious injury, from random acts of violence by patients was also an ever present risk in a lunatic asylum. In 1851 Henry Hills beat his roommate John Hubble over the head with a tin chamber utensil and killed him. The keeper on ward 11 heard cries and unlocked the door of ward 13 to find Hills hitting the deceased with a blood stained pot that had the handle broken off. Huxley had examined both men the day before: Hills had been quiet for several months although when first admitted he had been treated on the noisy ward for a violent attack of mania. Had any change been noticed in his behaviour or mood he would have been removed to a single room to sleep by himself. The deceased was an inoffensive man, depressed in spirits and fearful for the salvation of his soul and the attack was unprovoked. An enquiry into the death recommended chamber utensils be made in future from the more pliable rubber-like gutta percha instead of tin whilst a reporter for the *Kentish Gazette* entitled an article about the incident 'Murder by a Lunatic' and described it as 'an act of pure insanity'.[68]

Admittedly this was an extreme case but the records contain many references to assault by patients on colleagues and staff alike. In 1840 George Lovell nearly bit off a man's finger whilst the following year Robert Waters felled a medical officer with a heavy blow and wounded his keeper in the thigh.[69] Violence was often the result of acting on a delusion. Many acts of violence were spontaneous but some were premeditated as when a patient ground up the bone on the handle of a knife to a point and used it as a dagger to attack an attendant who incurred serious scalp wounds in 1857.[70] Motives for attacks thus often included resentment at being confined and ordered around and assaults could be perpetrated by women as well as men. For example, in 1871 Lydia Wilson tried to break the medical officer's watch and strike him too whilst the year before Susannah Faviant fell over but accused the nurse of pushing her.[71] Most serious violence in the asylum was perpetrated by men, however. Given the fact that a large number of behaviourally

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[66] KHLC-Q/GCL4 1853-4, p.41
[67] L. Smith, 'Welcome release', pp.120-21
[68] *Kentish Gazette,* 2 September 1851
[69] KHLC-MH/Md2/Ap1/1
[70] KHLC-Q/GCL4 1857, p.27
[71] KHLC-MH/Md2/Ap25/14 and Ap25/12

challenged individuals, often with volatile personalities and prone to angry outbursts, were confined together in a relatively small space it is remarkable that there were not more fatalities like Hubble.

Suicide

In 1843 roughly 30% of the asylum population at Barming Heath near Maidstone was recorded as suicidal on being admitted.[72] This was in keeping with the national average ascertained by the Commissioners in Lunacy in 1882 (27.4%) although considerably higher than the figure for Buckinghamshire asylum quoted by Shepherd and Wright (19.5%).[73] Savage, himself an asylum superintendent, thought that not more than 5% of admissions were 'actively suicidal', which he defined as 'patients who have made serious attempts on their lives and are likely to repeat them'.[74] Between June and August 1873 22 actively suicidal patients were admitted to Barming Heath.[75] The asylum population on 1 January was 1223 so if the figure of 22 is spread evenly across the year at least 7.1.% of patients admitted had actually tried to kill themselves.[76] These included Agnes Cottrell from Woolwich who believed she belonged to the sea king and that no water was too deep for her. She had tried to drown herself saying she could live under the water. Also actively suicidal was Jane Rochfort Hooper from Greenwich who had tried to cut her throat in the asylum with a pin. She was delusional about cats, talking to them when they were not there and ringing neighbours' doorbells at six o'clock in the morning, threatening them with the police and asking for the cats. She believed she had seen an old cat doing needlework in the street and said she had sent for 'her majesty by the sparrows to have it killed'.[77] Unlike the many suicides in the community who often showed few signs of mental derangement prior to their act (examined in the final chapter), these were truly delusional and insane patients whose suicide attempts were accompanied by full blown symptoms of lunacy. It is curious that all admissions to the asylum were regarded as potentially suicidal (there was a separate entry in the admission register to note suicidal propensities) but not all suicides in the community were deemed insane. Indeed, in 1874 the editor of the

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[72] KHLC-MH/Md2/Ap1/2
[73] *Thirty-Sixth Annual Report of the Commissioners in Lunacy,* 1882 (357), p.51; Anne Shepherd and David Wright, 'Madness, Suicide and the Victorian Asylum: Attempted Self-Murder in the Age of Non-Restraint', *Medical History,* 46 (2002), p.183
[74] G.H.Savage, 'Constant Watching of Suicidal Cases', *Journal of Mental Science,* 30 (1884), p.17
[75] KHLC-MH/Md2/Ap25/15 Oakwood Hospital Case Notes 1873-75
[76] KHLC-Q/GCL/4 1873, p.9
[77] KHLC-MH/Md2/Ap25/15

Maidstone Journal pointed out the irony of the legal status of suicides: 'It is rather peculiar that in these days a man who succeeds in committing suicide is usually pronounced a lunatic, whilst those who fail are treated as criminals'.[78]

York has distinguished between two contemporary viewpoints on the issue of suicide: the 'standard' view and the 'psychiatric' view. The former, which prevailed, held that suicides were the result of an altered state of mind caused by temporary emotional upheaval. This was, in age when suicide was considered criminal, the basis for the verdicts of temporary insanity returned in numerous inquests across the country at this time. By contrast, the minority psychiatric view espoused by the medical officers at Barming Heath averred that all suicides were insane.[79] Part of the standard view's popularity was the distinction it made between certifiable lunacy and a passing aberration: 'families who would have been happy with an inquest verdict of *non compos mentis* were unwilling to accept a diagnosis of psychogenic insanity from a doctor, knowing that the two were wholly different things'.[80] It would seem there was marginally less stigma attached to a suicide than to the inmate of a lunatic asylum.

Huxley observed that 'to the determined suicide opportunity need never be long wanting'.[81] As medical superintendent he assumed responsibility for his patients who had been legally compelled to reside within the asylum. He was accountable for their well-being and safety. This 'transfer of accountability from patient to staff' was evident in the admission procedure when the suicide risk was assessed and the necessity of preventative efforts ascertained.[82] Most importantly it was determined where and with whom the new patient would sleep. This was crucial as it was deemed highly unlikely that someone would commit suicide if others were present. The question of night supervision was a bone of contention for the Commissioners in Lunacy who censured the asylum in 1859 for not having in place special arrangements.[83] Indeed, there were no regular night staff up until 1863 when two night attendants were appointed, increasing to three in 1865. This was in the Main Building, housing 482 patients. In the Additional Building there was no night

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[78] *Maidstone Journal,* 12 January 1874

[79] Sarah York, 'Suicide, Lunacy and the Asylum in Nineteenth Century England' (unpublished PhD thesis, University of Birmingham, 2009), pp.49-62

[80] R.A. Houston, 'Explanation for Death by Suicide in Northern Britain during the Long Eighteenth Century', *History of Psychiatry,* 23 (2011), p.61

[81] KHLC-Q/GCL4 1853-4, p.34

[82] Brian, p.605

[83] *Twelfth Annual Report of the Commissioners in Lunacy,* 1857-58 (340), p.16

attendance even then.[84] The risk of suicide at night was considered particularly high. As York has commented, it was then, observed by a reduced number of attendants and his mind unoccupied, that the suicidal patient was more likely to fixate on thoughts of self-destruction and act on his desire.[85]

One incidence of a suicide committed at night was that of Mary Botting who, in 1854, hanged herself with a blue-checked apron secreted in her mattress and attached to a small piece of wood projecting from the window sill in her room where the plaster had worn away.[86] It was the first suicide at the asylum for six years and occurred in women's ward number 3 in a single sleeping room shortly after the deceased had retired for the night. All the appropriate precautions had been taken such as removing clothes from the room to prevent Mary using them to hang herself. However, the secreted apron had been stolen and hidden away, suggesting a premeditated rather than an impulsive act. In the admission register she was listed as 'not suicidal', having prior to her detention tried to injure her 12 year old daughter with a poker but not harm herself. During the twelve days she spent at the asylum before her death she had not shown any disposition to injure other patients but, nevertheless, Huxley felt it was not safe to let her sleep with others until she had been fully assessed. Had she lived and continued as before she would shortly have been placed in a six bed dormitory on the ward. Huxley informed the Commissioners that although it was practice for suicidal patients not to sleep alone, this was not the case for new admissions and the presence of others was in any case not necessarily a deterrent: he could mention several suicide attempts that had occurred 'publicly', for example in the airing yard. Mary Botting had never attempted suicide before but had suffered unpredictable mood swings. After the discovery of her body at 7.30am when the nurse on duty unlocked her room, Huxley was immediately sent for and all similar projecting ends sawn off as soon as possible in the other 12 wards of the Main Building. Not until 1862 did sudden or suspicious deaths occurring in a lunatic asylum have to be reported to the coroner but there was in 1853 an inquest into Mary's death which concluded unsurprisingly 'hung herself during insanity'.[87] There were five witnesses: Huxley and five nurses who had been involved in the deceased's care the night she died. The Commissioners in Lunacy also held their own investigation into the occurrence and there ensued a lengthy correspondence between Huxley and Whitehall. The Commission, not yet condemning

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[84] KHLC- Q/GCL4 1870, p.60
[85] York, 'Alienists, Attendants and the Containment of Suicide', p.330
[86] KHLC-Q/GCL/4 1854, pp.32-36
[87] Olive Anderson, p.18

Huxley for the state of his asylum, accepted his handling of the case and merely wanted clarification of the details. Blame was not assigned.[88]

Very few suicides were actually committed in the asylum at Barming Heath. In 1860-61 there were two, a high number, one by hanging and one by cut-throat. This was out of an asylum population of 624 patients (0.3%).[89] In Kent as a whole in the same year there were 68 inquests with a verdict of suicide out of a population of 733,675 (9.3%), revealing a discrepancy between the fate of suicidal persons in the community and in the asylum.[90] That there were so few suicides in the asylum (Anderson quoted a figure of 0.63% in county and borough asylums nationwide) was first and foremost due to the vigilance of the attendants entrusted with the lunatics' daily care.[91] As Wynn Westcott, deputy coroner of Middlesex, observed 'nothing but a constant and lynx-eyed survey will prevent the self-destruction of a large proportion of lunatics, when they have a wave of suicidal tendency passing over their minds'.[92] A high ratio of keepers to patients was thus essential, especially after the abolition of restraint, and at Kent Asylum in 1840 the ratio was 1:15 which compared with 1:24 at Lancaster and 1:11.5 at Surrey.[93] This continuous hovering presence rendered the attendants akin to guards and spies for many inmates but for the truly suicidal, whose number was probably exaggerated, this surveillance could be life-saving, if intrusive as a patient's demeanour and conversation were closely monitored for any change that might signal a propensity to self-harm.[94]

The successful role of attendants in suicide prevention is illustrated by the case of a patient at Barming Heath who, on day release from the asylum to visit friends in 1868, seized the opportunity of not being watched to throw himself under a train.[95] York has described how attendants were expected to foresee potential dangers within the asylum environment and take appropriate preventative action. Thus not only was clothing removed at night but cutlery was meticulously counted after meals. Particularly hazardous was the manual and domestic work encouraged as a practical means of distracting patients from morbid or delusional thoughts as it exposed them to surroundings laden with

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[88] KHLC-Q/GCL4 1854, pp.32-6
[89] KHLC-Q/GCL/4 1860-61, p.22
[90] *Judicial and Criminal Statistics* PP 1860 (2692), p.76
[91] Olive Anderson, p.403
[92] Wynn Westcott, *Suicide: Its History, Literature, Jurisprudence, Causation and Prevention* (London: H.K. Lewis, 1885), p.128
[93] KHLC-U/1515/OQLL1
[94] Savage, p.17
[95] KHLC-Q/GCL4 1868, p.4

dangerous tools and greater liberty.[96] Indeed, in 1852-3 a male patient attempted suicide whilst working on the farm. He wounded himself on the throat with a hay knife making a large but thankfully superficial cut.[97] As far as possible the entire asylum was rendered suicide proof with furniture screwed to the floor and windows and fireplaces secured. Even with these precautions, if an attendant was found to be negligent he or she could be dismissed, so the nurse who left the widow open allowing Sarah Johnson to commit suicide in June 1833 was lucky to get off with a severe admonishment to be more careful in future.[98] However, attendants were not immune to mental derangement themselves. In 1861 a keeper at Dr Lowry's at West Malling, Edward Thomas Phipps, killed himself by drowning in a pond. He had worked in the asylum for six years and was described at the inquest as 'an honest and trustworthy servant' who had always censured suicide as foolish.[99]

In contradistinction to York who contended that prevention and protection of suicide were more important than control and custody, I believe that suicide was perceived very much as a threat to the established bourgeois order and the authorities sent out a clear message that, despite its ongoing secularisation and medicalisation, it was not an acceptable course of action.[100] The religious dimension with its vocabulary of sin, extensively documented by Michael MacDonald, had largely faded and was replaced by that of an earthly transgression in which the individual concerned had failed to fulfil his obligations to society, depriving it of his valuable labour.[101] There was thus an element of social control about the policing of suicide and this extended into the asylum where intense scrutiny and discipline aimed to remodel lunatics, the suicidal included, into industrious, well-behaved members of the wage labour market and family unit, reintegrating them back into the very society that had spawned their illness in the first place.

For a few, this prospect was bleak enough to push them to successfully take their own lives, an act which Szasz, writing in the 1960s, the decade which saw the decriminalisation of suicide, controversially viewed as a basic human right.[102] Szasz continued publishing well into the new millennium and defended the individual's right to

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[96] York, 'Alienists, Attendants and the Containment of Suicide', pp.337-8

[97] KHLC-Q/GCL4 1852-3, p.22

[98] *Kentish Gazette,* 11 June 1833

[99] *Maidstone Journal,* 29 October 1861

[100] York, 'Suicide, Lunacy and the Asylum', p.341

[101] Michael MacDonald, 'The Medicalisation of Suicide in England: Laymen, Physicians and Cultural Change, 1500-1800', *The Milbank Quarterly,* 67 (1989); Michael MacDonald, 'The Secularisation of Suicide in England 1660-1800', *Past & Present,* 111 (1986)

[102] Staub, p.106

end his or her own life at some length in an article in 2003: 'the right to kill oneself is the supreme symbol of personal autonomy' he wrote, adding that

> 'we are too uptight about suicide to recognise that killing oneself is sometimes a reasonable and right thing to do, sometimes an unreasonable and wrong thing to do, but that, in either case, it ought to be treated as an act that falls outside the scope of interference by the state'.[103]

Szasz recognised that supporting a right to suicide might seem uncompassionate but contended that this view was the result of seeing suicide as caused by depression which was a kind of unnecessary, curable unhappiness.[104] Although not usually associated with each other, Szasz came close to Laing's view of madness as a journey when he stated that 'conflict, disagreement, unhappiness, the proverbial slings and arrows of outrageous fortune are challenges that we must cope with, not solve'.[105] Intervening to prevent someone from committing suicide was for Szasz an involuntary psychiatric act and as such a violation of a person's rights and liberties. Only mutually consenting psychiatric encounters between adults, such as a distressed individual actively seeking therapy or voluntary committal, could be condoned. To treat and cure a suicidal patient against his or her will was, according to Szasz, to belittle and disempower. Although he was writing about contemporary American society his comments are relevant to the period under consideration in this thesis.

The nineteenth century did not have lobotomies, ECT and the wide range of pharmaceutical drugs we have today to impose on its insane but there was still plenty of coercive practice within the asylum walls. For example, force feeding was widespread to stop patients starving themselves to death in a protracted act of suicide. At Barming Heath Huxley wrote an article for the *Asylum Journal* on the subject, citing two cases, one successful, the other not and elaborating on the 'rule of kindness' in which the medical practitioner had to be cruel to be kind.[106] At Fort Pitt it was stated in an annual report that 'the steps taken [to force feed][were] very much those adopted to give an obstreperous

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[103] Thomas Szasz, 'Psychiatry and the Control of Dangerousness: On the Apotropaic Function of the Term 'Mental Illness'', *Journal of Social Work Education,* 39 (2003), p.378
[104] Ibid., p.379
[105] Ibid., p.376
[106] James Huxley, 'The Treatment of Melancholia with Refusal of Food', *Asylum Journal,* 13 (1855), pp.198-99

child medicine and some lunatics have to be treated precisely as if they were children'.[107] Needless to say, Szasz would have profoundly disagreed with these statements of medical prerogative which allied themselves to the coercive apparatus of the state.

Escape

Closely linked to the notion of liberty and the right to do with one's life and body as one chooses, is the issue of escape. The asylum was to all intents and purposes a prison. The inmates were not there by choice and could not leave, or indeed walk outside, without permission. Many of the inmates were guilty of nothing more than antisocial behaviour and had been locked up until they mended their ways. It was thus hardly surprising that a considerable number of lunatics voted with their feet and sought to flee the suffocating custodial regime of the asylum where intense surveillance monitored their every move and mood. More patients escaped than committed suicide. Huxley prided himself on there being so few escapes, due, in his opinion 'less to the watchfulness exercised in order to their prevention, although that is unceasing, than to the great amount of freedom permitted to many patients within the bounds of the premises, to the knowledge which convalescents have of the certainty of their due discharge and to their own good sense in patiently avoiding precipitate acts, to the relief occasionally afforded by walking out, and generally to the trust reposed in their good faith in the simple guarantee of their own promise'.[108] The year Huxley made this statement, which is almost Foucauldian in its recognition of the self-policing of patients, there were 9 escapes out of an asylum population of 713. That same year there was one attempted suicide, although a far larger number were recorded as suicidal on admission, a discrepancy which suggests the label may have been used to justify detention.

Most escapes were made by patients whilst outdoors, either when on the farm, playing cricket or attending the summer entertainment, there being a dense wood adjacent to the asylum grounds and no boundary wall.[109] In February 1847, George Ryan escaped by picking some locks and was never seen again.[110] Usually escapees were retaken soon after they had absconded although one man got as far as Northumberland in 1856.[111] In 1852 a criminal lunatic who had let himself down from his room on the first floor with a sheet was

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[107] Annual Reports Fort Pitt, p.251
[108] KHLC-Q/GCL4 1853-4, p.27
[109] Ibid.
[110] KHLC-Q/GCL4 1847, p.22
[111] KHLC-Q/GCL4 1856-57, p.26

swiftly retaken and the same year another male patient remained in the woods all night in a state of near nudity only to be brought back suffering from hypothermia.[112] Some escapees were so tortured by their confinement that they exacted revenge. Thus in 1868 the Commissioners in Lunacy noted in the Visitors' Book that drinking water had been poisoned by an escaped lunatic.[113] Most inmates who escaped were male, but in December 1861 a female patient, M.A.C., escaped over a 10 foot high airing ground wall abutting a public road. It was noted that 'this patient possesses a cat-like agility and is always climbing'. She was immediately recaptured.[114] The asylum stamp on clothing aided the retrieval of escaped lunatics and without help on the outside and somewhere to go, most attempts were doomed with search parties dispatched and the missing hunted down like dangerous escaped convicts. Descriptions were even posted abroad and the police notified to aid recapture. Thus Henry Seale who escaped on 6 July 1869 was described as 'a stoutish man, about 5 ft 6 in tall, grey hair, slightly bald, age about 51'. Similarly, that same year a description of two female escapees, Mary Bradshaw and Mary Ann Taylor, was telegraphed to the superintendent of police at Maidstone with details of their clothing, which they had been canny enough to change from the asylum uniform to dark linsey dresses with plaid shawls and black and white straw bonnets.[115] The details of appearance noted on admission thus came into their own if a patient escaped as photography was not used at the asylum until late in the century. If an escapee remained at large for a fortnight he or she was considered discharged.

It is not easy to compare the number of escapes from different institutions as not all superintendents referred to the fact in their annual reports. However, at Cheshire Asylum in 1864 there were 2 escapes out of a total population of 437 whilst at Littlemore in 1849 there were 3 out of 233.[116] In 1866 at Norfolk Asylum Dr William Hills, the superintendent who had previously worked as a medical officer at Barming Heath, wrote that there had been 'very few' escapes that year, remarking that patients were treated liberally when it came to going outside, an approach he had perhaps taken with him from his time in Kent serving under Huxley.[117] Several decades later J.A. Campbell compared

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[112] KHLC-Q/GCL4 1852-53, p.22

[113] KHLC-MH/Md2/Am1/4

[114] KHLC-Q/GCL4 1861-62, p.26

[115] KHLC-MH/Md2/Ap25/82

[116] Wellcome Collection: The report of the committee of visitors, superintendent and chaplain of Cheshire County Lunatic Asylum 1864, p.16 and p.19; Superintendent's report of Littlemore Lunatic Asylum 1849, p.7 and p.10

[117] Wellcome Collection: Report of the medical superintendent of the Norfolk Lunatic Asylum 1866, p.5

escape numbers at several northern English asylums: the percentage of escapes compared to total asylum population varied from 0.6% at Northumberland to 2.7% at Carlisle. Durham registered 1.8% which compares with 1.3% for Barming Heath in 1858.[118]

Conclusion

The Kent County Lunatic Asylum at Barming Heath was part of a network of asylums which slowly spread across the country in the nineteenth century. Their stated aim was curative and humanitarian, yet, it cannot be denied, they also served a darker purpose, acting as custodial agents for the state. By containing the violent and troublesome in society they helped maintain good order as well as the status quo. Release therefore implied the lunatic had adapted his behaviour to society's mores, a transition taken as accomplished when he/she accepted the asylum's austere regime. Analysis of recovery rates at Kent Asylum reveals a prognosis more optimistic than Walton's findings at Lancaster but less so than Wright demonstrated for Buckinghamshire.[119] The institution the discharged patient was leaving was an often grim and brutal place. There was no privacy or room for a quiet moment alone under the attendants' watchful eye, sometimes more obtrusive than others but never relaxed. Moreover, the company was challenging: large numbers of behaviourally provocative individuals, some moping, some ready to launch into an unprovoked attack, some exposing themselves, others chattering or screaming incessantly, all concentrated in a confined space that was both impersonal and alien. Admission to and residence in a lunatic asylum was thus both stressful and stigmatising. Is it not therefore perhaps the case that some lunatics, strengthened by a nutritious diet, mended their ways of their own accord to escape their predicament, vowing never to return? This shock treatment, akin to the 'less eligibility' principle of the workhouse, was not publicly avowed and was a far cry from Tuke's 1813 *Description of the Retreat,* or W.A.F. Browne's lecture on the ideal asylum or, for that matter, the guidelines published by the Commissioners in Lunacy. By contrast, some patients became institutionalised and were reluctant to leave. Such was the case of William Moore, a drummer and trumpeter in the Royal Artillery at Woolwich, who was transferred to another asylum in 1853. The medical officer, who was

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[118] J.A. Campbell, *On Escapes, Liberty, Happiness and Unlocked Doors as they Affect Patients in Asylums* (Lewis: H.W. Wolff, 1884) p.5
[119] Walton, p.142; Wright, 'The Discharge of Pauper Lunatics', p.99

not unbiased, recorded in the case notes that he had left 'with tears in his eyes, hoping he might find as good a home as he was leaving in his new abode'.[120]

There was even in the nineteenth century a stigma attached to confinement in an institution for the insane, such that many ex-inmates concealed their stay there in an effort to reintegrate back into society. Such was the case of Rebecca Hardwick, admitted in 1853 and discharged recovered, who hid her medical history from new employer: she returned to her mother's in the Midlands [that is away from Kent and the asylum] and 'was so fortunate as to get engaged as cook without enquiry at her last place. Thus the circumstance of her insanity was probably not known to her new employer and she was saved from prejudice'.[121] Writing in the twentieth century, Goffman referred to this phenomenon as 'passing'. It necessitated a high level of deception with an attendant fear of discovery, all aimed at avoiding deep-seated and socially induced feelings of shame. In his book *Stigma* Goffman placed the ex-mental patient on a par with dwarves, disfigured individuals, the blind, homosexuals and racial and religious minorities, all of whom were then considered social misfits to be shunned and expelled from mainstream society. Quite disconcertingly he alludes to 'we normals' as opposed to the stigmatised, for whom passing was one of the ways they could shore up their precarious social and personal identity, allowing them to function in wider society.[122]

The asylum, to my mind, sought above all to correct and normalise deviant behaviour by demanding conformity to its rules and regulations as a prerequisite for discharge. It was perhaps a sign of its success that ex-patients like Rebecca Hardwick internalised its precepts and standards and sought on release to blend back into the social fabric of the community, free from recrimination and possible ridicule. In 1850 the cause of one male patient's insanity was recorded as 'taunting with former lunacy', indicating the cruel jibes and general contumeliousness ex-inmates often had to contend with in their neighbourhoods.[123] However an inmate's exit from the asylum was managed, it was often in its way as stressful as admission and characterised by trepidation and uncertainty. Moreover, if close family had actively sought committal there was often a sense of betrayal to contend with and relationships might be strained when resumed on release. The experience of life inside a lunatic asylum, as indeed inside a prison, left the ex-patient a marked individual. For the duration of his internment he or she had lost their freedom and

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[120] KHLC-MH/Md2/Ap25/4
[121] KHLC-MH/Md2/Ap25/6
[122] Erving Goffman, *Stigma* (1963; London: Penguin Books, 1990), p.92
[123] KHLC-Q/GCL4 1850, p.13

civil rights. Only a small number were readmitted and it is likely that once on the outside again the majority sought to put the past behind them. It is with the life of the lunatic outside the asylum that the final chapter deals.

<center>**Chapter Seven**</center>

<center>**Lunacy Outside the Asylum**</center>

Introduction

The main thrust of lunacy regulation and reform in the nineteenth century was segregative, with the insane herded into purpose-built asylums for treatment and cure. However, even during this period of widespread confinement there existed alternatives to asylum custody and care. Lunatics of the lower classes inhabited workhouses and prisons or claimed outdoor relief whilst the better off were often exposed to intense public scrutiny at procedures known as commissions or inquisitions of lunacy. Also more of a problem outside the asylum than within its walls was the issue of suicide which modern medical opinion links intrinsically to poor mental health but which the nineteenth century often saw as a wrong choice to be punished rather than pitied. There was as much a taboo placed on lunacy in the community as being admitted to an asylum and rich and poor families alike sought not only to conceal their shame but also endeavoured to hide the antisocial antics of their sick member from view. In this chapter I will seek to demonstrate that asylums did not have a monopoly on repressive techniques of social control. The familial environment could be equally coercive, a fact made all the harder to bear by the lunatic as control was exerted by a well-known friend or relative and not by the emotionally detached strangers employed at the asylum. Moreover, workhouses and gaols carried their own stigma and were harsh, disciplined environments where lunacy was tolerated only as long as it did not interfere with the smooth running of the institution.

In comparison to the move to segregation of the insane in asylums, other forms of care, especially community care, have received considerably less attention in the historiography. Notable exceptions are *Outside the Walls of the Asylum* edited by Peter Bartlett and David Wright and *Madness at Home* by Akihito Suzuki.[1] The former is a collection of essays by various historians on community care across Great Britain and Ireland from 1750 to the present day. It investigates the issue both as a social phenomenon and as a distinct government programme, asserting that despite the meteoric rise of the asylum, this institution never wholly replaced community care. Somewhat controversially, the volume suggests that care outside the walls of the asylum remained throughout the

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[1] Peter Bartlett and David Wright (eds.), *Outside the Walls of the Asylum* (London: The Athlone Press, 1999); Akihito Suzuki, *Madness at Home* (London: University of California Press, 2006)

nineteenth century and up to modern times the primary response of industrial societies to the problem of the mentally disordered, particularly on the Celtic fringes. Whereas most of the chapters in *Outside the Walls of the Asylum* focus on pauper lunatics, Suzuki's contribution, like his book *Madness at Home,* details the plight of rich lunatics subject to costly lunacy commissions. He examines the indeterminate grey area between the immediate family and the asylum, namely extra-familial relatives and kin, neighbours and passers-by, noting that for the respectable well-to-do Victorian family the very idea of community care with its implications of shared values, toleration and the spirit of co-operation, must have been out and out anathema.[2] For them, the primary strategy was one of containment, enclosing the lunatic in the private sphere and preventing his or her lunacy becoming a public spectacle.[3]

Issues of control and conformity are thus equally pertinent to a discussion of lunacy outside the asylum as within it. Scull offered a radical view of deinstitutionalisation in his book *Decarceration,* asserting that the twentieth century shift in policy away from incarceration in an asylum to community care occurred not out of any humanitarian impulse but from the state's need to cut the costs of social control.[4] As I shall show, the nineteenth century authorities were also preoccupied with saving money but as long as the government's official policy was to treat lunatics in an asylum their promotion of community care was restricted. There were vocal opponents of institutional care from the outset, most notably the young Conolly, but these voices were eclipsed by its supporters. Pace Wright and Bartlett, I shall be asking why community care was not universally promoted and practised in nineteenth century Kent. I shall also consider whether the construction of the asylums at Barming Heath and Chartham, now partially demolished and converted into luxury flats, was not a misguided interlude in the county's history.

Outdoor relief

Records that can be consulted by historians are usually generated where an individual comes into contact with authority. As a result few lunatics living outside the asylum have left a paper trail unless they were recipients of parish relief or the subject of a legal case for

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[2] Akihito Suzuki, 'Enclosing and disclosing lunatics within the family walls: domestic psychiatric regime and the public sphere in early nineteenth century England' in *Outside the Walls of the Asylum,* ed. by Peter Bartlett and David Wright (London: The Athlone Press, 1999), p.117
[3] Ibid., p.119
[4] Andrew Scull, *Decarceration: Community Treatment and the Deviant – a Radical View* (Englewood Cliffs NJ: Prentice-Hall, 1977)

criminal neglect. We know from the pauper returns that in Kent in 1828, five years before the county asylum opened, well over a quarter (31%) of known lunatics and idiots were living in the community, either termed 'at large', 'at liberty' or 'with relatives and friends'.[5] Moreover there was almost certainly a hidden dark figure of cases of lunacy unknown to parish authorities, where families muddled through financially and emotionally on their own. The vast majority of Kent's lunatics, however, were confined in local poorhouses, West Malling Asylum or metropolitan madhouses, indicating that there was already a trend towards incarceration of the insane before the county asylum opened in 1833. To find an age of widespread community care it is necessary to travel back in time to the days before the Enlightenment, to the pre-classical period which Foucault paints as an idealistic and romantic lost era of untrammelled Unreason, when madness was allowed to publicly express itself, not yet hidden away by confining authorities and the voice of Reason.[6] What Foucault sidesteps is the grim reality of daily life with a lunatic, the battles to control dirty or antisocial behaviour or to motivate a despondent individual, struggles that characterised Renaissance lunacy care as much as it did its latter day counterparts. Especially in those families unknown to the parish there must have been considerable effort expended to conceal the adverse conduct of the lunatic from prying eyes and this would inevitably have entailed deprivation and the use of restraint. The family has perhaps always functioned as the watchdog of social conformity and as Bartlett and Wright have noted, the control mechanisms it employed 'might in their way be as restrictive as any asylum'.[7]

In view of the 1828 figure for lunatics cared for in the home, it is inaccurate to portray the family as the main provider of care in the days before the asylum came to Kent. It is also inaccurate to contend that the asylum wholly replaced community care. Numbers fell considerably from more than a quarter in 1828 to 10.3% in 1857 but the practice never died out, even in Kent which had one of the lowest levels of lunatics being cared for in the community.[8] In 1874 it was 7.9%. The national average was 13.22% with many counties, especially in Wales, caring for well over half of their lunatics at home. Only Lancashire, Middlesex, Surrey and the West Riding of Yorkshire had lower figures than Kent.[9] Bartlett and Wright averred that community care 'remained an important locus of care for the insane and that families maintained a central role in the decisions over treatment and

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[5] KHLC-Q/GLr1/2 Pauper returns 1828
[6] Foucault, *History of Madness,* ch.1
[7] Bartlett and Wright, eds.,p.14
[8] *Eleventh Annual Report of the Commissioners in Lunacy* PP 1857 (157) p.62
[9] *Twenty-Eighth Annual Report of the Commissioners in Lunacy* PP 1874 (284), p.17

supervision' but this too is inaccurate for Kent, where only a tenth of lunatics were cared for in the community mid-century.[10] Individual parish returns indicate that the proportion of lunatics residing with friends or relatives in Kent varied considerably from union to union and year to year. In 1844 the returns for Blean revealed as many lunatics living with friends as in the asylum. That same year the densely populated unions of Medway and Greenwich recorded 17% and 7% respectively as residing with friends, most of them idiots.[11] In 1853 the pauper returns for Maidstone Union registered 6 out of 16 (37.5%) lunatics as 'with friends', the rest being confined in the county asylum.[12] However, it must be stressed that these were records of lunatics known to the parish authorities. Their real number was in all likelihood much greater. Indeed, in the 1871 census, householders were asked to list all people of unsound mind, whether lunatic, idiot or imbecile. The total number of said persons was 69,019 of which only 39,734 (57.6%) were resident in institutions licensed by statute. Moreover, the census commissioners believed there was widespread under enumeration of those not confined by as many as a half.[13] The national figure thus differed from the regional one for Kent with the south eastern county apparently having a much higher rate of confinement than elsewhere in the country. The county's population had developed a lower threshold of toleration for troublesome behaviour and was availing itself of the new 'museum of madness' to offload an unwanted financial and emotional burden, as suggested by Scull.[14] Bartlett and Wright, by contrast, maintained that community care was still widespread and the main form of lunacy provision.[15]

An insight into how one family grappled unsuccessfully with a lunatic in their home can be gained from the February 1861 inquest proceedings into the death of Elizabeth Fisher of Greenwich Union. Her brother had taken her in rent free but in an effort to keep the situation within the family and not involve the parish authorities he had resorted to more and more repressive forms of control. Elizabeth was kept naked, starving and dirty in a cold, dark room even though a neighbour testified she had arrived at her brother's with a houseful of furniture and a large quantity of clothes. Another neighbour stated that she had heard the sound of Elizabeth being beaten:

> 'I have seen marks of violence upon her neck and shoulders and arms…I
>
> heard her moaning and groaning for a long time. I went in and found her

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[10] Bartlett and Wright, eds.,pp.4-5
[11] KHLC-Q/GLr1/18 Pauper returns 1844
[12] KHLC-Md/JQz8/1 Pauper returns Maidstone Union 1853
[13] Bartlett and Wright, eds.,p.6
[14] Scull, *Most Solitary of Afflictions,* p.33 and pp.352-3
[15] Bartlett and Wright, eds., p.6

strapped to the bed post in a standing position – the strap was around her body and arms and around the bedpost buckled tight behind her. I had some difficulty to undo it. She thanked me for releasing her and appeared exhausted. I have frequently heard the sound of blows and heard the deceased cry out 'oh pray don't''.

The Fishers resented the interference, however, and the visits stopped.[16]

The type of behaviour that had led to these ever increasing constraints was typical of many lunatics: the tearing of clothes, indecent exposure as well as the flaunting of social respectability. Elizabeth was unmarried but had four children, only one of whom lived with her but all of whom were well provided for by a gentleman from Southampton who also paid 3s 5d for her upkeep monthly. The deceased used to wander outdoors in only a petticoat with a broom to sweep the gutters, obliging her brother to keep her locked in. This had only intensified the tensions within the family with the lunatic starved and beaten into abandoning her wayward conduct. The brother, Henry Fisher, who was convicted of manslaughter (Elizabeth died in Greenwich Union), had called his sister 'a daft devil' and told her to 'get out' on more than one occasion, revealing the deep resentment a lunatic could provoke in a normally caring family which lead not infrequently to desperate measures and blatant cruelty.[17] There were doubtless many Elizabeth Fishers dotted across the Kent countryside beyond the reach of the authorities, at the mercy of friends and relatives driven to cruelty by exasperation at the challenging behaviour of the lunatic in their midst. Cases such as this served to increase public awareness of lunacy issues generally and to instruct the layman as to what was acceptable and appropriate treatment. The lunacy reform movement was thus not merely an exercise in social control, adjusting the maladaptive behaviour of the insane, it also sought to educate the sane. In this connection, Suzuki has found support for the 'interpretative model that has been long established in the historiography of nineteenth century psychiatry in terms of an alliance, or even a conspiracy, between the family and the state'.[18] The authorities effectively trained families to keep their lunatic members in line or offer them up to professional medical supervision in an asylum. This Elizabeth Fisher's brother failed to do and he was successfully prosecuted.

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[16] NA-M12 5100 Correspondence between the Poor Law Commissioners and the Greenwich Board of Guardians 1859-1861
[17] Ibid.
[18] Akihito Suzuki, *Madness at Home,* pp.152-3

Even though asylum care was the official policy of the nineteenth century English state, there was, however, one pressing reason to prefer community care and that was cost. Outdoor relief was considerably cheaper than both the workhouse and the asylum. In 1833, the year the county asylum opened, Thomas Wright from Ashford was confined there at 9s a week. By contrast, William Ward from Keston was lodged at Ludham workhouse for 4s6d a week whilst Harriett Smith, a 38 year old idiot from Bexley, was residing with her parents in the community and received 2s a week.[19] Whilst there were fixed charges for the asylum and workhouse, the amount of outdoor relief could vary. Thus Jane Stoker, a 50 year old idiot from Great Chart who was not considered dangerous, was paid as much as 6s a week.[20] There is no indication in the records of the reasons behind these differences but it is to be supposed that financial circumstances and the level of incapacitation varied from case to case and some parishes may have simply been more generous than others. Despite outdoor relief being a cost effective solution of lunacy provision, it was discouraged and greatly reduced following the passing of the 1834 New Poor Law. This reform was largely the result of growing concerns at the rising cost of parish relief and aimed at saving money by making it available only to the truly destitute and then only in the workhouse. It invoked the principle of 'less eligibility' whereby the standard of living for those relieved was to be no higher than that of the lowest paid wage labourer.[21] Scull has argued that to encourage outdoor relief for lunatics would have been to undermine this ethos and also to pre-empt the establishment of the welfare state in the next century:

> 'Consider, for a moment, what an alternative policy of managing the insane in the community would have involved. Keeping lunatics 'on the outside' would have entailed making provision for relatively generous pension or welfare payments to allow for their support. But at the least this would have raised the possibility that the living standards of families with an insane member would have been raised above those of the working class generally…such an approach would clearly have been administratively unworkable'.[22]

In his book *Decarceration,* Scull outlined not only the abandonment of the massive Victorian asylums in favour of extramural care in the twentieth century but also described the failure of a nineteenth century community care movement that existed in both England

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[19] KHLC-Q/GLr1/7 Returns of pauper lunatics 1833
[20] Ibid.
[21] Bartlett, p.76
[22] Scull, *Decarceration,* p.130

and America, at the time when these very institutions were being established. Although asylum provision increasingly gained ground there were from the outset dissenting voices, most notably in the 1830s the young Conolly, who viewed confinement as harmful and counterproductive, acting as a self-fulfilling prophecy, intensifying and even creating the very behaviours that were its alleged justification.[23] In addition to the precept of 'less eligibility', outlined above and which, if flouted, might have led to a significant number of paupers feigning insanity to procure money, Scull also detailed how those championing incarceration exploited the public's fear of dangerous lunatics and their propensity to reproduce.[24] The opening of scores of lunatic asylums during the nineteenth century had encouraged the belief that the only proper abode for the insane was an institution. Despite this, McCandless has demonstrated how there were, well into the 1850s and 1860s, radical opponents of the system who argued that a policy of general confinement did not cure the insane but merely herded them together into 'one indiscriminate mass of misery'.[25] They called for the chronic lunatics who were responsible for the overcrowding in asylums to be 'dispersed' in the community. The ensuing controversy over boarding-out was followed closely in the medical journals.

Indeed, the first editor of the *British Medical Journal,* Dr Andrew Wynter, was one of the most consistent and vociferous advocates of community care. He, and other like-minded reformers, were encouraged in their views by successful home care schemes in Scotland and Belgium.[26] Both the *British Medical Journal* and the *Lancet* proposed the adoption of the latter system, modelled on the lunatic colony of Gheel, in England in the winter of 1858-9. Moreover, Wynter's only criticism of the Scottish solution to lunacy provision was that it did not go far enough and should be extended to a larger class of the insane.[27] Only a very few English alienists advocated, let alone actively practised, boarding-out which was administered on an ad hoc basis and varied from locality to locality. By the late 1860s the Commissioners in Lunacy concluded that 'we have strong reasons for doubting whether the system could advantageously be extended so as to afford any material relief to the county asylums or that it works so satisfactorily in this country as to render its more general adoption at all desirable'.[28] For decades thereafter the asylum

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[23] John Conolly, *An Inquiry Concerning the Indications of Insanity, with Suggestions for the Better Protection and Care of the Insane* (London: Taylor, 1830), pp.17-8
[24] Scull, *Decarceration,* p.127
[25] McCandless, 'Build! Build!', p,556
[26] Ibid., pp.557-8
[27] Ibid., p.560
[28] *Twenty-First Annual Report of the Commissioners in Lunacy* PP 1867 (366), p.70

network continued to expand in an effort to meet an ever growing demand for accommodation but Wynter predicted that radical reform would eventually prevail. Writing in 1870 in the *Edinburgh Review,* he stated that it was only a matter of time before 'sweeping change' in the direction of community care came to pass, likening the 'unnatural and oppressive' asylums to the 'overgrown monastic system, which entangled so many interests and seemed so powerful that it could defy all change, but for that very reason it toppled of its own weight'.[29]

Wynter was right when he wrote of a future revolution in lunacy provision but he did not foresee what eventually made it possible, namely the development of powerful mind and behaviour altering drugs. To my mind it is the absence of these drugs in the nineteenth century that is the strongest argument for community care not materialising as the norm at that time. Scull, writing in 1977, refuted the possibility that the development of psychotropic drugs directly influenced the deinstitutionalisation movement of the twentieth century and emphasised instead the cost factor: asylum care was becoming simply too expensive and extramural provision offered a cheaper alternative.[30] A more recent study of the same movement by Kritsotaki, Long and Smith broadly concurs with Scull whilst also acknowledging that post-war enhanced employment opportunities for ex-psychiatric patients fostered rehabilitation schemes in the wider community.[31] Moreover, deinstitutionalisation constituted 'a significant sea change'.[32] Partly responsible for this was, according to John Burnham, a move away from the work orientated moral management of the previous century to the consumer based society of modern times.[33] Most significantly, however, the relationship between society and the mentally ill was reconceptualised as it was decided that psychiatric patients should no longer be shut away but rather reintegrated and their status reassessed. Whereas in the nineteenth century only a few had championed 'dispersal' now the majority endorsed it.

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[29] McCandless, 'Build! Build!', p.573

[30] Scull, *Decarceration,* p.152

[31] Despo Kritsotaki, Vicky Long and Matthew Smith, eds., *Deinstitutionalisation and After: Post-War Psychiatry in the Western World* (Cham, CH: Palgrave Macmillan, 2016), p.19

[32] Ibid., p.4

[33] John Burnham, 'Deinstitutionalisation and the Great Sociocultural Shift to consumer Culture' in Kritsotaki et al, p.56

Lunatics in the workhouse

Throughout the nineteenth century the workhouse remained a popular alternative to asylum care for pauper lunatics and idiots alike, despite the Lunacy commission's efforts to stop the practice. In 1844 they reported: 'We think that the detention in workhouses of not only dangerous lunatics, but of all lunatics and idiots whatever, is highly objectionable'.[34] Even as early as 1815 there had been criticism of the use of workhouses as a receptacle for the insane:

> '[the mentally ill] are under the care of persons totally and entirely ignorant of the proper treatment of lunatics….the rooms in which they are kept are ill-adapted to the confinement of such persons and….from these causes, those unfortunate persons have been constantly confined in strait waistcoats, frequently kept in bed night and day'.[35]

Indeed, Mellett observed in *The Prerogative of Asylumdom* that 'the singlemindedness of the Commissioners, closely linked to their unshakable faith in the asylum, and circumscribed by the letter of the law, was nowhere more in evidence than in their campaign against workhouse detention of the insane'.[36]

Why then did the custom persist? First and foremost there was the question of cost. In 1847 the parish of Chatham recorded 38 lunatics and idiots. Of these, 11 were in the asylum at Maidstone at a cost of 8s9d per head per week whilst 13 remained in the union house at the considerably lower price of 2s6d per head per week.[37] Secondly, the workhouse exerted its own form of social control, in many instances curbing the wild behaviour of the less serious cases of lunacy. It was when the lunatic disturbed the smooth running of the institution that they were removed to the asylum. Indeed, the workhouse was deemed appropriate accommodation in particular for harmless idiots like Ann Whitehead, who in 1828 had already been in the poorhouse at Sheerness for 20 years, or, to quote a fictional example, Silly Sally, who in the novel *Jessie Phillips,* 'had been placed in the workhouse as her permanent home, but with the sort of tacit licence to come and go'.[38]

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[34] *Report of the Metropolitan Commissioners in Lunacy* PP 1844 (001), p.96
[35] *Report together with the Minutes of Evidence taken before the Select Committee appointed to consider the provision being made for the better regulation of Madhouses in England* PP 1814-15 (296), p.1
[36] Mellett, p.134
[37] NA-MH12 5252 Correspondence between the Poor Law Commissioners and the Medway Board of Guardians 1847-1851
[38] KHLC-Q/GLr1/2 Returns of pauper lunatics for Kent 1828; Mrs. Fanny Trollope, *Jessie Phillips* (Stroud: Nonesuch Publishing, 2006), p.440

Thirdly, especially towards the end of the century, there was simply not enough space in the county asylum to accommodate all lunatics and idiots. In 1828, according to the pauper lunatic returns, 44.5% of all lunatics and idiots in Kent were housed in workhouses.[39] By 1847 the percentage had dropped to 22.3% which was approximately the fairly steady national value of 25% Bartlett ascertained for the years 1842 to 1890.[40] In 1874 there were still 20.4% persons of unsound mind accommodated in workhouses in the county which is slightly below the national figure of 24% for that year.[41]

The authorities were obviously following the legal stipulation that dangerous lunatics be sent on to the asylum within 14 days quite closely. Indeed, in 1854 the Tonbridge Board of Guardians noted that Thomas Richardson, a dangerous idiot in the workhouse, was to be removed due to this very clause.[42] Last but not least, lunatics were sometimes kept in the workhouse for reasons of personal preference. In an era before motorised transport the distance to the local union could often be considerably less far than to the county asylum and although Jarvis' Law did not apply to the catchment area of the latter it did to that of the former. More liberal visiting hours at the workhouse also meant that inmates could more easily preserve contact with their friends and families. Also not to be underestimated was the prospect of remaining amongst the sane. All of this together meant that only the violent and intractable were sent to the asylum.

Just as the amount of outdoor relief payable to lunatics and idiots could vary from parish to parish so too did each jurisdiction's policy regarding their transfer to the asylum. Forsythe, Melling and Adair have outlined the significant variations within the Poor Law system which made for contrasting methods of disposal of lunatics between the unions of Devon whilst Smith examined the management of the insane at workhouses in the West Midlands.[43] In Kent too there were considerable differences between individual unions. Based on figures taken from the 1871 census, the first time workhouse authorities had to declare whether an inmate was lunatic or imbecile, in most of the unions there were between 2 and 4% of imbeciles housed there. Such were Tonbridge, Sevenoaks, West

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[39] KHLC-Q/GLr1/2

[40] *Return of the number of pauper lunatics and idiots chargeable to parishes and townships in each of the unions in England and Wales….distinguishing those maintained in county lunatic asylums and hospitals, licensed houses, workhouses and elsewhere* PP 1847 (542), p.2; Bartlett, p.44

[41] *Twenty-Sixth Annual Report of the Commissioners in Lunacy* PP 1874 (284), p.3 and pp.16-17

[42] KHLC-G/To Am12 Tonbridge Board of Guardians 1853-54

[43] Bill Forsythe, Joseph Melling and Richard Adair, 'The New Poor Law and the County Pauper Lunatic Asylum – The Devon Experience 1834-1884', *Social History of Medicine* 9 (1996); Leonard Smith, 'A Sad Spectacle of Hopeless Mental Degradation: The Management of the Insane in West Midlands Workhouses, 1815-60' in *Medicine and the Workhouse,* ed. by Jonathan Reinarz and Leonard Schwarz (Rochester NY: University of Rochester Press, 2013)

Malling, Gravesend, Hollingbourne, Dover and Elham. However, Lewisham had none at all and Greenwich only one. This last finding is somewhat surprising as Greenwich had a large lunatic ward and it is possible the union did not declare its lunatics and idiots as required. By contrast, the union of Coxheath at Maidstone had an imbecile population of 9.5% and a lunatic population of 4.5%, indicating that its policy was to retain the mentally ill for longer and in greater numbers than neighbouring unions despite the presence of the county asylum nearby. Also displaying high numbers of lunatics and imbeciles were Medway union at Chatham and the Isle of Thanet, which like Greenwich both had their own lunatic wards.

The boards of guardians thus differed considerably in their readiness to send their insane to the local asylum. It would seem it was primarily imbeciles who were retained in the workhouse with lunatics being transferred to Barming Heath as required by law. In 1864 at a meeting of the General Sessions it was noted that only Faversham Union had shown any interest in keeping harmless lunatics in their workhouse as was then permitted.[44] The case of Maidstone is curious as the town itself was home to the main county asylum yet it constituted a borough and had no affiliation with the institution within its confines. This meant that Maidstone's lunatics could not be cared for at Barming Heath without special prior agreement. Indeed in their annual report of 1873 the Commissioners in Lunacy noted that an agreement had been reached between the town of Maidstone and Sussex County Lunatic Asylum to care for the former's lunatics for the duration of one year.[45] Why, one wonders, was not a similar agreement possible between the town and the Kent County Asylum just down the road? Elsewhere it has been noted how bureaucracy and rivalry stymied the effective provision of public services within the county. Although lunacy treatment was generally well organised and provided for, there must have been some major sticking point, unidentifiable at this remove in time, that accounted for Maidstone not utilising Barming Heath Asylum to treat its imbeciles and lunatics, retaining them for longer in the workhouse and sending them out of the county.

As mentioned above some workhouses made provision for lunatics and idiots in specialised lunatic wards. In Kent in 1863 these existed in Greenwich, Chatham (Medway), Sheppey and the Isle of Thanet.[46] The ones in Greenwich and Chatham had already been noted as existing by the Commission in Lunacy as early as 1849.[47] They are parishes on the

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[44] *Maidstone Journal,* 19 April 1864
[45] *Twenty-Seventh Annual Report of the Commissioners in Lunacy* PP 1873 (256), p.47
[46] *Return stating the Number of Unions in England and Wales in which the sane are not intermixed with the insane. And where the lunatic wards have been established* PP 1863 (477), p.5
[47] NA-MH50/3 Lunacy Commission minutes and seals 1848-49, 5 February 1849

Thames and Medway estuaries respectively, urban areas with dense population and a high concentration of lunatics. In 1847 Medway had 38 lunatics and idiots chargeable to the union whilst in 1848 Greenwich had a total of 48.[48] In 1863 Medway had 30 lunatics in two wards whilst Greenwich had 131 spread across six wards with one containing 76 patients alone. Indeed, the latter was one of the largest institutions of its kind in the country, coming after only Manchester in size. The lunatic wards at Sheppey and the Isle of Thanet were much smaller. There was only one inmate at Sheppey in 1863 whilst Thanet, which had a male only lunatic ward, had four residents.[49]

Lunatic wards were controversial. John Arlidge Thomas, a prominent alienist of the mid-nineteenth century, wrote of them: 'the attendants for the most part are pauper inmates, totally unfitted for the charge imposed upon them. The wards are gloomy and unprovided with any means for occupation, exercise or amusement; and the diet, essential above all else to the unhappy objects of mental disease, rarely in any cases exceeds that allowed for the healthy and able-bodied'. He went on to quote Dr Bucknill, superintendent of the Devon county asylum and founder of *The Journal of Mental Science:*

> 'a workhouse is a test of destitution. To preserve its social utility, its economy must always be conducted on a parsimonious scale. No luxuries must be permitted within its sombre walls....how can a liberally conducted lunatic ward be grafted upon such a system?'[50]

(Bucknill cannily pre-empted Scull's argument against outdoor relief outlined above). The lunatic wards in Kent, as throughout the country, were regularly inspected by the Commissioners in Lunacy. Their overall impressions were favourable although there were criticisms regarding diet, amusements, restraint, furnishings and attendants. In November 1850 the commissioners reported that they had 'visited the Greenwich Union workhouse and examined the idiotic, imbecilic and insane inmates all of whom when seen were quiet and comfortable and appeared to be tractable and harmless. The wards appropriated to the idiotic were clean, well aired and in good order'.[51] At Chatham in 1863 the commissioner noted that 'of the kindness with which these poor people generally are

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[48] NA-MH12/5252; MH12/5096 Correspondence between the Poor Law Commissioners and the Greenwich Board of Guardians 1848
[49] *Return stating the Number of Unions* PP 1863 (477), p.5
[50] Arlidge, p.57
[51] NA-MH12/5096

treated in this house I entertain no doubt'.[52] Not all appraisals of metropolitan lunatic wards were so commendatory, however. In 1858 the *New York Daily Tribune* published a damning verdict: 'Generally speaking there are few English stables, which, at the side of the lunatic wards in the workhouses, would not appear boudoirs and where treatment received by quadrupeds may not be called sentimental when compared to that of the poor insane'.[53] Leonard Smith was almost as critical when he stated that treatment under the old poor law in parish workhouses ranged from 'benign neglect to outright ill-treatment'.[54]

Criminal lunatics

In the days before the establishment of the asylum and poorhouse networks in the course of the late eighteenth and nineteenth centuries many ordinary lunatics found themselves locked up in the local gaol for want of more suitable accommodation. According to Roy Porter 'lunatics were sometimes locked in towers or dungeons under public auspices' towards the end of the Middle Ages whilst Foucault, quoting John Howard's *State of the Prisons in England and Wales from 1784,* noted that 'in some few gaols are contained idiots and lunatics. These serve as sport to idle visitants at assizes and other times of general resort. Many of the Bridewells are crowded and offensive, because the rooms which were designed for prisoners are occupied by the insane. Where these are not kept separate, they disturb and terrify other prisoners. No care is taken of them'. [55] As late as 1829 this was the predicament of Challen Miller, considered dangerous, who had threatened and sworn at a local gentleman for which he was committed to Sandwich prison. In a letter to the magistrates his father complained of 'so foul a conspiracy' and 'an outrage on the law and justice as well as humanity'. He continued: 'the prison was altogether unfit for my son's care – that he required air and exercise, that his complaint was frightfully increased and health was declining….locked up in a solitary and loathsome dungeon surrounded by all kinds of filth'. Challen wrote to George IV himself, explaining that 'the Angel spoke to me whilst in the fields' but there was nowhere else to send him other than the local gaol, the county asylum not yet having been built.[56] Indeed, in Ireland throughout the nineteenth century, the route to the asylum almost always went via the gaol even when no crime had

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[52] NA-MH12/5257 Correspondence between the Poor Law Commissioners and the Medway Board of Guardians 1861-64
[53] *New York Daily Tribune,* 20 August 1858
[54] L. Smith, 'A Sad Spectacle', p.109
[55] Roy Porter, *Madness: A Brief History* (Oxford: Oxford University Press, 2002), p.90; Foucault, *History of Madness,* p.113
[56] NA-HO17/54/47 Home Office Criminal Petitions: Challen Miller

been committed for the majority of lunatics were certified and detained under the Dangerous Lunatics Act of 1838.[57]

A criminal lunatic could be both an insane person who had broken the law or a criminal displaying signs of insanity. He or she thus existed at the intersection of the normally separate spheres of crime and lunacy and had offended against public order twice over, firstly by contravening the laws of the land, secondly by exhibiting strange and inappropriate behaviour either at the time of the offence or whilst in custody. Roger Smith has stated that 'few people outside legal and penal administrations had a clear idea of either who criminal lunatics were or how many of them existed'.[58] There was thus confusion surrounding criminal lunacy, with insanity being established either before or during a trial or a trial being postponed indefinitely due to an unfitness to plead. In all instances a criminal lunatic's fate was decided by the Secretary of State and the courts, not the usual poor law and asylum authorities. Nevertheless the offender was often sent to the county asylum where they mingled indistinguishably with other patients, only their records, where the words criminal lunatic were written in red ink, bearing witness to their criminal status. Janet Saunders has ascertained that in the latter half of the nineteenth century the public asylums housed over half of all the criminal lunatics detained in Britain. She also noted that criminal lunatics discharged at the end of their sentence from the state criminal asylum were often sent back to their local county asylum meaning that the issue of how to deal with the criminally insane was most keenly felt at the county level.[59]

In 1863 Kent had the highest number of criminal lunatics (25) in the country after the densely populated areas of Lancashire (49), Middlesex (49) and Surrey (30).[60] After Broadmoor opened that same year this number dropped drastically to 2 in 1870 which was lower than in most other counties and demonstrated that Kent was keen to avail itself of the new, specialised, high-security treatment facility.[61] However, criminal lunatics were often detained in prison where 'many kinds of abnormal mental conditions could be tolerated….so long as they were not overly disruptive of prison routine'.[62] Yet between 1831 and 1833 Elizabeth Brown was held back in gaol despite this when she became 'exceedingly troublesome and dangerous whilst confined, subject to very bad fits so as to

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[57] Oonagh Walsh, in *Sex and Seclusion, Class and Custody,* ed. by Andrews and Digby, p.71
[58] Roger Smith, *Trial by Medicine* (Edinburgh: Edinburgh University Press, 1981), p.20
[59] J.F. Saunders, 'Criminal Insanity in 19th Century Asylums', *Journal of the Royal Society of Medicine,* 81 (1988), pp.73-4
[60] *Judicial and Criminal Statistics for England and Wales* PP 1863 (3181), p.136
[61] *Judicial and Criminal Statistics for England and Wales* PP 1870 (C.195), p.140
[62] Saunders, p.75

require constant attention and occasional restraint to the great interruption of the prison'.[63] Rarely, the gaol was even indulgent towards its insane inmates as in the case of Charles Hart, a 26 year old idiot from Greenwich, convicted of an unnatural crime and sentenced to remain in gaol until His Majesty's Pleasure respecting his person should be known. Charles upset the maintenance of order and regularity among the prisoners, stripping off in the chapel and being generally noisy. 'Can't really punish' was recorded in his notes suggesting a certain degree of sympathy with his condition. From 1825 to 1834 he was confined in Rix's in West Malling under a warrant from the Secretary of State before being transferred to Barming Heath.[64] All these lunatics spent long periods of time in gaol despite being acquitted of their crimes on the grounds of insanity. Some lunatics travelled back and forth between the gaol and the asylum depending on their state of mind. Thus Ann Riley, convicted in 1818 at Maidstone Assizes of stealing money and a watch from a man and sentenced to ten years transportation, was kept in the town gaol until 1822 when due to her disordered mental state she was transferred to Bethlem for five months before being returned to Maidstone prison. Her good behaviour earned her a merciful pardon from the monarch and she was released in 1824.[65] There seemed to be no hard and fast rules as to where a criminal lunatic was detained and much was at the discretion of the Secretary of State. Thus Frances Wallace, a 31 year old laundress from Dover, convicted of the controversial crime of infanticide in 1856, was held back in Maidstone Gaol after sentencing whilst other women with similar convictions were sent to Barming Heath (see page 152).[66]

It was thus not a foregone conclusion that a felon found insane in Kent would be sent to Barming Heath. Length and lieu of confinement varied significantly, with a transfer to the asylum only by order of the Secretary of State, who had considerable discretion over when and whom to send. Occasionally the system was abused with criminals affecting madness to escape punishment. I only came across two such cases in the archives for the years 1833 to 1874 but then the successful feigning of insanity would not have been detected and recorded. One was Daniel Gleeson, a 21 year old soldier admitted to Barming Heath in 1847, who boasted to his fellow inmates that his insanity was feigned to enable him to dodge a seven year sentence of transportation. He had chopped off the forefinger of his left hand but medical officers at the asylum concluded that he was not insane and

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[63] NA-HO17/41/18 Home Office Criminal Petitions: Elizabeth Brown
[64] NA-HO17/25/123 Home Office Criminal Petitions: Charles Hart
[65] *Maidstone Journal,* 10 December 1861
[66] NA-MH51/154 Maidstone county Gaol

instead a very unprincipled character. He was sent back to Maidstone gaol.[67] The other was George Griffiths who was also known by a string of aliases. In 1870 he had been sent from Canterbury prison where he had been sentenced to 21 days imprisonment for larceny. He had made a habit of escaping punishment by gaining admission to various lunatic asylums across England and Wales and boasted of having 'put on' and 'acted the jack'.[68] As J. Saunders has noted, the prison authorities always suspected prisoners of feigning insanity to get moved to the asylum, where life was easier and escape not difficult. Although they could not refuse a patient directed there on Home Office authority, the asylum authorities did not welcome criminal lunatics and they too were suspicious of the genuineness of their illness. This suspicion was one factor (others being the inadequacy of asylum facilities and the trouble of certifying short-term prisoners) that helped keep down the number of certified criminal lunatics.[69] Thus at Barming Heath for the first three years of operation there were only four criminal lunatics among a total of 256 admissions (1.5%). For the years 1850 to 1853 the percentage was slightly higher (2.7%) whilst between July 1868 and June 1871, with Broadmoor well-established and patronised by county authorities, it had decreased to 1.05%. Saunders has commented that 'certification of an offender amounted to extending a prison sentence perhaps for life, and could easily have been used to keep troublesome people out of circulation'. There is no evidence for social control being exercised in this way in Kent. Indeed, several criminal lunatics with histories of vagrancy, drunkenness, petty crime and so on were discharged recovered from the asylum, either back to prison to finish a sentence or completely freed if their sentence had expired.[70]

Roger Smith stated that the idea of criminal lunacy developed in the nineteenth century and described the controversy surrounding the newly established insanity defence in Victorian England.[71] Although criminals who were known to be of unsound mind had never faced the full penalty of the law, it was not until 1800 that the insanity defence was formalised by statute. That year James Hadfield was tried for treason, having fired a pistol at the king as he entered the royal box at Drury Lane Theatre. Hadfield successfully pleaded insanity and was acquitted, leading parliament to hastily pass the Criminal Lunatics Act enabling the government to detain him for the rest of his life. Insanity became a special verdict linked with automatic confinement for an indefinite period of time. Only in 1843,

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[67] KHLC-MH/Md2/Ap25/3
[68] KHLC-Q/GCL4 1870, p.4
[69] Saunders, p.75
[70] Ibid.
[71] Roger Smith, *Trial by Medicine*

when Daniel McNaughton shot Edward Drummond at point blank range mistaking him for the Prime Minister Robert Peel, was an actual test of insanity for the purposes of the defence established, the McNaughton Rules. As Smith has outlined in *Trial by Medicine,* these Rules were not as straightforward as they were intended to be, dealing as they did with the complex issues of responsibility and accountability. Thus not only did Victorian trials involving the insanity defence attract attention out of proportion to their frequency but they also displayed no overarching pattern, each one unique in its arguments and outcome. Partly responsible for this was the ongoing antagonism between the medical and legal authorities who approached the crime, usually a capital offence, from different irreconcilable perspectives, the deterministic and voluntarist respectively.[72] Thus the medical experts aimed at excusing the accused if they had been suffering from mental disease at the time of the crime whilst legal experts sought to establish guilt by blaming and punishing criminals who could be identified through the legal process.

Several big, notorious trials of the nineteenth century are analysed by Smith in his discussion of the insanity defence, notably those of McNaughten, Brixey, Buranelli and Towney. Of these, the case of Martha Brixey, 'the Greenwich murderess', played out in Kent although she was tried at the Old Bailey and sent to Bethlem rather than the county asylum at Barming Heath. Brixey was the under nurse for the small children of John Finch, a Greenwich solicitor. One Sunday morning in May 1845 she murdered the youngest, 8 month old Robert Barry with a knife, nearly severing his head from his body whilst he lay in his cot. There had been talk of her dismissal and ill-feeling over a mourning gown Mrs Finch had given her but which she had destroyed. One witness at the trial detailed how she was unsafe around children due to a propensity to violent outbursts and the family doctor reported a history of disordered menstruation which he held responsible for the fits.[73] As a result of this evidence Brixey was acquitted of murder on the grounds of insanity albeit not without considerable public outrage at the verdict. Although both Smith and Vaughan refer to this reaction, the articles in the local press remained remarkably restrained and neutral.[74] Only a small report in the *Kentish Gazette* hinted at the simmering rage over a verdict which enabled a murderess to escape the hangman's noose. It reported on a letter sent by the matron of Bethlem to Mrs Finch describing how Brixey had had her head shaved and been dressed in prison garb with the explicit aim of wounding the convict's

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[72] Ibid., p.10
[73] *Dover Telegraph and Cinque Ports General Advertiser,* 10 May 1845
[74] R. Smith, p.119; David Vaughan, *Mad or Bad?: Crime and Insanity in Victorian Britain* (Barnsley: Pen & Sword Books, 2017), pp.48-54

pride and vanity. The letter writer also declared that 'the unfortunate creature is no more mad than herself'.[75] T. Mayo, an acclaimed alienist and expert witness at the Brixey trial, reached a similar conclusion about Brixey's state of mind when he visited her and other criminal lunatics at Bethlem in 1847: 'The Greenwich murderess is at present in Bethlem, where her case will afford very mischievous evidence to all such hysterical young females as may be cognizant of it, how comfortably life may to appearance be spent after the indulgence of splenetic cruelty, provided a human being is destroyed. There is not about her the smallest evidence of insanity'.[76] Had the insanity defence been abused as many thought? Brixey was not suffering from delusions and she was certainly aware that she had done wrong. The presence of the former and the absence of the latter were taken to indicate insanity for legal purposes but the Brixey case raised another possibility advocated by alienists: the uncontrollable impulse. However, no legal precedent was set with the judges rejecting the medical view of irresistible impulse and discrediting the alienists in the process.[77]

There was widespread emotional opposition to the insanity defence with critics deeming it a social danger. Judges expressed concern at the increase in the success of the plea and Smith has called its implementation a loss of social control by the authorities.[78] However, in 1859 there were 4,514 prisoners confined in Kent's gaols where justice was served and the social order demonstrably maintained whilst there were 42 criminal lunatics imprisoned in the county asylum (0.9%).[79] In 1862 roughly a quarter of all criminal lunatics were incarcerated for larcenies with the same proportion having committed murder or attempted murder.[80] Of the 16 criminal lunatics admitted to Barming Heath in the years 1850 to 1853, 6 had committed theft and 5 murder or assault with no information available for the other 5.[81] Although public and legal controversy centred on the sensational murder cases, Joel Eigen has pointed out that 'the Old Bailey became familiar with the insanity defence as a result not of charges of murder or violence but through experience of rather routine, run-of-the-mill thefts'.[82] He concluded that after Hadfield, defendants on trial for

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[75] *Kentish Gazette,* 1 July 1845
[76] R. Smith, p.156
[77] Ibid., p.103 and p.119
[78] Ibid., p.31
[79] *Judicial and Criminal Statistics for England and Wales* PP 1860 (2692), p.63 and p.95
[80] *Judicial and Criminal Statistics for England and Wales* PP 1860 (2692), p.35
[81] KHLC-MH/Md2/Ap1/3
[82] Joel Eigen, 'Intentionality and Insanity: What the Eighteenth Century Juror Heard' in *The Anatomy of Madness,* vol.2, ed. by W.F. Bynum, Roy Porter and Michael Shepherd (London: Tavistock Publications, 1985), p.40

personal crimes were roughly twice as likely to convince a jury of a debilitating mental condition than were offenders prosecuted for property offences. Nevertheless, in 1870 there were more lunatics at Barming Heath convicted of theft than crimes against the person although by then the really dangerous criminals were being consigned to Broadmoor in Berkshire which opened in 1863. Acquittal on the grounds of insanity, for murder at least, usually meant incarceration for life in a lunatic asylum. Brixey, however, was released after 13 years at the age of 31 and subsequently moved between the workhouse and lodgings in a life of perpetual want, dying a pauper in 1904.[83] Her crime had occurred in a domestic setting, which as Conley has outlined, was deemed less threatening than violence on the streets: 'in Victorian Kent the judicial system was concerned with allowing respectable people to walk the streets safely'.[84] By and large it succeeded but there was one massive breakdown in social order in the county, caused not by a murderer or a thief but by a perjurer who had spent three years detained at Barming Heath: William Courtenay.

The case of John Nicholls Tom, alias Sir William Courtenay

A direct link between criminal lunacy and social unrest became evident in Kent in the figure of John Nicholls Tom, alias Sir William Courtenay, who led an abortive and bloody uprising of farm labourers at the Battle of Bossenden Wood in May 1838. He had been confined at Barming Heath after a perjury conviction was quashed on grounds of insanity from October 1833 to October 1837, the 107th patient to be admitted. On being released under nebulous circumstances to acquaintances in the Boughton area near Faversham, he garnered support for a religiously inspired and socially coloured mission amongst the local populace. Courtenay was a flamboyant and eccentric character who dressed singularly and impersonated the Earl of Devon, the real William Courtenay and a Knight of Malta. Originally a Cornish maltster, (a mischievous play on words by the madman?), he had left his wife in April 1832 to sell a cargo of malt in Liverpool where he disappeared. He surfaced in Kent in August that same year claiming to be first Count Rothschild then Sir William Courtenay. In December he threw himself into politics, standing as a candidate for the city of Canterbury and polling a respectable 19% of the votes. He also stood for East Kent against Knatchbull but polled a derisory four votes, suggesting his support came from the

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[83] Vaughan, p.54
[84] Conley, p.67

potentially disaffected lower and middle classes.[85] He became something of a celebrity in the area and on several occasions the church bells were rung in towns and villages across the county to welcome him and this was reported in the local press[86]. Even when he was arrested for perjury whilst defending some smugglers his popularity did not diminish. The *Kentish Gazette* reported that Courtenay 'who by his abilities and eccentricities has almost reached the acme of popularity among the industrious and other classes residing in this city [Canterbury]' addressed 'an immense multitude' from the roof of his coach after leaving the gaol and being granted bail.[87] When he appeared at the city sessions charged with borrowing money under false pretences 'the noise, tumult and confusion in the hall at this time beggar[ed] description. Courtenay! Courtenay! resounded from all sides intermingled with other exclamations and loud hootings, halloings, whistlings and screams'.[88] His aim of doing good for the needy, including smugglers ('it was only the distress of the time made them so') reverberated with many people although there were not a few who saw through the imposture.[89]

In October 1838 Courtenay was released from Barming Heath and despite his obvious delusions and millenarianism he continued to inspire devotion and adulation among the poor farm labourers particularly of the parishes of Boughton, Hernhill and Dunkirk in the Blean, leading them in an abortive, fatal uprising:

> 'the whole company seemed to be under a spell and many of them were
> so miserably and awfully deluded as to believe that the maniac was
> JESUS CHRIST and that he had the power of rendering them incapable of
> receiving injury from sabres or bullets'.[90]

There materialised the very scenario the asylum had been designed to prevent, the mingling of insanity with social protest. Entire communities were swept away by the rhetoric of a charismatic leader, impervious to danger, a threat to life and property and on the rampage demanding justice crying 'Our rites and liberties we will have'.[91] Courtenay's rising was the most dangerous of a string of millenarian movements that characterised the late eighteenth and early nineteenth centuries. J.F.C. Harrison has outlined three factors present in a social interpretation of millenarianism, namely crisis, anxiety and deprivation,

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[85] Reay, *The Last Rising,* p.109
[86] *Kentish Gazette,* 22 February 1833 (Faversham) and 12 March 1833 (Hythe)
[87] *Maidstone Journal,* 9 April 1833
[88] Ibid., 2 July 1833
[89] Ibid., 5 March 1833
[90] Ibid., 5 June 1838
[91] *The Times,* 6 June 1838

all of which were evident in some measure in the Blean in 1838. Harrison concluded that 'basically millenarianism was an ideology of change', thus linking the Courtenay rising to the revolutionary inspired Swing Riots which also advocated change.[92] Courtenay's aims were populist and radical. He opposed the New Poor Law with its union workhouses (enacted whilst he was confined) and called himself the poor man's friend. Indeed, the first public display of opposition to the New Poor Law began in Kent in April 1835 at Milton Union near Sittingbourne which was not far from the Blean. The Guardians and relieving officer had been chased and repeatedly pelted with mud and stones when they ceased to give out relief in cash payments. John Knott contended that the Battle of Bossenden Wood, as the Courtenay rising became known, was the last anti-poor law disturbance in south-east England before protest was driven underground.[93]

In addition, Courtenay appealed to the hungry poor and promoted traditional English values, especially old English fare such as roast beef, plum pudding and nut-brown ale, commodities he provided in plenty for his followers at his meetings.[94] E.P. Thompson has noted how foodstuffs like beef and beer involved feelings of status over and above their dietary value: 'the Roast Beef of Old England was the artisan's pride and the aspiration of the labourer' whilst beer was regarded as essential for any heavy labour.[95] Consumption amongst labourers had declined since the onset of the Industrial Revolution so Courtenay's offerings would not only have filled hungry bellies but also satisfied nostalgic hearts. On the day of the battle, which claimed eleven lives, Courtenay bought bread at Boughton, 'broke it asunder and placed [it] on a pole with a flag of white and blue and a rampant lion'.[96] There was a spiritual dimension to the company's eating together which was reminiscent of communion and Christ and his disciples. Moreover, Harrison noted how Courtenay bore a striking resemblance to the traditional image of Christ and how when he appeared on his white mare it seemed as if the promise of Revelation 6 was being fulfilled.[97] All of this was manna to the impressionable inhabitants of Boughton, Dunkirk and Hernhill but anathema to the watching authorities who sought to maintain order and ensure appropriate behaviour among the lower classes.

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[92] J.F.C. Harrison, *The Second Coming: Popular Millenarianism, 1780-1850* (New Brunswick: Rutgers University Press, 1979), pp.218-22
[93] John Knott, *Popular Opposition to the 1834 Poor Law* (London: Croom Helm, 1986), pp.81-2
[94] Reay, *The Last Rising,* p.112
[95] Thompson, pp.349-50
[96] *Maidstone Journal,* 5 June 1838
[97] J.F.C. Harrison, p.214

In this singular tale of rebellion and criminal lunacy the role of the new lunatic asylum demands particular attention. According to Jessup, Courtenay was allowed to issue manifestoes championing the rights of the poor to his admirers whilst confined there.[98] He also received preferential treatment, not having to have his head shaved nor wear institutional clothing, so retaining his flamboyant appearance and assumed identity.[99] There was also the controversy surrounding his release, it being alleged that it was procured with the promise of his father's vote for the liberal candidate, Sir H. Vivian, at the Cornish election.[100] The matter was debated in the House of Commons and in the pages of *The Times,* where an exchange of letters relating to the decision to release Courtenay appeared. The then superintendent of Barming Heath asylum, George Poynder, defended his part in the proceedings at some length, stating that he had always considered his charge 'to be a most decided madman and a very unfit person to be at large'. His medical assessment had, however, been overruled by the Secretary of State, Lord John Russell, on the proviso Courtenay would be in the custody of his father and friends, a condition that was totally disregarded. Poynder contrasted Courtenay's swift, straightforward liberation with that of a woman named Usborne, discharged at the same time, who had been indicted for stealing a coat but acquitted on grounds of insanity:

> 'These two cases furnish a striking contrast to each other. In the one, a poor woman was allowed to remain in confinement 16 months after being pronounced perfectly recovered, in the other, a man who had before his confinement occasioned such excitement in the country that it had been found necessary to call out the military, and who was pronounced as continuing of unsound mind, was nevertheless forthwith liberated'.

Why was such extreme caution observed in one case, and such gross and criminal neglect exhibited in the other, asked a reporter of the *Maidstone Journal,* before emphasising in italics that 'there must have been some reason for this'. Indeed, a previous member for Truro, Mr Tooke, had also been urgently implored to apply to the home office for the release of Courtenay, but on visiting the lunatic at the asylum he had declined to intervene

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[98] Jessup, p.140
[99] Reay, *The Last Rising,* p.118.
[100] Canterburiensis, *The Life and Extraordinary Adventures of Sir William Courtenay* (London: James Hunt, 1838), p.383

on his behalf.[101] There were obviously dealings at the highest political level implicated in the Tom/Courtenay affair and these seem murky and suspicious on closer inspection.

'Now they must manage matters strangely in Kent' wrote the same reporter referring to the Courtenay affair, thereby raising some intriguing questions and possibilities.[102] Was the whole episode partly stage-managed by the authorities, undertaking a sort of controlled explosion to defuse undercurrents of social discontent? In his study of social control in nineteenth century Britain A.P.Donajgrodski described how 'the police, the courts, the 'respectable' public, and the cultural establishment, including the mass media, can not only regulate the amount and kind of deviancy in society, but actually create, shape and contain it'.[103] In this scenario outsiders, including the mentally ill, are 'held to perform a social control function for the community at large, diverting and channelling conflicts inherent in capitalist society away from consideration of its actual source'.[104] As Szasz has outlined they become scapegoats on whom the evils of society can be blamed. Indeed, for Mannoni, the madman's role in society was analogous to that of human sacrifices in former times.[105] Did Courtenay serve such a lightning rod function in Kent in the 1830s? Moreover, was he really mad? Was he fooling the asylum authorities or were the authorities using him? According to Reay, the Boughton farmer George Francis, with whom Tom stayed on his release in 1838, thought him sane as did the vicar of Hernhill, Charles Handley. The latter stated in his account of the riot that the rising of 1838 was planned and Courtenay's insanity 'an artful contrivance' to fall back on should it fail, which it did, at the cost of his and 10 other lives including one police constable and a soldier.[106]

The 1838 revolt has been called the last rising of the agricultural labourers and it was a decidedly enigmatic affair. Reay has written that events had a touch of the Gothic and melodramatic about them and that the prints illustrating the protest could have come straight from a work of contemporary popular fiction.[107] Simple agricultural labourers had followed a certified lunatic en masse, believing his millenarian prophecies and deluding themselves as to their own mortality. The chartist Feargus O'Connor remarked at the time that 'if Courtenay was mad, how woeful must be the condition of those men who will even

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[101] *Maidstone Journal,* 20 June and 28 August 1838; KHLC-U/951/C37 1-53 Courtenay Riots
[102] Ibid., 28 August 1838
[103] A.P. Donajgrodski, *Social Control in Nineteenth Century Britain* (London: Croom Helm, 1977), p.14
[104] Ibid.
[105] Mannoni, p.499
[106] Reay, *The Last Rising,* pp.113-4
[107] Ibid., p.117

follow a mad man in the hope of change?'[108] In the aftermath of the rising F. Liardet conducted a survey of living conditions in the hamlets of Boughton, Dunkirk and Hernhill and concluded that religious fanaticism was the prime cause, stating that 'if we look for a moment at the absurdities and inconsistencies practised by Thom, it appears at first utterly inconceivable that any persons out of a lunatic asylum could have been deceived by him'.[109] The potential for chaos had already been evident in 1833 among the city dwellers of Canterbury who he had enthralled with his tirades: 'it is indescribable and inconceivable that the greater part of this city in this enlightened age should be so gulled and duped by such a hypocritical, diabolical, fabricative imposter'.[110] It seems his four year confinement in Barming Heath did nothing to dull his unique blend of charisma and eccentricity or his ability to carry people away with his fiery, emotive speeches. Indeed, it almost looks as though he honed his skills within its walls.

Surprisingly, no one was committed to the asylum in the aftermath of the rising. In comparison to the justice meted out after Swing when several men were executed for firing ricks, the sentences handed out in 1838 were merciful despite the fatalities: ten men were tried for murder but their death sentences were commuted to transportation for life or one year's hard labour in prison with a month in solitary confinement.[111] To revisit the scapegoat or lightning rod theory alluded to above, it was as if Courtenay, with his death, had excised socially dangerous elements of protest and disorder from the local community. Rural Kent remained peaceful until the trade union movement of the Revolt of the Field began in 1872 and Chartism largely passed the county by. Had a form of inoculation taken place, whereby a small dose of what the authorities saw as irrational social upheaval was introduced into the communal fabric to protect it from anything more extreme in the future? However the Courtenay episode is interpreted, it represented a significant challenge to the social order by an eccentric criminal lunatic and demonstrated the widespread concern at the fast growing rate of acquittals on grounds of insanity. Had Courtenay been transported for perjury as the law stipulated the Battle of Bossenden Wood would never have taken place. The authorities, however, had only themselves to blame as not only did they transmute transportation into confinement in a lunatic asylum

[108] *Northern Star,* 9 June 1838

[109] F.Liardet, 'State of the Peasantry in Kent', in *Central Society of Education* (London: Taylor & Walton, 1839), p.97

[110] *Kentish Observer,* 11 July 1833

[111] Reay, *The Last Rising,* p.145

but they also actively procured Courtenay's release going against the judgement of medical men in the process.

Suicide in the community

Also considered criminal in the nineteenth century were the many suicides and attempted suicides that took place in the community. Successful suicides in the asylum, dealt with in the previous chapter, automatically received a verdict of insanity (they were after all certified insane) whilst attempted suicides in the institution escaped legal censure. In the community, however, as with other forms of unacceptable behaviour, including lunatic behaviour, the state established a deterrent to prevent suicides. The punishments meted out for attempted suicide ranged from a verbal reprimand to six months' prison with hard labour and were designed to send a clear message that self-destruction was as much a crime against the state as a personal tragedy. Successful suicides were usually found temporarily insane and pitied for their inability to cope with life's demands. However, this had not always been the case and there existed an older verdict whereby the deceased was declared a felon who had shown criminal intent and was accountable for his/her actions: *felo de se.* In the 1660s 93% of suicides reported to the King's Bench were declared *felo de se* but by 1800 97% were judged *non compos mentis.*[112] Alterations to the social fabric, which was slowly secularising, were reflected in the change of verdict from a demonic to a compassionate one but throughout the state retained its right to determine what was acceptable behaviour, with the implication that suicide diminished the population, and so the workforce, whether as a result of a sinful heinous transgression or tragic personal circumstances.[113]

Despite this decriminalising trend, in 1843 this outdated and controversial verdict, in which the state controlled the deceased's prospects in the afterlife by denying them Christian burial, was pronounced on George Hendry and Ann Saneto who had been found with their arms tied together in the Medway mud near Rochester Bridge at low tide. They had stolen a boat from which they had jumped into deep water and Hendry's arm was around Saneto's waist. They had been engaged to marry and the banns had been read and a date set. Hendry, however, had changed his mind and told his fiancée that he would not be alive in a few days' time and would she die with him? She then told her father that she

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[112] MacDonald, 'The Secularisation of Suicide in England', p.60; Sheila Moore, 'The Decriminalisation of Suicide' (unpublished PhD thesis, London School of Economics and Political Science, 2000), p.36
[113] MacDonald, 'The Medicalisation of Suicide in England', pp.69-91

did not wish to see Hendry again and became low-spirited but she broke her resolve and, dressed in a white gown, stayed up all night and met up with him. A witness thought she had appeared greatly troubled at this time. The judge at the inquest was certain that Hendry had murdered Saneto and then killed himself. There was even a report that he had intended to slip the knot and save himself. Conflicting evidence was given as to his character, three policemen testifying to his sober lifestyle and sound understanding whilst the girl's parents thought he was a bad influence with idle habits. A bricklayer by trade, he never seemed to work although he always had ready money. A post-mortem found the girl to have been pregnant although the officiating doctor asserted she would not have known. It is of course possible that she did know and that when Hendry said he would not marry her, resolved, as a way out of her trouble, to unite with him in a watery grave dressed in her wedding gown. The jurymen took eight and a half hours to agree on their verdict of *felo de se* and even then the foreman had to sanction their pronouncement. Like the suicide itself and the inquest proceedings, the funerals of Hendry and Saneto attracted an inordinate amount of attention. They were buried at night without any religious services. Hendry's funeral attracted 500 whilst Saneto's drew about a thousand, numbers doubtlessly swelled by the rarity and notoriety of the verdict which was the judgement and practice of a bygone era.[114]

It was a reminder by the state of its prerogative to punish suicides and a stark warning to would-be imitators. As an exercise in social control it penetrated the very soul of an individual with threats of eternal damnation in the afterlife as well as criminalisation in the here and now. In early modern England suicides had been denied the usual rites of mourning. Their bodies were interred in the dark, without a coffin or flowers or a religious service. They were often buried in a roadway, sometimes at a crossroads, symbolising the fact that they had not completed their transition to the afterlife and were on an eternally unfinished journey. A suicide's ghost was believed to be restless and malevolent hence the stake driven through the heart to fix the spirit in the grave and prevent its wandering.[115] In 1887 W. Rendle reported on a deposition made in the reign of James ll about a highway called Horslydowne leading from Southwark into Kent: 'a woman who hanged herself was buried there and this deponent drove a stake through her as was the custom; and a man who drowned himself was in like manner buried'.[116] The funerals of Hendry and Saneto

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[114] *Maidstone Journal,* 1 August 1843
[115] Michael MacDonald and Terence Murphy, *Sleepless Souls: Suicide in Early Modern England* (Oxford: Clarendon Press, 1990), p.47
[116] W. Rendle, 'A Suicide's Burial', *Notes and Queries* 3 (1887), p.359

were legacies of these past rituals although tempered by the passage of time. The old customs certainly remained in the collective unconscious and exercised a ghoulish fascination as well as acting as a state endorsed deterrent.

From the judicial statistics for 1860, showing the number of suicides by county, it is clear that Kent had a high level of self-inflicted deaths. Out of the 40 counties in existence in England and Wales at that time, Kent had the third highest suicide rate, coming after Middlesex and Lancashire but before Yorkshire and Surrey.[117] When the populations of the same 40 counties are ranked in order of size, Kent, with a population of 657,342 in 1857, is fifth in the list after Middlesex, Lancashire, Yorkshire and Surrey.[118] If the ranking is done according to known number of pauper lunatics and idiots in each county then Kent comes in sixth. It is the same four counties ranked above it with Gloucestershire making an appearance in fifth place.[119] There would seem to be a straightforward correlation between population density, lunacy and suicide. Indeed, Morselli concluded that 'the population of suicides in all Europe is greater amongst the population of urban areas than amongst the more scattered inhabitants of the country'.[120] Unsurprisingly, London always had more suicides than the rest of England but, as Anderson has noted, it also had an 'exceptionally efficient' registration system meaning that fewer suicides were concealed.[121] The proximity of Kent to the capital obviously had an effect on suicide rates in what was otherwise a predominantly rural county. The other counties contiguous to London, Surrey and Middlesex, also had a high suicide rate. Radcliffe calculated an average of 6.8 suicides per 100,000 inhabitants in England and Wales in the years 1856 to 1858. Kent had a rate of 9.9 whilst Middlesex and Surrey were 10.5 and 10.4 respectively. Solely agricultural counties such as Hereford and Somerset were well below average leading to the conclusion that the figures for the metropolitan districts of Kent (Greenwich, Woolwich, Deptford, Lewisham) boosted the overall suicide rate for the county.[122] Morselli, however, analysed these areas separately and cited for them a figure of 7.26 suicides per 100,000 whilst the rest of the county was 8.74 per 100,000. These were averages of the five years 1872 to 1876 calculated on the population of the 1871 census.[123] Rural Kent thus had a higher suicide rate than metropolitan Kent despite the larger concentration of suicides in the latter. It is

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[117] *Judicial and Criminal Statistics for England and Wales* PP 1860 (2692), pp.75-80
[118] *Eleventh Annual Report of the Commissioners in Lunacy* PP 1857 (157), p.64
[119] Ibid., p.64
[120] Enrico Morselli, *An Essay in Comparative Moral Statistics* (New York: D.Appleton, 1882), p.169
[121] O. Anderson, p.50
[122] J.N. Radcliffe, 'On the Difficulties of Suicides in England and Wales', *Journal of Psychological Medicine* 12 (1859), p.472
[123] Morselli, p.46

interesting to note that at a suicide conference held in September 2016 it was stated that the suicide rate in Kent was lowest in the metropolitan areas and increased proportionately with distance from the capital.[124] In March 2018 statistics posted on a local website showed that Kent still had a higher than average suicide rate.[125]

Ascertaining why Kent had such a high suicide rate is harder than analysing the statistics. Various historians have examined a vast array of factors including climate, civilisation generally and population density. The north of Europe had long been acknowledged as the classic ground of suicide and England, quite unjustifiably, had a reputation as the suicide capital of the world. Montesquieu held the climate responsible, writing that the English lived 'in a nation so distempered by the climate as to have a disrelish of everything, nay, even of life' adding that 'they killed themselves most unaccountably even in the bosom of happiness'.[126] Morselli examined the influence of climate on suicide rates regionally within England and Wales and found that it was in the warmer, sunnier south-eastern counties that they reached their maximum thus refuting the notion that the colder temperatures and greyer skies of the north produced more self-inflicted deaths.[127]

Also widely blamed for the rising suicide rate was the progress of civilisation, closely linked to urbanisation for Howard Kushner.[128] Many commentators on lunacy matters averred that insanity and suicide were rare among aboriginal people. A reliable indicator of the level of civilisation a society has attained is its literacy rate and Radcliffe found that only in respect of education and the ability to sign one's name was there a correspondence between a predisposing cause of suicide and its geographical distribution.[129] However, Reay has found pockets of high illiteracy, especially amongst labourers, in parts of rural Kent so this finding is not conclusive.[130] The presence of large towns in a county could also boost the suicide rate although, as Anderson has shown, it was their type rather than their size that affected numbers. In Kent there were no

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[124] Tim Woodhouse, Public Health Team, Kent and Medway Suicide Prevention, September 2016

[125] www.democracy.Kent.gov.uk/documents/s86560/Item%209%20appx%20-%20Suicide%20Prevention%20Needs%20Assessment%20Sept%202018%20vl.doyx.pdf accessed 26/11/2018; Zell also ascertained as much for the county for the period 1561 to 1600; Michael Zell, 'Suicide in Pre-Industrial England', *Social History,* 11 (1986), p.309

[126] Montesquieu, *The Spirit of the Laws,* trans. by T.Nugent and J.V.Prichard (London: George Bell & Sons, 1897), pp.249-50

[127] Morselli, pp.46-7

[128] Howard I. Kushner, 'Suicide, Gender and the Fear of Modernity in Nineteenth Century Medical and Social Thought', *Journal of Social History,* 26 (1993), p.467

[129] Radcliffe, p.480

[130] Reay, *Microhistories,* pp.213-253

industrial towns, the type identified as having a low suicide rate, refuting the widely held view that a high suicide rate was the concomitant of industrialisation. There were, however, several ancient, multifunctional and nonindustrial towns such as Canterbury and Maidstone which had suicide rates almost double that of rural areas.[131] Interestingly, Anderson makes no mention of the Medway towns which had a high suicide rate to match their dense population.

There is no clear cut explanation for Kent's high suicide rate although proximity to the capital was surely a decisive contributory factor. Nowadays, the south-east is considered the most highly developed part of the country with high financial investment and a sophisticated infrastructure. It is also considered the hub of the so-called rat-race with concomitant levels of stress among its inhabitants. Whatever its genesis, Kent's high suicide rate is indicative of a certain malaise within the county and suggests poor levels of mental health within local communities. There were far more suicides by men than women in Kent, a pattern replicated across the country and over time. In 1860 in Kent, 76% of all inquest verdicts of suicide were by men.[132] The figure for male suicides in the county in March 2016 was 79%.[133] However, these figures relate only to completed suicides. If attempted suicides are included women rather than men emerge as the group at greatest risk of self-destructive behaviour.[134]

Suicide laws were very much an exercise in social control, an attempt at keeping an often disgruntled populace docile and amenable. They sought to maintain an orderly status quo in which those at the bottom of the social ladder were to accept their lot meekly and not deprive the state of their potential for labour by committing suicide. Like the lunacy laws they regulated behaviour and determined what was acceptable and what not. They also served as a deterrent and a warning to would-be criminals/lunatics. Indeed, the issue of imitation was widely discussed in the nineteenth century especially in the wake of the suicide wave inspired by Goethe's *The Sorrows of Young Werther* which claimed numerous victims on the continent. Georgia Noon has written that 'Werther's suicide of excessive sensibility and unrequited love create[d] a suicide epidemic of international scope, and self-destruction attain[ed] heroic dimensions'.[135] Various authorities were sufficiently

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[131] O. Anderson, p.92

[132] *Judicial and Criminal Statistics for England and Wales* PP 1860 (2692), p.76

[133] www.democracy.kent.gov.uk/documents/s86560/Item%209%20appx%20-%20Suicide%20Prevention%20Needs%20Assessment%20Sept%202018%20vl.dotx.pdf accessed 3/2/2020

[134] Kushner, p.473

[135] Georgia Noon, 'On Suicide', *Journal of the History of Ideas* 39 (1978), p.381

concerned to move them to ban the book (Italy, Copenhagen and Leipzig for example) although, as Belinda Jack has documented, it is difficult today to ascertain the veracity of imitative acts inspired by Werther. However, she concludes that modern research suggests the existence of a so-called Werther effect of suicide contagion.[136] Something along these lines took place in the small Kent village of Chiddingstone between 13 November 1867 and 12 January 1868 when there occurred a spate of five suicides and attempted suicides by labouring folk all known to each other. One of them, a man called Jonathan Staples, had even hung himself whilst his wife was attending the funeral of David King, who had also hanged himself. A form of contagious imitation seems to have been at work in the village with one newspaper stating that 'the neighbourhood of Chiddingstone is gaining quite an unenviable notoriety'.[137]

Sensationalist newspaper reporting was often blamed for copycat suicides which were newsworthy events in both regional and national editions, sometimes occupying just a few lines but not infrequently covering several paragraphs. In 1839 the *Maidstone Journal* published an anonymous article reproaching newspapers for printing the lurid details of the crime: 'It is much to be feared that these statements have had an unhappy effect upon those disposed to this dreadful act'.[138] Although these articles employed adjectives such as 'dreadful', 'shocking', 'distressing' or 'desperate', implying not only condemnation but also a sense of pity, they undoubtedly helped promote circulation and satisfied the Victorian lust for the sensational and the ghoulish. This reporting meant that the deceased's actions and words reached an audience composed mainly of strangers that was much wider than the immediate circle surrounding the suicide. Nowadays, many countries have guidelines for the media when covering suicides as the manner in which they are referred to is known to affect the actions of others. However, Jack has also outlined the opposite effect whereby the method of reporting actively seeks to prevent further suicides. This has been termed the Papageno effect, after the character of that name in Mozart's opera *The Magic Flute.* Papageno fears that he has lost his love, Papagena, and is planning his death when he is prevented at the last minute by three child-spirits who suggest that he ring his magic bells to summon Papagena. She duly appears. [139]

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[136] Belinda Jack, 'Goethe's *Werther* and its effects', *Lancet* 1 (2014), p.19
[137] *Maidstone Journal,* 21 December 1867 and 25 January 1868; *Tunbridge Wells and Tonbridge Weekly Express,* 3 December 1867
[138] *Maidstone Journal,* 31 December 1839
[139] Jack, p.19

The state's prohibition of suicide, which was not relaxed until 1961, doubtlessly deterred many from committing 'this rash act' but a lot of desperate and discontented individuals nevertheless displayed considerable ingenuity in ending their lives. Some were spontaneous, as when in 1848 the early omnibus from Faversham to Gravesend overturned as a result of the horses becoming unmanageable and the driver Bax disappeared and cut his throat a mile away.[140] Others were meticulously planned such as when in 1842 a well-dressed young man in Canterbury ingested prussic acid after taking thorough precautions to prevent his identity becoming known, even obliterating the marks in his linen.[141] Of 161 suicides reported in the *Maidstone Journal* between 1830 and 1870 a quarter were by hanging (41), followed by cut-throat (33) and drowning (20). Poison accounted for 17 cases and shooting 11. Nine people jumped from a great height, either from a building or a cliff or into a well, whilst two chose to kill themselves on the railway. The least popular methods of suicide, with one case each, were inhaling charcoal fumes and opening the veins in the arm. These regional findings tally for the most part with the results of William Ogle who wrote an article on national suicide statistics in England and Wales in 1886. However, there is a discrepancy with regards to drowning. In the figures taken from the *Maidstone Journal* drowning was a less popular method of suicide than cut-throat and men and women were equally represented. In Ogle's figures, for the years 1858 to 1883, drowning occurred with a similar frequency to cut-throat and was markedly more popular with women than men.[142] Anderson has also asserted that drowning was the preferred suicide method in the south-east and describes at some length the romantic stereotype of female suicide by drowning expressed by nineteenth century artists and poets.[143] The coroners' inquests from Dover (1851-64) and Maidstone (1820-35), however, show that far more men than women drowned themselves in these jurisdictions (Dover 34:9, Maidstone 15:2) and in Dover drowning was the most popular suicide method overall (42%), doubtlessly due to its proximity to the sea. Also of interest in the figures for Dover is the high number of suicides from jumping from a great height (12%), some from upper storey windows but most from the top of the White Cliffs. This, along with the large number of drownings in the Medway at Maidstone (roughly a third of all suicides there, only hanging

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[140] *Kentish Gazette,* 4 April 1848
[141] Ibid., 30 August 1842
[142] William Ogle, 'Suicides in England and Wales in Relation to Age, Sex, Season and Occupation', *Journal of the Statistical Society of London,* 49 (1886), p.118
[143] O. Anderson, p.19 and pp.197-206

was higher), shows that would-be suicides in their desperation made use of whatever means were most readily available to them, including the local topography.[144]

Although the punishment of suicide slowly secularised, for much of the nineteenth century the old penalties of forfeiture and burial in unhallowed ground were within living memory. Sensationalised newspaper reporting seemed to glorify the act but it may be, as Jack has suggested, that the exposure to accounts of self-destruction served to deter the desperate individual in a form of inoculation such as that outlined for William Courtenay above. Being declared a posthumous lunatic or a criminal was not something to aspire to. The state sought to control and check the propensity to suicide with criminalisation and the pure theatre of inquests and funerals such as that of Hendry and Saneto. Foucault has described the rise of the disciplinary society, noting that 'one must punish exactly enough to prevent repetition'.[145] As with other crimes the mode of punishment for suicide changed over time with a shift away from the brutal chastisement of the body to the more discreet reform of the mind. Throughout, however, the objective remained the same, that of exerting effective social control over the populace.

Inquisitions of lunacy

Inquisitions of lunacy were public enquiries, tried by jury, into the state of mind of an alleged lunatic and his or her ability to manage his or her own affairs.[146] They were procedures in civil law which, as James Moran has extensively outlined in his recent book *Madness on Trial,* dated back to the Prerogativa Regis of the thirteenth century. This was a landmark document that established the king's prerogative over the property of the mentally alienated, investing in the crown the right and duty as pater patriae, to protect the person and assets of individuals unable to care for themselves.[147] Lunacy investigation law was remarkably long-lived, lasting until the end of the 1800s and preceding the asylum movement by centuries. It was primarily about property not incarceration or treatment and involved airing a lot of embarrassing, private details in public at well attended venues reported at length in local and national papers. In *Madness at Home* Suzuki used such

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[144] KHLC-Do/Jci 1-12 Coroners' Inquests for Dover, 1851-64; KHLC- MD/Jci Coroners' Inquests for Maidstone Borough, 1808-35

[145] Foucault, *Discipline and Punish,* p.93

[146] There is an important distinction between the Commission of Lunacy discussed in this section and the Commission in Lunacy referred to elsewhere. The former were legal enquiries into the sanity of an individual to ascertain if he or she could manage their own affairs. The latter was the official inspectorate of asylums created bt the 1845 Lunacy Act.

[147] James Moran, *Madness on Trial* (Manchester: Manchester University Press, 2019), pp.35-6

reports from *The Times* for the years 1823 to 1861 to construct 'a first hand experience of the formulated subjectivity of real life mad people' and to demonstrate the concerns and difficulties of wealthy families living with an insane member.[148] Sometimes the alleged lunatic in a commission of lunacy was guilty of nothing more serious than living an eccentric or rebellious lifestyle that did not conform to the standards and values of his or her family. Suzuki has stated that 'such cases lend support to an interpretative model that has long been established in the historiography of nineteenth century psychiatry in terms of an alliance or even a conspiracy between the family and the state'.[149] There was thus a pronounced element of social control to lunacy investigation law throughout its long history.

Following Suzuki's example, it is possible to use the local cases of *de lunatico inquirendo* reported in Kent newspapers to highlight some of the issues wealthy families faced when dealing with a lunatic relative in their midst. Sometimes a commission of lunacy was a straightforward, unopposed affair such as when the alleged lunatic was suffering from obvious senile decay or mental incapacity. For example, an inquisition was held into the mental state of 78 year old Anna Maria Colegate at Riverhead near Sevenoaks in November 1843. It lasted but a day. The old lady was deluded in thinking that her husband and niece were still alive, the latter shut up in her house in a state of starvation. Mrs Colegate frequently went in search of her, carrying about some food for her. She was unable to feed or dress herself and was, at times, violent. Nobody disputed her unsoundness of mind and when the jury visited her, as was the custom, 'the mind betrayed itself worn out by old age'.[150] Also undisputed was the case in 1840 of John Gurr West, a young man of nearly 21 residing at Milton next Gravesend whose imminent coming of age had triggered a commission of lunacy to protect family assets. John had no idea of the value of money and he was obviously intellectually disabled, his mind being 'extremely weak'. His chief amusement was stringing nuts together for necklaces and other simple acts and he liked to play with a child of three years of age and shared his toys.[151] In both cases a verdict of insanity was upheld and the person concerned was deprived of their civil rights, which did not necessarily entail being confined in a madhouse. They were considered incapable of managing their money and property and could not make legal contracts, which duty fell to whoever the committee appointed as trustee, usually a relative or heir.

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[148] Suzuki, *Madness at Home,* p.38
[149] Ibid., pp.152-3
[150] *Maidstone Journal,* 28 December 1843
[151] *Kentish Gazette,* 1 December 1840

More often than not, however, inquisitions of lunacy were complex procedures during which not only embarrassing private details, which made 'good material for journalistic and commercial purposes', were made public but also the very elusive definition of madness itself was debated.[152] Moran has described the link between lunacy investigation law and the everyday responses of English families to madness: 'Lord Chancellors' use of precedent, their intellectual opinions and their verdicts in cases of lunacy created an influential discourse on the nature of madness, its manifestations and its relationship to legal process'.[153] Indeed, in 1861-2, at the notorious trial of William Windham, a wealthy young man from Norfolk accused of lunacy, the country's foremost experts on psychological medicine very publicly debated the concepts, symptoms and diagnosis of insanity, occasioning something of a popular backlash against psychiatric authority. Dan Degerman, analysing the Windham case in a recent article, quoted a reporter from *Reynold's Newspaper* who warned that psychiatrists could construe practically anything out of the ordinary as a sign of madness: 'The least deviation from ordinary behaviour – the slightest violation of the conventional customs of society – any oddity in dress – every eccentricity of speech, walk or gesture, is construed by these sleuth-hounds of madness into a symptom of insanity'.[154] Thus even outside the asylum behaviour modification was viewed as a primary goal of lunacy legislation.

A case that received a considerable amount of interest, not only in Kent but also nationally, was that of Laurence Ruck, who was considered a 'very respectable' gentleman with 'extensive and valuable property' in the Sittingbourne area. His delusions and antics were enumerated in court: he had accused his wife of wanton infidelity with a host of men ('her conduct was notorious….and it was even known to the drovers on the road') even though it transpired at the inquisition that unbeknown to his wife he had fathered two illegitimate children who he believed murdered by their mother, a Mrs Jones. Ruck wandered about relentlessly at all hours of the night and believed his estate was overflowing with precious minerals. He also feared being poisoned both at home and in the local inn, where on occasion he had with him a loaded pistol, eating his dinner with his fingers whilst walking to and fro and pouring a bottle of wine into a chamber pot. On one occasion he had made a bonfire of his clothes and set it alight whilst another time he had

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[152] Suzuki, *Madness at Home,* p.26
[153] Moran, p.34
[154] Dan Degerman, 'Am I mad?: The Windham case and Victorian resistance to psychiatry', *History of Psychiatry,* 30 (2019), p.463

locked his children's nurse in her room for a day and a half. All of this occurred during the years 1856 to 1857 and Ruck was confined in Moorcroft Asylum as a result.

At a commission of lunacy, however, held between 23 and 27 August 1858 at the large hall of St Clement's Inn in the Strand, Ruck appeared perfectly composed. He made a sentient and remorseful impression on the jury when cross-examined, attributing his former conduct to the effects of alcohol:

> 'the greater part of Wednesday was occupied with the questioning of the alleged lunatic who related what he had to say in a uniformly calm, rational manner, entirely free from excitement or extravagance of any kind. He…. told his story in an easy, offhand style….occasionally jocular when the matter justified it….at one time, on being asked incidentally if he was not happy to see his wife in court on the preceding day, he replied that he was and manifested for a moment a little natural emotion. His examination lasted upwards of an hour, and tho' always self-possessed, he appeared to grow the more collected the longer it continued'.

The verdict that Ruck was of sound mind and quite capable of managing his own affairs was received with cheers by the crowd in the hall.[155] However, as Sarah Wise has documented in her book on wrongful confinement, the case did not end there and the inquisition turned into a trial of the workings of the certification system. Not only had Dr Stillwell of Moorcroft Asylum erroneously classified Ruck as an hereditary lunatic but money had changed hands between him and Conolly. This looked very much like a conspiracy whereby money was paid for the arrest and ongoing detention of doubtfully certified English folk. In 1859 Ruck sued Doctors Stillwell and Conolly for assault and imprisonment and the judge found in his favour, awarding him substantial damages.[156]

There was also intense interest in commissions of lunacy where the accused (the alleged lunatic was essentially on trial for his sanity) had exerted his right to conclude some form of legal contract which his or her family subsequently disputed and sought to annul. In 1841 Hugh Steward Carlow of Rochester had recently made a will that would be invalidated if he was found to have been mentally incapacitated at the time of its signing.

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[155] *Maidstone Journal,* 28 August 1858; Anon., 'Commission of Lunacy on Mr Ruck', *Asylum Journal of Mental Science,* 5 (1858), pp.122-46

[156] Wise, pp.273-4

(He was).[157] Similarly, in 1829 a young woman from Chatham named Chapman, had married an older man, a widow with nine children, much to the dismay of her aunt and friends who immediately 'sued out' a commission of lunacy to defeat the 'sordid intentions' of the husband.[158] Sometimes an inquisition was used to settle quarrels among the kin of an alleged lunatic. This was the case of 86 year old, senile Thomas Millson of Plumstead whose son was being excluded from the running of the lucrative family farm by his sister and brother-in-law. He petitioned the court for control over his father's affairs and won.[159] The main concern of lunacy investigation law was thus economic, arising from the need to exert power over a relative's finances and, bearing in mind the inheritance laws, their sexuality.

Economic control usually concealed emotional control. In the twentieth century Laing and others have documented how subtle and not so subtle games were played out in the families of the mentally ill, whereby rebellion against given norms and values was ruthlessly suppressed through emotional blackmail and deep seated control mechanisms.[160] In the nineteenth century a wealthy family could enhance these mechanisms by resorting to an inquisition, depriving the offending member of basic rights and liberties and appointing a guardian whose authority 'was greater than that of a father over an infant'.[161] Indeed, a family's control mechanisms could, especially when sanctioned by the state, be far more incisive and intrusive than any surveillance carried out by strangers in an asylum as Suzuki, and Bartlett and Wright, have described.[162] Middle and upper class families were havens of domesticity and respectability. Bertha Mason notwithstanding, there were probably fewer Elizabeth Fishers among their ranks as they could afford to pay for personal attendants for the family lunatic and had the space to house him or her comfortably but separately. They were keenly aware of how one behaved in refined society. Indeed, as Suzuki has stated, 'concealing both the embarrassing antics of lunatics and the ugly sight of coercion was the basic rule of the game'.[163] Control was 'discreet' and 'invisible' rather than 'solid' and 'obvious' as in the asylum:

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[157] *Maidstone Journal,* 12 October 1841
[158] *Kentish Chronicle,* 11 August 1829
[159] *Maidstone Journal,* 14 December 1824
[160] Laing and Esterson, p.23 and p.27, backcover
[161] Anon., 'Chancery Lunatics', *Journal of Psychological Medicine and Mental Pathology,* 4 (1851), p.631
[162] Suzuki, p.138; Bartlett and Wright, eds, p.14
[163] Suzuki, *Madness at Home,* p.138

> 'The family did not trumpet its ingenious ways of containing the insane in published monographs and articles, nor did the family's power of managing the mad mind take the visible form of the high walls and brick and mortar of the institutions. Nudging gently (or not so gently) a senile husband into signing a check, nodding meaningfully to a clerk in a shop, putting a girl between two women at a dinner party –they were all subtle, makeshift, fragile, but effective means of containing the disruptive behaviour of insanity'.[164]

Suzuki emphasises how wealthy families were less troubled by the disruptive behaviour of a lunatic per se than fearful of the exposure of such behaviour to the eyes of the public. He identifies an element of hypocrisy in their handling of the lunacy in their midst and rejects the view, inspired by Norbert Elias, that increasing intolerance of disruptive behaviour within the domestic sphere was the driving force behind the rise of the asylum. After all, lunacy inquisitions had been around for over five hundred years whilst the asylum was essentially a creation of the nineteenth century.[165]

Commissions of lunacy were voyeuristic affairs. As Suzuki explains, 'the public's interest was multifaceted. Relish for comedy coexisted with the sober pathos of watching a tragic malady and freakish delusions coexisted with earnest outrage against restraint'.[166] The same historian entitled a subsection of his book about madness at home 'Lunatics on Stage', implying that an inquisition was in effect a performance during which the subject of the enquiry entertained an audience with his or her antics. The entire courtroom could be likened to a theatre, with each participant, commissioners and witnesses included, playing a role. For example, it was common practice for the alleged lunatic to be brought into the courtroom and cross-examined in order to demonstrate his state of mind to the jury. Quite often he would only incriminate himself whilst trying desperately to prove his sanity. Such was the case of Hugh Carlow who argued quite coherently that he had refused to pay his taxes and written to government officials in order to lay his case before the magistrates and get his wife and children returned to him. The newspaper reporter noted Carlow's 'extraordinary degree of shrewdness and cunning' in answering the commissioner's questions, although he betrayed himself with his persistent belief that there was a

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[164] Ibid.
[165] Ibid.
[166] Ibid., p.37

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conspiracy against his life and was subsequently found insane.[167] The impression of drama surrounding commissions of lunacy is heightened by the name given to the hearing itself: an inquisition. Its inquisitorial nature was self-evident from its purpose and make-up. Firstly, like its more famous cousin run by the church, it investigated the realm of thought and belief and examined the workings of deviant minds. Secondly, it encouraged self-incrimination on the part of the subject whereby he or she had to appear in person before a jury often with all the manifestations of lunacy on display. Thirdly, it was brought by the state at the family's instigation against an individual and was thus a symbol of power and finally, it was essentially a trial complete with witnesses and jury and often ending in condemnation. Moreover, the association of mental health and the Inquisition has been advanced in the twentieth century by Szasz who advocated that both were oppressive structures designed to identify, segregate and punish the socially nonconformist: 'The inquisitor saves the heretic's soul and the integrity of his church; the psychiatrist restores his patient to mental health and protects his society from the dangerously insane'.[168] Inquisitions of lunacy, however, were more concerned with the protection of property and inheritance than with maintaining social order although there was undoubtedly an element of control in how families policed their lunatic relative's actions and interactions. They only rarely ended with incarceration in an asylum or mad-house.

Conclusion

This chapter has detailed the plight of those lunatics, both rich and poor, who were not confined in the county asylum. In keeping with my theme of social control I have demonstrated that close surveillance and behaviour modification were not the prerogative of institutions but extended deep into the family unit and beyond. Indeed, regarding the issue of suicide, controlling factors penetrated the very soul of an individual with threats of eternal damnation in the afterlife as well as criminalisation in the here and now. Donzelot entitled his 1977 book *La Police des Familles* and Suzuki echoed some of his ideas when he wrote of a collusion between families and the state to control deviant lunatic behaviour. This collusion was partly subconscious. Those families who claimed outdoor relief or muddled through on their own probably believed they had retained the freedom to deal with their adverse predicament on their own terms, as the state only intervened when asked to, when there was compelling evidence of cruelty or neglect, or when there was a

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[167] *Maidstone Journal,* 12 October 1841

[168] Thomas Szasz, *The Manufacture of Madness* (St Albans: Granada Publishing, 1973), p.54

disturbance of the peace and a danger to the public. However, as Donzelot has outlined, the family policed its members' conduct according to society's norms:

> 'It is always a question of the same mechanism: in order to assure public order, the State puts direct pressure on the family, playing inextricably with its fear of public disrepute and its private ambitions. Everything occurs according to a very simple plan of collaboration, with the State saying to families: you make sure your kin obey the rules according to our demands, in return for which you can use them as you please, and if they contravene your commands we will supply the necessary support to bring them to order'.[169]

Increasingly in the nineteenth century the state's preferred method of correcting lunatic behaviour was incarceration in an asylum. By examining other forms of provision for the insane, many of them extramural, it is intended that the operations of the asylum itself have come more readily into focus.

In *Outside the Walls of the Asylum* editors Bartlett and Wright demonstrated that there has always existed, parallel to institutional care, lunacy provision in the community. However, other than in Scotland, where, under the terms of the Lunacy (Scotland) Act 1857, up to 25% of registered pauper and private lunatics were boarded out, this was not official policy in England and Wales until the second half of the twentieth century.[170] If lunatics in the pre-asylum era were often left to their own devices and if the mentally ill of today are usually treated in the community, what was the point of erecting and peopling these mammoth institutions? Apart from providing a base on which the psychiatric profession was built and allowing specialists to study large numbers of the insane under one roof, the nineteenth century asylum, I believe, chiefly taught the public the difference between acceptable and unacceptable behaviour for both patient and carer. Violent, suicidal and antisocial conduct disruptive of the smooth running of society was not to be tolerated but neither was the indiscriminate and cruel use of chains and manacles to control it. Lunatics were increasingly humanised and domesticated. Parallel to this development the state acquired the right to a monopoly of coercive treatment of the insane. Unfortunately, the 'kind' treatment of the late 1830s was superseded in the mid-

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[169] Donzelot, trans. by Anne Goad, p.51
[170] Harriet Sturdy and William Parry-Jones, 'Boarding-out insane patients: the significance of the Scottish system 1857-1913' in *Outside the Walls of the Asylum,* ed. by Peter Bartlett and David Wright (London: Athlone Press, 1999), p.86

twentieth century by such barbaric practices as lobotomy, ECT and insulin coma therapy, practices as harsh and demeaning as anything the eighteenth century devised. However, with powerful drugs available and a comprehensive welfare system in place, the mammoth infrastructure that was the Victorian asylum became obsolete. In some ways lunacy provision outside the asylum walls in the nineteenth century was not so different from community care today. For example, the mentally ill still often find themselves confined in gaols for want of better accommodation and resources just as they used to. However, the lunatic wards in workhouses have long since disappeared, replaced by a more generous welfare system that is not dissimilar to outdoor relief. Inquisitions of lunacy vanished from the legal landscape at the end of the nineteenth century but the problem of suicide, particularly in Kent, has not abated. Lunacy provision outside a specialist institution could be as restrictive as incarceration within one and workhouses, gaols, family care and outdoor relief all had a similar controlling agenda. Whether a lunatic was kept out of the asylum for reasons of cost, discretion or lack of space, he or she was not exempt from close surveillance and management.

Conclusion

In this thesis I have explored the various facets of lunacy provision in Kent for the century between 1774 and 1874. Beginning with William Perfect's licensed house in West Malling that started taking patients from 1771, I have examined all other private institutions in the county as well as the military asylums in the Medway towns which operated from 1819 to 1869 and the first county lunatic asylum at Barming Heath near Maidstone which opened in 1833. In the final chapter my attention shifted to extramural lunacy provision: care either in the community, the workhouse or gaol. Moreover, the judicial procedure known as *de lunatico inquirendo* was scrutinised as was the problem of suicide in county society at large. Throughout, rather than simply detail my findings, I have approached the subject of lunacy provision from the controversial and, in many quarters, unpopular stance of social control. I have been particularly inspired by the writings of the anti-psychiatrists of the 1960s and 70s, many of whom became household names and heroes of the counterculture (Laing, Szasz, Goffman). As far as I am aware, no other regional study of historic lunacy provision has adopted this angle, although many make passing reference to the concept of social control and especially the work of Foucault. I believe my approach illuminates the coercive bedrock on which the modern discipline of psychiatry is founded. As a medical speciality it wields enormous power, arrogating the right to involuntarily detain and treat those it judges to be deviating from the norm. This was so even at the outset in the nineteenth century as this thesis demonstrates. It is thus unsurprising that 'psychiatry is the only medical speciality with a long-time nemesis'.[1] This nemesis is anti-psychiatry, or critical psychiatry, which views the conventional discipline as oppressive and counter-productive.[2] As I outlined in the section on outdoor relief and community care these reproaches have accompanied psychiatry from its inception and so are relevant across its history, including today when the biological model of mental illness appears to have won out over the more psychological and social approaches. This thesis is thus not only the documentation of the treatment of lunatics in Kent from 1774 to 1874 viewed from the angle of social control but also an appeal for a more humane and empathetic psychiatry as envisaged by its critics.

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[1] Auntie Psychiatry, *Of course I'm anti-psychiatry, aren't you?* (Momerath: London, 2017), p.62
[2] Although anti-psychiatry was originally a catch-all term for points of view hostile to mainstream psychiatry there is now a difference of opinion between anti-psychiatry and critical psychiatry. The former calls for outright abolition whilst the latter urges reform.

The focus throughout this thesis has been on the county of Kent, which has proved to be a rich source of information on lunacy provision within the stated time frame. Many aspects reflect the situation elsewhere in the country. Kent had a flourishing and lucrative private sector catering for the wealthy insane and these establishments were run on similar lines to those described in Parry's *The Trade in Lunacy.* Then, from 1833 it possessed a state-of-the-art county lunatic asylum which formed part of a growing national network. Its management, funding and modus operandi were broadly coterminous with sister institutions nationwide. Thus its treatments and diagnoses, its provisions of amusements and occupations, its staff hierarchy and general organisation were not dissimilar to those found in other counties. Like them, too, it soon became overcrowded and had to be extended to accommodate the fast growing number of pauper lunatics. Indeed, the popular image of the Victorian lunatic asylum as a gloomy, oppressive structure applies as much to Barming Heath as to the many other now defunct institutions scattered across the country. Almost without exception they have been either abandoned, demolished or, as in Kent, converted into luxury flats.

However, if Kent was in many respects a typical county in terms of lunacy provision it was also in many ways unique. Unusually, it contained no subscription asylum but it did have a military lunatic asylum, for a while the only receptacle of its kind in the country. Moreover, it showed considerable zeal in complying with the tenets of Wynn's Act, permissive legislation which enabled individual counties to construct asylums funded out of the rates. Kent was thus the thirteenth county to open a public asylum, twelve years before it became mandatory in 1845. During and after this time the asylum authorities at Barming Heath displayed an above average enthusiasm in confining and making use of their new facility, such that by 1875 a second county asylum had been deemed necessary and St Augustine's opened at Chartham, near Canterbury. Kent also had an unusually high suicide rate, hinting at underlying social problems in a county that was virtually on London's doorstep. Indeed, Kent's geography, located as it was on a semi-peninsula jutting out into the English Channel between the capital and the continent, was unique and made it a gateway not only for travellers but also ideas, many of them revolutionary. This is relevant to my theme of social control as a motivating factor in the provision of lunacy.

Historically Kent was home to such figures as Wat Tyler and John Ball and later Jack Cade, all of whom were involved in popular uprisings against the crown, championing social justice. These rebellions were brutally suppressed by the authorities, just as in the nineteenth century the Swing Riots and the Battle of Bossenden Wood were quashed.

Fighting for the preservation of order were the fabled Men of Kent, described in detail by Beresford. These patriotic stalwarts of the status quo were ready to defend Kent, and indeed England, against foreign intervention and internal dissent. They were staunchly Protestant and conservative and counted among their number in the nineteenth century the baronet Sir Edward Knatchbull, mentioned in this thesis as being instrumental in building the lunatic asylum at Barming Heath.[3] I have argued that social control was behind the decision to build the county lunatic asylum at Maidstone as its erection was preceded by a period of social turbulence. Once constructed, however, it was not the politically active who were locked up there but those who were 'in conflict with the small systems (marriages, families, workplaces, sex roles) within which they live[d] – systems which are cogwheels within the larger system of society and are microcosms of its values'.[4] Their conformity was essential to the preservation of the status quo. Lucy Johnstone has described how modern psychiatric patients are fine-tuned and adjusted by experts to fit in in society, thereby defusing legitimate protest at often appalling prevailing social conditions.[5] That this applies equally to lunacy provision in the nineteenth century and was in fact psychiatry's raison d'être from the outset, I have sought to demonstrate in this thesis.

There was one famous exception, however, to the politically active not being locked away in the new lunatic asylum and that was the enigmatic figure of William Courtenay, mentioned in the introduction and again in the final chapter. Courtenay's case has, as Reay has written, something of the Gothic and the melodramatic about it:

> 'there is something almost fictional about Courtenay. His story has many
> of the ingredients of early nineteenth century melodrama and romantic
> literature. Biographical romance about a popular hero, the lure of the
> 'oriental and exotic', a 'knight' determined to reclaim his rightful
> inheritance, all are commonplace in the popular fiction of the 1830s and
> early 1840s'.[6]

Add to this the decidedly murky state of affairs surrounding Courtenay's release from the asylum and the fact that he was treated as a privileged inmate whilst incarcerated there and the conclusion is readily drawn that things were not as straightforward as would

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[3] Beresford, p.324
[4] Lucy Johnstone, *Users and Abusers of Psychiatry* (London: Routledge, 1989), p.224
[5] Ibid., p.239
[6] Reay, *The Last Rising,* p.117

appear at first sight.[7] I believe there was deliberate obfuscation surrounding Courtenay and that he was ultimately a scapegoat for the forces of order.

This intentional mystification also applied to ordinary lunatics. Although the cause of their bout of insanity was enquired into on admission (indeed there was room to note this specifically in the register), the main focus of treatment was on suppressing symptoms and achieving social conformity. The patient was not encouraged to examine the source of his or her anguish as this might lead to the voicing of discontent at the prevailing status quo. Courtenay knew instinctively how to tap into this unverbalised stratum of discontent when he addressed his band of followers in the Blean. These were simple agricultural labourers, none of them committed to the asylum but nevertheless deluded regarding Courtenay's invincibility and his mission. Perhaps they too harboured secret yearnings of inheriting riches and rising in society. The stresses of poverty and the humiliation of being at the bottom of the social ladder, powerless and voiceless, predisposed them to believe and follow Courtenay although his subsequent killing dealt their hopes a decisive blow and with it overt social protest in Kent faded from view. Courtenay could be said to constitute the nemesis of men like Sir Edward Knatchbull. Both men stood on the electoral platform for East Kent in 1832 and their contest was highly symbolic, the former representing the chaotic forces of social protest whilst the latter stood for order and the status quo. In addition, Knatchbull was largely responsible for the decision to build the asylum at Barming Heath which incarcerated Courtenay and his son, Norton Knatchbull, was the magistrate who called out the troops to Bossenden Wood thereby precipitating Courtenay's death.

As outlined in the introduction, my choice of the topic of historic lunacy provision was largely influenced by personal experience of interaction with modern mental health services. Since I began writing this thesis there have been significant changes in the coverage of mental health issues in the media, leading to a lessening of the stigma attached to sufferers. Greatly helped by the publicity generated by Princes William and Harry talking openly about their own private trauma at the loss of their mother, the importance of mental health for the ordinary citizen has been emphasised. The benefits of talking things through have been highlighted and the afflicted encouraged to seek help. At the same time cases of sexual and psychological abuse, grooming and modern slavery along with gender and equality issues have been publicly addressed. However, the more severe illnesses, which now as in the nineteenth century often lead to committal and involuntary treatment, remain less widely understood and are still greatly feared. Moreover, modern psychiatry

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[7] Ibid., p.118; *The Times,* 17 August 1838

has adopted an almost exclusively biological model of mental illness whereby the patient is deemed to be suffering from a chemical imbalance of the brain rather than from adverse social conditions or psychological factors. It has thus apparently fulfilled the dream of many nineteenth century alienists of discovering the elusive brain lesion responsible for insanity.[8] Yet, as many exponents of critical and anti-psychiatry have pointed out, and despite the pharmaceutical companies' claims to the contrary, no concrete evidence for any chemical imbalance or genetic defect in the brain has ever been found. Therefore, to quote Johnstone, 'to give someone a psychiatric diagnosis is not to make an objective medical assessment but to pass a concealed social judgement on their behaviour at the request of lay members of their culture'.[9] This is equally true of nineteenth century Kent, when the population quickly learned to avail itself of the new treatment facility at Barming Heath to correct troublesome relatives' behaviour, as it is of modern Britain. Mental health/illness may now be seen as relevant to us all and the parameters of what is considered normal may be changing but at the same time psychiatry is also expanding its classification of new diseases to include previously unrecognised conditions, thus widening its scope and power. This also has parallels in the nineteenth century. In 1861 the Commissioners in Lunacy reported that 'there can be very little doubt that the system of observation and enquiry adopted of late years….has led to the detection and classification as insane of many persons formerly looked upon as ordinary paupers'.[10]

These examples show how illuminating it can be to examine historic lunacy provision through the prism of a modern perspective, in my case that of anti-psychiatry of the 60s and 70s, but also how relevant past management of the insane is to modern psychiatric practice. Another parallel is how psychiatry of both the nineteenth and twentieth centuries integrated and then sidelined those treatments for insanity which threatened their medical prerogative. Thus moral management, widely implemented at Barming Heath, was eventually 'swept away by gargantuan state mental hospital systems' whilst traditional psychoanalysis is now rarely conducted and has been replaced by the biological model of insanity.[11] Following Scull's lead, in this thesis I have rejected the progressive view of the history of psychiatry, whereby there has been a linear and above all humane development of the profession from the dark ages of pre-lunacy reform to the

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[8] L.S. Jacyna, 'Somatic Theories of Mind and the Interests of Medicine in Britain, 1850-1879', *Medical History,* 26 (1982)
[9] Johnstone, p.221
[10] *Fifteenth Annual Report of the Commissioners in Lunacy* PP 1861 (314), p.78
[11] Breggin, p.471 and p.2

present day. Unlike Scull, however, I have focused on the regional rather than the national perspective. In doing so I have uncovered evidence for the social control model in nineteenth century Kent and concur with R. Leifer that

> 'psychiatry has allied itself with the state as a covert agent of social control of the individual. This alliance….is a historical consequence of the limitations placed on the power of the state by the rule of law….[which has] motivated the invention of a covert, disguised means by which society can control the individual. Psychiatry has served this social function through its state sanctioned power to label certain forms of deviant and undesirable conduct as illness'.[12]

Scull is an historian and sociologist whose critique of asylum history was seen as an unwarranted attack on a noble profession by its practitioners. However, Laing, Cooper, Szasz and Fanon were all psychiatrists and their criticism of the discipline from within did not end with the passing of the 60s and 70s. Showalter wrote that 'radical psychiatry was a dead end critically and theoretically' and that 'the successes of anti-psychiatry did not outlast the 1960s'.[13] Referring to Laing she averred in 1981 that 'many cultural historians and intellectuals now regard him with contempt or indifference'. [14] Staub too documented how by the 1980s the social view of madness had faded from view, yet works critical of modern psychiatry have continued to be published up to and beyond the millennium.[15] Such are *Toxic Psychiatry* by Peter Breggin (1991), *Users and Abusers of Psychiatry* by Lucy Johnstone (1989, reissued 2000), the works of Richard P. Bentall (*Madness Explained,* 2003; *Doctoring the Mind,* 2009) and those of the Canadian Bonnie Burstow (*The Revolt Against Psychiatry,* 2019; *The Business of Madness,* 2015).[16] In 2017 Mormorath even published a slim cartoon volume entitled *Of course I'm anti-psychiatry, aren't you?* subtitled 'an illustrated critique of 21st century psychiatry'. In the United Kingdom the Critical Psychiatry Network was founded in 1999. It is an active campaigning group of practising psychiatrists who reject the biological model and coercion in their medical field.[17] The basic tenets of anti-psychiatry, that mental illness is primarily a social construct and that the biological

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[12] R. Leifer, 'The Psychiatric Repression of Thomas Szasz' www.psychotherapy.net/article/the-psychiatric-repression-of-thomas-szasz accessed 18/12/2020

[13] Elaine Showalter, 'R.D. Laing and the Sixties', *Raritan: A Quarterly Review* 1 (1981), p.127; Showalter, *Female Malady,* p.243

[14] Showalter, 'R.D. Laing and the Sixties', p.107

[15] Staub, p.171

[16] Richard P. Bentall, *Madness Explained* (London: Penguin, 2003); Richard P. Bentall, *Doctoring the Mind* (London: Penguin, 2009)

[17] https://www.critpsynet.freeuk.com/CPNmission.htm accessed 16/8/2020

treatments do more harm than good, are thus still being espoused and are not, as Mervat Nasser has documented, 'of the past' and only 'of likely interest to the psychiatric historian'.[18] As a historian of psychiatry I have investigated in this thesis both lunacy provision in a former century and the writings of the anti-psychiatrists of the 60s and 70s. I firmly believe that the latter are not relics of a bygone era but topics highly relevant to modern psychiatric practice, exposing what I have termed a 'coercive bedrock' on which the discipline is founded.

Management of the mad in the century 1774 to 1874 was an exercise in social control and it foreshadowed its modern counterpart. I have demonstrated how, in Kent during this time, medical authorities with state backing sought first and foremost to modify behaviour. This was so at Barming Heath, at the military asylums in Rochester and at William Perfect's eighteenth century madhouse. It was also the case for those cared for in the community. Compared with some of the abuses of psychiatry in history, the situation in nineteenth century Kent seems at first glance relatively benign and restrained yet almost overnight large numbers of lunatics were found to people the asylum at Barming Heath, indicating that certain behaviours were no longer to be tolerated. Families were to relinquish their troublesome members to the system who would seek to 'fix' the problem, often using the carrot and stick approach with regards personal liberties. The individual concerned had to either adapt or risk being detained indefinitely. Thus each entry in the admission register represents a sad, untold tale of coercion and potential betrayal, a personal tragedy. Even though the affected family may have been genuinely concerned and the asylum staff sincerely doing their best to help, by labelling dissent or deviation from the norm as illness and forcibly treating it, the medical authorities were acting as agents of social control, marrying state and psychiatric power.

Szasz believed that just as there was a separation of church and state so must there also exist a solid wall between psychiatry and the state:

> 'In my view, the coercive apparatus of the state ought to be as separate
> from the professional treatment of mental illness as it is from
> professional treatment of spiritual illness. Such a separation of medicine

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[18] Mervat Nasser, 'The rise and fall of anti-psychiatry', *Psychiatric Bulletin* 19 (1995), p.743

and the state is necessary for the protection and promotion of individual

liberty, responsibility and dignity'.[19]

He was of the opinion that involuntary committal to a lunatic asylum/mental hospital is a violation of basic civil and human rights and that psychiatric treatment should only be administered on a voluntary, contractual basis. Mental illness, he averred, would better be termed 'problems in living'. In this he comes close to Laing's view of the family as the crucible of madness, the sufferer serving as a scapegoat for the tensions within the unit as a whole. The revolutionary dimension of anti-psychiatry here becomes apparent: if it is not the individual who is 'wrong' but his social milieu then the very foundations of society are called into question.

In nineteenth century Kent the authorities were keen to discourage any challenge to their power and so advocated the policy of singling out the disaffected for segregation and treatment. What this meant for the individual concerned is clear from the case of schoolmistress Jane Marsom, admitted in 1872, who spent 10 years incarcerated at Barming Heath, plied with sedatives and given regular shower baths to elicit appropriate behaviour and calm religious excitement. She pleaded with the medical officers to be discharged and complained that her brother and sister-in-law had sent her to the asylum 'to be kept out of the way'.[20] Many patients must have felt like this, their problems trivialised and brushed aside in the name of social conformity. Catherine Colebourne has recently written of the need to redress 'the problem of the profound silencing of the stories of mental illness by those who have experienced it, and the controlling effect of the powerful, monolithic institution of psychiatry and its asylums and hospitals that spanned the nineteenth and twentieth centuries'.[21] Not only individuals, but whole social groups and historical eras can become cloaked in silence. It is this silence I have tried to break, opening up lunacy provision in Kent between 1774 and 1874 to scrutiny. It is my conclusion that, despite professing humanitarian intentions, care and treatment of the insane in Kent during this time period were essentially exercises in social control. I also believe the same may be true of other regions of the country if analysed from a similar angle. Moreover, the coercive bedrock of nineteenth century Kent lunacy provision continued well beyond my time frame to the millennium and beyond. It was palpable in my own interactions with

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[19] Thomas Szasz, 'The Therapeutic State: The Tyranny of Pharmacracy', *Independent Review* 5 (2001), pp.488-9 www.independent.org/pdf/tir/tir_05_4_szasz.pdf accessed 29/12/2019
[20] KHLC-MH/Md2/Ap25/14
[21] Catharine Coleborne, *Why Talk About Madness? Bringing History into the Conversation* (Cham, Switzerland: Palgrave Macmillan, 2019), p.3

psychiatric services in the county in the twenty-first century and was the chief motivating factor behind my writing this thesis.

Bibliography

PRIMARY SOURCES

Manuscripts

Kent History and Library Centre (KHLC), Maidstone

MH/Md2/Ap1/1-5   Oakwood Hospital (OH), Admission Registers 1833-71

MH/Md2/Ap25/1-14   OH, Case Notes 1833-75

MH/Md2/Am1/1-4   OH, Visitors' Books 1833-93

MH/Md2/P1-19   OH, Plans 1829-64

MH/Md2/As1/1   OH, Record of Conduct and Character of Attendants 1873-95

MH/Md2/Ap25/82   OH, Letter Case Book 1869-75

MH/Md2/Ap28/1   OH, Reception Orders 1833

MH/Md2/Ap15/2   OH, Register of Burials 1871-94

MH/Md2/Z7/2   OH, Regulations 1885

MH/Md2/Ap3/1   OH, Private Patients 1850-95

MH/T3/Ar4   General Rules for the Government of Kent Lunatic Asylum 1854

MH/T3/Ab/1   St Augustine's, Records of the Commission in Lunacy 1875-1916

Ch84/Ap   Malling Place, Admissions and Discharges 1829-1906

Ch84/Mc   Malling Place, Case Books 1852-1976

QAlp1-24   House of Dr William Perfect, West Malling 18th-19th century

Q/GLr/1-4   General Sessions, Returns of Pauper Lunatics 1825-90

Q/GB8   Letter Regarding Proposed Lunatic Asylum 1826

Q/GCL1   Reports of the Asylum Building and Visitors' Committees 1828-73

Q/GCL3   OH, County Surveyor's Reports 1829-49

Q/GCL4   OH, Annual Reports 1847-74

Q/GCL5   OH, Annual Reports 1875-90

Q/GCL6   Chartham Asylum, Annual Reports 1875-90

Q/GCL8   OH, Minute Book of the Committee of Visitors 1843-49

Q/SB   Quarter Sessions

Q/GO4   General Sessions Order Book 1829-33

Q/GO3   General Sessions Order Book 1824-29

Md/JQz8/1   Maidstone Union, Pauper Returns 1853

G/To/Am12-18   Tonbridge Union, Minutes of the Board of Guardians 1853-66

U1515/OQL1-4   Romney of the Mote 1840

U/951/C37   William Courtenay 1833-38

National Archives (NA)

HO 17/41/129   William Courtenay 1833-38

HO 17/41/18   Home Office Criminal Petitions, Elizabeth Brown 1831-33

HO 17/25/123   Home Office Criminal Petitions, Charles Hart 1825-42

HO 17/62/62   Home Office Criminal Petitions, Ann Riley 1824

HO 40/25   Activities in Distressed Areas and Civil and Military Reports 1812-55

WO 43/764   Fort Clarence 1841-57

WORK 31/315   Plan of Fort Clarence 1814

MH51/44A   West Malling Asylum, Dr Maddock 1850-51

MH51/154   Maidstone County Gaol 1858

MH50/3   Lunacy Commission, Minutes and Seals 1848-9

MH12 5252-57   Correspondence between the Poor Law Commission and the Medway
Board of Guardians 1847-64

MH12 5096-5100   Correspondence between the Poor Law Commission and the Greenwich
Board of Guardians 1848-61

London Metropolitan Archives (LMA)

GBG 006-015   Minutes of the Greenwich Board of Guardians 1842-54

Army Medical Services Museum (RAMC), Keogh Barracks, North Camp

CF/3/3/1/212/CLAR 278   Peter McAllister, 'The Fort Clarence Military Lunatic Asylum: the Maniacal Register, vol.2' (unpublished MSc dissertation, King's College and the Institute of Psychiatry, 2009)

CF/3/3/1/40/CLAR 278   Maniacal Register, Fort Clarence 15/1/1834-26/3/1834

CF/3/3/1/32/CLAR 278   Maniacal Register, Fort Clarence 22/10/1824-11/12/1831

CF/3/3/1/152 PITT 294   Print Out of the History of Fort Clarence

In the Private Ownership of Brigadier Peter Abraham

Annual Reports on Cases Treated in the Lunatic Hospital, Fort Pitt, Chatham 1858-70

Wellcome Library

Biographical Sketch of the late John Alexander Schetky, Deputy Inspector of Army Hospitals and Fellow of the Royal College of Surgeons, Edinburgh 1825

The Report of the Committee of Visitors, Superintendent and Chaplain of Cheshire County Lunatic Asylum 1864

Superintendent's Report of Littlemore Lunatic Asylum 1849

Report of the Medical Superintendent of the Norfolk Lunatic Asylum 1866

Senate House Library, University of London

An Address to the Public by William Perfect, Surgeon and Apothecary of Town Malling in Kent ? 1776 Porteus Collection

Government Sources

Report of the Metropolitan Commissioners in Lunacy PP 1844 (001)

Fifth Annual Report of the Commissioners in Lunacy PP 1850 (735)

Sixth Annual Report of the Commissioners in Lunacy PP 1851 (668)

Seventh Annual Report of the Commissioners in Lunacy PP 1852 (285)

Eleventh Annual Report of the Commissioners in Lunacy PP 1857 (157)

Twelfth Annual Report of the Commissioners in Lunacy PP 1857-8 (340)

Fourteenth Annual Report of the Commissioners in Lunacy PP 1860 (338)

Fifteenth Annual Report of the Commissioners in Lunacy PP 1861 (314)

Sixteenth Annual Report of the Commissioners in Lunacy PP 1862 (417)

Eighteenth Annual Report of the Commissioners in Lunacy PP 1864 (389)

Twenty-First Annual Report of the Commissioners in Lunacy PP 1867 (366)

Twenty-Third Annual Report of the Commissioners in Lunacy PP 1868-9 (321)

Twenty-Fourth Annual Report of the Commissioners in Lunacy PP 1870 (340)

Twenty-Fifth Annual Report of the Commissioners in Lunacy PP 1871 (351)

Twenty-Sixth Annual Report of the Commissioners in Lunacy PP 1872 (279)

Twenty-Seventh Annual Report of the Commissioners in Lunacy PP 1873 (256)

Twenty-Eighth Annual Report of the Commissioners in Lunacy PP 1874 (284)

Thirty-Second Annual Report of the Commissioners in Lunacy PP 1878-9 (342)

Thirty-Sixth Annual Report of the Commissioners in Lunacy PP 1882 (357)

Return of the Number of Houses in each County….Licensed for the Reception of Lunatics PP 1819 (271)

Report together with the Minutes of Evidence taken before the Select Committee appointed to consider the provision being made for the better regulation of Madhouses in England PP 1814-15 (296)

Report from the Select Committee on pauper lunatics in the county of Middlesex and on lunatic asylums PP 1826-7 (557)

Commission in Lunacy: Further Report to the Lord Chancellor PP 1847 (858)

Return of the number of pauper lunatics and idiots chargeable to parishes and townships in each of the unions in England and Wales….distinguishing those maintained in county lunatic asylums and hospitals, licensed houses, workhouses and elsewhere PP 1847 (542)

Return stating the number of Unions in England and Wales in which the sane are not intermixed with the insane. And where the lunatic wards have been established PP 1863 (477)

Army Medical Department Report: Statistical, Sanitary and Medical Report for the Year 1861 PP 1863

Census of Great Britain 1851: Education Report and Tables PP 1852-3 (1692)

Judicial and Criminal Statistics for England and Wales PP 1857 (157)

Judicial and Criminal Statistics for England and Wales PP 1860 (2692)

Judicial and Criminal Statistics for England and Wales PP 1863 (3181)

Judicial and Criminal Statistics for England and Wales PP 1970 (C.195)

Periodicals and Magazines

British Medical Journal

Builder

Bury and Suffolk Herald

Cobbett's Weekly and Political Register

Gentlemen's Magazine

Gloucester Journal

Goudhurst and Kilndown Parish Magazine

Household Words

Kentish Chronicle

Kentish Gazette

Kentish Herald

Kentish Observer

Kentish Times

Kentish Weekly Post or Canterbury Journal

Lancet

London Evening Standard

Maidstone Journal

Newry Telegraph

New York Daily Tribune

Northern Star

South Eastern Gazette

The Times

Tunbridge Wells and Tonbridge Weekly Chronicle

United Service Journal

Whitehall Evening Post

Books

Arlidge, John Thomas, *On the State of Lunacy and the Legal Provision for the Insane with Observations on the Construction and Organisation of Asylums* (London: John Churchill, 1859)

Brough, William, *A Phenomenon in a Smock Frock* (London: Thomas Hailes Lacy, 1852)

Bucknill, John C. and Daniel H. Tuke, *Manual of Psychological Medicine Containing the History, Nosology, Description, Pathology and Treatment of Insanity* (Philadelphia: Blanchard & Lea, 1858)

Cobbett, William, *Rural Rides* (1830; London: Penguin, 1967)

Combe, Andrew, *Observations on Mental Derangement: Being an Application of Phrenology to the Elucidation of the Causes, Symptoms, Nature and Treatment of Insanity* (1834; London: Forgotten Books, 2012)

Conolly, John, *The Treatment of the Insane without Mechanical Restraints* (1856; Cambridge: Cambridge University Press, 2014)

----------, *The Construction and Government of Lunatic Asylums and Hospitals for the Insane* (London: John Churchill, 1847)

Durkheim, Émile, *On Suicide,* trans. by Robin Buss (1897; London: Penguin Classics, 2006)

Halliday, Andrew, *A General View of the Present State of Lunatics and Lunatic Asylums in Great Britain and Ireland and in Some Other Kingdoms* (London: Thomas & George Underwood, 1828)

Haslam, John, *A letter to the Governors of Bethlem Hospital Containing an Account of their management of that institution….with a correct narrative of the confinement of James Norris* (London: Taylor & Hersey, 1818)

Lavater, Johann Caspar, *Physiognomy: The Corresponding Analogy between the Conformation of the Features and the Ruling Passions of the Mind* (1826; Memphis: General Books, 2012)

Maclagen, Dr., *Biographical Sketch of the late Alexander Schetky* (Edinburgh, 1825)

MacNish, Robert, *An Introduction to Phrenology* (Glasgow: John Symington, 1837)

Maddock, Alfred Beaumont, *Practical Observations on Mental and Nervous Disorders* (London: Simpkin, Marshall & Co., 1854)

Morselli, Enrico, *Suicide: An Essay on Comparative Moral Statistics* (New York: D. Appleton, 1882)

Page, William ed., *The Victoria History of the County of Kent* (London: Archibald Constable, 1908)

Perfect, William, *Select Cases in the Different Species of Insanity, Lunacy or Madness* (1787; New Delhi: Isha Books, 2013)

----------, *Annals of Insanity, Comprising a Variety of Select Cases in the Different Species of Insanity* (1801; Delhi: Facsimile Publisher, 2016)

----------, *A Remarkable Case of Madness, with the Diet and Medicines Used in the Cure* (Rochester: W.Gillman, 1791)

----------, *Methods of Cure in some Particular Cases of Insanity: the Epilepsy, Hypochondrial Affection, Hysteric Passion and Nervous Disorders* (Rochester: T. Fisher, 1777)

Pinel, Philippe, *A Treatise on Insanity, in which are Contained the Principles of a New and More Practical Nosology of Maniacal Disorders than has yet been Offered to the Public*, trans, by D.D. Davis (1806; London: Forgotten Books, 2015)

Spurzheim, J.G., *Observations on the Deranged Manifestations of the Mind* (1833; London: Forgotten Books, 2015)

Tuke, Samuel, *Description of the Retreat: An Institution Near York, for Insane Persons of the Society of Friends* (York: W. Alexander, 1813)

Westcott, Wynn, *Suicide: Its History, Literature, Jurisprudence, Causation and Prevention* (London: H.K. Lewis, 1885)

Articles

Anon., 'On the Distribution of Suicides in England and Wales', *Journal of Psychological Medicine and Mental Pathology,* 12 (1859), pp.469-83

Anon., 'Chancery Lunatics', *Journal of Psychological Medicine and Mental Pathology,* 4 (1851), pp.630-35

Anon., 'Darenth Asylum near Dartford, Kent', *British Journal of Psychiatry,* 25 (1880), pp.598-600

Anon., 'Sisterhoods in Asylums', *British Journal of Psychiatry,* 12 (1866), pp.44-63

Clouston, T.S., 'On the Question of Getting, Training and Retaining the Services of Good Asylum Attendants', *British Journal of Psychiatry,* 22 (1876), pp.381-88

Dickens, Charles, 'A Curious Dance Round a Curious Tree', *Household Words,* 4 (1852), pp.385-89

Dodds, Strahan and Greenlees, 'Assistant Medical Officers in Asylums: Their Status in the Specialty', *British Journal of Psychiatry,* 36 (1890), pp.43-50

Farr, William, 'Report upon the Mortality of Lunatics', *Journal of the Statistical Society of London,* 4 (1841), pp.17-33

Fayrer, J., 'Sunstroke and some of its Sequelae', *Brain,* (1879), pp.297-316

Guy, William A., 'On Insanity and Crime and On the Plea of Insanity in Criminal Cases', *Journal of the Statistical Society of London,* 32 (1869), pp.159-91

Huxley, James, 'History and Description of the Kent Asylum', *Asylum Journal,* 3 (1854), pp.39-45

----------, 'To the Editor of the Asylum Journal', *Asylum Journal,* 11 (1855), pp.172-75

----------, 'The Treatment of Melancholia with Refusal of Food', *Asylum Journal,* 13 (1855), pp.198-200

----------, 'Sulphuric Acid v. Urine', *Asylum Journal,* 9 (1855), p.143

----------, 'On the existing relation between the Lunacy Commission and Medical Superintendents of Public Asylums', *British Journal of Psychiatry,* 5 (1858), pp.95-102

Maclean, W.C., 'A Lecture on Diseases of the Heart in the British Army', *British Medical Journal,* 1 (1867), pp.161-64

Ogle, William, 'Suicides in England and Wales in Relation to Age, Sex, Season and Occupation', *Journal of the Statistical Society of London,* 49 (1886), pp.101-35

Robertson, C. Lockhart, 'The Military Lunatic Hospital', *British Journal of Psychiatry,* 2 (1855), pp.31-40

Savage, G.H., 'Constant Watching of Suicidal Cases', *Journal of Mental Science,* 30 (1884), pp.17-19

Schetky, S.A., 'Report of the Asylum for Military Lunatics at Fort Clarence, from its Establishment in May 1819 to May 1823', *London Medical and Physical Journal,* 51 (1824), pp.462-74

SECONDARY SOURCES

Books

Alexander, Franz and Sheldon Selesnick, *The History of Psychiatry* (New York: Harper & Row, 1966)

Anderson, Olive, *Suicide in Victorian and Edwardian England* (Oxford: Clarendon Press, 1987)

Andrews, Jonathan and Anne Digby, eds., *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British and Irish Psychiatry* (Amsterdam: Rodopi, 2004)

Andrews, Jonathan and Andrew Scull, *Undertaker of the Mind: John Monro and Mad-Doctoring in Eighteenth Century England* (Berkeley and London: University of California Press, 2001)

Appignanesi, Lisa, *Mad, Bad and Sad: A History of Women and the Mind Doctors from* 1800 *to the Present* (London: Virage, 2016)

Armstrong, Alan, ed., *The Economy of Kent 1640-1914* (Woodbridge: Boydell Press, 1995)

Arnold, Catherine, *Bedlam: London and its Mad* (London: Simon & Schuster, 2008)

Auntie Psychiatry, *Of course I'm anti-psychiatry, aren't you?* (Momerath, 2017)

Bailey, Victor, *This Rash Act: Suicide Across the Life-Cycle in the Victorian City* (Stanford CA: Stanford University Press, 1998)

Barham, Peter, *Closing the Asylum: The Mental Patient in Modern Society* (London: Penguin, 1992)

Bartlett, Peter, *The Poor Law of Lunacy: The Administration of Pauper Lunatics in Mid-Nineteenth Century England* (London: Leicester University Press, 1999)

Bartlett, Peter and David Wright, eds., *Outside the Walls of the Asylum: The History of Care in the Community 1750-2000* (London: Athlone Press,1999)

Bivins, Roberta and John Pickstone, eds., *Medicine, Madness and Social History: Essays in Honour of Roy Porter* (Basingstoke: Palgrave Macmillan, 2007)

Bloch, Sidney and Peter Reddaway, *Russia's Political Hospitals* (London: Futura, 1977)

Breggin, Peter, *Toxic Psychiatry: Drugs and Electroconvulsive Therapy: The Truth and Better Alternatives* (London: Harper Collins, 1993)

Burgoyne Black, Shirley, *An Eighteenth-Century Mad-Doctor: William Perfect of West Malling* (Sevenoaks: Darenth Valley Publications: 1995)

Burstow, Bonnie, *Psychiatry and the Business of Madness: An Ethical and Epistemological Accounting* (Basingstoke: Palgrave Macmillan, 2015)

------------, *The Revolt Against Psychiatry: A Counterhegemonic Dialogue* (Cham, Switzerland: Palgrave Macmillan, 2019)

Busfield, Joan, *Managing Madness: Changing Ideas and Practice* (London: Unwin Hyman, 1986)

Bynum, W.F., Roy Porter and Michael Shepherd, eds., *The Anatomy of Madness: Essays in the History of Psychiatry,* 3 vols (London: Tavistock, 1985)

Cashman, Bernard, *A Proper House: Bedford Lunatic Asylum 1812-1860* (Rushden: Stanley Hunt, 1992)

Castel, Robert, *The Regulation of Madness: The Origins of Incarceration in France,* trans. by W.D. Halls (1976; Berkeley CA: University of California Press, 1988)

Caudill, William, *The Psychiatric Hospital as a Small Society* (Cambridge MA: Harvard University Press, 1958)

Chriss, James, *Social Control: An Introduction* (Cambridge: Polity Press, 2013)

Clare, Anthony, *Psychiatry in Dissent: Controversial Issues in Thought and Practice* (London: Tavistock, 1976)

Clark, Ronald W., *The Huxleys* (London: Heinemann, 1968)

Cohen, David, *Soviet Psychiatry: Politics and Mental Health in the USSR Today* (London: Paladin, 1989)

Cohen, Stanley, *Visions of Social Control* (Cambridge: Polity Press, 1985)

Cohen, Stanley and Andrew Scull, eds., *Social Control and the State* (Oxford: Basil Blackwell, 1983)

Coleborne, Catharine, *Why Talk About Madness? Bringing History into the Conversation* (Cham CH: Palgrave Macmillan, 2020)

Conley, Carolyn, *The Unwritten Law: Criminal Justice in Victorian Kent* (Oxford: Oxford University Press, 1991)

Cooter, Roger, *The Cultural Meaning of Popular Science: Phrenology and the Organisation of Consent in Nineteenth Century Britain* (Cambridge: Cambridge University Press, 1984)

Crammer, John, *Asylum History: Buckinghamshire County Pauper Lunatic Asylum – St John's* (London: Gaskell, 1990)

Crone, Rosalind, *Violent Victorians: Popular Entertainment in Nineteenth-Century London* (Manchester: Manchester University Press, 2012)

Crossick, Geoffrey, *An Artisan Elite in Victorian Society: Kentish London 1840-1880* (London: Croom Helm, 1978)

Dale, Pamela and Joseph Melling, eds., *Mental Illness and Learning Disability since 1850: Finding a Place for Mental Disorder in the United Kingdom* (Abingdon: Routledge, 2006)

David, Saul, *The Indian Mutiny 1857* (London: Viking, 2002)

Davidoff, Leonore and Catherine Hall, *Family Fortunes* (London: Routledge, 1987)

Davies, Celia, ed., *Rewriting Nursing History* (London: Croom Helm, 1980)

Davis, Gayle, *The Cruel Madness of Love: Sex, Syphilis and Psychiatry in Scotland, 1880-1930* (Amsterdam: Rodopi, 2008)

Davis, Mark, *Asylum: Inside the Pauper Lunatic Aslyums* (Stroud: Amberley Publishing, 2014)

Digby, Anne, *Madness, Morality and Medicine: A Study of the York Retreat 1796-1914* (Cambridge: Cambridge University Press, 1985)

Dingwall, Robert, Anne Marie Rafferty and Charles Webster, *An Introduction to the Social History of Nursing* (London: Routledge, 1988)

Doerner, Klaus, *Madmen and the Bourgeoisie: A Social History of Insanity and Psychiatry*, trans. by Joachim Neugroschel and Jean Steinberg (1969; Oxford: Basil Blackwell, 1981)

Donajgrodzki, A.P., *Social Control in Nineteenth Century Britain* (London: Croom Helm, 1977)

Donnelly, Michael, *Managing the Mind: A Study of Medical Psychology in Early nineteenth Century Britain* (London: Tavistock, 1983)

Donzelot, Jacques, *La Police des Familles* (1977; Paris: Editions de Minuit, 2005)

Eigen, Joel Peter, *Madness and Mad-Doctors in the English Court* (London: Yale University Press, 1995)

Emsley, Clive, *Britain and the French Revolution* (London: Longman, 2000)

Ernst, Waltraud, *Mad Tales from the Raj: Colonial Psychiatry in South Asia, 1800-58* (London: Anthem Press, 2010)

Fanon, Frantz, *The Wretched of the Earth,* trans. by constance Farrington (1961; London: Penguin Classics, 2001)

Faubert, Michelle, *Rhyming Reason: The Poetry of Romantic-Era Psychologists* (London: Pickering & Chatto, 2009)

Finnane, Mark, *Insanity and the Insane in Post-Famine Ireland* (London: Croom Helm, 1981)

Foot, John, *The Man who Closed the Asylums: Franco Basaglia and the Revolution in Mental Health Care* (London: Verso, 2015)

Foucault, Michel, *History of Madness,* trans. by Jonathan Murphy and Jean Khalfa (London: Routledge, 2006) originally published as *Folie et Déraison: Histoire de la Folie à l'âge Classique* (Paris: Librairie Plon, 1961)

----------, *The Birth of the Clinic,* trans. by A.M. Sheridan (London: Routledge Classics, 2003) originally published as *Naissance de la Clinique* (Paris: Presses Universitaires de France, 1963)

----------, *Discipline and Punish: The Birth of the Prison,* trans, by Alan Sheridan (London: Penguin, 1991) originally published as *Surveiller et Punir: La Naissance de la Prison* (Paris: Editions Gallimard, 1975)

Foyster, Elizabeth, *The Trials of the King of Hampshire: Madness, Secrecy and Betrayal in Georgian England* (London: Oneworld, 2016)

Furneaux, Holly, *Military Men of Feeling: Emotion, Touch and Masculinity in the Crimean War* (Oxford: Oxford University Press, 2016)

Gabriel, Richard, *No More Heroes: Madness and Psychiatry in War* (New York: Hill & Wang, 1987)

Gaudron, Alfred W., *Concision and Precision: Poems and Prose for Fred* (Narrabeen: Prestige Press, 1993)

Gestrich Andreas, Elizabeth Hurren and Steven King, eds., *Poverty and Sickness in Modern Europe: Narratives of the Sick Poor 1780-1938* (London: Continuum, 2012)

Gilman, Sandra, ed., *The Face of Madness* (Brattleboro VT: Echo Point Books & Media, 1976)

Goffman, Erving, *Stigma: Notes on the Management of Spoiled Identity* (London: Penguin, 1963)

----------, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (1961; Harmondsworth: Pelican, 1968)

Griffin, Carl J., *The Rural War: Captain Swing and the Politics of Protest* (Manchester: Manchester University Press, 2012)

Gulvin, K.R., *The Napoleonic Defences of Rochester and Chatham* (Medway Military Research Group)

Hammond, J.L. and Barbara Hammond, *The Village Labourer 1760-1832: A Study of the Government of England before the Reform Bill* (London: Alan Sutton, 1987)

Harris, Ruth, *Murders and Madness: Medicine, Law and Society in the fin de siècle* (Oxford: Clarendon Press, 1989)

Harrison, J.F.C., *The Second Coming: Popular Millenarianism 1780-1850* (London: Routledge & Kegan Paul, 1979)

Hartley, Lucy, *Physiognomy and the Meaning of Expression in Nineteenth Century Culture* (Cambridge: Cambridge University Press, 2001)

Hewitt, Rachel, *A Revolution of Feeling* (London: Granta, 2017)

Hide, Louise, *Gender and Class in English Asylums, 1890-1914* (Basingstoke: Palgrave Macmillan, 2014)

Hoare, Philip, *Spike Island: The Memory of a Military Hospital* (London: Harper Collins, 2001)

Holmes, Richard, *Redcoat* (London: Harper Collins, 2002)

Houston, R.A., *Punishing the Dead? Suicide, Lordship and Community in Britain 1500-1830* (Oxford: Oxford University Press, 2010)

Hudson, Geoffrey, ed., *British Military and Naval Medicine 1600-1830* (Amsterdam: Rodopi, 2007)

Hunter, Richard and Ida MacAlpine, *Three Hundred Years of Psychiatry 1535-1860* (London: Oxford University Press, 1963)

----------, *George lll and the Mad-Business* (London: Pimlico, 1969)

Ignatieff, Michael, *A Just Measure of Pain: The Penitentiary in the Industrial Revolution 1750-1850* (1978; London: Peregrine, 1989)

Ingram, Allan, ed., *Voices of Madness* (Stroud: Sutton Publishing, 1997)

Jalland, Pat, *Death in the Victorian Family* (Oxford: Oxford University Press, 1996)

Jay, Mike, *The Air Loom Gang: The Strange and True Story of James Tilly Matthews and his Visionary Madness* (London: Bantam Press, 2003)

Jessup, Frank, *A History of Kent* (Chichester: Phillimore, 1995)

Jodelet, Denise, *Madness and Social Representations: Living with the Mad in One French Community,* trans. by Tim Pownall (Berkeley CA: University of California Press, 1991)

Johnstone, Lucy, *Users and Abusers of Psychiatry* (London: Routledge, 1989)

Jones, Edgar and Simon Wessely, *Shell Shock to PTSD: Miltary Psychiatry from 1900 to the Gulf War* (Hove: Psychology Press, 2005)

Jones, Kathleen, *Lunacy, Law and Conscience 1744-1845* (London: Routledge & Kegan Paul, 1955)

----------, *Mental Health and Social Policy 1845-1959* (London: Routledge & Kegan Paul, 1960)

----------, *A History of the Mental Health Services* (London: Routledge Kegan Paul, 1972)

----------, *Asylums and After: A Revised History of the Mental Health Services: From the Early 18th Century to the 1990s* (London: Athlone Press, 1993)

Kittrie, Nicholas, *The Right to be Different: Deviance and Enforced Therapy* (Baltimore, ML: Penguin Inc., 1971)

Knatchbull-Hugessen, Sir Hughe, *Kentish Family* (London: Methuen, 1960)

Knowles, Thomas and Serena Trowbridge, *Insanity and the Lunatic Asylum in the Nineteenth Century* (London: Pickering & Chatto, 2015)

Kotowicz, Zbigniew, *R.D. Laing and the Paths of Anti-Psychiatry* (London: Routledge, 1997)

Kritsotaki, Despo, Vicky Long and Matthew Smith, eds., *Deinstitutionalisation and After: Post-War Psychiatry in the Western World* (Cham CH: Palgrave Macmillan, 2016)

Kuijpers, Erika and Cornelis van der Haven, *Battlefield Emotions 1500-1800* (London: Palgrave Macmillan, 2016)

Laing, R.D., *The Divided Self* (1960; London: Penguin Classics, 2010)

----------, *The Politics of Experience and The Bird of Paradise* (London: Penguin, 1967)

Laing, R.D. and A. Esterson, *Sanity, Madness and the Family* (1964; London: Pelican, 1970)

Lansberry, Frederick, ed., *Government and Politics in Kent, 1640-1914* (Woodbridge: Boydell Press, 2001)

Lawson, Terence and Davis Killingray, eds., *An Historical Atlas of Kent* (Andover: Phillimore, 2004)

MacDonald, Michael and Terence Murphy, *Sleepless Souls: Suicide in Early Modern England* (Oxford: Oxford University Press, 1990)

MacKenzie, Charlotte, *Psychiatry for the Rich: A History of Ticehurst Asylum* (London: Routledge, 1992)

Markus, Thomas, *Buildings and Power: Freedom and Control in the Origin of Modern Building Types* (London: Routledge, 1993)

Marland, Hilary, *Dangerous Motherhood: Insanity and Childbirth in Victorian Britain* (Basingstoke: Palgrave Macmillan, 2004)

Marsh, Ian, *Suicide: Foucault, History and Truth* (Cambridge: Cambridge University Press, 2010)

Matt, Susan, *Homesickness: An American History* (Oxford: Oxford University Press, 2011)

McCulloch, Jock, *Colonial Psychiatry and the African Mind* (Cambridge: Cambridge University Press, 1995)

Mellett, David, *The Prerogative of Asylumdom* (London: Garland, 1982)

Melling, Joseph and Bill Forsythe, *The Politics of Madness: The State, Insanity and Society in England 1845-1914* (London: Routledge, 2006)

Melling, Joseph and Bill Forsythe, eds., *Insanity, Institutions and Society 1800-1914: A Social History of Madness in Comparative Perspective* (London: Routledge, 1999)

Metzl, Jonathan M., *The Protest Psychosis: How Schizophrenia became a Black Disease* (Boston MA: Beacon Press, 2009)

Michael, Pamela, *Care and Treatment of the Mentally Ill in North Wales 1800-2000* (Cardiff: University of Wales Press, 2003)

Mooney, Graham and Jonathan Reinarz, eds., *Permeable Walls: Historical Perspectives on Hospital and Asylum Visiting* (Amsterdam: Rodopi, 2009)

Moore, Wendy, *The Mesmerist: The Society Doctor Who Held Victorian London Spellbound* (London: Weidenfeld & Nicolson, 2017)

Moran, James, *Madness on Trial: a Transatlantic History of English Civil Law and Lunacy* (Manchester: Manchester University Press, 2019)

Neiberg, Michael S., *Soldiers' Lives Through History: the Nineteenth Century* (Westport CT: Greenwood Publishing, 2006)

Newby, Howard, *The Deferential Worker* (London: Allen Lane, 1977)

Nolan, Peter, *A History of Mental Health Nursing* (London: Chapman & Hall, 1993)

Ogley, Bob, *Kent: 1800-1899* (Westerham: Froglets Publications, 2003)

Oppenheim, Janet, *Shattered Nerves: Doctors, Patients and Depression in Victorian England* (Oxford: Oxford University Press, 1991)

Parry-Jones, W.Ll., *The Trade in Lunacy: A Study of Private Madhouses in England in the Eighteenth and Nineteenth Centuries* (London: Routledge, 1972)

Payne, Francine, *Stone House: The City of London Asylum* (published by the author, 2007)

Pearl, Sharrona, *About Faces: Physiognomy in Nineteenth Century Britain* (London: Harvard University Press, 2010)

Philo, Chris, *A Geographical History of Institutional Provision for the Insane from Medieval Times to the 1860s in England and Wales: The Space Reserved for Insanity* (Lampeter: Edwin Mellen Press, 2004)

Pietikainen, Petteri, *Madness: A History* (London: Routledge, 2015)

Porter, Roy, *Mind-Forg'd Manacles: A History of Madness in England from the* Restoration *to the Regency* (London: Penguin, 1990)

----------, *Madness: A Brief History* (Oxford: Oxford University Press, 2002)

Prior, Pauline, *Madness and Murder: Gender, Crime and Mental Disorder in Nineteenth Century Ireland* (Dublin: Irish Academic Press, 2008)

Proctor, Geraldine, *A History of Oakwood Hospital from 1828 to 1982* (Maidstone: Kent County Library, 1982)

Reay, Barry, *Rural Englands* (Basingstoke: Palgrave Macmillan, 2004)

----------, *Microhistories: Demography, Society and Culture in Rural England, 1800-1930* (Cambridge: Cambridge University Press, 1996)

----------, *The Last Rising of the Agricultural Labourers: Rural Life and Protest in Nineteenth Century England* (London: Breviary Stuff, 2010)

Reinarz, Jonathan and Leonard Schwarz, eds., *Medicine and the Workhouse* (Rochester NY: University of Rochester Press, 2013)

Roake, Margaret and John Whyman, eds., *Essays in Kentish History* (London: Frank Cass, 1973)

Rogers, P.G., *Battle in Bossenden Wood: The Strange Story of Sir William Courtenay* (London: Oxford University Press, 1962)

Rothman, David, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (Toronto: Little, Brown & Co., 1971)

Rule, John and Roger Wells, *Crime, Protest and Popular Politics in Southern England 1740-1850* (London: Hambledon Press,1997)

Rutherford, Sarah, *The Victorian Asylum* (Oxford: Shire Publications, 2013)

Scheff, Thomas J., *Being Mentally Ill: A Sociological Study* (New York: Aldine, 1984)

Scheper-Hughes, Nancy, *Saints, Scholars and Schizophrenics: Mental Illness in Rural Ireland* (Berkeley CA: University of California Press, 1979)

Scull, Andrew, *Decarceration: Community Treatment and the Deviant – A Radical View* (London: Prentice-Hall, 1977)

----------, *Hysteria: The Disturbing History* (Oxford: Oxford University Press, 2009)

----------, *Social Order/ Mental Disorder: Anglo-American Psychiatry in Historical Perspective* (London: Routledge, 1989)

----------, *The Most Solitary of Afflictions: Madness and Society in Britain, 1700-1900* (London: Yale University Press, 1993)

----------, *Museums of Madness: The Social Organisation of Insanity in 19th Century England* (London: Allen Lane, 1979)

----------, *The Insanity of Place/ The Place of Insanity: Essays on the History of Psychiatry* (Abingdon: Routledge, 2006)

----------, ed., *The Asylum as Utopia: W.A.F. Browne and the Mid-Nineteenth Century Consolidation of Psychiatry* (London: Routledge, 1991)

----------, ed., *Madhouses, Mad-Doctors and Madmen: The Social History of Psychiatry in the Victorian Era* (Philadelphia: University of Pennsylvania Press, 1981)

----------, *Psychiatry and its Discontents* (Oakland CA: University of California Press, 2019)

Sedgwick, Peter, *Psycho Politics: Laing, Foucault, Goffman, Szasz and the Future of Mass Psychiatry* (1982; London: Unkant, 2015)

Shepherd, Anna, *Institutionalising the Insane in Nineteenth Century England* (London: Pickering & Chatto, 2014)

Shorter, Edward, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (Chichester: John Wiley & Sons, 1997)

Showalter, Elaine, *The Female Malady: Women, Madness and English Culture, 1830-1980* (London: Virago, 1987)

Skultans, Vieda, *Madness and Morals: Ideas on Insanity in the Nineteenth Century* (London: Routledge & Kegan Paul, 1975)

Smith, Leonard, *'Cure, Comfort and Safe Custody': Public Lunatic Asylums in Early Nineteenth Century England* (London: Leicester University Press, 1999)

----------, *Lunatic Hospitals in Georgian England 1750-1830* (London: Routledge, 2007)

----------, 'Levelled to the Same Common Standard ? Social Class in the Lunatic Asylum, 1780-1860' in *The Duty of Discontent: Essays for Dorothy Thompson,* ed. by Owen Ashton, Robert Fyson and Stephen Roberts (London: Mansell Publishing, 1995)

----------, *Private Madhouses in England, 1640-1815: Commercialised Care for the Insane* (Cham CH: Palgrave Macmillan, 2020)

Smith, Roger, *Trial by Medicine: Insanity and Responsibility in Victorian Trials* (Edinburgh: Edinburgh University Press, 1981)

Sprott, S.E., *Suicide* (La Salle Ill: Open Court, 1961)

Staub, Michael E., *Madness is Civilisation: When the Diagnosis was Social, 1948-1980* (London: University of Chicago Press, 2011)

Still, Arthur and Irving Velody, eds., *Rewriting the History of Madness: Studies in Foucault's 'Histoire de la Folie'* (London: Routledge, 1992)

Suzuki, Akihito, *Madness at Home: The Psychiatrist, the Patient and the Family in England 1820-1860* (Berkeley CA: University of California Press, 2006)

Szasz, Thomas S., *The Manufacture of Madness* (1971; London: Paladin, 1973)

----------, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* (London: Harper & Row, 1974)

----------, *The Age of Madness* (London: Routledge & Kegan Paul, 1975)

Thompson, E.P., *The Making of the English Working Class* (1963; London: Penguin Books, 1991)

Thompson, M. Guy, ed., *The Legacy of R.D. Laing: An Appraisal of his Contemporary Relevance* (London: Routledge, 2015)

Tomlinson, Stephen, *Headmasters: Phrenology, Secular Education and Nineteenth Century Social Thought* (Tuscaloosa: University of Alabama Press, 2005)

Topp, Leslie, James Moran and Jonathan Andrews, eds., *Madness, Architecture and the Built Environment: Psychiatric Spaces in Historical Context* (London: Routledge, 2007)

Torrey, E. Fuller and Judy Miller, *The Invisible Plague: The Rise of Mental Illness from 1750 to the Present* (London: Rutgers University Press, 2007)

Vaughan, David J., *Mad or Bad?: Crime and Insanity in Victorian Britain* (Barnsley: Pen and Sword, 2007)

Wall, Oisín, *The British Anti-Psychiatrists: From Institutional Psychiatry to the Counter Culture, 1960-1971* (Abingdon: Routledge, 2018)

Wallis, Jennifer, *Investigating the Body in the Victorian Asylum: Doctors, Patients and Practices* (Cham, Switzerland: Palgrave Macmillan, 2017)

Watt, Jeffrey, *From Sin to Insanity: Suicide in Early Modern Europe* (Ithaca NY: Cornell University Press, 2004)

Wear, Andrew, ed., *Medicine in Society* (Cambridge: Cambridge University Press, 1992)

Winter, Alison, *Mesmerised: Powers of Mind in Victorian Britain* (London: University of Chicago Press, 1998)

Wise, Sarah, *Inconvenient People: Lunacy, Liberty and the Mad-Doctors in Victorian England* (London: The Bodley Head, 2012)

Wrigley, Richard and George Revill, eds., *Pathologies of Travel* (Amsterdam: Rodopi, 2000)

Yates, Nigel, Robert Hume and Paul Hastings, *Religion and Society in Kent, 1640-1914* (Woodbridge: Boydell Press, 1994)

Zilboorg, Gregory, *A History of Medical Psychology* (New York: W.W. Norton, 1941)

Chapters in Books

Alsop, J.D., 'Warfare and the Creation of British Imperial Medicine' in Geoffrey Hudson, ed., *British Military and Naval Medicine 1600-1830* (Amsterdam: Rodopi, 2007), pp.23-50

Andrews, Jonathan, 'Letting Madness Range: Travel and Mental Disorder' in Richard Wrigley and George Revill, eds., *Pathologies of Travel* (Amsterdam: Rodopi, 2000), pp.25-88

Burnham, John, 'Deinstitutionalisation and the Great Sociocultural Shift to Consumer Culture' in Despo Kritsotaki, Vicky Long and Matthew Smith, eds., *Deinstitutionalisation and After: Post-War Psychiatry in the Western World* (Cham CH: Palgrave Macmillan, 2016), pp.39-56

Carpenter, Mick, 'Asylum Nursing Before 1914: A Chapter in the History of Labour' in Celia Davies, ed., *Rewriting Nursing History* (London: Croom Helm, 1980), pp.123-46

Castel, Robert, 'Moral Treatment: Mental Therapy and Social Control in the Nineteenth Century' in Stanley Cohen and Andrew Scull, eds., *Social Control and the State* (Oxford: Basil Blackwell, 1985), pp.248-66

Chalkin, Christopher, 'The Towns' in Alan Armstrong, ed., *The Economy of Kent* (Woodbridge: Boydell Press, 1995), pp.205-34

Chatterton, Claire, 'Always Remember that you are in your Senses: From Keeper to Attendant to Nurse' in Thomas Knowles and Serena Trowbridge, eds., *Insanity and the Lunatic Asylum in the Nineteenth Century* (London: Pickering & Chatto, 2016), pp.85-98

Craig, Robin and John Whyman, 'Kent and the Sea' in Alan Armstrong, ed., *The Economy of Kent* (Woodbridge: Boydell Press, 1995), pp.110-24

Crompton, Frank, 'Needs and Desires in the Care of Pauper Lunatics: Admissions to Worcester Asylum 1852-72' in Pamela Dale and Joseph Melling, eds., *Mental Illness and Learning Disability since 1850: Finding a Place for Mental Disorder in the United Kingdom* (Abingdon: Routledge, 2006), pp.46-64

Edginton, Barry, 'A Space for Moral Management: The York Retreat's Influence on Asylum Design' in Leslie Topp, James Moran and Jonathan Andrews, eds., *Madness, Architecture and the* Built *Environment: Psychiatric Spaces in Historical Context* (London: Routledge, 2007), pp.85-104

Eigen, Joel Peter, 'Intentionality and Insanity: What the Eighteenth Century Juror Heard' in W.F. Bynum, Roy Porter and Michael Shepherd, eds., *The Anatomy of Madness,* vol. 2, (London: Tavistock, 1985), pp.34-51

Goodman, Helen, 'Madness and Masculinity: Male Patients in London Asylums and Victorian Culture' in Thomas Knowles and Serena Trowbridge, eds., *Insanity and the Lunatic Asylum in the Nineteenth Century* (London: Pickering & Chatto, 2016), pp.149-66

Hastings, Paul, 'Radical Movements and Workers: Protest to c.1850' in Frederick Lansberry, ed., *Government and Politics in Kent 1640-1914* (Woodbridge: Boydell Press, 2001), pp.95-138

-------------, 'Crime and Public Order' in Frederick Lansberry, ed., *Government and Politics in Kent 1640-1914* (Woodbridge: Boydell Press, 2001), pp.210-48

Hervey, N., ''A slavish bowing down': the Lunacy Commission and the Psychiatric Profession 1845-60' in W.F. Bynum, Roy Porter and Michael Shepherd, eds., *The Anatomy of Madness,* vol.2, (London: Tavistock, 1985), pp.98-131

Hudson, Geoffrey, 'Introduction: British Military and Naval Medicine 1600-1830' in Geoffrey Hudson, ed., *British Military and Naval Medicine 1600-1830* (Amsterdam: Rodopi, 2007), pp.7-22

Kuijpers, Erika and Cornelis van der Haven, 'Battlefield Emotions 1500-1800: Practices, Experience, Imagination' in Erika Kuijpers and Cornelis van der Haven, eds., *Battlefield Emotions 1500-1800* (London: Palgrave Macmillan, 2016), pp.3-21

Levine-Clark, Marjorie, 'Embarrassed Circumstances: Gender, Poverty and Insanity in the West Riding of England in the Early Vicorian Years' in JonathanAndrews and Anne Digby,

eds., *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British and Irish Psychiatry* (Amsterdam: Rodopi, 2004), pp.123-48

Michael, Pamela, 'Class, Gender and Insanity in Nineteenth Century Wales' in Jonathan Andrews and Anne Digby, eds., *Sex and Seclusion, Class and Custody* (Amsterdam: Rodopi, 2004), pp.95-122

Mingay, Gordon, 'Agriculture' in Alan Armstrong, ed., *The Economy of Kent* (Woodbridge: Boydell Press, 1995), pp.51-84

Ormrod, David, 'Industry i. 1600-1800' in Alan Armstrong, ed., *The Economy of Kent* (Woodbridge: Boydell Press, 1995), pp.85-109

Porter, Roy, 'Madness and its Institutions' in Andrew Wear, ed., *Medicine in Society* (Cambridge: Cambridge University Press, 1992), pp.277=302

Preston, James, 'Industry ii. 1800-1914' in Alan Armstrong, ed, *The Economy of Kent* (Woodbridge: Boydell Press, 1995), pp.110-24

Richardson, Tom, 'Labour' in alan Armstrong, ed., *The Economy of Kent* (Woodbridge: Boydell Press, 1995), pp.235-60

Scull, Andrew, 'Humanitarianism or Control? Some Observations on the Historiography of Anglo-American Psychiatry' in Stanley Cohen and Andrew Scull, eds., *Social control and the State* (Oxford: Basil Blackwell, 1985), pp.118-40

Shepherd, Anna, 'The Female Patient Experience in Two Late Nineteenth Century Surrey Asylums' in Jonathan Andrews and Anne Digby, eds., *Sex and Seclusion, Class and Custody* (Amsterdam: Rodopi, 2004), pp.223-48

Smith, Leonard, ''A Sad Spectacle of Mental Degradation': The Management of the Insane in West Midlans Workhouses 1815-60' in Jonathan Reinarz and Leonard Schwarz, eds., *Medicine and the Workhouse* (Rochester NY: University of Rochester Press, 2013), pp.103-22

------------, ''The Keeper Must Himself be Kept': Visitation and the Lunatic Asylum in England 1750-1850' in Graham Mooney and Jonathan Reinarz, eds., *Permeable Walls: Historical Perspectives on Hospital and Asylum Visiting* (Amsterdam: Rodopi, 2009), pp.199-222

Sturdy, Harriet and William Parry-Jones, 'Boarding-Out Insane Patients: the Significance of the Scottish System 1857-1914' in Peter Bartlett and David Wright, eds, *Outside the Walls*

of the Asylum: the History of Care in the Community 1750-2000' (London: Athlone Press, 1999), pp.86-114

Suzuki, Akihito, 'Framing Psychiatric Subjectivity: Doctor, Patient and Record Keeping at Bethlem in the Nineteenth Century' in Joseph Melling and Bill Forsythe, eds., *Insanity, Institutions and Society 1800-1914* (London: Routledge, 1999), pp.115-36

Van der Haven, Cornelis, 'Drill and Allocution as Emotional Practices in Seventeenth Century Dutch Poetry, Plays and Military Treatises' in Erika Kuijpers and Cornelis van der Haven, eds., *Battlefield Emotions 1500-1800* (London: Palgrave Macmillan, 2016), pp. 25-48

Walsh, Lorraine, 'A Class Apart? Admissions to the Dundee Royal Lunatic Asylum 1890-1910' in Jonathan Andrews and Anne Digby, eds., *Sex and Seclusion, Class and Custody* (Amsterdam: Rodopi, 2004), pp.249-70

Walsh, Oonagh, 'Gender and Insanity in Nineteenth Century Ireland' in Jonathan Andrews and Anne Digby, eds., *Sex and Seclusion, Class and Custody* (Amsterdam: Rodopi, 2004), pp. 69-94

Wright, David, 'The Discharge of Pauper Lunatics from county Asylums in Mid-Victorian England: The Case of Buckinghamshire 1853-72' in Joseph Melling and Bill Forsythe, eds., *Insanity, Institutions and Society 1800-1914* (London: Routledge, 1999), pp.93-112

Articles

Adair, Richard, Joseph Melling and Bill Forsythe, 'Migration, family structure and pauper lunacy in Victorian England: admissions to the Devon County Pauper Lunatic Asylum, 1845-1900', *Continuity and Change,* 12 (1997), pp.373-401

----------, 'The New Poor Law and the County Pauper Lunatic Asylum – The Devon Experience 1834-1884', *Social History of Medicine,* 9 (1996), pp.335-355

----------, 'A danger to the public? Disposing of pauper lunatics in late-Victorian and Edwardian England: Plympton St Mary Union and the Devon County Asylum, 1867-1914', *Medical History,* 42 (1998), pp.1-25

Allderidge, Patricia, 'Hospitals, Madhouses and Asylums: Cycles in the Care of the Insane', *British Journal of Psychiatry,* 134 (1979), pp.321-34

Anderson, Olive, 'Did Suicide Increase with Industrialization in Victorian England?', *Past & Present,* 86 (1980), pp.149-73

Anderson, Warwick, 'The Trespass Speaks: White Masculinity and Colonial Breakdown', *American Historical Review,* 102 (1997), pp.1343-70

Andrew, Donna T., 'The Secularization of Suicide in England 1660-1800', *Past & Present,* 119 (1988), pp.158-65

Armstrong, W.A., 'The Population of Victorian and Edwardian Kent', *Archaeologica Cantiana,* 112 (1993), pp.1-16

Arnold, Rollo, 'The 'Revolt of the Field' in Kent 1872-1879', *Past and Present,* 64 (1974), pp.71-95

Bahr, Andreas, 'Between 'Self-Murder' and 'Suicide': The Modern Etymology of Self-Killing', *Journal of Social History,* 46 (2013), pp.620-32

Bailey, Ann, 'The Founding of the Gloucestershire County Asylum, now Horton Road Hospital Gloucester, 1792-1823', *Trans. Bristol and Gloucestershire Archaeological Society,* XC (1971), pp.178-91

Bartlett, Peter, 'The Asylum, the Workhouse, and the Voice of the Insane Poor in 19th-Century England', *International Journal of Law and Psychiatry,* 21 (1998), pp.421-32

----------, 'Legal Madness in the Nineteenth Century', *Social History of Medicine,* 14 (2001), pp.107-31

Baugh, D.A., 'The Cost of Poor Relief in South-East England, 1790-1834', *Economic History Review,* 28 (1975), pp.50-68

Beresford, Kathryn, 'The 'Men of Kent' and the Penenden Heath Meeting, 1828', *Archaeologica Cantiana,* 125 (2005), pp.151-71

Beveridge, A.W. and E.B. Renvoise, 'Electricity: A history of its use in the treatment of mental illness in Britain during the second half of the 19th century', *Journal of Psychiatry,* 153 (1988), pp.157-62

Black, Nick, 'The extraordinary tale of Dartford, the hospital town', *Journal of the Royal Society of Medicine,* 102 (2009), pp.521-29

Blanco, Richard, 'Sir James McGrigor and the Army Medical Corps', *History Today,* 21 (1971), pp.132-40

Bradfield, B.T., 'Sir Richard Vyvyan and the Country Gentlemen', *English Historical Review,* 83 (1968), pp.729-43

Brian, Kathleen M., ''The Weight of Perhaps Ten or a Dozen Human Lives': Suicide, Accountability, and the Life-Saving Technologies of the Asylum', *Bulletin of the History of Medicine,* 90 (2016), pp.583-610

Brown, Edward M., 'French Psychiatry's Initial Reception of Bayle's Discovery of General Paresis of the Insane', *Bulletin of the History of Medicine,* 68 (1994), pp.235-53

Brown, Michael, 'Rethinking Early Nineteenth-Century Asylum Reform', *The Historical Journal,* 49 (2006), pp.425-52

Burgoyne Black, Shirley, 'Swing: the Years 1827-1830 as Reflected in a West Kent Newspaper', *Archaeologica Cantiana,* 107 (1989), pp.89-106

Busfield, Joan, 'The Female Malady? Men, Women and Madness in Nineteenth Century Britain', *Sociology,* 28 (1994), pp.259-77

Bynum, William F., 'Rationales for Therapy in British Psychiatry: 1780-1835', *Medical History,* 18 (1974), pp.317-34

Chaney, Sarah, ''No Sane Person Would Have Any Idea': Patients' Involvement in Late Nineteenth-century British Asylum Psychiatry', *Medical History,* 60 (2016), pp.37-53

Cooter, Roger, 'Phrenology and the British Alienists, c.1825-1845', *Medical History,* 20 (1976), pp.1-21 and pp.135-51

Crammer, J.L., 'English Asylums and English Doctors: Where Scull is Wrong', *History of Psychiatry,* 5 (1994), pp.103-15

Crotty, Homer D., 'History of Insanity as a Defence to Crime in English Criminal Law', *California Law Review,* 12 (1924), pp.105-23

Dalby, John Thomas, 'The case of Danial McNaughton: Let's get the story straight', *American Journal of Forensic Psychiatry,* 27 (2006), pp.17-32

Davey, J.G., 'Felo-de-Se', *Journal of Mental Science,* 16 (1870-1), pp.390-410

Davis, G., 'The most deadly disease of asylumdom: general paralysis of the insane and Scottish psychiatry, c.1840-1940', *Journal of the Royal College of Physicians of Edinburgh,* 42 (2012), pp.266-73

Dean, Eric T., 'War and Psychiatry: examining the diffusion theory in light of the insanity defence in post-world war Britain', *History of Psychiatry,* 4 (1993), pp.61-82

Degerman, Dan, 'Am I mad?: the Windham case and Victorian resistance to psychiatry', *History of Psychiatry,* 30 (2019), pp.457-68

Double, Duncan B., 'Twenty Years of the Critical Psychiatry Network', *British Journal of Psychiatry,* 214 (2019), pp.61-2

Dunbabin, J.P.D., 'The Incidence and Organisation of Agricultural Trades Unknown in the 1870s', *Agricultural History Review,* 16 (1968), pp.114-41

Dyck, Ian, 'William Cobbett and the Rural Radical Platform', *Social History,* 18 (1993), pp.185-204

Ellis, Robert, 'The Asylum, the Poor Law and a Reassessment of the Four-Shilling Grant', *Social History of Medicine,* 19 (2006), pp.55-71

Epstein, James, 'Understanding the Cap of Liberty: Symbolic Practice and Social Conflict in Early Nineteenth-Century England', *Past & Present,* 122 (1989), pp.75-118

Ernst, Waltraud, 'Idioms of Madness and Colonial Boundaries: The Case of the European and 'Native' Mentally Ill in Early Nineteenth-Century British India', *Comparative Studies in Society and History,* 39 (1997), pp.153-81

----------, ''Under the Influence' in British India: James Esdaile's Mesmeric Hospital in Calcutta, and its critics', *Psychological Medicine,* 25 (1995), pp.1113-23

---------, 'Colonial psychiatry, magic and religion. The case of mesmerism in British India', *History of Psychiatry,* 15 (2007), pp.57-71

Everitt, A.M., 'The Making of the Agrarian Landscape in Kent', *Archaeologica Cantiana,* 92 (1976), pp.1-31

Finnane, Mark, 'Asylums, Families and the State', *History Workshop Journal,* 20 (1985), pp.134-48

Gates, Barbara, 'Suicide and the Victorian Physicians', *Journal of the History of the Behavioural Sciences,* 16 (1980), pp.164-74

Grange, Kathleen M., 'Pinel and Eighteenth-Century Psychiatry', *Bulletin of the History of Medicine,* 35 (1961), pp.442-53

Greenwood, Anna, 'The strange history of tropical neurasthenia', *Psychologist,* 24 (2011), pp.226-27

Griffin, Carl, ''Policy on the Hoof': Sir Robert Peel, Sir Edward Knatchbull and the Trial of the Elham Machine Breakers, 1830', *Rural History,* 15 (2004), pp.127-48

----------, 'Animal maiming, intimacy and the politics of shared life: the bestial and the beastly in eighteenth and early nineteenth century England', *Transactions of the Institute of British Geographers,* 37 (2012), pp.301-16

----------, ''There was no law to punish that offence': reassessing Captain Swing', *Southern History,* 22 (2000), pp.131-63

Hall, Jason, 'Gall's Phrenology: A Romantic Psychology', *Studies in Romanticism,* 16 (1977), pp.305-17

Hare, E., 'Was Insanity on the Increase?', *British Journal of Psychiatry,* 142 (1983), pp.439-55

----------, 'The Origin and Spread of Dementia Paralytica', *Journal of Mental Science,* 105 (1959), pp.594-626

Harrison, Brian, 'Philanthropy and the Victorians', *Victorian Studies,* 9 (1966), pp.353-74

Healy, Roisin, 'Suicide in Early Modern and Modern Europe', *Historical Journal,* 49 (2006), pp.903-19

Hervey, Nicholas, 'Advocacy or Folly: The Alleged Lunatics' Friend Society, 1845-63', *Medical History,* 30 (1986), pp.245-75

Hodgkinson, Ruth, 'Provision for Pauper Lunatics 1834-1871', *Medical History,* 10 (1966), pp.138-54

Houston, R.A., 'Explanations for death by suicide in northern Britain during the long eighteenth century', *History of Psychiatry,* 23 (2011), pp.52-64

Hunter, R.A., 'A Brief Review of the Use of Electricity in Psychiatry with special reference to John Wesley', *British Journal of Physical Medicine,* 20 (1957), pp.98-100

Hurren, Elizabeth T., ''Abnormalities and deformities': the dissection and interment of the insane poor', *History of Psychiatry,* 23 (2012), pp.65-77

Jacyna, L.S., 'Somatic Theories of Mind and the Interests of Medicine in Britain, 1850-1879', *Medical History,* 26 (1982), pp.233-58

Jansson, Asa, 'From Statistics to Diagnostics: Medical Certificates, Melancholia and 'Suicidal Propensities' in Victorian Psychiatry', *Journal of Social History,* 46 (2013), pp.716-31

Jones, Edgar and Simon Wessely, 'The Origins of British Military Psychiatry Before the First World War', *War and Society,* 19 (2001), pp.91-108

Jones, K., 'Scull's Dilemma', *British Journal of Psychiatry,* 141 (1982), pp.221-26

----------, 'The Twenty-Four Steps: An Analysis of Institutional Admission Procedures', *Sociology,* 6 (1972), pp.405-15

Kaplan, Fred, ''The Mesmeric Mania': The Early Victorians and Animal Magnetism', *Journal of the History of Ideas,* 35 (1974), pp.691-702

Keller, Richard, 'Madness and Colonization: Psychiatry in the British and French Empires, 1800-1962', *Journal of Social History,* 35 (2001), pp.295-326

Kidd, Alan J., 'Philanthropy and the 'Social History Paradigm'', *Social History,* 21 (1996), pp.180-92

Klingberg, Frank J., 'The Evolution of the Humanitarian Spirit in Eighteenth Century England', *The Pennsylvania Magazine of History and Biography,* 66 (1942), pp.260-78

Kushner, Howard, 'Suicide, Gender and the Fear of Modernity in Nineteenth-Century Medical and Social Thought', *Journal of Social History,* 26 (1993), pp.461-90

Lacombe, Dany, 'Reforming Foucault: A Critique of the Social Control Thesis', *British Journal of Sociology,* 47 (1996), pp.332-52

Laragy, Georgina, ''A Peculiar Species of Felony': Suicide, Medicine and the Law in Victorian Britain and Ireland', *Journal of Social History,* 46 (2013), pp.732-43

Leff, Alex, 'Clean round the bend – the etymology of jargon and slang terms for madness', *History of Psychiatry,* 11 (2000), pp.155-62

Levine-Clark, Marjorie, 'Dysfunctional Domesticity: Female Insanity and Family Relationships among the West Riding Poor in the Mid-Nineteenth Century', *Journal of Family History,* 25 (2000), pp.341-61

Luckin, Bill, 'Towards a Social History of Institutionalisation', *Social History,* 8 (1983), pp.87-94

MacDonald, Michael, 'Insanity and the realities of history in early modern England', *Psychological Medicine,* 11 (1981), pp.11-25

----------, 'The Medicalization of Suicide in England', *Milbank Quarterly,* 67 (supplement 1, 1989), pp.69-91

----------, 'Suicide and the Rise of the Popular Press in England', *Representations,* 22 (1988), pp.36-55

----------, 'The Secularization of Suicide in England 1660-1800', *Past & Present,* 111 (1986), pp.50-100

----------, 'The Secularization of Suicide in England 1660-1800: Reply', *Past & Present,* 119 (1988), pp.165-70

----------, 'Lunatics and the State in Georgian England', *Social History of Medicine,* 2 (1989), pp.299-313

Mannoni, Octave, 'The anti-psychiatric movement(s)', *International Social Science Journal,* 25 (1973), pp.489-503

Marsh, Ian, 'The Uses of History in the Unmaking of Modern Suicide', *Journal of Social History,* 46 (2013), pp.744-56

McCandless, Peter, 'A Female Malady? Women at the South Carolina Lunatic Asylum, 1828-1915', *Journal of the History of Medicine and Allied Sciences,* 54 (1999), pp.543-71

-----------, ''Build! Build!' The Controversy over the Care of the Chronically Insane in England, 1855-1870', *Bulletin of the History of Medicine,* 53 (1979), pp.553-74

----------, 'Liberty and Lunacy: The Victorians and Wrongful Confinement', *Journal of Social History,* 11 (1978), pp.366-86

----------, 'Dangerous to Themselves and Others: The Victorian Debate over the Prevention of Wrongful Confinement', *Journal of British Studies,* 23 (1983), pp.84-104

McCrae, Niall, 'The beer ration in Victorian asylums', *History of Psychiatry,* 15 (2004), pp.155-75

Mellett, D.J., 'Bureaucracy and Mental Illness: The Commissioners in Lunacy 1845-90', *Medical History,* 25 (1981), pp.221-50

Melling, Joseph and Robert Turner, 'The road to the asylum: institutions, distance and the administration of pauper lunacy in Devon, 1845-1914', *Journal of Historical Geography,* 25 (1999), pp.298-332

Michael, Pamela and David Hirst, 'Recording the many faces of death at the Denbigh Asylum', *History of Psychiatry,* 23 (2012), pp.40-51

Miller, Peter, 'The Territory of the Psychiatrist', *Ideology and Consciousness,* 7 (1980), pp.63-105

Monk, Lee Ann, 'Working Like Mad: Nineteenth Century Female Lunatic Asylum Attendants and Violence', *Lilith: A Feminist History,* 9 (1996), pp.5-20

----------, 'Working in the Asylum: Attendants to the Insane', *Health and History,* 11 (2009), pp.83-101

Mora, George, 'Vincenzo Chiarugi (1759-1820) and his Psychiatric Reform in Florence in the late Eighteenth-Century', *Journal of the History of Medicine and Allied Sciences,* 14 (1959), pp.424-33

Moran, James E., 'Keepers of the Insane: The Role of Attendants at the Toronto Provincial Asylum, 1875-1905', *Social History,* 28 (1995), pp.51-75

Moran, Richard, 'The Origin of Insanity as a Special Verdict: The Trial for Treason of James Hadfield (1800)', *Law & Society Review,* 19 (1985), pp.487-519

Morecroft, N.E.J., ''No Nation Ever Sent Forth Braver Troops to Battle': Images of the Soldier in Nineteenth-Century British Literature and Culture', *When the Soldiers Return: November 2007 Conference Proceedings, Brisbane,* pp.88-96

Morrisey, Susan, 'Drinking to Death: Suicide, Vodka and Religious Burial in Russia', *Past & Present,* 186 (2005), pp.117-46

Myers, E.D., 'Workhouse or asylum: the nineteenth century battle for the care of the pauper insane', *Psychiatric Bulletin,* 22 (1998), pp.575-77

Nasser, Mervat, 'The rise and fall of anti-psychiatry', *Psychiatric Bulletin,* 19 (1995), pp.743-46

Noon, Georgia, 'On Suicide', *Journal of the History of Ideas,* 39 (1978), pp.371-86

Ogborn, Miles and Chris Philo, 'Soldiers, Sailors and Moral Locations in Nineteenth-Century Portsmouth', *Area,* 26 (1994), pp.221-31

Parssinen, Terry M., 'Mesmeric Performers', *Victorian Studies,* 21 (1977), pp.87-104

Philo, Chris, 'Journey to asylum: a medical-geographical idea in historical context', *Journal of Historical Geography,* 21 (1995), pp.148-68

----------, ''Fit localities for an asylum': the historical geography of the nineteenth-century 'mad-business' in England as viewed through the pages of the *Asylum Journal*', *Journal of Historical Geography,* 13 (1987), pp.398-415

----------, 'Troubled proximities: asylums and cemeteries in nineteenth-century England', *History of Psychiatry,* 23 (2012), pp.91-103

Porter, Roy, ''Under the Influence': Mesmerism in England', *History Today,* 35 (1985), pp.22-29

Prichard, James Cowles, 'Of the Termination of Insanity by Death', *History of Psychiatry,* 23 (2012), pp.129-36

Prior, Lindsay, 'The Architecture of the Hospital: A Study of Spatial Organisation and Medical Knowledge', *British Journal of Sociology,* 39 (1988), pp.86-113

Quen, Jacques, 'An Historical View of the M'Naghten Trial', *Bulletin of the History of Medicine,* 42 (1968), pp.43-51

Quinault, Roland, 'The French Revolution of 1830 and Parliamentary Reform', *History,* 79 (1994), pp.377-93

Ray, Laurence J., 'Models of Madness in Victorian Asylum Practice', *Archives of European Sociology,* 22 (1981), pp.229-64

Rollin, Henry, 'Religion as an index of the rise and fall of 'moral treatment' in 19th century lunatic asylums in England', *Psychiatric Bulletin,* 18 (1994), pp.627-31

Rosen, George, 'Nostalgia: a 'forgotten' psychological disorder', *Psychological Medicine,* 5 (1975), pp.340-54

Rutherford, Sarah, 'Landscapers for the Mind: English Asylum Designers, 1845-1914', *Garden History,* 33 (2005), pp.61-86

Saunders, J.F., 'Criminal Insanity in 19th Century Asylums', *Journal of the Royal Society of Medicine,* 81 (1988), pp.73-75

Scull, Andrew, 'The Domestication of Madness', *Medical History,* 27 (1983), pp.233-48

----------, 'Madness and Segregative Control: The Rise of the Insane Asylum', *Social Problems,* 24 (1977), pp.337-51

----------, 'Psychiatry and social control in the nineteenth and twentieth centuries', *History of Psychiatry,* 2 (1991), pp.149-69

Sheehan, J., 'The Role and Rewards of Asylum Attendants in Victorian England', *International History of Nursing Journal,* 3 (1998), pp.25-34

Shepherd, Anne and David Wright, 'Madness, Suicide and the Victorian Asylum: Attempted Self-Murder in the Age of Non-Restraint', *Medical History,* 46 (2002), pp.175-96

Shepherd, Michael, 'Neurolepsis and the psychopharmacological revolution: myth and reality', *History of Psychiatry,* 5 (1994), pp.89-96

Showalter, Elaine, 'R.D. Laing and the Sixties', *Raritan: A Quarterly Review,* 1 (1981), pp.107-27

Smith, Cathy, 'Family, Community and the Victorian Asylum', *Family and Community History,* 9 (2006), pp.109-24

----------, 'Parsimony, Power and Prescriptive Legislation: The Politics of Pauper Lunacy in Northamptonshire, 1845-1876', *Bulletin of the History of Medicine,* 81 (2007), pp.359-85

----------, ''Visitation by God': rationalizing death in the Victorian asylum', *History of Psychiatry,* 23 (2012), pp.104-16

Smith, Leonard, ''Your Very Thankful Inmate': Discovering the Patients of an Early County Lunatic Asylum', *Social History of Medicine,* 21 (2008), pp.237-52

----------, 'Behind Closed Doors: Lunatic Asylum Keepers', *Social History of Medicine,* 1 (1988), pp.301-27

----------, 'Welcome release: perspectives on death in the early county lunatic asylums, 1810-50', *History of Psychiatry,* 23 (2012), pp.117-28

----------, 'Lunatic Asylum in the Workhouse: St Peter's Hospital, Bristol, 1698-1861', *Medical History,* 61 (2017), pp.225-45

Smith, Roger, 'Expertise, procedure and the possibility of a comparative history of forensic psychiatry in the nineteenth century', *Psychological Medicine,* 19 (1989), pp.289-300

----------, 'The Victorian controversy about the insanity defence', *Journal of the Royal Society of Medicine,* 81 (1988), pp.70-73

Stainbrook, Edward, 'The Use of Electricity in Psychiatric Treatment during the Nineteenth Century', *Bulletin of the History of Medicine,* 22 (1948), pp.156-76

Stebbings, Chantal, 'Protecting the Property of the Mentally Ill: The Judicial Solution in Nineteenth Century Lunacy Law', *Cambridge Law Journal,* 71 (2012), pp.384-411

Suzuki, Akihito, 'The Politics and Ideology of Non-Restraint', *Medical History,* 39 (1995), pp.1-17

Szasz, Thomas, 'Ideology and Insanity', *International Social Science Journal,* 25 (1973), pp.504-11

----------, 'Mental Illness Is Still A Myth', *Society,* 31 (1994), pp.34-9

----------, 'Psychiatry and the Control of Dangerousness', *Journal of Social Work Education,* 39 (2003), pp.375-81

----------, 'The Therapeutic State: The Tyranny of Pharmacracy', *The Independent Review,* 5 (2001), pp.485-521

Tempkin, Owsei, 'Gall and the Phrenological Movement', *Bulletin of the History of Medicine,* 21 (1947), pp.275-321

Thompson, F.M.L., 'Social Control in Victorian Britain', *Economic History Review,* 34 (1981), pp.189-208

Topp, Leslie, 'Single Rooms, Seclusion and the Non-Restraint Movement in British Asylums, 1838-1844', *Social History of Medicine,* 31 (2018), pp.754-73

Turner, Trevor, 'Rich and Mad in Victorian England', *Psychological Medicine,* 19 (1989), pp.29-44

Unsworth, Clive, 'Law and Lunacy in Psychiatry's 'Golden Age'', *Oxford Journal of Legal Studies,* 13 (1993), pp.479-507

Wade, Nicholas, U. Norsell and A. Presly, 'Cox's chair: 'a moral and a medical mean in the treatment of maniacs', *History of Psychiatry,* 16 (2005), pp.73-88

Walk, Alexander, 'Some Aspects of the 'Moral Treatment' of the Insane up to 1854', *British Journal of Psychiatry,* 100 (1954), pp.807-37

----------, 'The History of Mental Nursing', *British Journal of Psychiatry,* 107 (1961), pp.1-17

Walton, John, 'Lunacy in the Industrial Revolution', *Journal of Social History,* 13 (1979), pp.1-22

Weller, Michael, 'Less than Perfect!', *Bygone Kent,* 18 (1997), pp.99-104 and pp.163-68

----------, 'William Perfect, MD 'Minister to Minds Diseased', *Bygone Kent,* 14 (1993), pp.591-99 and pp.659-64

Wells, Roger, 'Mr William Cobbett, Captain Swing and King William lV', *Agricultural History Review,* 45 (1997), pp.34-48

Williams, Elizabeth A., 'Stomach and Psyche: Eating, Digestion and Mental Illness in the Medicine of Philippe Pinel', *Bulletin of the History of Medicine,* 84 (2010), pp.358-86

----------, 'Gags, funnels and tubes: forced feeding of the insane and of suffragettes', *Endeavour,* 32 (2008), pp.134-40

Wojciechowska, B., 'Brenchley: A Study of Migratory Movements in a Mid-Nineteenth Century Rural Parish', *Local Population Studies,* 41 (1988), pp.28-40

Woods, Evelyn and Eric Carlson, 'The Psychiatry of Philippe Pinel', *Bulletin of the History of Medicine,* 35 (1961), pp.14-25

Wright, David, 'Getting Out of the Asylum: Understanding the Confinement of the Insane in the Nineteenth Century', *Social History of Medicine,* 10 (1997), pp.137-55

----------, 'The certification of insanity in nineteenth-century England and Wales', *History of Psychiatry,* 9 (1998), pp.267-90

Wynter, Rebecca, ''Good in all respects': appearance and dress at Staffordshire County Lunatic Asylum, 1818-54', *History of Psychiatry,* 22 (2011), pp.40-57

York, Sarah, 'Alienists, Attendants and the Containment of Suicide in Public Lunatic Asylums, 1845-1890', *Social History of Medicine,* 25 (2011), pp.324-42

----------, 'Chemical Control or Therapeutic Intervention?: Drugs and the Treatment of Suicidal Lunatics in Late Nineteenth-Century England', *Ex Historia,* 2 (2010), pp.20-42

Zell, Michael, 'Suicide in Pre-Industrial England', *Social History,* 11 (1986), pp.303-17

Zelnick, Reginald, 'From Felons to Victims: A Response to Michael MacDonald', *Representations,* 22 (1988), pp.55-59

Zola, Irving, 'Medicine as an Institution of Social Control', *Sociological Review,* 20 (1972), pp.487-504

Unpublished Theses

Allnutt, Anthony, 'The private lunatic asylums in Kent in the eighteenth and nineteenth centuries' (diploma, University of London, 1972)

Anon., 'Provision for Pauper Lunatics: Kent County Lunatic Asylum in the Nineteenth Century' (qualification, institution and date unknown)

Argent, Valerie, 'Counter-Revolutionary Panic and the treatment of the Insane: 1800' (thesis, University of Middlesex, 1978)

Beresford, Kathryn, ''Men of Kent': Gender and Nationhood in Regional Perspective, 1815-1837' (PhD, University College London, 2007)

Hervey, Nicholas, 'The Lunacy Commission 1845-60 with special reference to the implementation of policy in Kent and Surrey' (PhD, University of Bristol, 1987)

Snell, Susan, 'Poetry, medicine and madness: the self-representations of William Perfect' (MA, King's College, London, 2013)

York, Susan, 'Suicide, Lunacy and the Asylum in Nineteenth Century England' (PhD, University of Birmingham, 2009)