



# University of HUDDERSFIELD

## University of Huddersfield Repository

Ellis, Robert

A field of practise or a mere house of detention? : the asylum and its integration, with special reference to the county asylums of Yorkshire, c.1844-1888

### Original Citation

Ellis, Robert (2001) A field of practise or a mere house of detention? : the asylum and its integration, with special reference to the county asylums of Yorkshire, c.1844-1888. Doctoral thesis, University of Huddersfield.

This version is available at <http://eprints.hud.ac.uk/id/eprint/4670/>

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: [E.mailbox@hud.ac.uk](mailto:E.mailbox@hud.ac.uk).

<http://eprints.hud.ac.uk/>



A FIELD OF PRACTISE OR A MERE HOUSE OF  
DETENTION? THE ASYLUM AND ITS  
INTEGRATION, WITH SPECIAL REFERENCE TO  
THE COUNTY ASYLUMS OF YORKSHIRE, c.1844-  
1888

ROBERT JAMES ELLIS

A thesis submitted to the University of Huddersfield in  
partial fulfilment of the requirements for the degree of  
Doctor of Philosophy

The University of Huddersfield

September 2001

## Abstract

The nineteenth century witnessed a continuous growth in both the number of lunatic asylums, and in the numbers of people held within them. For many, contemporaries, and more recent commentators alike, the period was marked by the growing failure of the asylum as a curative institution. The reasons cited for this failure have varied, and at different times attention has focussed on a number of key themes. The purpose of this thesis is to critically examine each of these themes and to assess the expectations of those who built the asylum, those who worked in it, those who lived near it, and perhaps most importantly of all, those who used it. As such, the six chapters examine the asylum management and their motivations; the social separation of the insane patient, and how this was affected by external factors; the asylum's relationship with the various Poor Law authorities; the motivations that the families of the insane had for committing, and not committing their kin; the treatment regimes within the asylums, and how they differed between the sexes; and the central role that the asylum attendants had in caring for the insane.

In each of these areas, perceptions of the asylums' supposed failure will be called into question, and there will be a continuing consideration of its function as both a custodial and a curative institution. Recent studies of extra-institutional care have emphasised that treatment in the asylum remained just one option in the 'mixed economy of care'. Building on this, this thesis contests that the continued growth and development of the asylum system could not rest on its custodial function alone. Conversely, it shows that its ability to 'cure' significant numbers of people continued to be a significant factor throughout the period.

## Acknowledgements

Since beginning this thesis, I have been grateful to a number of people who have at various times offered their advice, assistance and support. I would like to thank Philip Woodfine and Roy Fisher, for their efforts made on the M.Phil/PCGE programme, as well as Sarah Bastow, Janet Conneely and Tom Rowley for their support during that time.

I would also like to thank the staff at the Wellcome Library, the British Library, the Public Record Office, as well as those at the Northallerton Country Record Office, the East Riding Archive Service, and the public libraries at Wakefield and Huddersfield. Thanks are also due to Mr John Goodchild, who graciously allowed me to consult his personal archive, and I would like to make special mention of the staff at the Borthwick Institute of Historical Research in York and the West Yorkshire Archive Service in Wakefield.

I am also grateful to David Taylor, Keith Laybourn and Hilary Marland for reading the thesis, and for their subsequent comments and assistance. Finally, special thanks must be made to Joanna Ellis and Bertrand Taithe for their support from beginning to end. Without either of them, this thesis would not have been produced. Of course, any errors that remain within this work remain my responsibility alone.

# Contents

List of tables	5
List of appendices	6
List of abbreviations used	6
Introduction	7
Chapter One. 'A Field of Practise or a Mere House of Detention'? The Magistrates of the Ridings and the Integration of the Asylum.	19
Chapter Two. The Kindness (and Unkindness) of Strangers. The Social Separation of the Insane Patient.	67
Chapter Three. Counting the Cost of Committal. The Asylum and the Poor Law.	95
Chapter Four. The 'Perversity or Misdirected zeal' of Friends. Family Strategy and Asylum Care.	131
Chapter Five. 'Perversity in Every Imaginable Form'. Gender and the Treatment of the Insane Poor.	172
Chapter Six 'Ministering to a Mind Diseased.' Asylum Attendants and Asylum Integration.	235
Conclusion	278
Notes on Sources and Methodologies	283
Appendices	286
Bibliography	309

## List of Tables

Table 1:	The Rising Numbers of Lunatic Asylums, 1827-1900.	8
Table 2:	The Distribution of Lunatics in the North Riding, 1842.	41
Table 3:	Percentage Cures to Admissions, 1869-1888.	49
Table 4:	Admissions to the NRA 1877 – 1879.	58
Table 5:	The NRA’s Sources of Income, 1866 – 1888.	61
Table 6:	Duration of Illness Prior to Admission to the WRA (Males), 1861.	80
Table 7:	Duration of Illness Prior to Admission to the WRA (Females), 1861.	81
Table 8:	The Distribution of Pauper Lunatics 1859 – 1884.	105
Table 9:	The Distribution of Lunatics in the West Riding, 1871-1885.	106
Table 10:	The Distribution of Lunatics in the North Riding, 1871 – 1885.	107
Table 11:	Total Admissions to the NRA, 1866 – 1885.	108
Table 12:	Comparison of Costs at the Wakefield Union Workhouse and at the WRA, 1863.	110
Table 13:	The Numbers of Chronic Patients (Not First Class) Admitted to the NRA and WRA, 1867 – 1881.	115
Table 14:	Total admissions to the East Riding Asylum, Beverley, 1879 – 1888.	116
Table 15:	The Numbers of Chronic Patients (Not First and Second Class) Admitted to the NRA and WRA, 1867 – 1881.	117
Table 16:	The Distribution of Pauper Lunatics Belonging to the Halifax Union, 1871 – 1884.	125
Table 17:	Descriptions of the Patients on Admission to the WRA, 1861.	158
Table 18:	Descriptions of the Patients on Admission to the NRA, 1861.	159
Table 19:	The National Distribution of Patients in County and Borough Asylums, 1859 – 1888.	195
Table 20:	The Distribution of Patients at the WRA, 1859 – 1888.	196
Table 21:	The Distribution of Patients at the NRA, 1859 – 1888.	198
Table 22:	Admissions to the NRA and WRA, 1847 – 1888.	199
Table 23:	The Average Numbers Resident at the WRA and NRA, 1851 – 1888.	201
Table 24:	Percentage Recoveries on Admission at the WRA, 1869 – 1888.	202
Table 25:	Percentage Recoveries on Admission at the NRA, 1869 – 1888.	203
Table 26:	Percentage Recoveries on Admission, Nationally, 1869 – 1888.	204
Table 27:	Length of Residence of Patients Discharged as Recovered at the NRA, 1866 – 1881.	204
Table 28:	Length of Residence of Patients Discharged as Recovered at the WRA, 1868 – 1888.	205
Table 29:	Numbers of Patients Recorded as Being ‘in bed’ at the NRA and WRA, 1874 – 1889.	217
Table 30:	Instances of Seclusion at the NRA, 1868 – 1888.	220
Table 31:	Instances of Seclusion at the WRA, 1867 – 1888.	222
Table 32:	Attendants’ Length of Service at the WRA, 1859 – 1889	272

## List of Appendices

Appendix 1: The Superintendents of the WRA and the NRA.	287
Appendix 2: Charges at the NRA 1847 – 1887.	288
Appendix 2a: Costs at the NRA 1847 – 1888.	289
Appendix 3: A View of the WRA.	290
Appendix 4: An Aerial View of the WRA.	292
Appendix 5: The WRA and its Boundaries, 1894.	294
Appendix 6: Costs and Charges at the WRA 1859 – 1888.	296
Appendix 7: Partially Completed Committal Form, 1875.	297
Appendix 8: Articles Made and Repaired at the NRA, 1852.	301
Appendix 9: Articles Made and Repaired at the NRA, 1888.	303
Appendix 10: The Employment of the Male Patients at the WRA, 1888.	305
Appendix 11: The Employment of the Female Patients at the WRA, 1888.	307

## List of Abbreviations

BIHR	Borthwick Institute for Historical Research.
BMJ	British Medical Journal.
ERA	East Riding Asylum.
ERAS	East Riding Archive Service.
HPL	Huddersfield Public Library.
JGC	John Goodchild Collection.
JMS	Journal of Mental Science.
NCRO	Northallerton County Record Office.
NRA	North and East Ridings County Lunatic Asylum.
PRO	Public Record Office.
SYA	South Yorkshire Asylum.
WPL	Wakefield Public Library
WRA	West Riding Pauper Lunatic Asylum.
WYAS	West Yorkshire Archive Service.



## INTRODUCTION

As the nineteenth century progressed, the large public lunatic asylum became a ubiquitous feature of the Victorian landscape, and its proliferation at the century's end is evidence of the successful integration of the institutional approach to the problems of madness.<sup>1</sup> As can be seen in Table 1, there was a dramatic rise in both the numbers of asylums, and the numbers of people held in them. The explanations for this success have been varied, but for the Victorians themselves it was unsurprising because the publicly funded, publicly regulated asylums offered a humanitarian alternative to the barbarity of the past. The *British Medical Journal's* (BMJ's) response to a suggestion that before the advent of asylums lunatics had been cared for by a combination of the poor law and the community, propounded that lunatics had been treated cruelly by a poor law pittance, village schoolboys and inhuman taskmasters.<sup>2</sup> Similarly, Daniel Hack Tuke wrote that before the opening of the county asylum at Wakefield in 1818, many lunatics in Yorkshire 'were with their friends, probably in some outhouse, attic or cellar, or wandering about, the butt of village ruffians'.<sup>3</sup> Those that were unfortunate to be in one of the unreformed asylums, according to Robert Gardiner Hill, found themselves chained to the walls with nothing to lie on but straw, and visited by a keeper, who with whip in hand, 'lashed them into obedience'.<sup>4</sup> As people

---

<sup>1</sup> Nine county asylums were built before 1828 and another seventy before the end of Victoria's reign. Peter Bartlett & David Wright, 'Community Care and its Antecedents', in Peter Bartlett & David Wright (eds), *Outside the Walls of the Asylum: The History of Care in the Community 1750-2000*, The Athlone Press, London, 1999, p.5.

<sup>2</sup> *British Medical Journal* (BMJ), 28 May 1870, p.552

<sup>3</sup> Daniel Hack Tuke, *The Past and Present Provision for the Insane Poor in Yorkshire, with Paper on the Future Provision of this Class*, J & A Churchill, London, 1889, p.7. Tuke, who was the grandson of the Retreat's founder, co-authored *A Manual of Psychological Medicine* with John Charles Bucknill and went on to edit *A Dictionary of Psychological Medicine*, published in two volumes in 1892. W.F. Bynum, 'Tuke's Dictionary and Psychiatry at the Turn of the Century', in German E. Berrios and Hugh Freeman, *150 Years of British Psychiatry*, Gaskell, London, 1991.

<sup>4</sup> Robert Gardiner Hill, *Lunacy: its Past and its Present*, Longmans Green, Reader & Dyer, London 1870, p.1. For details of Hill's role in the abolition of restraint see A. Scull, Charlotte MacKenzie and Nicholas Hervey, *Masters of Bedlam: The Transformation of the Mad-doctoring Trade*,

involved in the treatment of the insane these views are unsurprising, but even the casual observer was happy to see the barbarous inhumanity of the unreformed system confined to the past.<sup>5</sup>

Table 1: The Rising Numbers of Lunatic Asylums, 1827-1900.

Jan 1	No. of County, Borough and City Asylums	Total patients in Public Asylums	Average Number of Patients per Asylum
1827	9	1,046	116
1850	24	7,140	297
1860	41	15,845	386
1870	50	27,109	542
1880	61	40,088	657
1890	66	52,937	802
1900	77	74,004	961

Source: Kathleen Jones, *A History of the Mental Health Services*, Routledge and Kegan Paul, London, 1972, p.210.

To a large extent, this ‘Whiggish’ view lasted well into the twentieth century, and Ruth Hodgkinson regarded the increasingly ‘humane treatment’ taking place from the late 1840s onwards, as one of the key tenets of the ‘increasing, if slow’ improvements.<sup>6</sup> For much of the second half of the twentieth century, however, the benign nature of the asylum has been subject to re-interpretation and revisionism. Michael Ignatieff singled out Michel Foucault’s *Madness and Civilization*, in which he re-assessed the supposedly liberating regimes of the Tukes in York and Pinel in France, as one of the catalysts for a new direction in the social history of ‘total

---

Princeton University Press, Princeton, 1996, pp.70-72.

<sup>5</sup> See, for example, Henry Clarkson, *Memories of Merry Wakefield*, S.R. Publishers Ltd., Wakefield, 1969, (first published by W.H. Milnes 1889), pp.202-3.

<sup>6</sup> Ruth G. Hodgkinson, *The Origins of the National Health Service*, The Wellcome Trust Medical Library, London, 1967, p.575.

institutions'.<sup>7</sup> Here, Foucault argued that physical restraint was eschewed, only to be replaced by the stifling mental chains of bourgeois morality, as attempts were made to bring order to the disordered, but this too has been subject to revision.<sup>8</sup> In her study of the York Asylum, for example, Anne Digby has contended that financial, administrative, and personal factors were more important than the bourgeois values in shaping the early asylum.<sup>9</sup> Similarly, in her study of the Retreat, she has concluded that the motives behind its existence, and its forms of treatment, made it more of a refuge than a reformatory.<sup>10</sup>

Concentrating on a later period, as Leonard Smith has recently pointed out, Andrew Scull has questioned the apparently benign nature of the era of non-restraint, in much the same way that Foucault did with the Retreat.<sup>11</sup> Indeed, *Museums of Madness*, which focussed on the professionalisation of mad doctoring, has recently been described as 'arguably the most influential monograph on the history of psychiatry in Britain'.<sup>12</sup> In *Museums of Madness*, Scull suggested that those writing in the 1960s were influenced by the contemporary disenchantment with institutionalisation that led to a 'portrait, which amounted to a virtual mirror image of the old Whiggish picture'.<sup>13</sup> Analyses such as these have lent weight to the theory that the asylum was an institution of social control, merely masked by a veneer of humanitarianism, which

---

<sup>7</sup> Ignatieff referred specifically to Grob's *Asylums* (1961) and Foucault's *Madness and Civilization* (1961). Michael Ignatieff, 'Total Institutions and Working Classes: A Review Essay', *History Workshop Journal*, Vol. 15, 1983, pp.167-173, pp.167-8.

<sup>8</sup> Michel Foucault, *Madness and Civilisation: A History of Insanity in the Age of Reason*, Routledge London, 1992 (First published in the UK in 1967), passim, esp. chapter nine.

<sup>9</sup> Anne Digby, 'Changes in the Asylum: The Case of York, 1777 – 1815', *The Economic History Review*, Series 2, Vol. 36, 1983, pp.218-239, p.238.

<sup>10</sup> Anne Digby, 'Moral Treatment at the Retreat 1796-1846', in W.F. Bynum, R. Porter, M. Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry*, Vol. 2, *Institutions and Society*, Tavistock Publications, London, 1985, p.69.

<sup>11</sup> Smith, *Cure Comfort and Safe Custody*, Leicester University Press, Leicester, 1999, p.276.

<sup>12</sup> Bartlett & Wright, 'Community Care and its Antecedents', p.1.

<sup>13</sup> Andrew Scull, *Museums of Madness*, Allen Lane, London, 1979, p.256.

in itself, has led to claim and counter claim. Laurence Ray, for example, highlighted the social control of a recalcitrant population as one of two dominant themes in his studies of asylum casebooks.<sup>14</sup> By contrast, David Ingleby has pointed out that there is something of a difference in asserting that psychiatry was not a ‘rational and disinterestedly benevolent practice, and that it [was] an instrument of social control’.<sup>15</sup> Whilst Scull has argued that the treatment of lunatics was based on bourgeois rationality that aimed to restore them to the competitive marketplace, he has also condemned the emphasis on social control in the works of historians such as Szasz and Rothman as over-simplistic.<sup>16</sup> Rothman, for his part, has argued that the dichotomous debate alluded to by Scull was in fact a convenient label assigned by those with a historiographical bent, and that the history of incarceration was too complicated to allow for a simple either/or approach.<sup>17</sup> Similarly, in the updated edition of *Museums of Madness*, Scull described the work of Kathleen Jones as the *locus classicus* of the Whiggish view, prompting Jones to respond highlighting the similarities between her own and Scull’s work.<sup>18</sup> Ironically perhaps, Scull himself has been accused of being an advocate of the social control school, and has been forced to defend his work in the *British Journal of Psychiatry*.<sup>19</sup>

---

<sup>14</sup> The other was ‘medicine and the treatment of insanity as an illness.’ Laurence J. Ray, ‘Models of Madness in Victorian Asylum Practice’, *European Journal of Sociology*, Vol. 22, Part 2, 1981, pp.229 – 264, pp.230-1.

<sup>15</sup> David Ingleby, ‘Mental health and Social Order’, in S. Cohen and A. Scull, *Social Control and the State: Historical and Comparative Essays*, Basil Blackwell, Oxford, 1983, p.151.

<sup>16</sup> Andrew Scull, ‘Moral Treatment Reconsidered’ in A. Scull (ed.), *Madhouses, Mad-doctors and Madmen: The Social History of Psychiatry in the Victorian Era*, The Athlone Press, London, 1981, pp.113-4. Scull, *Museums of Madness*, p.256.

<sup>17</sup> David J. Rothman, ‘Social Control: The Uses and Abuses of the Concept of Social Control in the History of Incarceration’, in Cohen & Scull, *Social Control and the State*, p.114.

<sup>18</sup> Andrew Scull, *The Most Solitary of Afflictions*, Yale University Press, London 1993, footnote 3, p.3. Jones pointed to the issues of humanitarianism, compassion and social control, stating ‘only the emphasis and the language are different.’ Kathleen Jones, ‘Scull’s Dilemma’, *The British Journal of Psychiatry*, 141, 1982, pp.221-6, p.222.

<sup>19</sup> For details of this episode of claim and counter claim see John Crammer, ‘English Asylums and English doctors, where Scull is wrong’, *The History of Psychiatry*, Vol. 5, 1994, pp.103-15. H. Mersky, ‘Somatic Treatments, Ignorance and the Historiography of Psychiatry’, *The History of Psychiatry*, Vol. 5, 1994, pp.387-91. Andrew Scull, ‘Psychiatrists and Historical “Facts.” Part One:

The focus on institutional histories has led to questions being raised in some quarters about the precise purpose of asylum history. Michael Ignatieff argued that the histories of 'total institutions' ignored the populations they served, and warned of the 'dry as dust narratives' of by-gone bureaucratic battles that omitted to include the interrelations between the asylum and the world outside.<sup>20</sup> Mark Finnane responded with an examination based on Australian and Irish sources, arguing that although the asylum's custodial functions were 'undeniable and alarming', the process of 'casting out' was often made by family members anxious to take advantage of its role as the 'arbiter of social and familial conflict'.<sup>21</sup> Similarly, John Walton placed the family at the heart of the asylum's success, but unlike Digby, he argued that the county asylum system rose with coercive and humanitarian values, and were reformatories first and refuges second.<sup>22</sup> These kinds of analyses have reflected a shift in the focus of attention to the different kinds of power relations involved in the committal process. There is now recognition that the asylum did not operate in a social or political vacuum, and Michael J. Clark's examination of certification is a good indicator of the multiplicity of individuals involved in the process. As he explains, 'certification subjected the Victorian mental patient to an elaborate system of medical, legal and administrative restraint, which effectively reduced his or her status from that of responsible adult to dependant minor'. This 'complex medico-legal and administrative tutelage, or "guardianship"', included asylum doctors and superintendents, visiting

---

The Historiography of Somatic Treatments', *The History of Psychiatry*, Vol. 6, 1995, pp.225-241 and Andrew Scull, 'Psychiatrists and Historical "Facts." Part Two: Re-writing the History of Asylums', *The History of Psychiatry*, Vol. 6, 1995, pp.387-94.

<sup>20</sup> Ignatieff, 'Total Institutions and Working Classes', p.168.

<sup>21</sup> Mark Finnane, 'Asylums, Families and the State', *History Workshop Journal*, Vol. 20, 1985, pp.134-48, p.135.

<sup>22</sup> J.K. Walton, 'Casting Out and Bringing Back in Victorian England: Pauper Lunatics 1840-70', in Bynum *et al*, *The Anatomy of Madness*: Vol. 2, p.143.

magistrates, the Commissioners in Lunacy, the patient's family or friends, poor law overseers and guardians.<sup>23</sup>

Walton's study of Lancaster shows that the role of the family had not been completely ignored, but in recent times there has been an increased impetus in this area of research. David Wright called for further research into the family's role as carers, and as Melling *et al* point out, 'there is now much more scepticism about the ideological power of psychiatric physicians, and a growing recognition that they appeared only at the end of an often extended road to the county asylum'.<sup>24</sup> As a corollary of this, there has been an attempt to break away from the institutional based studies of the past, and to consider the alternative forms care that were available. At the time of writing, an anthology edited by Peter Bartlett and David Wright is the latest edition to this genre. In their introduction, they suggest that the asylum became an important option in the treatment of family members, but state categorically that it did not replace the family as the locus of care.<sup>25</sup> While there has been an attempt to place the working classes at the heart of the success of the institutional approach, it does not detract from the importance of official bodies. For this reason, it is perhaps ironic that the study of boarding out in Scotland in the same volume puts its success down to the 'enduring enthusiasm and control exercised' by the Scottish Lunacy Commission.<sup>26</sup> Elsewhere, there has been a growing interest in the role that the various poor law authorities had

---

<sup>23</sup> Michael J. Clark, 'Does a Certificate of Lunacy Affect a Patient's Ethical Status? Psychiatric Paternalism and its Critics in Victorian England', in Andrew Wear, Johanna Geyer-Kordesch and Roger French (eds), *Doctors and Ethics: The Earlier Historical Setting of Professional Ethics*, Rodopi, Amsterdam, 1993, pp.275-8.

<sup>24</sup> David Wright, 'Getting Out of the Asylum: Understanding the Confinement of the Insane in the Nineteenth Century', *Social History of Medicine*, Vol. 10, 1997, pp.137-155. Joseph Melling, Richard Adair and Bill Forsyth, '“A Proper Lunatic for Two Years”: Pauper Lunatic Children in Victorian and Edwardian England. Child Admissions to the Devon County Asylum, 1845-1914', *Journal of Social History*, Vol. 31, Part 2, 1997, pp.371-405, p.393.

<sup>25</sup> Bartlett & Wright, 'Community Care and its Antecedents', p.4.

<sup>26</sup> Harriet Sturdy and William Parry-Jones, 'Boarding out Insane Patients: The Significance of the

in the asylum's growth, in recognition of the pauper status of the majority of its interns.<sup>27</sup> Similarly, the continuing study of the Devon County Lunatic asylum has attempted to present a more holistic approach to the study of the treatment of madness, by examining the way in which the asylum, and other institutions influenced, and were influenced by the families of the mad.<sup>28</sup>

Clearly then, the study of mental health care has moved beyond the asylum's walls, but as Bartlett and Wright point out in their introduction, studies of individual institutions by doctoral students have been, and are, made convenient by the archival storage of hospital records up and down the country.<sup>29</sup> Indeed, at the heart of this study, will be the county asylums of Yorkshire, whose records are 'conveniently' stored at repositories in Wakefield and York. Having said that, these records merely serve as useful starting point from which to engage in a more detailed analysis. The central theme of this thesis will be the integration of the asylum, and the expectations of those who built it, those who worked in it, those who lived near it, and perhaps most importantly of all, those who used it. The period for investigation will be c.1844, when plans to build an asylum for the north and east Ridings were passed, to c.1888, when the control of the asylums passed from the local magistracy to the new County Councils. During this period, the administrative and legal functions of the county were divided between the three Ridings of the north, east and west, and governed by

---

Scottish System 1857-1913', in Bartlett & Wright (eds), *Outside the Walls of the Asylum*, p.113

<sup>27</sup> Peter Bartlett, 'The Asylum and the Poor Law: The Productive Alliance', in Joseph Melling and Bill Forsythe (eds), *Insanity, Institutions and Society, 1800-1914. A Social History of Madness in Comparative Perspectives*, Routledge, London, 1999, pp.54-9. Peter Bartlett, 'The Asylum, the Workhouse, and the Voice of the Insane Poor in Nineteenth Century England', *International Journal of Law and Psychiatry*, Vol. 24, No.4, pp.421-32. Bill Forsyth, Joseph Melling, and Richard Adair, 'The New Poor Law and the County Lunatic Asylum: The Devon Experience 1834-1884', *Social History of Medicine*, Vol. 9, No. 3, 1996, pp.335-55.

<sup>28</sup> Joseph Melling, Bill Forsythe and Richard Adair, 'Families, Communities and the Legal Regulation of Lunacy in Victorian England: Assessments of Crime, Violence and Welfare in Admissions to the Devon Asylum, 1845-1914', in Bartlett & Wright (eds), *Outside the Walls of the Asylum*, pp153-5.

the local magistracy under the headship of the Lord Lieutenant. The west Riding Pauper Lunatic Asylum (WRA) opened at Wakefield in 1818, and served the county's needs until it was joined by the south Yorkshire Asylum (SYA) at Wadsley, near Sheffield, in 1871, and to confuse matters slightly, the west Riding Asylum at Menston, north of Leeds, in 1888. By contrast, the north and east Ridings Asylum (NRA) served the two counties from its site in York from 1847, until the magistrates decided to go their separate ways in 1865. As a result, the east Riding Asylum (ERA) opened in 1871 at Beverley, with the NRA holding on to its interns in the meantime. The WRA and the NRA, both before and after the split from the east Riding in 1865, will form the focus of this study, and a list of the each asylum's superintendents is available in Appendix 1 for consultation throughout.

The opening of the WRA and NRA did not mark the beginnings of an institutional approach to madness in any of the Ridings, because a number of private houses already existed in the county, and throughout the country. Indeed, the building of the NRA added a third significant institution to the city of York, following the City Asylum, built by public subscription in 1777, and the Retreat. Other subscription hospitals had been built in the eighteenth century, and Bethlem, or 'Bedlam', had been servicing lunatic patients for nearly 500 years by the early stages of the nineteenth century.<sup>30</sup> By the end of the century, this consolidation was complete and in Tuke's history of insanity in Yorkshire, he compared the 41 patients held in the York Asylum in 1814 with William Ellis' estimation that there were only 750 insane paupers in the whole of the county. 'To us', Tuke wrote in 1889, 'it sounds incredible

---

<sup>29</sup> Bartlett & Wright, 'Community Care and its Antecedents', pp.2-3.

<sup>30</sup> Asylums opened by public subscription included Norwich (1713), London (1751), Newcastle (1763), Manchester (1766), and Liverpool (1795). Bethlem hospital was founded in 1247 and began to accept the acutely insane from 1337.



that there were only 750 pauper lunatics in Yorkshire in 1815, as it then seemed to Yorkshiremen that there were so many.’<sup>31</sup> To explain why there was such a significant change, this piece of work has been divided into six chapters.

Chapter One is entitled ‘A Field of Practise or a Mere House of Detention’, a title taken from the *Journal of Mental Science (JMS)*, and is reflective of the concerns of some within the medical profession about the asylum and its curative intentions.<sup>32</sup> As we have already seen, critics of the unreformed system were particularly concerned with abuse, although Patricia Allderidge has questioned just how far public perceptions of the mistreatment of lunatics were matched by fact.<sup>33</sup> For contemporaries such as John Conolly, however, the reforms did not go far enough, and merely shifted the locus of incarceration without substantially affecting the mindset of the regimes within. As such, a next crucial step was taken in freeing the mad from the bonds of mechanical restraint adding increased emphasis to the humanitarian approach.<sup>34</sup> Later still, this moral approach was to come under attack from a new breed of scientist, keen to treat insanity by medicine rather than simple moral techniques. This process of reinvention was not a continual process, but it has, nevertheless, left us with the impression that the asylum simply failed in its attempts to cure its interns, ultimately resulting in ‘museums of madness’. In many respects, however, the conventional historiography has tended to rely heavily on the metropolitan medical journals, but I want to re-examine the dichotomy of custody and cure in light of more recent research, and evidence drawn from the provinces. At the

---

<sup>31</sup> Tuke, *The Past and Present Provision for the Insane Poor in Yorkshire*, pp.7-8.

<sup>32</sup> *Journal of Mental Science (JMS)*, Jan 1872, p.559. *JMS*, July 1872, pp.262-3.

<sup>33</sup> Patricia Allderidge, ‘Bedlam: Fact or Fantasy?’ in Bynum et al, *The Anatomy of Madness: Vol. 2*, pp.17-32.

<sup>34</sup> It was probably Conolly who was responsible for the anonymously penned, *Familiar Views of Lunacy and Lunatic Life*, John W. Parker, London, 1850.

heart of this chapter will be an examination of the management of the asylums, focusing primarily on the magistrates and their relationships with their superintendents. The historiography of this particular group is somewhat light, which is unsurprising considering the lack of concrete biographical details that exist. Nevertheless, using the plethora of official documentation I want to examine the various responsibilities the magistrates had in relation to the needs and expectations of the different asylum user groups. By the end of the century, for example, the WRA had more than twice as many interns as the NRA, and the west Riding had three large county asylums, whereas the east and north Ridings had one each, both smaller than any in the west. This necessarily begs the question why, and further questions must be asked of the ways in which external forces operated to influence the ways in which the asylum developed. As a corollary of this, Chapter Two, or 'The Kindness (and Unkindness) of Strangers', will develop some of these themes to consider the physical and social separation of the insane patient. Traditional analyses, particularly those that have considered 'total institutions', have tended to focus on the development of custodialism from within. Examinations of family relations and the poor law have brought some aspects of this social separation into question, but I want to expand on this to consider its physical elements. This is something that has been largely overlooked in the past, and using some key texts from the field of historical geography, I want to explore this more fully. Chapter Three, which is entitled 'Counting the Cost of Committal', marks the beginning of two chapters designed to explain the increasing numbers of lunatics sent to the asylum. This particular chapter is concerned with the poor law, which has been seen as particularly relevant in recent years, in recognition of the asylum's status as a pauper institution. As in Chapter One, there has been some correlation of both contemporary and more recent opinion over

the effects of the poor law, particularly in examinations of the 1874 grant in aid system. Contemporaries, and more recent commentators alike, have suggested that this marked a pivotal point in which the asylum's curative pretensions came under a significant amount of pressure, but this will be tested using a variety of quantitative and qualitative data. Following on from this, Chapter Four, or 'The Perversity or Misdirected zeal of Friends', will seek to explore the reasons why family members turned to the asylum when they did. The family's role in the committal process has been the subject of some of the most up to date research in the field of mental health care, and this chapter builds on this by tackling a number of important issues. The first of these will be the suggestion that the families of the insane had little alternative to the asylum, and the second will consider lay definitions of madness, to test whether they were changing over the course of the nineteenth century. These areas are crucial to our understanding of the asylum's development, as are the treatments for insanity, which will form the focus of the penultimate chapter, or 'Perversity in Every Imaginable Form'. Similar studies in this area have tended to focus on middle-class women, but more research is needed if we are to understand the experiences, not only of working-class women, but also working-class men. This particular chapter examines the asylum regime and questions how it was informed by gender relations. Some treatments have come to be seen as gender specific, for example, but whether it is appropriate to transfer this line of thinking to those held in pauper institutions is open to question. Here, some quantitative, as well as qualitative analysis is required to consider how many men and women were treated and discharged, before consideration is given to some particular forms of treatment. This chapter will necessarily lead to a final chapter on the attendant staff, entitled 'Ministering to a Mind Diseased'. This group of employees often bore the brunt of the complaints from

many contemporaries, and for the most part these have been accepted somewhat uncritically. As a result, attempts have been made to excuse the apparently inappropriate behaviour of the attendants, rather than examining the nature or validity of some of the complaints. Again, using some important provincial sources, there will be a re-examination of this particular issue.

All in all, the purpose of the thesis, as a whole, is to reflect the different expectations that people had of the asylum, based around the axis of custody and cure, and to examine whether the asylum was a 'field of practise or a mere house of detention'. To explain this debate in more detail we must start with an examination of the local magistracy, and their role in the asylum's development.

## CHAPTER ONE

### *'A Field of Practise or a Mere House of Detention'? The Magistrates of the Ridings and the Integration of the Asylum.*

The treatment of the insane is a subject in which Yorkshiremen may be presumed to take a special interest. It is to Yorkshire that the physician's art chiefly owes that enlightened conception of the causes of insanity, and that humane system of counteracting them which are among the redeeming pages in the annals of medicine.... In Yorkshire, as much as any county, the doctrine and practice bequeathed by Tuke are seen to advantage.<sup>1</sup>

Primarily a panegyric on the WRA, this article from the *Yorkshire Post* made much of the historical and geographical importance of Yorkshire in the reform of the treatment of 'that strangely visited people'. Daniel Hack Tuke, a direct descendant of the Quaker family who ran the Retreat, went as far as describing the Royal Albert Asylum in Lancaster as 'largely Yorkshire' because of the 'munificent donations' from the White Rose county.<sup>2</sup> Unsurprisingly, eulogies and Whiggish histories heaped praise on specific individuals, and Tuke dedicated his study 'To the memory of Godfrey Higgins of Doncaster and Samuel Tuke of York, to whose combined exertions, the erection of the first county asylum in Yorkshire was mainly due.'<sup>3</sup> Similarly, C.C. Corsellis, sometime director of the WRA, mourned the 'irreparable loss' of the magistrate Higgins to both the institution and 'the insane world at large'. As a result of his 'persevering exertions in the mitigation of human misery', he continued, Higgins lived to see 'the only reward he sought – the prosperity of his humane and charitable work, in the ameliorated condition of the most afflicted part of

---

<sup>1</sup> West Yorkshire Archive Service, Wakefield (WYAS), C85/837, Statistical Tables of the West Riding Pauper Lunatic Asylum, Vol. 2, Cutting from the *Yorkshire Post*, 7 April 1868.

<sup>2</sup> The Reverend and Mrs Brooke of Selby made a 'munificent donation' of £30,000 and Sir Titus Salt donated five thousand guineas. The annual subscriptions and donations of £1,606 were only £300 less than Lancashire. Tuke, *The Past and Present Provision for the Insane Poor in Yorkshire*, p.16.

<sup>3</sup> Tuke, *The Past and Present Provision for the Insane Poor in Yorkshire*, p.3.

the human family.’<sup>4</sup> These tributes, like the *Post*’s article, composed by a personal friend of the then director of the WRA, and Tuke’s paper, read at the Leeds meeting of the BMA, were clearly written for specifically appreciative audiences, but the themes of the superiority of the reformed system were global ones. Here, described the *Post*, was ‘a system in which the chains, the lash, the straight jacket and the iron cage were replaced by the freedom, the kindness, the comfort and the cheerful conditions under which our lunatic population now lives and dies’.<sup>5</sup> This juxtaposition of freedom on the one hand, and lunatics living *and* dying in the asylum on the other, was and is particularly important to our understanding of the whole ethos behind the asylum’s development.

The general notions of humanity and custody have come under scrutiny, not least from Michel Foucault who argued that the shackles of the past may have been eschewed, but were replaced by mental chains that were even more restrictive. More recently, Chris Philo has highlighted the contradictions inherent in such tributes, remarking that lay involvement in the early years of asylum reform stemmed from their suspicion of medical men involved in the mad-business.<sup>6</sup> Indeed, in 1842, Anthony Ashley Cooper argued that the Metropolitan Commissioners did not need to be medically qualified, arguing that common sense was as useful as medical knowledge for the basis of judging the sanity of individuals.<sup>7</sup> As employers and

---

<sup>4</sup> WYAS, C85/108, Annual Report of the Director for 1833, *WRA Annual Reports*, 1833-67.

<sup>5</sup> WYAS, C85/837, Statistical Tables of the West Riding Pauper Lunatic Asylum, Vol. 2, Cutting from the *Yorkshire Post*, 7 April 1868.

<sup>6</sup> Foucault, *Madness and Civilisation*, *passim*. Chris Philo, ‘“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*, Vol. 13, No. 4, 1987, pp.398-415, p.399

<sup>7</sup> Anthony Ashley Cooper, later Lord Shaftesbury, was a Metropolitan Commissioner from 1828. His 1844 speech to parliament, summarising the report into the condition of every asylum in England, helped draw attention to the reform issue, and helped inform the opinion that led to the passing of the two Lunatic Acts in 1845. Scull, *The Most Solitary of Afflictions*, pp.163-4, 210-11.

employees, the relationship between the magistrates, who served as members of the visiting committees of the new asylums, and their superintendents, has been seen as central to the asylum's development and ongoing integration. It is Scull's contention that at the local level, the medical profession consistently failed to persuade the magistrates 'that it was cheaper to cure in a small asylum, than to immure in a custodial warehouse. Given the choice between hypothetical cures and concrete savings,' he continues, 'the magistrates consistently chose the latter'. The 'ideal' of the Retreat, he argues, remained exactly that, as even those institutions such as Nottingham, Lincoln, Gloucester and the WRA, which were modelled on it, soon expanded to accept ever more numbers of lunatics.<sup>8</sup> Despite writing from a different perspective, John Crammer has also focussed on the asylum's custodial nature, highlighting the concerns that the Buckingham County Asylum Committee had over their superintendent's libertarian approach to care.<sup>9</sup>

By contrast, Nicholas Hervey has argued that the development of the asylum was largely in the hands of the Commissioners in Lunacy, who in the period 1845 - 60 forced individual regimes to change their methods, despite claims that they were suited to local conditions. Crammer's response to this has been to argue that it was up to the magistrates to decide whether to accept what was in fact only *advice* from the Commission, and in one instance when they did, their 'mistaken ideas' proved to be costly. Scull, for his part, concurs that on most matters the Home Office usually sided with the Lunacy Commissioners, pointing to Hervey's own admission that successive Home Secretaries were loathe to interfere in local matters on the crucial issue of

---

<sup>8</sup> Andrew Scull, 'Mad-doctors and Magistrates: English Psychiatry's Struggle for Professional Autonomy in the Nineteenth Century', *Archive Europeenes de Sociologie*, Vol. 17, 1976, pp.279-305, p.290. Scull, *The Most Solitary of Afflictions*, p.168, Scull, *Museums of Madness*, pp.116-7.

<sup>9</sup> John Crammer, *Asylum History: Buckinghamshire County Pauper Lunatic Asylum St John's*,

asylum size.<sup>10</sup> Of course, the increasing size of the existing asylums and the building of new ones have added weight to the suggestion that asylums degenerated into prison-like edifices. For some contemporary critics, the evidence abounded, and one commented that ‘the farming establishment of a county asylum may be perfect, while its medical arrangements may be lamentable; and while the country gentleman will admire and envy the one, the experienced physician may grieve over the deficiencies of the other’.<sup>11</sup> The *JMS* was similarly appalled, observing that the absence of medical details in the majority of the asylum reports, left asylum superintendents open to charges of ‘incompetence, negligence and ignorance’. Just six months later, however, the turn around in this area led the *JMS* to conclude that the asylum was becoming to be ‘regarded more as a field of practise and less as a mere house of detention’.<sup>12</sup> Here we must be aware of the re-invention of the past, as highlighted in the opening chapter, and Leonard Smith has shown that the view of the past as a therapeutic desert is ‘too convenient’, arguing that even by 1800, the range of medical treatments available was ‘considerable’.<sup>13</sup> In much the same way, the custodial bent of the Visiting Committees has been questioned by Ian Lodge Patch in his study of the asylums in Surrey. Here, he argues, the decision of the county magistrates to expand existing provision was based on the patients’ proximity to their relatives, and as a corollary of this, their potential ‘rehabilitation’.<sup>14</sup> Although unable to prevent the opening of new county establishments in 1860 and 1884, the emphasis on ‘cure’ in this case is significant. More recently still, Wright’s study of the Buckinghamshire

---

Gaskell, London, 1990, p.48.

<sup>10</sup> Nicholas Hervey, ‘A Slavish Bowing Down: The Lunacy Commission and the Psychiatric Profession 1845-60’, in Bynum *et al*, *The Anatomy of Madness: Vol. 2*, pp.109-10. Crammer, *Asylum History*, pp.14-32. Scull, *The Most Solitary of Afflictions*, p.280.

<sup>11</sup> Anonymous critic of the NRA and Bedford asylums writing in 1854, quoted in Philo, ‘Fit Localities for an Asylum’, p.407.

<sup>12</sup> *Journal of Mental Science (JMS)*, Jan 1872, p.559. *JMS*, July 1872, pp.262-3.

<sup>13</sup> Smith, *Cure Comfort and Safe Custody*, pp.194-5.

<sup>14</sup> Ian Lodge-Patch, ‘The Surrey County Lunatic Asylum Springfield: Early Years in the Development



Asylum has highlighted the permanence of the majority of discharges, remarking that first admissions continued to account for upwards of 90 per cent of all admissions.<sup>15</sup> In studies such as these, the dichotomy between the asylum as a 'field of practise' or as a 'house of detention' is less clearly defined, but these remain important areas of analysis nonetheless.

An examination of the personal expectations and motivations of those magistrates who served as visitors to the two asylums will form the first part of this chapter. The lack of substantial primary evidence relating to their personal thoughts on the asylum, its inception and its progress, make this less easy than it first appears. By placing these developments within a wider context, and by drawing on the asylum minute books and more recent secondary evidence, however, we can draw a general picture of the role of the asylum, and question whether this changed over time. At the heart of this will be three key areas of analysis, the first of which will be the asylum's role as a custodial institution. For historians such as Scull, there was at some stage, a *volte-face*, where the asylum's primary function became a custodial one, but I want to examine this role in the longer-term to test whether there really was such a change. Following on from this, there will be an examination of the asylum's responsibility to the ratepayers, who expected the operating costs, of what was essentially a pauper institution, to remain within acceptable levels. Here, however, I want to question just how far this was responsible for stifling the curative regime, and as a corollary of this, the third strand of analysis will examine exactly what each institution was doing to cure its patients. To a degree, the general assumption that the county asylums

---

of a Lunatic Asylum', *British Journal of Psychiatry*, Vol. 159, 1991, pp.69-77, p.71.

<sup>15</sup> David Wright, 'The Discharge of Pauper Lunatics from County Asylums in Mid-Victorian Britain: The Case of Buckinghamshire, 1853-1872', in Melling & Forsythe, *Insanity, Institutions and Society*, pp.99-106.

degenerated into 'museums of madness' rests with the acceptance that the visitors were unresponsive to external pressures, but this tends to preclude any allowance for a reactive response to local conditions. Therefore, the concluding part of this first chapter will examine the local variations at both the NRA and the WRA, and consider how responsive each group of magistrates were to external pressures.

### *Personal Motivations*

By and large, the names of those magistrates presented to the Quarter Sessions, usually in December, to serve as visitors for the forthcoming year changed little from year to year. When changes did take place, it was usually because of the death or retirement of an existing member. This much is straightforward, but the difficulties in fleshing out this information rests with the paucity of detailed sources that exist about specific individuals. Local worthies they may have been, but little, other than the asylum minute books, can be used to uncover their interest in the provision for lunatics. Nuggets gleaned from these particular reference points suggest that some visitors had more of an interest than others did, but nothing is certain.

Generally speaking, any involvement in the asylum's affairs had to be juggled with other responsibilities and interests, and unsurprisingly, the amount of time and effort that was invested in the asylum was necessarily dependent on other considerations. Some of those who sat on the committees had national, and even international reputations, and Sir Charles Wood, who was a visitor to the WRA, served as both Chancellor of the Exchequer and as Secretary of State for India during his long political career.<sup>16</sup> For the year 1862, Sir Charles is recorded as serving only as a

---

<sup>16</sup> Sir Charles Wood, Liberal MP for Great Grimsby, 1826-31. Wareham 1831-2. Halifax 1832-65.

visitor to the asylum, whereas his fellow magistrate John Waterhouse served on all nine of the west Riding's committees. This is unsurprising considering the other responsibilities that Wood faced, but Waterhouse's commitments may have been equally stretched, as the meetings of the various committees often clashed.<sup>17</sup> By contrast, Henry Erskine felt inclined to withdraw from the committee, and active magistracy, because of his commitments to the church, but this was unusual.<sup>18</sup> Full attendance at committee meetings was extremely rare, and it is clear that asylum business often came second to what were seen as more pressing engagements. Extant explanations for absences are rare, but at the SYA Lord Wharnecliffe wrote to the asylum's clerk to advise him, that unless the date of a proposed meeting was changed, he would be unable to attend. On the day in question, he wrote, the Bishop of Ripon was due to consecrate a new church, and Wharnecliffe was due to entertain the bishop and attend the ceremony.<sup>19</sup> As a senior member of the committee this was undoubtedly acceptable, but occasionally admonishments were served to those who did not appear to be taking their duties as visitors seriously. In 1871, for example, J.D. Bland and James Brown were asked to visit the WRA during the ensuing quarter, 'it being thought desirable that gentlemen not regularly visiting the institution should be

---

Ripon 1865-6. Joint Secretary to the Treasury 1832-4. Secretary to the Admiralty 1835-9. Chancellor to the Exchequer 1846-52 First Lord of the Admiralty 1855-8. Secretary of State for India 1859-66. 'As President of the Board of Control for India he received praise from the Queen, via the Prince Consort, for his handling of the 'the Indian Army question' under difficult circumstances.' *The Complete Peerage*, St Catherine Press, London, fourteen volumes, 1910 - 1959.

<sup>17</sup> For example the Police Committee met at the Chief Constable's Office, in Wakefield, on the third Thursday in every month, as did the Visiting Committee for the House of Correction. Any attempt at balancing the two may have been made more difficult by the fact that The Militia Depots Committee met on the third Thursday in January, April, July and October. The John Goodchild Collection (JGC), *The Practice of the Court of the General Quarter Sessions of the Peace for the West Riding*, Wakefield, 1866. See also, JGC, *Accounts for the Treasurer and Reports of the Finance and Other Committees for the West Riding of Yorkshire*, Wakefield, 1862.

<sup>18</sup> Borthwick Institute of Historical Research (BIHR), CLF1/1/1/1, North Riding Asylum (NRA) Visitors Minute Book 1844-48, 28 Sept 1847.

<sup>19</sup> WYAS, QD4/70, Correspondence re: Wadsley Asylum, Letter dated 20 July 1871.

invited to perform this duty'. Conversely, others were asked to continue their service as visitors despite rarely attending the committee meetings.<sup>20</sup>

These attendance details reveal little of the men themselves, but other evidence shows that at least one or two had a keen interest in the care of the insane. At the NRA, Sir John Johnstone was one of the prime motivators for the creation of a new asylum to serve the county, and the fact that he had a number of plans of asylums at his disposal before the asylum was built suggests an enthusiasm for the reformed system.<sup>21</sup> As chairman of the initial investigations, he presided over the decision to go ahead with the building programme, and although he was not elected chairman of what was to become the new visiting committee, he was its central figure. Similarly, in the west Riding, analysis of personal diaries has shown that the Earl Fitzwilliam took a personal interest in the care of lunatics, taking time out to visit asylums in both England and France. It is Mee's contention that Fitzwilliam was driven by his religious devotion, and although he was a confirmed free trader, he was apt to remark that landlords were 'pensioners upon the industry of their tenants and the rich upon the industry of the poor'.<sup>22</sup> He also notes that the early deaths of Fitzwilliam's wife and eldest son led him to remark in his diary that such events were 'calculated for our improvement', and that 'misfortune makes us more thoughtful on our ways, prosperity has the opposite effect'. As Marland points out, any involvement in charitable works led the religiously inclined to receive hope of their ultimate

---

<sup>20</sup> WYAS, C85/3, WRA Visitors Minute Book 1857-80, 27 July 1871. BIHR, CLF1/1/1/1, NRA Visitors Minute Book 1844-48, 3 April 1846.

<sup>21</sup> Johnstone was one of the original 21 visitors but was not present at this particular meeting. BIHR, CLF1/1/1/1, NRA Visitors Minute Book 1844-48, 13 March 1844.

<sup>22</sup> The Earl visited the gaol and the infirmary, as well as the asylum, while he was in Northampton for a wedding. He also visited an asylum in the south of France whilst on holiday. Graham Mee, *Aristocratic Enterprise: The Fitzwilliam Undertakings 1795-1857*, Blackie, Glasgow, 1975, pp.8, 13-20.

salvation, and it is clear that Fitzwilliam deemed his responsibilities to the poor and to God as worthless without a corresponding improvement in his own character. Unfortunately, this blurs the boundaries of religious and personal motivations, and as Geoffrey Best has pointed out, the decision to attend church was often driven by the respectability it bestowed upon the parishioner, rather than any deeply felt theological beliefs. Similarly, Gertrude Himmelfarb has highlighted the centrality of the concept of respectability in the Victorian psyche, and this must be borne in mind when many of the visitors, who paid stipends to the church for the upkeep of religious services at their local parishes, are considered.<sup>23</sup>

Unfortunately then, there appears to be little available evidence to explain exactly how the magistrates viewed the asylum, and whether there were any differences, on a personal level, between the magistrates of the NRA and the magistrates of the WRA. Elsewhere, a similar study of prominent individuals, who contributed significantly to local charities, avoided a discussion on the ideological or psychological reasons for their support, because 'even with a greater amount of evidence, conclusions of this nature would be largely guesswork'.<sup>24</sup> For the most part, the same conclusions must be drawn here, but as a group, it is clear that they approached the minutiae of asylum business in different ways. At the NRA's planning stage, for example, the appointed committee viewed plans of approved asylums known to the magistrate Sir John Johnstone and Samuel Tuke, and from those inspected, chose the partnership of Scott and Moffat to act as architects. By offering a reduction in expenses, Scott and Moffat

---

<sup>23</sup> Hilary Marland, *Medicine and Society in Wakefield and Huddersfield 1780-1870*, Cambridge University Press, Cambridge, 1987, pp.130-59. Mee, *Aristocratic Enterprise*, p.6. Geoffrey Best, *Mid-Victorian Britain 1851-75*, Fontana, London, 1985, p.191. Gertrude Himmelfarb, *Poverty and Compassion: The Moral Imagination of the Late Victorians*, Alfred A. Knopf, New York, 1991, pp.8-9.

<sup>24</sup> Marland, *Medicine and Society*, pp.108-14.

persuaded the Committee not to open the contract to competition.<sup>25</sup> Similarly, following the resignation of Samuel Hill, Johnstone introduced Dr Christie, the superintendent of the Pembroke House Asylum at Hackney to the committee, who then decided it was 'undesirable' to advertise for a successor. Unsurprisingly, Christie was elected unopposed at the next meeting.<sup>26</sup> By contrast, when Doctor Campbell applied for the post of superintendent at the WRA in 1858, it was suggested by one of the visiting committee that the election for the position be postponed to enable him to gain the necessary qualifications. Initially, this motion seemed to have been agreed, but after a brief discussion it was almost immediately overturned.<sup>27</sup> Despite these apparent differences in the approach to the appointment of staff, it seems clear, that initially at least, the magistrates of the Ridings, in common with magistrates throughout the country, looked to the asylum primarily to cure the insane poor. As Roy Porter notes, the new asylums opened upon a wave of what he calls 'noble optimism', and Tuke described the WRA as the 'legitimate child' of the Retreat, reflecting the optimism of the early reformers.<sup>28</sup> Similarly, it is clear that the decision taken to build the NRA rested with a perception of a fundamental flaw in the 'trade in lunacy', and the superiority of publicly funded institutions. As the minutes of the six-man consultative committee headed by Johnstone show, it was

Resolved on a division of five to one that a public lunatic asylum, as distinguished from licensed houses, where profit upon the pauper is an object, would afford the most speedy and permanent cure to the insane poor of the north Riding.<sup>29</sup>

---

<sup>25</sup> BIHR, CLF1/1/1/1, NRA Visitors Minute Book 1844-48, 22 April 1844 and 16 July 1844.

<sup>26</sup> BIHR, CLF1/1/1/4, NRA Visitors Minute Book 1865-91, 11 Oct 1866 and 23 Oct 1866.

<sup>27</sup> WYAS, C85/3, WRA Visitors Minute Book 1857-80, 25 Feb 1858 and 29 April 1858.

<sup>28</sup> Roy Porter, *Social History of Madness*, Phoenix, London, 1987, p.21. Tuke, *The Past and Present Provision for the Insane Poor in Yorkshire*, p.8.

<sup>29</sup> Northallerton County Record Office (NCRO), QAL 3540, Papers Relating to the NRA, Undated (pre-1842).

For Porter, the 'noble optimism' in statements such as these was replaced with a new pessimism or fatalism, as it became clear that the asylum was not producing the cures it had seemed so certain to provide. He, like Scull, points to a change in the asylum's character, whereby it moved from being an 'instrument of regeneration' to become a 'dustbin for the incurable'.<sup>30</sup> It is clear, however, that even from the early stages, the successful integration of the county asylum rested with more than its potential to produce cures alone. To understand why this was the case, we must first examine the asylum's appeal in light of the wider context.

### *The Wider Context*

As the nation's economy became increasingly centred on the urban-industrial landscape, the bucolic nature of the country's past began to take on a new significance. The cities may have been the land of opportunity, but the heritage of rurality played an important part in shaping contemporary affairs. As Asa Briggs has pointed out,

the lure of social ideals older than capitalism led many nineteenth century business men, and even more frequently their sons and grandsons, if not into heroic debt, at least into relative idleness in the country. It was difficult to resist the attractions of a graceful and effortless country gentlemen's society. In the battle between the self-made man and the gentleman, the self-made man won in England only if he became a gentleman himself, or tried to turn his son into one.<sup>31</sup>

For the self-made men of Briggs' analysis, the gentleman's life conferred the status and respectability accordant with their success, but the appeal of the past operated on a much broader level. For many commentators, the country's rural past evoked images of a simpler, more harmonious age. William Brett, for example, drew together

---

<sup>30</sup> Porter, *Social History of Madness*, pp.19-20.

the apparently disparate themes of lunacy and starvation, arguing that the health, happiness and peace of kingdoms stemmed from the principles of good government, namely, good agrarian laws.<sup>32</sup> This 'back to the future' approach was also found in countless allegories, such as the three that appeared in Wakefield over the course of the second half of the nineteenth century. The first, *Views in Wakefield* (1853), medievalised the town, evoking images of a dependant peasantry, rather than a modern urban proletariat or rabble. In this 'new' community, as Caroline Arscott points out, interaction between the classes was possible without the upper middle classes being immured in dangerous crowds or contaminating filth.<sup>33</sup> Similarly, *Memories of Merry Wakefield*, (1887) recalled images of an eighteenth-century town, dominated by aristocratic and gentry families who used to meet at race meetings, plays, concerts and dances. In *The Country and the City*, write Kearns and Withers, Raymond Williams 'showed that images of the countryside owed as much to the middle-class analysis of the causes of political and social tension in the towns, as to the rural realities themselves'.<sup>34</sup> Nowhere was this more apparent than in *The Story of Merrie Wakefield* (1879), which charted the transformation of a town parallel to the real Wakefield through systems of rational planning and co-operation, breaking up the density of the urban environment, and succeeding in ruralising the landscape. In this

---

<sup>31</sup> Asa Briggs, *Victorian People*, Penguin, Harmondsworth, 1990, p.142.

<sup>32</sup> He argued that the humanitarian impulse had been much neglected since the time of Elizabeth I and argued that Napoleon's success in France rested with his role of guarantor of earth, air, fire and water to the people. William Brett, *The Sources and Rules of Life, or how to prevent insanity in individuals; and revolutionary madness in nations*, n.p., London, 1872, pp.vii-viii.

<sup>33</sup> Caroline Arscott, 'Victorian Development and Images of the Past', in Christopher Shaw and Malcolm Chase (eds), *The Imagined Past: History and Nostalgia*, Manchester University Press, Manchester, pp.60-1.

<sup>34</sup> Gerry Kearns and Charles W J Withers (eds), 'Introduction: Class, Community and the Process of Urbanisation', in Gerry Kearns and Charles W J Withers (eds), *Urbanising Britain: Essays on Class and Community in the Nineteenth Century*, Cambridge University Press, Cambridge, 1991, p.7.



new Wakefield, the close knit community ensured the maintenance of authority, and systematically guaranteed sexual virtue, sobriety and industriousness.<sup>35</sup>

These representations were something that were readily understandable, and even if the better-off lived in quiet squares and leafy suburbs, they could not fail to notice the dirt, noise and smells of the industrial environment.<sup>36</sup> For many commentators, it seemed that these, and the challenges to authority that appeared to be wedded to them, stemmed solely from 'the uprooting of workers from safe rural places and exposing them to chaotic, corrupting and gargantuan cities'.<sup>37</sup> This was particularly significant because of the connection that contemporaries drew between the 'march of progress, as epitomised by the spreading urban-industrial landscape process of gloomy tenements and smoky factory chimneys', and the (increased) production of insanity.<sup>38</sup> Indeed, in one annual report, Browne wrote 'it may be that mental diseases have their foci of increase in our great centres of population, and that other districts, with more placid pursuits, and greater freedom from social vibrations and vicissitudes, are comparatively exempt from their inroads also. Perhaps it struck,' he pondered, 'wherever the whirl and pressure of our modern civilisation are most intense, wherever toiling brains most abound, wherever nerve more than muscle is the basis of industry, wherever physical, intellectual, and moral disobedience are most prevalent'.<sup>39</sup> Considering the juxtaposition of the 'gargantuan cities' served by the WRA, such as Leeds, Bradford and Sheffield, and the relative rural charm of the asylum's precincts, it is unsurprising that a more 'natural', rural setting was deemed

---

<sup>35</sup> Arscott, 'Victorian Development and Images of the Past', pp.48-9.

<sup>36</sup> John Tosh, *A Man's Place Masculinity and the Middle Class Home in Victorian England*, Yale University Press, London, 1999, p.31.

<sup>37</sup> Kearns & Withers, 'Introduction: Class, Community and the Process of Urbanisation', p.7.

<sup>38</sup> Philo, 'Fit Localities for an Asylum', pp.403-4.

<sup>39</sup> WYAS, C85/109, Report of the Superintendent for 1868, *WRA Annual Reports*, 1868-79.

the best place to cure the mentally diseased mind.<sup>40</sup> The potential of the mad to be ‘morally disobedient’, however, suggested that the urban-industrial landscape was largely superfluous, and other commentators argued that a spatial explanation for the prevalence of insanity had a number of flaws. In their *Manual for Psychological Medicine*, for example, Bucknill and Tuke argued that insanity could only be described as a disease of civilisation if people were prepared to accept that it was the ‘ignorant and the degraded’ who supplied the larger proportion of cases. This was not because they were ignorant, they explained, but because they were degraded.<sup>41</sup> Similarly, in the *JMS*, Sir James Coxe, Scottish Lunacy Commissioner, argued that insanity could not be a disease of civilisation, because the overwhelming numbers who succumbed to it were from the ‘lower orders. *A priori*, then,’ he continued, ‘it may be assumed that it is not the over-straining of the mind that mainly tends to produce insanity, but those causes of physical disease to which the lower orders are chiefly exposed’.<sup>42</sup> Coxe cited such factors as overwork, insufficient food, corrupted air and the ‘neglect of intellectual and moral culture’. It was not civilisation that was at fault, he concluded, but the want of it. Significantly, he described the Public House as the ‘sole enjoyment’ of the working classes, a view shared by countless superintendents. Herbert Major at the WRA, for example, took the view that ‘Hard Times’ and the ‘want of work’ were inimical to mental health, but this paled into insignificance when it was compared to the excesses brought on by ‘brisk trade and high wages’. A similar connection had been drawn in the *JMS*, where it was argued

---

<sup>40</sup> Philo notes that it was deemed feasible for moral treatment to be carried out in cramped urban conditions and that concerns were raised about the isolation of some sites. Nevertheless, the rural setting of asylums remained the hegemonic vision. Philo, ‘Fit Localities for an Asylum’, pp.404-10.

<sup>41</sup> J.C. Bucknill and D.H. Tuke, *A Manual of Psychological Medicine*, J.A. Churchill, London, 1879, p.85. In the year before this volume was published, Bucknill had been one of the founding editors of *Brain*, which in 1886 became the journal of the Neurological Society. For further details of his life and career see Scull *et al*, *Masters of Bedlam*, Chapter 7.

<sup>42</sup> Sir James Coxe, ‘On Causes of Insanity and the Means of Checking its Growth’, *Journal of Mental Science*, October 1872, pp.311-33, p.320.

that the rising numbers of lunatics rested with 'higher wages and the consequent means of undue indulgence'.<sup>43</sup> Indeed, in 1867 Christie recorded the balance of the mind was undoubtedly disturbed by excess, the most prominent of which was an over indulgence in alcoholic stimulants. This, he opined, was a vice that had 'gradually changed its society and descended in the scale', with the lower orders falling prostrate before the distressing evil, where it had once been only the upper classes. Even the 'purely agricultural district', which the NRA served, he concluded, was not exempt from this 'peculiar evil', and he suggested that alcohol was the primary cause of insanity in 48.9 per cent of all male cases. On the one hand, as Philo points out, the working classes were being portrayed as innocent victims of progress, but on the other, they were viewed as lacking the rectitude to cope with the changes taking place.<sup>44</sup> Clearly then, the asylum's development as a rural sanctuary mirrored the changes that were taking place in wider society. The magistrates, like others, were concerned at the apparent breakdown of society, and it is unsurprising that the semi-rural environment of the asylum seemed the ideal place to treat lunatics, particularly because the behaviour of the inmates within the asylum walls was much easier to regulate. For this reason, it seems clear that the community-based treatment of lunacy was part of its appeal, and the images represented in *The Story of Merrie Wakefield* were remarkably similar to the realities of Fitzwilliam's estate. Here, the Sunday schools emphasised morality, obedience, sobriety and honesty, and the Fitzwilliam managers continued this moral education by preventing idleness, dishonesty and waste in the workplace.<sup>45</sup> The moves, generally, to frame excess within prescribed

---

<sup>43</sup> WYAS, C85/109, WRA *Annual Reports*, 1868-79, Report of the Superintendent for 1878. T. Harrington Tuke, 'The Medico-Psychological Association: The President's Address for 1873', *Journal of Mental Science*, October 1873, pp.327-40, p.336.

<sup>44</sup> By comparison the figure for females was 5.4 per cent. BIHR, CLF1/2/2, NRA *Annual Reports* 1865-76, Report of the Superintendent for 1867. Philo, 'Fit Localities for an Asylum', pp.403-4.

<sup>45</sup> Mee, *Aristocratic Enterprise*, p.187.

limits has been termed the 'culture of control', and it is clear that for those who were deemed to be incorrigible this meant long-term incarceration, even from the outset.<sup>46</sup>

### *A Custodial Responsibility*

As part of their 1844 Report, the Commissioners in Lunacy conducted a survey to assess how far available resources were used to alleviate and/or to cure mental disease. To their chagrin, they found that in some institutions plans to restore 'mental faculties to a sound state' were simply not contemplated, and to all intents and purposes, many asylums were simply about 'seclusion and safe custody'.<sup>47</sup> Naturally enough, some contemporaries were unhappy with what they saw as the arbitrary power of the asylum, and commentators such as Louisa Lowe were troubled by the imprisonment of those falsely accused of insanity.<sup>48</sup> Significantly, Porter has noted that the institutionalisation of the mad, the sad and the bad was as much about securing as it was about curing, and it is clear that the locking away of certain individuals was seen as a depressing necessity. On the subject of release, for example, the Chaplain at the WRA compared the elation of those due to leave the asylum, 'with the sad lot of the multitude to whom their present abode must be a prison, terminated only by the grave'.<sup>49</sup> Correspondingly, in their annual reports to their respective Visiting Committees, the superintendents at Wakefield and York made specific references to the asylum's dichotomous role in society. 'It should be remembered,' Corsellis urged, 'that whatever may be the results of the humane and scientific treatment, and to whatever degree of excellence the best arrangements may have

---

<sup>46</sup> Patrick Joyce, *Visions of the People: Industrial England and the Question of Class 1848-1914*, Cambridge University Press, Cambridge, 1991, p.151.

<sup>47</sup> *Report of the Commissioners in Lunacy to the Lord Chancellor*, Bradbury and Evans, London, 1844, pp.113-4.

<sup>48</sup> Louisa Lowe, *The Bastilles of England: Or the Lunacy Laws at Work*, Crockenden & Co, London, 1883, *passim*.

brought them, these institutions are receptacles into which society pours off its refuse ingredients'. Warming to a theme he asked, 'what would be the condition of society without such provisions for public security?' In the north of the county, the NRA's superintendent made particular reference to a sixteen-year-old boy, who was both idiotic and epileptic. The fact that he was descended from 'parents who were both alike in the smallness of their mental capabilities', gave a clear indication of a gloomy future. Significantly, it was 'weak-minded persons' such as these that went onto to become parents, increasing their numbers in the population, resulting in the 'crowding of the county asylums with large numbers of incurable patients, who must ever remain as burdens to their county parishes'.<sup>50</sup>

To relieve this burden, asylum interns were expected to contribute to the cost of their care, and Himmelfarb has shown, that whatever their motivations, the social reformers of the Victorian period expected some endeavour in return for their provision for the deserving poor.<sup>51</sup> However, this provision did not necessarily equate to restoration, and for the spiritually minded it had consequences beyond the mortal world. Infants were assured of their place in God's kingdom, wrote the Chaplain of the WRA, because 'they were removed from the world before the contraction of original sin'. If congenital idiots were similarly free from the accountability for their actions, and therefore without sin, then he considered they would indeed be eligible to the highest places in Christ's kingdoms. In 1844, the Commissioners in Lunacy had circumvented any theological concerns when they warned that idiots were not always harmless, pointing to the actions of two males who had been taken before a magistrate for

---

<sup>49</sup> WYAS, C85/187, WRA Chaplain's Journal, 1853, p.217.

<sup>50</sup> WYAS, C85/108, WRA *Annual Reports*, 1833-67, Report of the Superintendent for 1843. BIHR, CLF1/1/1/2, NRA Visitors Minute Book 1848-58, 30 March 1857.

<sup>51</sup> Himmelfarb, *Poverty and Compassion*, pp.4-7.

committing 'unnatural acts' in a workhouse.<sup>52</sup> Yet the Chaplain was more concerned at their lack of active service in God's name. He considered that though idiots would indeed be admitted to Heaven, the spirit who stood nearest His throne, and enjoyed the largest share of the light of His countenance, would be the intelligent creature with the will, knowledge and power to serve him aright. The Chaplain mused that insanity resulted from both the 'offspring of calamity and the fruit of vicious excess', but the recognition that many were not responsible for their own predicament did not guarantee them a cure. Elsewhere, the Reverend Henry Hawkins also linked spiritual salvation to worldly restoration when he summoned patients to promote their own recovery through, amongst other things, temperance and morality.<sup>53</sup> Keeping the patients busy, was of course, what distinguished the new system from the old, and W.A.F. Browne gave an example of the lunatic in an asylum without work. 'If you pass through an establishment', he wrote, 'all may be tranquil, orderly, and humane, but the inmates are lethargically slumbering on chairs, or endeavouring to devise occupation by tormenting their fellows, or circumventing their keeper.' The Lunacy Commissioners urged that lunatics in asylums should follow 'the same species of occupation' that they had been accustomed to follow. 'If he [*sic*] has not been brought up to any profession or trade,' they opined 'it even may be proper that he should be instructed in some regular pursuit, in order to fully engage his attention'.<sup>54</sup>

This emphasis on the employment of lunatics has been seen as central to the construction of the new asylums, and according to Scull, their successful integration

---

<sup>52</sup> *Report of the Commissioners in Lunacy to the Lord Chancellor*, Bradbury and Evans, London, 1844, pp.96-7.

<sup>53</sup> WYAS, C85/187, WRA Chaplain's Journal, 1853, pp.110-2, 222. Rev. Henry Hawkins, *Friendly Talk With a New Patient*, Society for Promoting Christian Knowledge, London, 1878, pp.12-15.

<sup>54</sup> A. Scull (ed.), *The Asylum as Utopia, W.A.F. Browne and the Mid-Nineteenth Century Consolidation of Psychiatry*, Routledge, London, 1991, p.144. *Report of the Commissioners in*

rested with their potential to restore defective human mechanisms so that they could once more compete in the market place. In a similar vein, Mellett has concentrated on work's role in providing the 'necessary regenerative moral boost' in engendering the self-discipline that the lunatic needed to be restored to his or her former self.<sup>55</sup> In response, David Rothman has cast doubts on the existence of national markets and national allegiances that such analysis implies, and Wright has emphasised the decentralised nature of asylum management.<sup>56</sup> Moreover, the focus on 'regenerative work' is too prescriptive because it implies that only the unemployed, or the unemployable, could be committed, and to a degree, it equates the restoration to sanity with an ability work. This was clearly not the case, however, and when the east Riding authorities opened the Beverley Asylum, many of those patients who had to leave the NRA, wrote its superintendent, 'expressed great regret and shed many tears at leaving a place they had long been accustomed to regard their home. Several of them', he continued, 'had also been well trained to asylum work, were trustworthy, and gave comparatively little trouble to manage: the loss of those has been much felt in all the industrial departments of the asylum'.<sup>57</sup> Similarly, when Josiah Stonier, the NRA's Clerk and Steward tendered his resignation in 1885, he wrote that the duties of his office had increased four-fold, and since his appointment the only help he received was from one of the patients. Crucially, he concluded, 'we are both of an age and should anything happen to either of us it would put matters in a great difficulty.'<sup>58</sup>

There were similar examples at the WRA, where the fire brigade was made up of

---

*Lunacy to the Lord Chancellor*, 1844, pp.128-9.

<sup>55</sup> Scull, 'Moral Treatment Reconsidered', pp.113-4. D. J. Mellett, *The Prerogative of Asylumdom: Social Cultural and Administrative Aspects of the Institutional Treatment of the Insane in Nineteenth Century Britain*, Garland Publishing, New York 1982, pp.26-7.

<sup>56</sup> David J.Rothman, 'The Uses and abuses of the Concept of Social Control in the History of Incarceration', pp.114-15. It has also been questioned on the grounds that asylums were governed locally, not centrally. See Wright, 'Getting Out of the Asylum', p.145

<sup>57</sup> BIHR, CLF1/2/2, *NRA Annual Reports*, 1865-76, Report of the Superintendent for 1871.

<sup>58</sup> BIHR, CLF1/1/1/4, *NRA Visitors Minute Book* 1865-91, 29 Sept 1885.

patients who slept together in the same room, so that they would be ready in time of fire.<sup>59</sup> The fact that these patients were able to make significant contributions to the running of the asylum does little, on the face of it, to explain their continued detention, but it was not an ability, or inability to work, that marked them out as sane or insane.

Indeed, those who spoke out against the detention of the class of productive inmate were not calling for them to be declared sane. In the *JMS*, one commentator wrote that the locking away of the 'slightly demented' or the 'slightly imbecile' upper-classes was unavoidable, because they were 'likely to throw away a large estate'. On the other hand, the ordinary lower-classes maintained themselves with 'a minimum of mental power, and a maximum of manual labour', and he considered care in an asylum to be inappropriate. On a related topic, Browne concluded that children who worked in factories often passed through a phase of acute dementia, because of the amount of time they were 'surrounded by brick walls and restrictive twining machinery', and the 'series of incessantly repeated muscular movements' they made that required close attention. Prisoners on the treadmill also suffered a similar fate. 'The stupidity of prisoners is proverbial', he wrote, 'and perhaps some of it is due to the punishment they undergo, and to its effects on memory and understanding.'<sup>60</sup> As such, the answer was not to be found in releasing asylum cases *en masse*, but by transferring them to parish houses built to hold 100 – 200 inmates. Here they would be under the kind of restraint that would encourage them to work, but at the same time

---

<sup>59</sup> JGC, *Accounts for the Treasurer and Reports of the Finance and Other Committees for the West Riding of Yorkshire*, Report of the Commissioners in Lunacy, (WRA), 1879.

<sup>60</sup> *JMS*, Oct 1871, pp.357-8. J. Crichton Browne, 'Acute Dementia', J. Crichton Browne (ed.), *The West Riding Lunatic Asylum Medical Reports*, Vol. 4, Smith and Elder, London, 1874, p.268.



afford them enough liberty to see their friends.<sup>61</sup> Similarly, those who spoke up for the middle-class lunatic were not against custody *per se*, but at the ‘want of feeling,’ ‘tyranny’ and ‘despotism’ involved in treating them as paupers by placing them in a workhouse or County Asylum.<sup>62</sup> What are County Asylums, asked *Philanthropos*, ‘but huge overgrown workhouses, tenanted by their many hundreds of hopelessly chronic and incurable patients, with every type of mental alienation, drawn from a population the lowest in scale of either refinement or intelligence?’ For these commentators, the asylum itself was not the problem, but the segregation of its patients was, and this could be remedied by the building of institutions for the middle classes. Even Louisa Lowe, who wrote in general terms of the inadequate protection for the personal liberty of the subject, was primarily concerned with private patients.<sup>63</sup> Examples such as these reflected the concerns that were being raised about the asylum’s custodial nature, but for the most part, it was accepted, that like the House of Recovery, it had a role to play in limiting the spread of disease through the community.<sup>64</sup> In this case, the institution operated to protect society from the individual, as well as the individual from society. Indeed, the *BMJ* declared that the deliberations about home care and asylum care should be informed by the safety and well being of the public, as well as the safety and well-being of the lunatic. It did go on to caution its readers, however, that lunatics at large would lead to ‘a much richer harvest of murders, acts of violence and legal transgressions’.<sup>65</sup>

---

<sup>61</sup> *JMS*, Oct 1871, pp.362-3.

<sup>62</sup> Anthony Ashley Cooper, Seventh Earl of Shaftesbury, *Speech of the Earl of Shaftesbury, at the Freemason’s Hall, April 19, 1861, on Behalf of a Benevolent Asylum for the Insane of the Middle Classes, etc.* W. Kent & Co. London, 1861, pp.2-6.

<sup>63</sup> *Philanthropos, A Voice from the Wilderness: Being a Plea for a Lunatic Asylum for the Middle Classes, on Self-supporting Principles*, John Churchill, 1861, p.5. Lowe, *The Bastilles of England*, *passim*.

<sup>64</sup> The Wakefield House of Recovery was a Fever Hospital, which dealt with infectious diseases. Marland, *Medicine and Society*, p.108.

Clearly then, the asylum's role as a specialist custodial institution was a central factor of its *raison d'être*. Whether this emphasis changed because of the parsimonious nature of the asylum regime, however, is open to question.

### *A Responsibility to the Ratepayers*

On a basic level, the Visiting Committees had a responsibility to the ratepayers of their individual counties, which was central to the integration and ongoing development of the asylum. The moves by the magistrates to build the NRA in the 1840s, ties in with one of the highpoints of the lunacy reform movement, and this goes some way to explain why previous attempts to build an asylum in the county had failed.<sup>66</sup> In the age of permissive legislation, they had faced the potential stumbling block of high running costs. In the early 1840s, however, a survey of the townships in the north Riding revealed that the existing maintenance costs per lunatic ranged from five shillings, to eight shillings and six pence per week. By comparison, a survey of four of the country's asylums showed that the weekly cost in a purpose built institution could be as little as seven shillings.<sup>67</sup> It has been said that 'rate payers were often reluctant to accede to the demand for new asylums, but that they did so suggests that the reasons must have been compelling and inescapable'.<sup>68</sup> Yet the move towards the specialist institutions did not escape criticism, and some of the Riding's Poor Law Unions expressed their opposition to the proposed new asylum on the grounds that there was no demand. The representatives of the Whitby Union pointed out that more

---

<sup>65</sup> *BMJ*, 28 May 1870, p.552

<sup>66</sup> Scull makes particular references to the two Lunacy Acts of 1845. The first, (8 & 9 Victoria c. 100), established a national Lunacy Commission and the second, (8 & 9 Victoria c. 126) made the erection of county and borough asylums compulsory. Scull, *The Most Solitary of Afflictions*, pp.155-65.

<sup>67</sup> The magistrates canvassed the authorities at the county asylums in Wakefield (WRA) and Dorset, where the weekly cost was seven shillings weekly, Kent where it was eight shillings and six pence, and Hanwell, the highest at nine shillings. NCRO, QAL 3540, Undated Papers relating to the NRA.

<sup>68</sup> Peter Barham, *Closing the Asylum: The Mental Patient in Modern Society*, Penguin,

than two-thirds of the county's townships had no lunatics whatsoever (Table 2), and The Union of Stokesley stated that they were happy with the arrangements they had with the Yorkshire asylum and the Gate Helmsley private house. The Unions of Helmsley, Stokesley, Northallerton and Whitby all raised objections on financial grounds, questioning whether the heavy initial costs to the ratepayers of the county would be matched by any long-term benefit to the Riding.<sup>69</sup>

Table 2: The Distribution of Lunatics in the North Riding, 1842.

	York Asylums and Licensed Houses	Workhouses	Private Lodgings and Friends	Total
North Riding	57	25	50	132
Township (not in Union)	2	-	-	2
Croft Township (not returned)	2	-	-	2
Sub-Total	(61)	(25)	(50)	(136)
York	16	-	-	16
Richmond	7	27	7	41
Scarborough	4	-	-	4
Total	88	52	57	197

Source: NCRO, QAL 3540, Undated Papers Relating to the NRA.

Ultimately, the decision to build, or not to build, was taken by a quorum of six magistrates, and this reflects the findings of Forsythe *et al*, who have highlighted the central role of the Courtenays, who were the main supporters of the asylum initiative in Devon. The Courtenays, particularly the tenth Earl, had 'forceful personalities', and

---

Harmondsworth, 1992, p.69.

<sup>69</sup> They considered the existing institutions offered the greatest care, reasonable charges and the best chances of recovery. NCRO, QAL 3544, Objections of the Helmsley and Stokesley Unions to the Proposed New Asylum, 1842. NCRO, QAL 3555, Objections of the Northallerton Union to the Proposed New Asylum, 1842. NCRO, QAL 3558, Objections of the Whitby Union to the Proposed New Asylum, 1842. Similar concerns were raised at the opening of the Stafford asylum see L. D. Smith, 'The Pauper Lunatic Problem in the West Midlands, 1815-1850', *Midland History*, Vol. 21, pp.101-18, p.103.

they managed to persuade local ratepayers that the asylum would not be an aristocratic plaything for which they would have to pay.<sup>70</sup>

The NRA was designed to hold 150 patients, and when only 71 patients were admitted on the first intake, a shortfall on the original estimate of 109, it appeared that the fears of the Unions had been realised. In the short-term, this had a dire effect on the general economics of the institution, leading to an unfavourable comparison with the older asylums that had provided such reasonable figures.<sup>71</sup> As the superintendent pointed out, the costs for staff and various necessities, such as heat and light, cost as much for 150 patients, as it did for 300. At the same time, his counterpart at the WRA was bemoaning the fact that the patient population of 300 was a figure 'much exceeded' in the asylum at Wakefield.<sup>72</sup> In the battle for economies of scale, however, the magistrates and their superintendents were keen to pull together. Shortly after opening, the NRA visitors recorded their appreciation of Hill's conjoint efforts 'on behalf of the patients under his care, and on behalf of the ratepayers at large'.<sup>73</sup> The close relationship that Hill shared with his employers no doubt stemmed from the connection they enjoyed before the asylum opened. By 1865, he was earning a salary 'already in excess of that paid to superintendents in asylums of a similar size'.<sup>74</sup> It was a similar story in Wakefield, where Smith describes William Ellis, the WRA's first Director, as developing 'a programme of rigid economy, which pandered to the aspirations of the Yorkshire magistracy as careful guardians of the county rates'.<sup>75</sup> This was clearly an approach that his successors sought to emulate. Corsellis referred

---

<sup>70</sup> Forsythe, *et al*, 'The New Poor Law and the County Lunatic Asylum', pp.335-55.

<sup>71</sup> BIHR, CLF1/1/1/2, NRA Visitors Minute Book 1848-58, 29 March 1849.

<sup>72</sup> WYAS, C85/108, WRA *Annual Reports*, 1833-67, Report of the Superintendent for 1843.

<sup>73</sup> BIHR, CLF1/2/1, NRA *Annual Reports* 1847-63, Report of the Committee of the Visitors for 1848.

<sup>74</sup> Dr Hill received the vote of thanks from the York authorities for services rendered to the architects of the new asylum nearly two years before his appointment. BIHR, CLF1/1/1/1, NRA Visitors Minute Book 1844 – 1848, 19 Nov 1844 and 28 Aug 1846. BIHR, CLF1/1/1/4, NRA Visitors Minute Book 1865-91, 7 Dec 1865.

to the employment of the patients as part of the moral means in the cure of insanity, but despite the protestations of the Commissioners that there should be no profit from their labour, it is clear that this was important.<sup>76</sup> ‘As a means of domestic economy,’ wrote Corsellis, ‘it is worthy of some attention. By diminishing the general expenditure, it lessens the charge for maintenance to the parishes, which is of some importance in time like the present, when rates are collected with difficulty. The principle by which this institution is governed is,’ he continued, ‘that no labour shall be paid for which the patients can properly supply themselves’. Cleaton also promised an increase on the profits from the garden and farm account, already in excess of £400, if land could be obtained at reasonable cost.<sup>77</sup> Undoubtedly, as employees of a pauper institution, the superintendents were aware of their fiscal, as well as their medical responsibilities, but we should remember that the work of the patients was seen as an essential therapeutic. The only report that survives from John Alderson’s brief reign as superintendent, for example, urged the Visitors to ‘consider the serious inconvenience and pecuniary loss the Institution suffers from the want of more land. It is not only desirable as a source of profit,’ he continued, ‘but also as a remedial and curative means’.<sup>78</sup>

The suggestion is, of course, that the magistrates were miserly almost beyond reason, but we must be aware that some cost-cutting measures were simply a matter of common sense. At York, the Committee assembled to choose the location for the NRA had eighteen possible sites to choose from, before they narrowed it down to a shortlist of two. The advantage of the Clifton site, where the asylum was eventually

---

<sup>75</sup> Smith, *Cure Comfort and Safe Custody*, p.39.

<sup>76</sup> *Report of the Commissioners in Lunacy to the Lord Chancellor*, 1844, p.128.

<sup>77</sup> WYAS, C85/108, *WRA Annual Reports*, 1833-67, Reports of the Superintendent for 1843 and 1863-4.

built, was its relative proximity to the city of York. Here, the costs for the transportation of provisions compared favourably with those of a site nearly five miles away at Dunnington, and as it was pointed out, visiting chaplains and physicians would ‘probably’ charge by distance.<sup>79</sup> At both Wakefield and York, the ‘convenience of contiguity to a market town with the salubrity and quietude of the rural districts’, meant savings in the longer term, and not just on delivery charges. A letter from the Commissioners in Lunacy to the Visiting Committee of the WRA suggested the procurement of vehicles, to ‘obviate the inconvenience arising in the removal of pauper patients on their discharge’. They refused because of the ease in which they could obtain vehicles from Wakefield, and ‘the proximity of communication by railway to all parts of the Riding’. Similarly, the visitors at York considered a carriage inexpedient because of the NRA’s proximity to the railway.<sup>80</sup>

For all the emphasis on frugality, contemporary opinion appeared to be concerned with exactly the opposite. Some were apt to complain when they thought that not enough was being done to rein in certain excesses, and in 1859 the authorities of the two asylums found themselves under attack for their profligate ways. Sir George Strickland’s open letter to the ratepayers of the county, condemned the fact that the brewery at the WRA was in ‘constant action’, furnishing strong beer ‘as free as water’ to the patients. The inmates and ‘highly paid staff’ of the NRA, were described as ‘actually wallowing in a deluge of intoxicating liquors’, and Strickland complained that the costs incurred at the WRA’s library were but a fraction of the sum spent on

---

<sup>78</sup> WYAS, C85/108, *WRA Annual Reports*, 1833-67, Report of the Superintendent for 1856.

<sup>79</sup> BIHR, CLF1/1/1/1, *NRA Visitors Minute Book* 1844-48, 16 July 1844.

<sup>80</sup> WYAS, C85/108, *WRA Annual Reports*, 1833-67, Report of the Superintendent for 1843. WYAS, C85/2, *WRA Visiting Justices Minute Book* 1855-7, 22 Jan 1857. BIHR, CLF1/1/1/2, *NRA Visitors Minute Book* 1848-58, 26 Jan 1857.

alcohol.<sup>81</sup> It is worth pointing out, however, that at times the water was undrinkable and in 1875 the WRA's supply was described as being full of animal and vegetable matter, including large leeches. 'Many of the inmates who are not very nice in such matters', wrote the superintendent, 'declined to wash in it', and it was only after the discontinuance of beer as a dietary staple that he looked into acquiring a filtration system for the drinking water.<sup>82</sup> Nonetheless, like Strickland, Sir James Coxe praised the humane and rationalised treatment of the insane in the *JMS*, but saw little grounds for 'the practice of extending to asylum inmates benefits and indulgences, which are withheld from the inmates of prisons'.<sup>83</sup> One critic may have described the meat pie he was served as 'flavoured with something that made it gross and unpalatable', but as Hodgkinson suggests, the diet of lunatics in the asylum was superior to that of lunatics in the workhouse.<sup>84</sup> Whether this was a question of taste or choice is open to some debate. The same critic who complained at the condition of the meat pie, noted that many enjoyed the privilege of filling their soup bowls two or three times, but added that two or three mouthfuls were more than enough for him.<sup>85</sup>

These 'benefits and indulgences' were not restricted to diet, and in the west Riding such expenses were augmented by the opening of the county's third asylum at Menston in 1888. Tuke praised the magistrates for avoiding the false economies involved in building second rate institutions. He considered that such 'penny-wise'

---

<sup>81</sup> Sir George Strickland, *A Letter to the Ratepayers of Yorkshire on Asylums, their Management and Expenses*, J. Sampson, York, 1859, pp.17, 26-7.

<sup>82</sup> WYAS, C85/125, Medical Director's Journal 1874-81, 29 July 1875. WYAS, C85/4, WRA Visitors Minute Book 1880-89, 27 April 1885.

<sup>83</sup> Coxe, 'On Causes of Insanity', pp.324-5.

<sup>84</sup> Anon., *Life in a Lunatic Asylum: An Autobiographical Sketch*, London, 1867, pp.23-7. Hodgkinson, *The Origins of the National Health Service*, p.585. While there are problems in providing details of a standard diet across the country for workhouses, it is clear that the asylum diet at Wakefield, on the whole, was more varied and substantial. For a discussion of the workhouse, as well as diet, see M.A. Crowther, *The Workhouse System 1834-1929*, Meuthen, London, 1983, Chapter Eight, *passim*.

and 'pound-foolish' actions, merely led to frequent and expensive repairs in the long term. Furthermore, the nature of the new asylum can be seen in his sanguine aspiration that the asylum would some day house persons of the middle and upper classes, 'some of whom at the present time occupy much humbler quarters in private asylums and registered hospitals'.<sup>86</sup> The cost of building new asylums, like the one at Menston, was higher than other alternatives, and before the SYA opened in 1871, the west Riding visitors looked to open temporary accommodation to deal with the demands on its resources. In 1868, they agreed to lease lands at Mount Pleasant, also near Sheffield, for a period of seven years. The House there was reserved for patients of the 'comparatively quiet and harmless class', who were cared for by a resident Medical Assistant and a 'competent staff of nurses' which was much cheaper to run than the existing asylum.<sup>87</sup> By definition, it seems odd that the west Riding magistrates were prepared to spend huge sums of money on mere custodial institutions when cheaper alternatives were available, particularly as many of the people to be housed in them were responsible, by their own immorality, for their predicament. Indeed, Marland's study of the provision of hospitals shows that wealthy individuals were prepared to contribute towards the cost of care, but only on the expectation that they would receive a return on their investment. 'The main expedient', she argues, 'was to provide a cheap and efficient form of medical relief for the sick poor', and promoters of charities stressed that hospital provision relieved the employer's burden for injured workers, and 'rapidly restored the workman to his

---

<sup>85</sup> Anon., *Life in a Lunatic Asylum*, pp.23-7.

<sup>86</sup> Tuke, *The Past and Present Provision for the Insane Poor in Yorkshire*, pp.12-13.

<sup>87</sup> WYAS, C85/3, WRA Visitors Minute Book 1857-80, 27 Aug 1868. See also WYAS, QD4/92, Mount Pleasant Correspondence 1868-9, and WYAS, QD4/93, Mount Pleasant Correspondence 1871-3. WYAS, C85/109, WRA *Annual Reports*, 1868-79, Report of Committee of Visitors for 1868.



calling'.<sup>88</sup> By comparison, it seems that the magistrates, even by the end of the century were still concerned with the asylum's potential to restore lunatics to their former selves.

### *A Curative Responsibility*

Our perception of the asylum as a custodial institution has been influenced by the stress contemporaries placed on the apparently never-ending supply of lunatics in the country. Louisa Lowe may have used the evidence of Mortimer Granville's expose in the *Lancet* to argue that many asylum inmates were entitled to release, but many more commentators were concerned with those who had the potential to become the asylum patients of the future.<sup>89</sup> Tuke wrote of 'a large borderland class who [were] practically insane', and who were 'usually relatives of patients already inmates of the asylum'. They were, he continued, 'able to adapt themselves fairly well to their environment', but were 'often far more insane at times than the latter'.<sup>90</sup> These concerns were mirrored across the Atlantic, and Abraham Luchins has shown that similar changes were taking place in the USA. Here, a loose network of Protestant voluntary organisations became interested in asylum reform, because they were convinced that they were carrying out God's will, and that the insane could be transformed into moral, respectable and productive members of society. In a similar vein to Scull, he has argued that their interest waned as it became apparent that the 'quick fix' approach of the asylum did not solve the problems of insanity, and they turned their attention to the physical and social slums that bred, amongst other things, moral degeneracy.<sup>91</sup> Back in England, Coxe called for the kind of moral training that would

---

<sup>88</sup> Marland, *Medicine and Society*, pp.130-4.

<sup>89</sup> Lowe, *The Bastilles of England*, p.2.

<sup>90</sup> Tuke, *The Past and Present Provision for the Insane Poor in Yorkshire*, pp.20-1.

<sup>91</sup> Abraham S. Luchins, 'The Cult of Curability and the Doctrine of Perfectibility: Social Context of

enable the working classes to 'take their fair share in the labours, duties and pressures of life', and was to include a modified army drill, which would replace such 'fanciful exercises' under the name of gymnastics.<sup>92</sup> Thus, there was a growing disenchantment with the asylum's ability to produce the cures that had it had seemed so certain to produce. Yet this was only one side of the debate, and as one Deputy Commissioner in Lunacy for Scotland remarked, the principal aim of the asylum was still to cure, with its secondary function serving to look after those who were dangerous, and those who required specialist care.<sup>93</sup> For others, any disenchantment was edged with pragmatism, and Browne commended the asylums for the protection they afforded the public, the safe custody and comfort they furnished to the insane poor, and significantly, the maintenance of recovery rates.<sup>94</sup> As we can see from Table 3, the annual rate of recovery on admission, at both Yorkshire institutions, could fluctuate to a large degree year on year. In 1878 at the NRA, for example, the rate of 28.6 per cent was followed by a figure of 55.9 per cent in 1879. Similarly, at the WRA, 50.24 per cent of the admissions in 1871 were discharged cured, only for the figure to fall by over fourteen points in the following year. Significantly, if we take the aggregate of these percentages over the period 1869 – 1888, they produce average recovery rates of 42.3 per cent for the NRA and 43.06 per cent for the WRA. As we can see, this was comparable with the national picture, where the figure tended to hover around the forty per cent mark. Clearly then, the problem was not the asylum's failure *per se*, but its inability to keep pace with the rising numbers of apparently incurable lunatics in

---

the Nineteenth Century American Asylum Movement', *History of Psychiatry*, Vol. 3, 1992, pp.203-20, pp.211-5

<sup>92</sup> Coxe, 'On Causes of Insanity', p.327.

<sup>93</sup> Arthur Mitchell, 'The Care and Treatment of the Insane Poor: With Special Reference to the Insane in Private Dwellings', *The Edinburgh Medical Journal*, Vol. 13, 1867/8, p.726.

<sup>94</sup> WYAS, C85/108, *WRA Annual Reports, 1833-67, Report of the Superintendent for 1866.*

the population. As Herbert Major pointed out, the asylum could not refuse hopeless cases, but it was wrong to expect the medical staff to perform impossibilities.<sup>95</sup>

Table 3: Percentage Cures to Admissions, 1869-1888.

	NRA	WRA	Nationally
1869	35.10	43.33	37.89
1870	43.40	47.65	40.47
1871	31.50	50.24	40.05
1872	41.10	36.05	43.74
1873	41.70	40.00	38.34
1874	42.40	46.96	41.78
1875	37.50	48.83	39.32
1876	44.00	54.59	40.60
1877	46.00	46.99	37.29
1878	28.60	47.77	40.38
1879	55.90	45.10	40.85
1880	44.10	42.92	40.88
1881	44.50	40.93	40.13
1882	54.30	39.01	40.41
1883	40.10	36.40	38.88
1884	42.70	37.61	39.77
1885	50.80	41.10	42.26
1886	36.80	43.62	40.91
1887	45.80	38.83	38.54
1888	39.70	33.18	39.04

Sources: Annual Reports of the NRA and WRA and the 33 and 44 Annual Reports of the Commissioners in Lunacy.

Like others, Browne looked beyond the asylum walls in the hope that prevention would reduce the need for cures. ‘The passage from the physical to the moral slum is easy’, he wrote, ‘and drunkenness, pauperism, crime and madness are the natural outcome of miserable homes and contiguous gin palaces. Sanitary reformers ought to be encouraged in their work’, he continued, ‘by the reflection that they are attacking abuses which are not merely the strongholds of zymotic diseases, but also the nurseries of mental ailments.’<sup>96</sup> His successor, Herbert Major, unsurprisingly had a remarkably similar opinion, stating that ‘a more carefully diffused knowledge of the

<sup>95</sup> WYAS, C85/110, WRA *Annual Reports*, 1880-86, Report of the Superintendent for 1883.

causes [of insanity], coupled with a thoughtful and intelligent effort among the community to avoid and counteract them as far as possible', would be the best way forward for all concerned.<sup>97</sup> Nevertheless, it is clear that the asylum had a significant role to play in this holistic approach, and when Browne sought to change the emphasis at the WRA from a moral regime to a medical one, he needed the support of the magistrates to do it.

As we saw in the introductory chapter, each successive regime sought to under play what had gone before, and by the 1870s, it was widely accepted that the past had been a therapeutic desert. Following a review of the annual asylum reports in the early 1870s, the *JMS* was pleased to report the increased use of medical details.<sup>98</sup> This appeared to mark a shift away from moral management, and in this apparent vanguard was the asylum at Wakefield. From the very beginning of his term at Wakefield, Browne sought to take advantage of 'the unparalleled facilities', which the asylum offered for the study of insanity. He highlighted the period of his tenure as the 'era of medical treatment, during which the closest attention [was] given to the investigation of disease and the employment of remedies'.<sup>99</sup> While he pointed out that medical treatment in the past had not been 'overlooked or imperfectly carried out', he, nevertheless, pointed to the ascendancy of medical science in his era. By the late 1860s, he had convinced the magistrates at Wakefield that the asylum ought to be a centre for research. He described having a pathologist on the staff as 'a somewhat momentous step in the march of scientific progress', and he looked to the establishment of a 'pathological institute, or detached building containing a museum,

---

<sup>96</sup> WYAS, C85/109, *WRA Annual Reports, 1868-79*, Report of the Superintendent for 1873.

<sup>97</sup> WYAS, C85/110, *WRA Annual Reports, 1880-86*, Report of the Superintendent for 1880.

<sup>98</sup> *JMS*, July 1872, pp.262-3.

<sup>99</sup> WYAS, C85/125, *Medical Director's Journal 1874-81*, 27 Jan 1876.

laboratory, microscopic, photographic, and lecture rooms', all of which added to the asylum's expenses. In his valedictory journal entry, he paid tribute to the visitors for sanctioning the increase in medical staff during his period of office, and the report of the Committee of Visitors detailed the additions to the salaried medical staff of three medical officers and a dispenser. In addition, two clinical clerks also worked at the asylum, and received board and lodgings in return for their services.<sup>100</sup> The committee reported that there was 'evidence of much industrious medical observation' in the 'well written up case books', and the research taking place culminated in the publication of a six volume series of Medical Reports. It is clear that the Visitors were happy to sponsor what appeared to be a new impetus in the study of insanity, and even went as far as contributing £40 to the costs of printing and publishing of the resulting volumes.<sup>101</sup> The reviews of the early volumes in the *JMS* were mixed, and one concluded that too many of the papers appeared to be there for 'padding purposes', but it was, nevertheless, pleased to note that not all asylum superintendents were involved in such non-medical duties as farm management. The reviews continued to be mixed, and of the second volume it was stated that some of the papers were written 'because it was thought necessary to write something, rather than from the necessity of communicating any positive knowledge'. By the time the final volume appeared Browne had contributed papers to the *JMS*, and the review of the 1876 edition noted its contribution in 'extending the boundaries of our knowledge and leaving mental disease its debtor'.<sup>102</sup> As Todd and Ashworth have pointed out, this

---

<sup>100</sup> WYAS, C85/109, *WRA Annual Reports, 1868-79*, Report of the Superintendent for 1872. WYAS, C85/125, *Medical Director's Journal 1874-81*, 27 Jan 1873. JGC, *Accounts for the Treasurer and Reports of the Finance and Other Committees for the West Riding of Yorkshire*, Report of the Committee of Visitors for 1874.

<sup>101</sup> They allocated £20 in 1872, and £40 in the years 1873, 1874, and 1876. WYAS, C85/3, *WRA Visitors Minute Book 1857-80*, entries for 25 April 1872, 24 April 1873, 30 April 1874 and 27 July 1876. JGC, *Accounts for the Treasurer and Reports of the Finance and Other Committees for the West Riding of Yorkshire*, Report of the Committee of Visitors for 1874.

<sup>102</sup> *JMS*, July 1871, pp.559-62. *JMS*, Jan 1873, p.586. *JMS* Oct 1877, p.386.

influence was to remain vibrant for many years, and after Browne's departure, his successor applied to the Home Secretary, to register the pathological laboratory so that experiments could be performed on animals.<sup>103</sup>

The period of Browne's tenure was a turning point for the asylum at Wakefield, but it must be stressed, it only marked a change in emphasis. John Cleaton's resignation letter of 1866, for example, referred to the high estimation in which the institution was held by both the government and the public, and this was undoubtedly due to the asylum's investment in apparently therapeutic initiatives. Indeed, in the mid-1840s the visitors at Wakefield were commended, along with the committees at Nottingham and Stafford, for their attempts to substitute old cases of insanity for more recent ones.<sup>104</sup>

As one article in the *JMS* recorded, 'it has long been well-known that the curability of cases of insanity diminishes rapidly as the duration of the disease increases'.<sup>105</sup>

Similarly, when the Visitors at Hanwell refused to exchange chronic cases, a paper by Robert Boyd in the *Lancet* reminded its readers of the 'authority of Pinel' on the subject, concluding 'that the greatest number of recoveries take place in the first month of madness'.<sup>106</sup> The continuing emphasis on the admittance of recent cases was a constant throughout the century, resulting in the moves towards the principle of self-certification, as enshrined in the Lunacy Act of 1889. The authorities at the WRA saw this emphasis on early detection as a valuable way of relieving pressure on their in-

---

<sup>103</sup> John Todd and Lawrence Ashworth, 'The West Riding Asylum and James Crichton Browne, 1818-76', in Berrios & Freeman, *150 Years of British Psychiatry*, pp.416-7. For a 'less hagiographical' account of Browne see Michael Neve and Trevor Turner, 'What the Doctor Thought and Did: Sir James Crichton Browne (1840-1938)', *Medical History*, 1995, Vol. 39, No.4, pp.399-432. WYAS, C85/3, WRA Visitors Minute Book, 1857 – 1880, 25 Jan 1877 and 26 April 1877.

<sup>104</sup> *Report of the Commissioners in Lunacy to the Lord Chancellor*, 1844, p.93.

<sup>105</sup> The article's author was the superintendent at the Hereford County and City Asylum. T. Algernon Chapman, 'On Some Common Misapprehensions as to the Curability of Admissions to County Asylums', *Journal of Mental Science*, July 1877, pp.185-196, p.185.

<sup>106</sup> Boyd was the one time superintendent of the Somerset County Asylum. R. Boyd, 'The Care and Cure of the Insane', *The Lancet*, 11 Dec 1880, p.934.

patient resources. The doors of the asylum were opened twice a week for free consultations, and medicines were made available at cost price.<sup>107</sup> By contrast, the NRA did not go through such a period of overt change in the way that the WRA did under Browne. This did not mean that the magistrates did not support new initiatives, and when Christie introduced non-restraint, that ‘most recent and enlightened mode of treatment of insanity’ in the 1860s, the visitors were prepared to sponsor the changes it brought with it.<sup>108</sup> This did not necessarily mean that they spent any extra money recruiting new attendants, but it did mean that they were prepared to let the ‘menial staff’ have more control over the interns. They too were keen to move out long-term cases to make way for new ones, but at times their motives were very different. Indeed, while the WRA looked to treat self-certified lunatics as outpatients, the NRA visitors looked to ‘the provision of suitable accommodation for paying patients, either by enlarging the present building, or by purchasing or erecting a separate house in the neighbourhood’. The visitors argued that admission of patients who were able and willing to pay would benefit both the Riding and the patients themselves.<sup>109</sup>

Clearly, the visitors of both asylums had to balance their responsibilities of custody, costs and cures, but this contrasting approach to self-certified patients was indicative of a fundamental difference between the two. In this respect, the magistrates approached the admission of patients in a very different way, but as we shall see, this was not determined by dogma.

---

<sup>107</sup> WYAS, C85/4, WRA Visitors Minute Book, 1880-89, 5 Sept 1889.

<sup>108</sup> BIHR, CLF1/1/1/4, NRA Visitors Minute Book 1865-91, Report of the Committee of Visitors for 1867.

<sup>109</sup> BIHR, CLF1/2/4, NRA *Annual Reports* 1885-94, Report of the Superintendent for 1886.

### *The Availability of Space*

The low initial influx of interns into the NRA meant that within four months of its opening, an advertisement was placed in a number of provincial newspapers, announcing that it was prepared to accept a limited number of pauper lunatics from any county or borough.<sup>110</sup> The fact that such 'out-county' patients were to be charged at premium rates, marked the beginnings of what was to become a tiered system of charges, that would go on to include private patients. By this time, the Asylum at Wakefield had grown from its original size, and the Commissioners noted that ten of the fifteen asylums erected by 1844 had accommodation for not more than two hundred patients. This figure, the Commissioners suggested, was the optimum figure that would offer most benefit to both the patients and the public.<sup>111</sup> With a nominal ceiling, set by the Commissioners at 250, the WRA's inmate population of 420 was some way past this. As such, the ability of the NRA to offer places for out-county patients marked a clear distinction with the regime at Wakefield, and although only advertising within a limited geographical area, the York authorities extended their catchment area in a way that their counterparts at Wakefield could not. In his 1843 report, Corsellis had mentioned that in the early years 'numerous applications were made for admission from the higher classes, and in a few instances, the provision made by act of parliament, for the admission of persons not paupers ... was made available'. This, however, was a short-term state of affairs, and he reflected that the crowded state of the asylum meant that this was no longer a possibility. Two years later, the lack of room meant that while the WRA accepted 111 new patients, a further 157 were 'removed to private asylums or elsewhere, under such protection that could

---

<sup>110</sup> Advertisements were taken in the *Yorkshire Gazette, York Herald, Yorkshireman, Leeds Intelligencer and Eastern Counties Herald*. BIHR, CLF1/1/1/1, NRA Visitors Minute Book 1844-48, 30 Aug 1847.

<sup>111</sup> *Report of the Commissioners in Lunacy to the Lord Chancellor, 1844*, pp.23-4.



be obtained for them'.<sup>112</sup> This clear difference over their approach to out-county and private patients had long term consequences that affected each asylum's development.

### *The NRA and the Availability of Space.*

By 1851, the NRA's committee agreed to accept pauper lunatics from within the City of York at a rate of 8s 2d per week, when the charge for county patients was 5s 10d. Just two months later, the visiting committee suggested to the quarter sessions that it would be advisable to purchase more land to cope with the increased numbers of patients in the short term, and the prospects of 'their numbers being further augmented' in the future. In a report to the Quarter Sessions, the magistrates warned that a failure to sanction the purchase of more land would materially affect, not only the success of the superintendent in producing 'happiness, order and contentment', but also the ability to produce surpluses which could be sold at a profit. Nevertheless, in the same year, the rate for county patients was later reduced to 5s 3d on the understanding that objections should not be raised if the rate was later increased.<sup>113</sup> Following further additions to the NRA land and buildings, the visitors sent circulars to the Boards of Guardians in the north and east Ridings, stating that they were willing to accept any lunatics who were not paupers at a weekly charge of 10s 6d. Soon after this, they agreed to accept lunatics from the Durham Asylum, but only on the understanding that the Durham visitors would maintain the numbers sent for the duration of the two-year contract. A similar contract with York Council was cancelled at the end of the third year of a five-year agreement due to a large influx of county patients, but the development of the asylum meant that availability for private patients

---

<sup>112</sup> WYAS, C85/108, WRA *Annual Reports*, 1833-67, Reports of the Superintendent for 1843 and 1845.

<sup>113</sup> BIHR, CLF1/1/1/2, NRA Visitors Minute Book 1848-58, 30 Jan 1851, 27 March 1851, 8 Oct 1851 and 30 Dec 1851.

remained a necessity.<sup>114</sup> In 1867, for example, when the house was reported to be overcrowded with out-county admissions from the west Riding, harmless and incurable imbeciles were placed in the workhouse ‘making room in the asylum for recent and curable cases, and, lightening the burden of the rate payers’.<sup>115</sup> The report of the following year records that placing some lunatics in workhouses was a failure, as most of those sent out were soon to return. The temporary alleviation of some space, however, allowed for the admission of a number of cases from the neighbouring west Riding. Once these patients had returned, the vacant beds were immediately filled ‘by the admission of cases from the metropolitan county of Middlesex’. Such measures, the Committee explained, enabled them to meet the ‘extraordinary expenditure incurred’ in the building of a new kitchen, bakehouse, and offices.<sup>116</sup> The charges for these patients varied considerably, and the out-county and private patients tended to subsidise the north Riding patients, who were charged less than the cost of their care. In 1871, for example, north Riding interns were charged 8s 9d, but those from the east Riding were charged 13s 15d. The ‘boroughs and out-counties and the Bethnal Green Union’ were charged a ranged of costs from 14s to 15s 9d, as were private patients, who paid anything from 14s to 31s 6d. Significantly, the actual weekly costs per patient in 1871 was less than 9s 5d.<sup>117</sup> (For details of costs and charges over the longer-term see Appendix 2 and Appendix 2a)

The juggling of available space to accept private and out county patients, as well as paupers, became an important feature of the NRA throughout the nineteenth century,

---

<sup>114</sup> BIHR, CLF1/1/1/2, NRA Visitors Minute Book 1848-58, 8 Oct 1856 and 26 Jan 1857. BIHR, CLF1/1/1/3, NRA Visitors Minute Book 1858-65, 2 Dec 1860.

<sup>115</sup> BIHR, CLF1/1/1/4, NRA Visitors Minute Book 1865-91, 23 Dec 1867.

<sup>116</sup> BIHR, CLF1/1/1/4, NRA Visitors Minute Book 1865-91, 24 Dec 1868.

<sup>117</sup> BIHR, CLF1/2/2, NRA *Annual Reports* 1865 – 1876, Report of the Commissioners in Lunacy, May 1871.

and its superintendents could use the relatively low number of county patients as a sign of success. In 1868, the superintendent referred to a paper given by Dr C.L. Robertson, the president of the Medico Psychological Association, in the previous year. Robertson had concluded that when provision was made for one insane pauper in 400 of the population, the 'utmost limit' would be reached. 60 per cent of them would be held in asylums, 25 per cent in workhouses and 15 per cent in private dwellings.<sup>118</sup> Extrapolating this for the north Riding, the NRA's superintendent worked out a provision for 560 patients, based on 336 in the County Asylum, 140 in Workhouses, and 84 with friends. At the time, the NRA was holding just short of 500 inmates, an excess of 164 of the supposed maximum of 336 asylum patients. Furthermore, only 257 of this number hailed from the north Riding, and in theory, the NRA could almost double its county pauper lunatic population, without having to resort to further expensive additions. Two years later, a further drop in the number of north Riding lunatics led the superintendent to report that 'there was certainly no cause for alarm as regard our Riding', *vis-à-vis* the 'so-called increase in insanity'.<sup>119</sup> In the long term, playing the percentages game was a risky business, particularly as there appeared to be little reason for the percentage quoted 'except that it is the one which presently exists'.<sup>120</sup> Furthermore, it is clear that the crux of Robertson's piece had been about moving lunatics *out* of the asylum, which was something the NRA could very rarely afford to do. Private patients *were* moved out in 1860 to make way for paupers, but this was unusual. Indeed, in 1877, the Commissioners in Lunacy voiced their concern at the lack of accommodation at the NRA, calling for a reduction in the number of private patients.<sup>121</sup> As we can see from Table 4, their report two

---

<sup>118</sup> BIHR, CLF1/2/2, NRA *Annual Reports* 1865-76, Report of the Superintendent for 1867.

<sup>119</sup> BIHR, CLF1/2/2, NRA *Annual Reports* 1865-76, Report of the Superintendent for 1869.

<sup>120</sup> Mitchell, 'The care and treatment of the insane poor', p.722

<sup>121</sup> BIHR, CLF1/1/1/3, NRA Visitors Minute Book 1858-65, 2 Dec 1860. BIHR, CLF1/2/3, NRA

years later reflected that there had been no change in policy. In fact, the combined figure for both out-county and private patients was more than doubled, rising from 30 in 1877-8 to 68 in 1878-9.

Table 4: Admissions to the NRA 1877 – 1879.

Admissions	1877-8	1878-9	Total
County	105	99	204
Out County	12	53	65
Private Patients	18	15	33
	135	167	302

Source: Report of the Commissioners in Lunacy for 1879, NRA Annual Reports 1874 – 1884.

The steady numbers of county patients may have been something to rejoice in, but the additions to the asylum, coupled with the dissolution of the agreement with the east Riding, meant that the north Riding was in what was effectively a vicious circle. The removal of 187 chargeable lunatics to the east's new asylum at Beverley in 1871 opened the gloomy possibility of a fall of patient numbers in the newly updated asylum. Furthermore, the opening of Wadsley in the west Riding saw the loss of another significant number of out county patients. With the numbers back below the 500 mark, the visitors wrote of the need for a gradual increase in the population of private patients, to avoid the necessity of raising the weekly charge for patients chargeable to the north Riding.<sup>122</sup> The committee deemed it expedient to again advertise for out-county patients, and they looked to keep the total in the asylum as near to 500 as possible. The potential to fill the available space with pauper patients was also a potential financial nightmare, and the impending removal of east Riding patients, as well as the building of more asylums, meant that the asylum had to actively seek out private patients. At one stage, the difficulty in procuring out-county

---

<sup>122</sup> *Annual Reports 1874-84, Report of the Commissioners in Lunacy, 22 Jan 1877.*  
 BIHR, CLF1/1/1/4, NRA Visitors Minute Book 1865-91, 28 Dec 1872.

and private patients was seen likely to be offset by alterations, which rendered some of the apartments at the asylum 'more comfortable'.<sup>123</sup>

The authorities at York saw themselves as providing a service to lower middle-class groups otherwise excluded from institutional care. In 1876, the superintendent reported that he had received numerous applications for private patients and had treated 62, even though there was increasing pressure on resources from the county patients. He wrote of his hope that accommodation would always be found 'for such, who although unable to pay the sums demanded at private asylums, are sufficiently well off to be independent of parish relief, but who must inevitably become chargeable if it were not for the accommodation here'. Less altruistically, the income from out-county and private patients contributed significantly to the finances of the institution, and the visitors emphasised that a steady maintenance rate rested upon the availability of space for this class inmate.<sup>124</sup>

Here, the NRA was tapping into a thriving market, despite concerns being raised elsewhere about the suitability of county asylums for anyone other than paupers. Unfortunately, for authors such as *Philanthropos* and Shaftesbury, the development of the institution was such that it was reliant on patients who were not paupers, to subsidise those who were. It remained a necessity for the NRA to actively seek out and treat private and out county patients, even going as far as opening two new wings in the early 1880s, to accommodate fifty more male, and fifty more female patients.<sup>125</sup>

At the time the Commissioners compiled their report, there were 507 patients on the

---

<sup>123</sup> BIHR, CLF1/2/2, *NRA Annual Reports 1865-76*, Reports of the Superintendent for 1867 and 1873.

<sup>124</sup> BIHR, CLF1/2/3, *NRA Annual Reports 1874-84*, Report of the Superintendent for 1876. BIHR, CLF1/1/1/4, *NRA Visitors Minute Book 1865-91*, 28 Dec 1875.

<sup>125</sup> BIHR, CLF1/2/3, *NRA Annual Reports 1874-84*, Report of Commissioners in Lunacy, Feb 1880.

books, and only six vacancies on the male side and two on the female. At first sight, the decision to build seems an obvious one, but 96 of those patients were either out-county or private, and in effect, the provision of one hundred new beds ensured their continued presence at the NRA. As Smith points out, overcrowding in the Stafford County Asylum in the 1820s did not prevent the admission of patients who attracted a profit, and it was not until 1883, that the NRA visitors began to refuse applications for the admission of private patients.<sup>126</sup> Even then, they did not actively seek to move existing private and out county patients out of the asylum, and a reported lack of beds on the female side did not take into account the existence of 52 out-county and private patients. Furthermore, the superintendent's report for 1884 recommended further additions to the asylum, because 'the exclusion of those able to pay maintenance would be a great hardship to them and a loss to the institution'. Indeed, comparatively low maintenance rates were only possible so long as there remained sufficient accommodation for non-paupers.<sup>127</sup> Similarly, extensions to the asylum were often 'defrayed out of the surplus from the maintenance of out-county and private patients', and on the eve of the transfer of administrative control to the new County Councils in 1888, it was calculated that this surplus was in excess of £50,000.<sup>128</sup> As we can see from Table 5, the earnings from both these sets of patients could account for more than a third of all incomes.

### *The WRA and the Availability of Space.*

By contrast, the pressures on space at the WRA meant that the acceptance of private

---

<sup>126</sup> Smith, 'The Pauper Lunatic Problem in the West Midlands', p.104.

<sup>127</sup> BIHR, CLF1/2/3, NRA *Annual Reports* 1874-84, Reports of the Committee of Visitors for 1883 and 1884. BIHR, CLF1/1/1/4, NRA Visitors Minute Book 1865-91, 28 Dec 1875.

<sup>128</sup> BIHR, CLF1/2/3, NRA *Annual Reports* 1874-84, Report of the Committee of Visitors for 1884. This figure would have been higher had it not been for the failure on the asylum's bank in 1879. BIHR, CLF1/1/1/4, NRA Visitors Minute Book 1865-91, 30 Dec 1879.

patients had never been an issue. It had been referred to as part of an attack on the management of the asylum in the early days, but the pressure from without meant that the asylum was restricted to accepting pauper patients only.<sup>129</sup>

Table 5: The NRA's Sources of Income, 1866 – 1888.

Year Ending 31 December	North Riding	East Riding	Out-Counties	Private Patients	Sales
	£ s d	£ s d	£ s d	£ s d	£ s d
1866	5,300.19.9	5,690.4.11	1,150.3.4	740.19.8	1025.19.9
1867	5,586.15.0	6,226.19.8	1,490.6.5	545.11.11	985.18.2
1868	5,560.3.9	6,252.4.2	2,604.9.6	659.15.7	810.18.0
1869	5,951.7.6	6,346.17.1	2,752.3.6	609.13.10	958.0.11
1870	6,089.17.6	6,574.7.8	2,749.10.3	437.11.8	889.1.7
1871	6,329.15.0	5,982.7.6	3,043.18.3	404.11.1	916.0.3
1872	6,802.3.6	130.12.5	5,077.17.9	958.14.6	1018.9.1
1873	7,167.14.10	78.18.3	2,832.12.3	1,069.11.8	936.8.4
1874	8,050.15.6	4.9.7	2,824.11.7	1,495.11.10	713.1.5
1875	8,809.0.7	-	3,035.0.5	1,789.16.11	1038.10.11
1876	9,508.16.2	-	2,909.16.5	1,797.3.1	914.15.3
1877	9,712.10.6	-	3,026.13.5	1,876.15.10	806.4.11
1878	10,062.17.4	-	3,571.17.10	1,743.4.7	737.1.5
1879	10,046.0.2	-	3,637.6.1	1,604.10.8	996.11.2
1880	10,321.10.5	-	2,658.8.3	1,744.11.1	850.0.4
1881	10,939.18.5	-	2,617.19.7	1,613.5.8	1092.12.0
1882	11,276.0.2	-	2,563.16.7	1,659.19.4	902.2.9
1883	11,716.15.1	-	2,756.1.9	1,554.1.3	992.2.3
1884	12,188.14.4	-	2,857.0.8	1,771.7.10	1080.9.9
1885	12,210.6.5	-	2,807.2.2	2,514.10.8	809.5.4
1886	11,662.14.11	-	2,498.17.6	2,257.5.8	892.11.3
1887	11,576.0.0	-	2,483.11.7	2,378.13.1	873.5.0
1888	11,783.17.4	-	2,491.1.0	2,251.18.8	852.0.5

Source: Annual Reports of the NRA.

Peter Bartlett has pointed out that ‘the two Yorkshire Asylums’ included a clause on their admission documents, asking the relieving officers not send any patients other than paupers.<sup>130</sup> Yet the fact that private patients did not exist in the WRA may simply have been as a result of semantics. In 1876, the visitors reported that there were only twelve vacant beds in the two asylums that served the Ridings, and resolved

<sup>129</sup> See Caleb Crowther, *Observations on the Management of Madhouses, Part the First*, Simpkin, Marshall & Co. London 1838 and *Part the Second*, Simpkin, Marshall & Co. London 1838, *passim*

<sup>130</sup> Bartlett makes reference to the West Yorkshire Asylum and the date 22 June 1869. At this time there was only one public asylum in West Yorkshire, the WRA. The Wadsley Asylum, a.k.a. the

That in view of the impending difficulty of providing accommodation for pauper lunatics of the Riding, enquiry may be made in what proportion of cases the weekly charge is made in full by relatives, and generally as to how the pressure on the accommodation can be relieved.<sup>131</sup>

The returns from the various unions showed that 130 patients were paid for in full by their relatives, and 359 were paid for in part.<sup>132</sup> At this time there were a total of 1,409 cases under treatment in the WRA, and for almost 35 per cent of the patient population, the epithet of *Pauper Lunatic Asylum* was a misnomer. This suggests that the asylum as an institution did not differentiate between those who were, and those who were not paupers, confirming the worst fears of some middle-class writers. Nevertheless, the visitors looked to use this economic factor as a way of relieving the overcrowding. They resolved to write 'to the guardians of the unions' to ascertain whether cases, whose maintenance was 'wholly paid for from sources other than the poor rates', could be removed to private or other asylums'.<sup>133</sup> After this, the WRA's treatment of financially solvent patients appeared, at times, to be contradictory. A woman, whose husband was reported to 'possess considerable property', was not thought to be a proper case for a pauper lunatic asylum. On the other hand, a patient who was discovered to be in the possession of a £1,000 was allowed to remain in the asylum, on condition that he paid the premium rate of fourteen shillings per week, backdated to his admission. This particular case apart, the regime at Wakefield was diametrically opposed to York on its stance on private lunatics. This was not simply a result of dogma, but a pragmatic approach dictated by pressures on available space. The south Yorkshire Asylum at Wadsley, for example, shared many of the same

---

South Yorkshire Asylum opened in 1871. Bartlett, 'The Asylum and the Poor Law', p.50.

<sup>131</sup> WYAS, C85/3, WRA Visitors Minute Book 1857-80, 24 April 1876.

<sup>132</sup> Returns were received from every union except Saddleworth. WYAS, C85/3, Visitors Minute Book 1857-80, 27 July 1876.

<sup>133</sup> WYAS, C85/3, WRA Visitors Minute Book 1857-80, 27 July 1876. WYAS, C85/4, WRA Visitors



visitors with the asylum at Wakefield, but it still allowed the reception of private and out-county patients at premium rates between fourteen and twenty shillings per week.<sup>134</sup> Like the NRA, when the SYA did promise to exclude the fee-paying clientele in times of need, it remained little more than rhetoric. The Committee set up to consider plans for a new asylum, had already decided to build one at Menston and to connect it, via a branch line to the Midland railway, long before the asylum at Wadsley was under a similar kind of pressure that Wakefield faced. Even the following year's report recognised that there were two hundred beds available for the county's paupers, and in 1886 they admitted another 29 private patients. At the end of the year, the number of these and out-county patients was 94, a situation more like the one at York, than at Wakefield.<sup>135</sup>

### ***Conclusion***

At first sight, it would be easy to suggest that the county asylums degenerated into 'museums of madness', simply by comparing the numbers of people held in them when they first opened, with the sheer weight of numbers that they held at the century's end. In much the same way, it is easy to compare the optimism of the early reformers with the *fin de siècle* pessimism of many contemporaries, but this simple dichotomy of custody and cure is much too convenient. Even from the very outset, the asylum's successful integration rested with more than its curative intent. The regulated, semi-rural atmosphere of many asylums appeared to offer solace to the troubled mind, and it is clear that this was as much about the moral treatment of the individual, as it was about cure. This reflected the recognition that many lunatics were

---

Minute Book 1880-89, 26 Jan 1882 and 27 Oct 1881.

<sup>134</sup> JGC, *Accounts for the Treasurer and Reports of the Finance and Other Committees for the West Riding of Yorkshire*, Report of the Committee of the SYA Visitors for 1879.

<sup>135</sup> JGC, *Accounts for the Treasurer and Reports of the Finance and Other Committees for the West*

unlikely to be cured, and that the asylum operated, not only to protect the individual from society, but also society from the individual. The consensus on this hardly changed over the course of the nineteenth century, and many of the critics who spoke out against the asylum were not against institutionalisation *per se*, but merely against the asylum as the locus of incarceration. In doing so, some were concerned at the confinement of middle-class lunatics in what were essentially pauper institutions, but others were aware that the silting up of the asylum with apparently incurable cases hampered the asylum's ability to operate as a 'field of practise'. Here, the focus on the visitors' responsibilities to their ratepayers has tended to draw emphasis away from any attempts the asylum may have made to restore its interns. Concentrating on the parsimonious regime has its merits, but qualifications must be made to highlight the fact that not all decisions were taken solely on economic grounds. Whatever we may think of putting the patients to work, it is clear that at the time it was couched in terms of an essential therapeutic. It is here that our impression of the asylum has become distorted, not least because of the constant attempts at reinvention throughout the period. The emphasis placed on a more 'scientific' approach to care was propagated by a new breed of professional who sought to distance themselves from the failure of their predecessors. Implicitly and explicitly, they condemned such moral managers as little more than efficient farm administrators, and blamed them for contributing to the custodial nature of the asylum, primarily for failing to take advantage of their unique position to actively seek out a remedy to the problems of insanity. As the years progressed, however, this brave new world did little to stem the rising tide of lunacy, and attention was increasingly turned towards prevention, rather than cure, and for this reason, we are left with the impression that the asylum staff simply stopped trying

---

*Riding of Yorkshire*, Report of the Committee of the SYA Visitors for 1885.

to relieve its interns. As the superintendents were apt to point out, however, their institutions acted as a safety net for those unfortunate enough to succumb to madness, as well as continuing to produce significant numbers of cures.

Overall, it is clear that the asylum's function as a custodial institution was a central pillar of its foundation, and the magistrates as arbiters of power in the localities, played their part in the development of this aspect of its role. Significantly, they also had a vested interest in the success of the asylum as the primary place of care, but this does not mean they were oblivious to external pressures. At York, for example, the magistrates, and their senior employees, battled constantly to make the most of their resources. As a result of the apparently low incidences of cases requiring asylum care in the north Riding, the NRA threw open its doors to private and out-county patients, ultimately becoming dependent on the income generated to keep the costs for the county's rate payers low. For this reason, the principle of self-certification was seen as a way to increase the numbers of interns who paid for care at premium rates. Of course, to attract such clients there had to be some prospect of cure, but this situation marked a fundamental difference with the regime at Wakefield. Here, the continuous pressure on the WRA's doors led the magistrates to look to treat self-certified lunatics as outpatients. By this time, the west Riding magistrates had already opened two further asylums, one in the south of the county at Wadsley, and one in the north, at Menston. These were, of course, institutional approaches to the problems of lunacy, and it would be easy to see them as consolidation of custodialism, but it is clear that their very existence reflected the need to balance a number of roles. Firstly, the new asylums made access to the interns easier for relatives and other visitors. Secondly, if the magistrates were only concerned with building prisons it seem unlikely that they

would spend relatively large sums of money, particularly when it was recognised that many lunatics, had by their own profligacy and/or immorality, brought their problems on themselves.

Significantly, the two very different approaches undertaken at York and Wakefield, reflected a reactive, rather than a proactive approach to each asylum's development, and in these particular cases, the management of each institution had to deal with the very different demands on its resources. Such external factors also had a role to play in the social separation of the insane and this relationship will be examined in greater detail in the next chapter.

## CHAPTER TWO

### *The Kindness (and Unkindness) of Strangers. The Social Separation of the Insane Patient.*

The ways in which the nineteenth century hospital was closed off from the rest of the world depended largely on its clientele. Jeremy Taylor has pointed out that those that dealt with infectious diseases, for example, were set apart by the construction of a *cordon sanitaire*, which protected the outside world from infection.<sup>1</sup> Similarly, as we saw in the previous chapter, part of the asylum's function was to protect society from the spread of lunacy, and many asylums were set apart by their rural setting. This led to some debate about exactly how far away asylums should be from centres of human activity, but this separation served an important purpose.<sup>2</sup> Unlike general hospitals, staying in an asylum required passing through a series of administrative and legalistic procedures, to which the patient often objected. Again, this tends to focus on the custodial nature of the asylum, and contemporaries often spoke out against the arbitrary nature of confinement.<sup>3</sup> The isolation of individuals was undoubtedly enhanced by the erection of walls that separated them physically from the outside world, and this physical element no doubt added to the prison-like appearance. As the century progressed, the walls around the asylum became more and more visible, as more and more of them sprang up. Images of the asylums, such as the one in Appendix 3, show that they were often surrounded by high walls, adding to the idea that the asylum was a community of itself, set apart from the rest of society. Furthermore, the infrastructure within those walls make it is easy to see the asylum as

---

<sup>1</sup> Jeremy Taylor, *Hospital and Asylum Architecture in England 1840-1914*, Mansell, London, 1991, p.23.

<sup>2</sup> Philo, 'Fit Localities', p.411.

<sup>3</sup> See for example, Peter McCandless, 'Dangerous to Themselves and Others: The Victorian Debate over the Prevention of Wrongful Confinement', *Journal of British Studies*, Vol. 2, 1983, pp.84-104

self-reliant, with the patients playing an important contributory factor. As we know, the asylums in Yorkshire had their own breweries, and the WRA even had its own gasworks. When the Lunacy Commissioners suggested closure of the latter and the opening of a contract with a Wakefield company, the visitors refused on the grounds that 'the abolition of the gasworks would entail a heavy pecuniary loss'.<sup>4</sup> This combined with the farmland and animals, as well as the sheer size of the asylum estates, make it easy to compare them to small towns, and this undoubtedly informed the early historiographical emphasis on 'total institutions'. More recently, however, questions have been asked about the value of examining prisons, hospitals and asylums as self-reliant institutions, and this has led to a shift in how this separateness has been perceived.<sup>5</sup> There is now recognition that the 'Total Institutions' of Goffman's analysis were never separated from society in the way that he had envisaged.<sup>6</sup> Bartlett and Wright, for example, have noted that the traditional image of the asylum as a walled fortress, 'distorts as much as it reveals', remarking that its boundaries were never fixed.<sup>7</sup> Indeed, as we saw in the previous chapter, the geographical boundaries of the NRA's patient population were never conclusively defined because the asylum authorities could not afford them to be. In this respect, the magistrates were prepared to see the asylum's catchment area wax and wane for the economic benefit of their own ratepayers. Similarly, Oonagh Walsh's critique of the emphasis placed by Scull on the physical and symbolic of the incarcerated, is based on the movement of individuals in and out of the Connaught District Asylum, the

---

<sup>4</sup> WYAS, C85/109, WRA *Annual Reports*, 1868-79, Report of the Superintendent for 1871.

<sup>5</sup> Guenter B. Risse, 'Hospital History: New Sources and Methods', in Roy Porter and Andrew Wear (eds), *Problems and Methods in the History of Medicine*, Croom Helm, Beckenham, 1987. Roy Porter, 'Madness and Society in England: The Historiography Reconsidered', *Studies in History*, Vol. 3, No.2, pp.275-90.

<sup>6</sup> Erving Goffman, *Asylums: Essays on the Social Situation of Mental patients and Other Inmates*, Penguin, Harmondsworth, 1986, p.1.

<sup>7</sup> Bartlett & Wright, 'Community Care and its Antecedents', pp.10-11.

contact between relatives and staff, and the economic importance of the asylum to contractors and employees.<sup>8</sup> In a similar vein to Walsh, McConville has shown that prisons were important components of local administration and the economy, offering both business and employment opportunities. In some cases, localities fought against the closure of smaller gaols because of their contribution to the local economy.<sup>9</sup> Similarly, at the NRA, the visitors applied to the sessions for a further grant with which to build gasometers, after the York Gas Company refused to reduce its prices. In the face of this, however, the Gas Company agreed to supply gas at a rate that met with the Visitors requirements.<sup>10</sup> The control of the administrative minutiae and the awarding of tenders to local contractors were significant, because as Walsh has noted, this raised questions about exactly how far the asylum was self-reliant, and therefore, separated from the outside world.

As we saw in the previous chapter, the magistrates of both the NRA and the WRA were responsive to their individual circumstances. This chapter examines this flexibility, as well as that of the role of the asylum's immediate environs in shaping the asylum as a separate space. The relationship between the institution and its environment is crucial to our understanding of the integration process. In many ways, the magistrates saw themselves as gatekeepers to the various boundaries that separated the asylum and society, but the conterminous nature of this relationship meant that others also sought to influence the limits of the physical and social separation of the insane. To begin with, it will be necessary to examine the apparent contradiction within the ethos of non-restraint and the asylum's custodial function.

---

<sup>8</sup> Oonagh Walsh, 'Lunatic and Criminal Alliances in Nineteenth Century Ireland, in Bartlett and Wright (eds), *Outside the Walls of the Asylum*, p.133.

<sup>9</sup> Sean McConville, 'Frustrated Executives: A Lost Opportunity of the English Magistracy', *Victorian Studies*, Vol. 33, No.4, 1990, pp.581-602, p.583.

Here, it will be necessary to consider the perceptions of patient escape, and its role in informing the installation or consolidation of exclusivity. As a corollary of this, attention will then be turned to the social separation of patients in respect of the asylum's curative intentions, which will be followed by an examination of the asylum's relationship with its neighbours. This will necessarily lead to an examination of the responses to those patients discharged, and the role this also played in the perception of the asylum as a custodial institution. As such, the first part of this chapter will tend to build a picture of the asylum increasingly separated from its environs. The second part of this chapter will redress this somewhat, by examining the fluidity of relations that the asylum shared with a wide variety of people and agencies. This will focus on two key areas, the first of which will be the access to the asylum, and the second, the egress of those from within. This second part concludes with an examination of the asylum's active participation in community affairs.

### *Custody and Escape*

As Raymond Williams has pointed out, the term community is one 'which seems never to be used unfavourably', and its application to the asylum served to present a positive image, despite the obvious reluctance of some people to 'join' the community, and engage in its affairs.<sup>11</sup> If people resisted committal, and they quite clearly did, we should hardly be surprised if they continued to resist in either thought, word or deed once inside. Anecdotal evidence suggests that not everyone embraced this particular form of alternative living as they might have done, and the WRA's chaplain drew attention to a distinct lack of camaraderie amongst the patients. Death, he considered, only marked the transition from a living grave to a silent one, but it

---

<sup>10</sup> BIHR, CLF1/1/1/2, NRA Visitors Minute Book 1848-58, 7 Oct 1852 and 28 March 1853.



was apparently indicative of the lack of feelings between patients. The inmates of a lunatic asylum had few sympathies in common, he continued, had disparate origins, and had 'no common ties of interest or sympathy; no community of hopes or fears, joys or sorrows'. As such, the death of a fellow patient did not 'call forth any poignant feelings of distress in the bosom of a survivor', because it was 'not a near and dear relative, a member of their own domestic circle, who is removed from under their eyes'. The female patients, he observed, were more attentive to 'the inferior, the sick and the declining; but no sooner does the breath leave the body, and the poor remains have been conveyed to the charnel house over the way, than the individual ceases to be an object of interest'.<sup>12</sup> More recently, other studies have emphasised the active construction of communities from within, based on shared meanings of shared experiences, and the 'tolerably good whist player' who was 'very gentlemanly' and who did 'not appear to feel his position among pauper lunatics', was indicative of relationships forged more easily.<sup>13</sup> Nevertheless, some interns still wanted to escape from their enforced confinement, and this represented something of a problem for those keen to stress the superiority of the system of non-restraint, not least because an overtly custodial architectural style was at odds with its rationale. Indeed, the introduction of non-restraint at the NRA saw the asylum 'made secure, without at the same time allowing it to appear so to the patients, the iron railing has been removed and a sunk wall built in its place'.<sup>14</sup> Even iron railings had done little to prevent those who were determined enough from escaping, however, and the laxness in security can be seen in the ease in which some inmates made their way out of the asylum. The case notes for Robert B., for example, record that he went to the races without permission,

---

<sup>11</sup> Raymond Williams, *Keywords, a Vocabulary of Culture and Society*, Fontana, London, 1988, p.76.

<sup>12</sup> WYAS, C85/187, WRA Chaplain's Journal, 1853, pp.19, 127.

<sup>13</sup> WYAS, C85/950, WRA Male Case Book 1860-89, Case no. 3970. Kearns & Withers, 'Introduction: Class, Community and the Process of Urbanisation', p.10

but returned with some of the attendants and patients who were also there.<sup>15</sup> In this case, it seems that the decisions, not only to leave, but also to return to the asylum rested with Robert himself.

Without physical forms of restraint, the safe keeping of the patients was devolved to the attendants, who were no doubt encouraged by the fines they received for successful escape attempts. At the WRA, the escape of men was described as a 'trifling irregularity', occasionally unavoidable when 'a considerable number of patients [were] regularly employed outside the walls of the institution, and [were] entrusted with a large amount of personal restraint'.<sup>16</sup> This trade off between personal responsibility and the occasional escape does not mean that the patients were allowed to come and go as they pleased, and transgressions were punished accordingly. When Thomas C. escaped after 'having previously given notice to some of the patients that he intended to give the attendants a good run', for example, he was placed in seclusion. After his second escape attempt, John S. was placed in the refractory ward and had his head shaved. Similarly, when John R. finally succeeded, after having made 'repeated attempts to escape', he had his head shaved and 'promised never to do it again'. As a precautionary measure, John H. had 'the hair to about the size of a five shilling piece shaved off the crown of his head', as means of identification in case he escaped.<sup>17</sup> These measures did not always have the desired effect, and the case notes for James M. reflect what is ultimately a grudging admiration for the variety of methods tried in his escape attempts. He was admitted in March 1859, and his first

---

<sup>14</sup> BIHR, CLF1/1/1/4, NRA Visitors Minute Book 1865-91, 23 Dec 1867.

<sup>15</sup> BIHR, CLF6/5/1/3, NRA Male Case Book 1856-60, Case no. 557.

<sup>16</sup> WYAS, C85/123, Medical Director's Journal, 1858-67, 17 Jan 1860.

<sup>17</sup> BIHR, CLF6/5/1/3, NRA Male Case Book 1856-60, Case no. 500. WYAS, C85/950, WRA Male Case Book 1860-89, Case no.'s. 3869 and 3852. WYAS, C85/961, WRA Male Case Book 1872, Case no. 6197.

escape attempt took place in July of the same year. Four days later, he was returned to the asylum by a county police officer and he did 'not appear to have any idea that he (had) done wrong'. A month after that, he escaped in the middle of the night by taking a key from under the pillow of one of the attendants, letting himself into the basement and climbing out of the window. On this occasion, he was returned the following day, again by the police, and for his 'propensity for running away' he was kept in bed for a fortnight. James then appeared to be settling down, but on the morning of 9 March 1861 it was discovered 'that he had been contemplating escape again by very ingeniously making imitations of the ward Chubb keys. Several of which, together with tools &c, were secreted in various straw mattresses in No.8 dormitory'. The following day he was 'sent into the blacksmith's shop, to practise his ingenuity to some useful purpose'.<sup>18</sup>

The need for keys, seclusion, confining interns to bed, and shaving their hair, all indicate as clearly now, as it did then, that the asylum was intent on enforcing confinement. Unlike those who escaped from prison, however, asylum inmates could elicit the support of friends and relatives in making their bids for freedom permanent, without fear of being criminalised. When a patient who had not been in the asylum long escaped, for example, 'he arrived at his own house, persuaded his wife that he had recovered, and was discharged. Having changed his clothes', the report continued, 'he went off to seek work, and when last heard of, was doing well'.<sup>19</sup> Similarly, when Ann S. escaped and was re-captured, her husband visited the asylum and undertook to take care of her at home.<sup>20</sup> This was not the approach of all families, some of whom were undoubtedly distrustful of the asylum's powers to enforce

---

<sup>18</sup> BIHR, CLF6/5/1/3, NRA Male Case Book 1856-60, Case no. 597.

confinement. When one 'fairly harmless' patient escaped, for example, the suspicion that his family were concealing him appeared to be confirmed, when 'the clothes in which he went away in were delivered at the asylum in a neat parcel', the day after his escape.<sup>21</sup>

In other cases, escapees sought to influence the people who paid for their treatment. Following the arrival of a male patient at his own home, the parish authorities conveyed their anxiety that he should have a trial at large, and his name was struck off the list of patients.<sup>22</sup> In such cases then, successful escape attempts led to permanent freedom, but other escapees also played a pro-active role in their place of detention. The NRA's report for 1872, showed there were many attempts to escape, but only one success, a woman belonging to Bradford, 'who eventually applied for relief at her own union, and was detained there'.<sup>23</sup> Ripa has stated that women were more likely to accept any sentence passed on them by the authorities. 'This female passivity', he argues, 'explains the rarity of violent attacks on asylum staff, and the small number of attempted escapes'.<sup>24</sup> Yet we must be aware that as many more men were engaged in outdoor employment than women were, the opportunity to escape must have presented itself much more frequently. Indeed, when Ann M. attempted to escape, she was found with her 'left shoulder out of joint' after 'trying to burst open the shutter of her room'. Dorothy B. was slightly more ingenious, as she managed to evade capture for ninety minutes by escaping in a nurse's uniform.<sup>25</sup> Escape attempts, although to be

---

<sup>19</sup> WYAS, C85/123, Medical Director's Journal, 1858-67, 24 Oct 1859.

<sup>20</sup> BIHR, CLF6/5/5/8, NRA Female Case Book 1877-81, Case no. 1877.

<sup>21</sup> WYAS, C85/124, Medical Director's Journal, 1867-74, 30 Oct 1873.

<sup>22</sup> WYAS, C85/123, Medical Director's Journal, 1858-67, 26 April 1860.

<sup>23</sup> BIHR, CLF1/2/2, NRA *Annual Reports* 1865-76, Report of the Superintendent for 1872.

<sup>24</sup> Yannick Ripa, *Women and Madness. The Incarceration of Women in Nineteenth Century France*, Polity Press, Cambridge, 1990, p.138.

<sup>25</sup> BIHR, CLF/6/5/5/6, NRA Female Case Book 1870-74, Case no. 1391. BIHR, CLF/6/5/5/8, NRA Female Case Book 1877-81, Case no. 1802.

expected, were very much a minority occurrence, and it seems that the magistrates were less concerned with preventing lunatics getting out, than they were with trying to limit the outside world's encroachment on the asylum precincts.

### ***Physical and Social Separation***

It would be easy to see the enforced confinement of individuals as being simply about the asylum's custodial function. Of course, in some cases it was, but we must also be aware that the social separation of asylum interns was seen as essential to their recovery. As the Commissioners in Lunacy advised, 'The [asylum] buildings should be surrounded with land sufficient to afford out-door employment for the males, and exercise for all the patients, and to protect them from being overlooked, or disturbed by strangers.'<sup>26</sup> This, of course, was similar to a *cordon sanitaire*, but it is clear that it operated to prevent 'infection' getting into, not out of, the asylum, and also to protect the privacy of those within. Yet as Philo suggests, there was and is nothing 'natural' about socially and spatially separating mentally distressed people from their normal environment. His study of the *Asylum Journal* sought to uncover the conceptual grounds for such an isolationist approach, but avoided any discussion of how the mechanics of such a separation was enforced.<sup>27</sup> For the most part, it seems that there was a reliance on space, and Mike Crang has shown that the mansions of 'polite society' were insulated from the rest of the world by a 'sea of turf', and hidden from view by an encircling belt of trees.<sup>28</sup> Of course, trees take time to grow and Appendix 4 shows a twentieth-century aerial photograph of the WRA, reflecting this fact. Without such immediate cover, the SYA made a statement about its exclusivity when

---

<sup>26</sup> Extract from the 1844 Report of the Metropolitan Commissioners in Lunacy as quoted in Taylor, *Hospital and Asylum Architecture*, p.25.

<sup>27</sup> Philo, 'Fit Localities for an Asylum', pp.401-4.

<sup>28</sup> Mike Crang, *Cultural Geography*, Routledge, London, 1998, p.35.

it was proposed to buy certain fields to make the 'boundary to the property more complete, and as a means of preventing the future erection of buildings, which might be objectionable'.<sup>29</sup> This spatial separation undoubtedly served its purpose, and without it, the visitors at Wakefield were forced to voice their anxiety when houses were built 'adjoining the asylum'.<sup>30</sup> (Appendix 5) For the most part, however, the enforcement of this social separation by distance reflected its flaws.

In Wakefield, the proximity of the 'working-class district of East Moor' brought a number of problems for the west Riding visitors to contend with. One superintendent at Wakefield called on the magistrates to build a detached block to house those patients suffering from contagious diseases, partly because the asylum's catchment area took in 'unhealthy large towns and other districts'. On a parochial level, 'scarlet fever, small pox and typhoid fever', he complained, were 'rarely absent from East Moor, the district of Wakefield that extend[ed] almost up to the to the asylum grounds'. Six years after that, it was ordered that no lunatic would be accepted into the asylum, without a certificate stating that they were free from any contagious or infectious disease.<sup>31</sup> More importantly, in 1858, the magistrates expressed their concern at the state of the southern boundary hedge, through which the children of the area would climb, 'joining the patients at work and occasionally annoying the women who took exercise in the plantation'. Again, in 1888, they looked into 'putting in additional iron rails or iron netting, to prevent children getting through the boundary fence into the grounds'.<sup>32</sup> At times, the building of walls appeared to be an

---

<sup>29</sup> JGC, *Accounts for the Treasurer and Reports of the Finance and Other Committees for the West Riding of Yorkshire*, Report of the Commissioners in Lunacy, 18 Jun 1867.

<sup>30</sup> WYAS, C85/3, WRA Visitors Minute Book 1857-80, 25 Oct 1877.

<sup>31</sup> WYAS, C85/108, WRA *Annual Reports*, 1833-67, Report of the Superintendent for 1863-4. WYAS, C85/3, WRA Visitors Minute Book 1857-80, 27 Jan 1870.

<sup>32</sup> WYAS, C85/123, WRA Visitors Minute Book 1858, 28 Oct 1858. WYAS, C85/4, WRA Visitors

afterthought, and the Wakefield committee had to be prodded by the Lunacy Commissioners to build a wall on the ‘west side of the asylum grounds adjoining the footpath to Fieldhead, [because] the present fence [was] insufficient to prevent trespassing’.<sup>33</sup> Similarly, a boundary wall at the NRA was only suggested after the asylum’s first escape, and it was left to the Commissioners in Lunacy to suggest a wall for the north side of the asylum. The prevention of escapes, they argued, was ‘doubly requisite’ as criminal, as well as pauper lunatics were to be housed in the asylum. Here also, the asylum had problems with unregulated access and the visitors agreed to spend £50 on ‘a wire guard fence to prevent improper things, matches &c being conveyed to the patients, and to protect the shrubs from injury’.<sup>34</sup> These examples are significant because the enhanced security measures undoubtedly added to the asylum’s prison-like façade, and as a result, make it easier for modern day commentators to accept that the asylum did indeed degenerate into a custodial institution. More importantly, however, they show that in many cases physical boundaries were erected to prevent outsiders getting in, as much as they were erected to stop lunatics getting out.

### *The Asylum and ‘Mad Identities’*

Of course, the development of the asylum as a separate community has already been touched on to a certain degree, but it was not just the ratepayers who benefited from such an association. Mr Skelton, for example, felt compelled to write to the asylum authorities, expressing his sincere hope ‘that the negotiations for the purchase of a new asylum site at Wadsley would be completed, as he felt assured that his own

---

Minute Book 1880-89, 26 July 1888.

<sup>33</sup> A fence recommended for the east side was ‘postponed for the present.’ WYAS, C85/3, WRA Visitors Minute Book 1857-80, 20 Feb 1868.

<sup>34</sup> BIHR, CLF1/1/1/1, NRA Visitors Minute Book 1844-48, 26 June 1847. BIHR, CLF1/1/1/3, NRA

property would materially increase in value'. Similarly, the Mount Pleasant Land Society were keen to let its house and lands to the west Riding magistrates on favourable terms, as they 'had no other tenant, and to keep an unoccupied house in repair would entail considerable expense'.<sup>35</sup> We must also be aware that it was not just the asylum authorities that were prepared to clearly define asylum lands. As we saw in the previous chapter, the asylum estates were continually changing as more land was added. As such, first marking and then re-marking the asylum boundaries could be both costly and time consuming. This was potentially problematic, and the authorities at the NRA found themselves in dispute with Mr Noble, who owned some land adjoining the asylum. Noble claimed to have allowed the laying of sewage pipes on his land, only on the understanding that the asylum would cover the expense of a fence between the two properties. In an effort to avoid the expense of building the fence, Sir John Johnstone saw another neighbour, Lord Harewood, in London 'and asked his lordship's permission to redirect the drain' onto his land. In the meantime, the drain was damaged, and after admitting responsibility, Noble claimed he would do the same to any others. Following pressure from the committee, and consultations with his solicitor, Noble gave consent for the drain to be repaired, helpfully suggesting 'that the pipes ... be laid lower to prevent them being broken' in future. Only after these protracted negotiations did Noble finally construct a wall himself.<sup>36</sup> Not everyone was as accommodating, however, and the plans to convert farmhouses and buildings into a residence for 35 tranquil patients at the WRA hit problems when

---

Visitors Minute Book 1858-65, 23 Dec 1863.

<sup>35</sup> WYAS, QD4/69, Correspondence re: Wadsley Asylum 1866-9, Letter dated 7 Nov 1866. WYAS, QD4/93, Correspondence relating to Mount Pleasant 1871-3, Letter dated 26 April 1872.

<sup>36</sup> BIHR, CLF1/1/1/4, NRA Visitors Minute Book 1865-91, 12 June 1867 and 3 Oct 1867.



the proprietor of the adjacent land would not allow windows on the northwest elevation.<sup>37</sup>

It is unclear exactly why these neighbours acted in the way that they did and it is possible that Noble was as concerned with trespass on his land, as the magistrates were on theirs. Yet the magistrates were not prepared to build a fence, and it is also possible that his intention was to restrict the asylum population within the geography of the asylum precincts. It is equally possible that the WRA's neighbour did not want to look at, or be looked at, by lunatics of any description.

As we have seen, walls alone, whoever they were built by, were not sufficient to keep those who were determined enough in the asylum, or for that matter, out of it. On the other hand, as Smith has pointed out, their construction tended to perpetuate the separation and stigma of those ensconced within, and for those unfortunate enough to die in the asylum, and have their bodies remain unclaimed, this spatial separation prevailed after their death.<sup>38</sup> At the WRA, a local churchman proposed to put aside some land for the burial of patients dying in the asylum, but it was agreed only 'on condition that boundary stones be put down to shew [*sic*] the ground [was] set apart'.<sup>39</sup> As the asylum was a pauper institution, this is perhaps unsurprising, but there were many patients at the WRA who were not paupers. Similarly, when the Leeds Anatomy School requested access to unclaimed bodies for dissection, it was agreed on the understanding that they became responsible for the 'decent and proper treatment of the bodies, and their subsequent internment in the asylum cemetery'.<sup>40</sup>

---

<sup>37</sup> WYAS, C85/123, WRA Visitors Minute Book 1858, 29 July 1858.

<sup>38</sup> Smith, *Cure, Comfort and Safe Custody*, p.160.

<sup>39</sup> WYAS, C85/3, WRA Visitors Minute Book 1857-80, 1 June 1863.

<sup>40</sup> WYAS, C85/4, WRA Visitors Minute Book 1880-89, 30 April 1885.

More importantly, this association with the asylum, was something that plagued the living on a number of levels. As Clark has stated, ‘such was the stigma frequently attached to an episode of mental disorder, that even recovery and discharge often failed to make good this loss of credibility and status, as many ex-patients found to their dismay and indignation’.<sup>41</sup> A brief sample from the WRA shows that men were much more likely to be committed quickly, following their first attack. As we can see from Table 6, just over 43 per cent of male patients, described as suffering from their first attack of insanity, were committed within two months. By comparison, the percentage of those with a history of insanity, committed within the same period, is significantly higher at just over 70 per cent.

Table 6: Duration of Illness Prior to Admission to the WRA (Males), 1861.

Duration	First Attack		Not First Attack	
	n	%	n	%
< 14 Days	17	15.60	19	39.58
14 Days - < One Month	15	13.76	10	20.83
One Month - < Two Months	15	13.76	5	10.42
Sub Total		(43.12)		(70.83)
Two Months - < Three Months	6	5.50	2	4.17
Three Months - < One Year	34	31.19	8	16.67
One Year - < Two Years	12	11.01	1	2.08
Two years +	10	9.17	3	6.25
Totals	109		48	

Source: WYAS, C85/591, WRA Reception Orders 1861-65.

By comparison, the figures for the female patients, which we can see in Table 7, do not show such a marked increase. Nevertheless, around 56 per cent of those described as suffering from their first attack were committed within two months, compared to around 62 per cent of previous cases.

<sup>41</sup> Clark, ‘Does a Certificate of Lunacy Affect a Patient’s Ethical Status?’, p.279

Table 7: Duration of Illness Prior to Admission to the WRA (Females), 1861.

Duration	First Attack		Not First Attack	
	n	%	n	%
< 14 Days	21	16.94	8	15.38
14 Days - < One Month	29	23.39	9	17.31
One Month - < Two Months	20	16.13	15	28.85
Sub Total		(56.46)		(61.54)
Two Months - < Three Months	11	8.87	4	7.69
Three Months - < One Year	26	20.97	10	19.23
One Year - < Two Years	8	6.45	1	1.92
Two years +	9	7.26	5	9.62
Totals	124		52	

Source: WYAS, C85/591, WRA Reception Orders 1861-65.

These differences are crucial, because it is clear that asylum treatment often played a part in the attention former inmates received on their return home. In some cases, the instance, or instances, of previous committal proceedings were used as evidence for the next. The only entry for Hannah B., for example, stated that ‘she has been in a lunatic asylum before’. Similarly, the doctor who examined John W. wrote that he had ‘been in the asylum once’ and he had ‘wandered about the neighbourhood conducting himself in a violent manner, causing terror to the inhabitants’.<sup>42</sup> This latter point was of course crucial, not least because in this case the reasons for re-committal rested with more than the previous instances of asylum care. Similar examples will be examined more fully in Chapter Four, but for the time being it is safe to say that some former asylum interns suffered from the stigma of incarceration. Sarah R., for example, was refused release on the grounds that she was ‘rather too familiar’ with the magistrates when spoken to, and because she had been confined in an asylum before, ‘she was not considered sufficiently recovered to warrant her discharge’. Once outside, however, Margaret W. suffered a relapse and was returned to the asylum one week after discharge, after ‘not being received well by her neighbours’. As one

<sup>42</sup> WYAS, C85/591, WRA Reception Orders 1861-65, Female Case no. 3994 and Male Case no.4003.

former inmate of the WRA wrote, 'I am laughed to scorn by inferior men than myself, [and] my brother insults me since I came out of the asylum. ... The people are worse out of the asylum than in, I do declare [sic]', he concluded.<sup>43</sup>

In this respect, the asylum was responsible for creating particular images for people, both inside and outside its walls. In their study of the fictional *Ten Years in a Lunatic Asylum*, Parr and Philo showed how the identity of the book's protagonist underwent changes, as she moved to different 'worldly sites'. Similarly, in their analysis of modern day care in the community facilities, they show how people became angry at the stigma that was attached to their use.<sup>44</sup> It is equally clear, that the correlation between 'mad identities' and personal geographies in the nineteenth-century, often rested with the time people spent in the asylum.

It was not just former friends and neighbours that could prove problematic, however, and anecdotal evidence suggests that former patients often struggled to find work on their release. In their study of urbanisation, Kearns and Withers state that it altered the basis of society to such an extent that people found themselves, not just in this or that occupation group, but also as having this or that set of life chances.<sup>45</sup> For those who had been in the asylum, their association with it could materially alter the limited chances they had in the first place. Corsellis claimed that even the 'most trifling peculiarity' in discharged cases meant that questions were asked of the 'validity of

---

<sup>43</sup> BIHR, CLF6/5/5/3, NRA Female Case Book 1857-61, Case no's. 471 and 507. WYAS, C85/950, WRA Male Case Book 1860-89, Undated Letter received at the WRA on 7 May 1864.

<sup>44</sup> They describe the storyline of *Ten Years* as 'improbable' but note that the experiences within fit neatly with those of a Huddersfield schoolteacher and part-time poet, Charlotte Phillips. Furthermore, her depiction of a county lunatic asylum was quite probably modelled on the WRA, in which Phillips had been confined for a while. Hester Parr and Chris Philo, 'Mapping Mad Identities', in Steve Pile and Nigel Thrift, *Mapping the Subject: Geographies of Cultural Transformation*, Routledge, London, 1995, pp.200-17.

<sup>45</sup> Kearns & Withers, 'Introduction: Class, Community and the Process of Urbanisation', p.9.

cure, and the soundness and compass of their restored faculties'. Former employers, he argued, were suspicious to the point that many patients 'faced difficulty in obtaining a livelihood'.<sup>46</sup> Indeed, one former patient of the WRA wrote that since leaving the asylum, his family disowned him and he struggled to get work because employers asked where he had worked before.<sup>47</sup> Yet this particular case appeared to be more about the interruption in the ability to work caused by confinement, rather than the specifics of an asylum stay. Nevertheless, examples such as these, led Henry Hawkins to call for the establishment of convalescent homes, because 'the ineffectual struggle to find work was an anxious one that often led back to the asylum, to the workhouse, or even to suicide'. In 1869, Hawkins established the Mental Aftercare Association, and elsewhere his concerns were reflected in the building of halfway houses, situated within the asylum estates but away from their institutional centres.<sup>48</sup> At the WRA, for example, an old farmhouse was converted in a field three quarters of a mile from the asylum. 'Those patients who are located in it' wrote Browne, 'are allowed a large amount of liberty, and lead a quiet domestic life. The home is used as a test of recovery [and] as a tonic to complete the cure'.<sup>49</sup> In this way, the patients could enjoy a trial separation from the asylum without leaving its grounds, but this must have only added to the notions of separateness, and notions of difference. At the same time, however, it would be wrong to attribute the increasing separation of the asylum merely on its attempts to enforce confinement. Unfortunately, the attempts to

---

<sup>46</sup> WYAS, C85/108, WRA *Annual Reports*, 1833-67, Report of the Superintendent for 1846.

<sup>47</sup> WYAS, C85/950, WRA Male Case Book, 1860-89, Undated Letter received at WRA on 7 May 1864.

<sup>48</sup> Rev. Henry Hawkins, 'A Plea for Convalescent Homes in Connection with Asylums for the Insane Poor', *Journal of Mental Science*, April 1871, pp.107-16, p.108. See also, Douglas Bennett, 'The Drive Towards Community', in German E. Berrios and Hugh Freeman, *150 Years of British Psychiatry*, Gaskell, London, 1991, p.323.

<sup>49</sup> WYAS, C85/109, WRA *Annual Reports*, 1868-79, Report of the Superintendent for 1873.

combat the problems that people faced on their discharge, meant that the asylum interns became ever more dependent on it.

So far then, the odd escape apart, the picture presented thus far has been one of an institution increasingly set apart from its environs. Indeed, letters sent by the patients at the WRA were often laid before the visiting committee, and an opportunity of inspecting them was given to the guardians of the respective union to which the writer was chargeable. Similarly, the NRA's rules, printed in 1876, read 'Letters to and from patients shall pass through the hands of the Medical Superintendent, who shall be at liberty to read and employed to withhold any such letter, not being letters written by non-pauper patients.'<sup>50</sup> This suggests that the letters of the 'non-pauper' patients were not subject to the same vetting procedures as those of the paupers. During his time at Ealing, however, Christie apparently rebuked an assistant matron for posting a letter from a patient to the Lunacy Commissioners. On being reminded that the law required that all such letters should be sent unopened, he exclaimed, "Oh, we do not care for the law."<sup>51</sup> We should be aware, however, that some letters could be distressing for the intended recipient, and at the WRA a missive from one patient to his wife was withheld because it consisted on 'nothing but scribbling'.<sup>52</sup> Nevertheless, for Goffman, the prevention of social intercourse was indicative of the asylum's total character, and there can be no doubt that the patients were restricted in their movement and in their actions.<sup>53</sup> Yet even with the best will in the world, the asylum staff could not hope to shut the asylum off from the rest of the world, and neither did they want to. In the previous chapter, for example, Strickland made reference to the

---

<sup>50</sup> WYAS, C85/4, WRA Visitors Minute Book 1880-89, 25 Oct 1883. BIHR, CLF1/3/1/1, NRA *General Rules* 1876, p.22.

<sup>51</sup> Christie had left the NRA for Ealing on the 1 July 1870. Lowe, *The Bastilles of England*, p.5.

<sup>52</sup> WYAS, C85/591, WRA Reception Orders 1861-65, Male Case no.3890.

derisory nature of the asylum's library, and while there is no comprehensive list of what was in it, the ample supply of reading material included six daily papers and the 'leading illustrated periodicals'.<sup>54</sup> More importantly, the asylum's closure to the rest of society recalled the bad old days of the unreformed system, and the successful integration of the asylum rested with a fluidity in its dealings with the outside world. If anything, the magistrates did not want to stop access to and from the asylum, they merely wished to regulate it.

### *Regulated Access and Egress*

For Scull, the appeal of the asylum's custodial function centred on its ability to keep 'the very refuse of society ... out of sight and preferably out of mind', but this only opened the asylum to criticism.<sup>55</sup> 'Whatever is hidden,' wrote Browne, 'is suspected, and "no admission except on business" over any doorway suggests animosity and doubt. Dark furtive deeds are presumed to thrive behind high walls, and hence much of the clamour about broken ribs and wrongfull [sic] detentions.'<sup>56</sup> In an attempt to distance themselves from the past, the new asylums had always been open to inspection from the magistrates, the lunacy commissioners and 'stranger visitors'. The WRA drew visitors from America, France and Germany, and the admissions book was filled with comments of visitors 'much gratified' with the methods of treatments taking place. Dr Cookson of the Lincoln asylum, for example, commended the 'truly philosophical views and practice of the superintendent', remarking 'I see here the patients working with tools which we dare not place in the hands of our patients.' In the same volume, Joseph H, from the York Lunatic Asylum, commented that he was

---

<sup>53</sup> Goffman, *Asylums*, p.15.

<sup>54</sup> JGC, *Accounts for the Treasurer and Reports of the Finance and Other Committees for the West Riding of Yorkshire*, Report of the Commissioners in Lunacy, 1861.

<sup>55</sup> Scull, *Museums of Madness*, p.212.

'highly pleased with the management of its various apartments, and more particularly with the kind manner in which Dr & Mrs Corsellis treat[ed] their numerous family'.<sup>57</sup> At York, 'stranger visitors' were equally impressed as those that had visited Wakefield, commenting on the 'sentiments of pleasure' and the 'surprise in witnessing the order, regularity and skilfulness with which work is cheerfully performed'.<sup>58</sup> Former patients were particularly welcome, and Corsellis recorded that many of them visited the asylum and requested 'to remain a day or two, for the purpose of seeing their old companions and attendants'. Although often numerous, he continued, they were welcomed because they had a 'beneficial and cheering' effect on the patients, and were conducive to their restoration. Browne too recorded the 'frequent visits' from discharged patients, 'begging to be allowed to spend a few hours on their old ward'.<sup>59</sup> During his tenure at the WRA, this line of thinking was extended, and he urged the Poor Law Officials to make regular visits to their charges. 'The presence of strangers in the wards', he wrote, persuaded the patients 'they were not buried alive and forgotten by the great world without.'<sup>60</sup> At the same time, he allowed the medical profession into the asylum on a much more formalised setting, although the rules stipulated that 'special facilities [would] always be afforded to clergymen or medical men desiring to visit patients in whom they [were] personally interested'.<sup>61</sup> On one occasion, the hall of the asylum was opened to the medical practitioners of the Riding, who were able to exchange their experience and views on medical topics, as well as viewing an exhibition of the results of scientific work undertaken by the asylum medical staff. Similarly, during a meeting of the BMA in

---

<sup>56</sup> WYAS, C85/109, *WRA Annual Reports, 1868-79, Annual Report of the Superintendent, for 1871.*

<sup>57</sup> WYAS, C85/588, Register of Admissions, 1828-45, 29 May 1841 and 9 March 1839.

<sup>58</sup> BIHR, CLF1/1/1/2, NRA Visitors Minute Book 1848-58, 17 Dec 1849.

<sup>59</sup> WYAS, C85/108, *WRA Annual Reports, 1833-67, Report of the Superintendent for 1841.* WYAS, C85/109, *WRA Annual Reports, 1868-79, Report of the Superintendent for 1872.*

<sup>60</sup> WYAS, C85/109, *WRA Annual Reports, 1868-79, Report of the Superintendent for 1871.*



Leeds, 'a party of the most distinguished members of the medical profession in this country', headed by William Jenner, the Queen's physician, took time out to visit 'the asylum, and expressed admiration of its advantages'.<sup>62</sup> We should not be surprised at the overwhelmingly positive nature of these examples because they are all drawn from each asylum's own records. By contrast, for example, when Robert Gardiner Hill visited the WRA, he attacked the Corsellis regime, in which patients were strapped to their beds as a means of restraint, for being little different from the unreformed system.<sup>63</sup> Similarly, it would be unwise to suggest that any of the visitors could come and go as they pleased, any more than the interns could, but it is clear that people were constantly moving in and out of the asylums.

Furthermore, the variety of people allowed into the asylums became ever more varied, as more time was spent trying to keep the patients entertained. At the NRA, the superintendent thanked the York Amateur dramatic Club 'for a very good theatrical performance', and he made reference to the engagement of 'travelling, ventriloquists, conjurors &c'.<sup>64</sup> The WRA had its own theatre, where seats were set aside for the paying public and, at the opening of the WRA church in 1861, the service was assisted by the principal church choirs of the town. It was here, where the asylum staff and interns, and interested members of the outside community often came together, and Browne thanked the attendants and the asylum's friends in Wakefield and the neighbourhood, who contributed to raising the choir 'to a high state of perfection'.<sup>65</sup> A service in aid of the organ fund, included performances by 'the 'principal church choirs of the town and the asylum choir', as well as by several professionals, amateurs

---

<sup>61</sup> WYAS, C85/167, *WRA Rules and Regulations*, 1873, Rules as to Visitors, Rule 13.

<sup>62</sup> WYAS, C85/124, *Medical Director's Journal 1867-74*, 29 July 1869.

<sup>63</sup> Hill, *Lunacy: its Past and its Present*, pp.16-17.

<sup>64</sup> BIHR, CLF1/2/4, *NRA Annual Reports 1885-94*, Report of the Superintendent for 1887.

and 'an efficient band'. For this service, members of the public were admitted at six shillings, four shillings, and two shillings and sixpence, with the vacant seats in the aisle being occupied by 'intelligent patients of both sexes'. Cleaton recorded that the performance was a musical success, if not a financial one, with the receipts of £51 covering the expenses of £30. Unfortunately, he concluded, had the concert not been patronised by the magistrates and their families, it would have been 'less satisfactory'.<sup>66</sup> Making seats available for those people who could afford them was an attempt to break down physical and emotional barriers, but it would be wrong to ascribe too much emphasis to the lack of outside support to this particular occasion. In any event, if people were not prepared to venture into the asylum, they could do little to prevent others from venturing out.

In an attempt to prepare patients for their return home, and to keep others amused, the medical profession was keen to let their patients go beyond the asylum walls on a regular basis. In terms of integration, however, this also served another purpose, and as Bill Bramwell has pointed out, 'the process of people circulating through public space in nineteenth-century towns also provided numerous opportunities for socialisation, with the resulting patterns of social activity both embodying and influencing social relations'.<sup>67</sup> Interns at the WRA had been going beyond the walls of the asylum since the 1840s at least. Corsellis recorded 'in the summer, many [patients] are allowed to take walks in the country, and to visit their friends at proper

---

<sup>65</sup> WYAS, C85/108, WRA *Annual Reports*, 1833-67, Report of the Superintendent for 1862 and 1866.

<sup>66</sup> WYAS, C85/108, WRA *Annual Reports*, 1833-67, Report of the Superintendent for 1862. WYAS, C85/123, Medical Director's Journal 1858-67, 29 Jan 1863.

<sup>67</sup> Bill Bramwell, 'Public Space and Local Communities: The Example of Birmingham, 1840-1880', in Kearns & Withers, *Urbanising Britain: Essays on Class and Community in the Nineteenth Century*, Cambridge University Press, Cambridge, p.31.

seasons, and under suitable attendance'.<sup>68</sup> At the NRA, the excursions were intimately linked to the introduction of non-restraint in the 1860s. Here, the superintendent recorded his attempts to change the 'strong partition' of public attitudes by revealing that 'disease' was not as frightful as it appeared in the imagination. Indeed, he was surprised at the positive reaction they received. The excursions prepared 'the convalescent for again taking his place in the round of life', he wrote. 'It was almost anticipated that objections might be raised to so many being on the streets or in the city, but better feelings have prevailed. In several instances a welcome has been given by the kindness of strangers, as shown in their presenting the patients with some little token of sociality'.<sup>69</sup> In other areas, however, reactions were not so positive, and in Surrey in 1857, Lodge-Patch has shown that isolation arose, not only from a remote site. When the Surrey patients were allowed to walk outside the grounds, 'numerous and serious complaints' were received from local residents 'in a great state of alarm', and it was not until 25 years later that another excursion was sanctioned.<sup>70</sup> Similarly, at the SYA, the Commissioners in Lunacy reported that 'inconveniences arose from the male patients being taken beyond the grounds', which resulted in the discontinuance of this mode of exercise for three or four months'.<sup>71</sup> By contrast, Bartlett has shown that when an aged patient of the Leicestershire and Rutland County Asylum was robbed on the road near the asylum, the management chose not to restrict the patients' movements, but improved the street lighting along the road in question.<sup>72</sup>

---

<sup>68</sup> WYAS, C85/108, WRA *Annual Reports*, 1833-67, Report of the Superintendent for 1842.

<sup>69</sup> BIHR, CLF1/2/2, NRA *Annual Reports* 1865-76, Report of the Superintendent for 1867.

<sup>70</sup> Lodge-Patch, 'The Surrey County Lunatic Asylum', p.71.

<sup>71</sup> JGC, *Accounts for the Treasurer and Reports of the Finance and Other Committees for the West Riding of Yorkshire*, Report of the Commissioners in Lunacy (SYA), 1875.

<sup>72</sup> Bartlett, 'The Asylum, the Workhouse, and the Voice of the Insane Poor', p.427.

It is clear that the NRA officials were more relaxed about 'tokens of sociality', than their colleagues at the WRA. Those parties that went beyond the asylum walls, one of the thirteen regulations covering such an eventuality prescribed, were not allowed to enter the town of Wakefield without a special order from the superintendent. Furthermore, the attendants were instructed that the patients should walk in a 'quiet or orderly manner', and they were to be prevented from 'speaking to, or molesting anyone on the road', or 'from entering a house or shop upon any pretext whatsoever'.<sup>73</sup> These rules are significant because they ensured that a degree of social separation remained for the WRA's interns, even outside its walls.

There was, however, more to the asylum's excursions than the regular jaunts into town. The superintendent at NRA referred to trips to the theatre, flower shows and galas, remarking that the internal life of the asylum 'changed from a dull monotony to a little world of business and activity'.<sup>74</sup> Cricket teams representing both asylums were formed, and in 1883, the NRA played 21 matches against neighbouring clubs, winning 12, losing 4, drawing 4 and tying 1.<sup>75</sup> In this respect, the asylum became an active participant in the affairs of its community, and in doing so often proved to be a useful ally. Indeed, it was to the asylum that the Wakefield Church Institution turned when they wanted to stage a choral festival, and their own parish church was undergoing restoration. The visitors agreed on the understanding that 60 or 70 seats were provided for asylum inmates, and that the organisers were responsible for the prevention of trespass into the asylum grounds, as well as all expenses incurred. For the following year's reopening ceremony, the superintendent was authorised to

---

<sup>73</sup> WYAS, C85/167, *WRA Rules and Regulations*, 1873, Rules As to Exercising, Rule 11.

<sup>74</sup> BIHR, CLF1/2/2, *NRA Annual Reports 1865-76*, Report of the Superintendent for 1867.

<sup>75</sup> BIHR, CLF1/2/3, *NRA Annual Reports 1874-84*, Report of the Superintendent for 1883.

provide 'as many chairs as the asylum could spare'.<sup>76</sup> Similarly, the inhabitants of East Moor may have been particularly obstinate in their refusal to obey the laws of trespass, but this did not prevent a more co-operative relationship in other areas. When the noise from a local boiler works became unbearable for the inhabitants, for example, a deputation was sent to the asylum to request help in obtaining an abatement to the nuisance. It was only after this visitation, that the visitors wrote to the company, who replied with a promise to remove their work from the area in August 1874, and in the 'meantime to diminish the noise as far as possible'.<sup>77</sup> For other local businesses, by contrast, the asylums made important economic contributions, and in this respect, the asylum affected its local environment, as much as the local environment affected it. Indeed, just as the NRA officers had been flexible with the boundaries of incoming patients, the WRA were could be equally flexible with theirs in the community. At York the visitors refused to give a donation for the erection of a school and vicarage on the grounds that it was not in their power to use asylum funds for anything other than the asylum.<sup>78</sup> When a clergyman sent a similar request to the WRA, he was fortunate enough to have his plea considered at the same time the visitors received a charitable donation of £10 from a bazaar held for the asylum's benefit. The Committee agreed to re-direct the offering because it was known that nearly fifty children belonging to various asylum attendants lived in the district of the school.<sup>79</sup> In this case, the asylum boundaries were less rigid than the walls that surrounded it suggested, and for those already well established within the prescribed boundaries help could be more forthcoming. Both asylums accepted former employees as patients, and Browne reported the depressing effects of the

---

<sup>76</sup> WYAS, C85/3, WRA Visitors Minute Book 1857-80, 24 April 1873 and 29 Oct 1874.

<sup>77</sup> WYAS, C85/3, WRA Visitors Minute Book 1857-80, 29 Jan 1874 and 30 April 1874.

<sup>78</sup> BIHR, CLF1/1/2/3, NRA House Committee Minute Book 1871-86, 30 Jan 1871.

<sup>79</sup> WYAS, C85/123, WRA Visitors Minute Book 1858, 28 Oct 1858.

asylum on a clinical clerk, who was removed to an asylum within one month of his arrival in a state of mental derangement.<sup>80</sup> Similarly, when the NRA's organist applied to have his son admitted as a private patient he was accepted on 'the lowest terms'. Furthermore, the visitor's agreed to petition the authorities of the Bootham Asylum in York to have him admitted under a charitable status.<sup>81</sup>

### *Conclusion*

The social separation of the insane patient has been seen as indicative of the asylum's oppressive custodialism. Indeed, it is clear that escape attempts were simply not tolerated and offenders were punished accordingly. As emerged in the previous chapter, however, custody was just one aspect of the asylum's remit, and it is equally clear that the separation of the insane patient was seen as essential to both recovery and privacy. Again, the balance between custody and cure is evident in the building of barriers to prevent the presence of interlopers, rather than increased efforts to prevent the interns getting out. In this respect, the magistrates were reactive, rather than proactive in their approach, often being prodded by the Lunacy Commissioners, or members of the public with land adjoining the asylum. Crucially, instances of institutionalisation carried with it a stigma that many former interns found difficult to shake off, once they had been discharged. For some, this led directly and indirectly to re-committal, while others found their chances of gaining financial independence severely hampered. The reaction to such a state of affairs was somewhat predictable, as calls were made for new institutions to be built as halfway houses, echoing the calls for separate institutions for the middle classes and for those lunatics who were able to work. It is difficult to see exactly how these institutions within institutions solved any

---

<sup>80</sup> WYAS, C85/124, Medical Director's Journal 1867-74, 26 Jan 1871.

of the problems that the interns faced on their return home, but it is further evidence that asylum authorities reacted to events beyond their control.

The emphasis on the institutional approach has presented us with a picture of the asylum being increasingly cut off from the rest of society, but it is important to stress, that even from the very outset, visitors had been welcomed into the asylums. Here again, this was a much about showing the outside world that lunatics were being treated in a humane way, as it was about promoting the asylum's curative intentions. Of course, both access and egress were strictly regulated and neither necessarily solved the problems of stigmatisation, but at the NRA excursions by the patients were a deliberate attempt on the part of the superintendent to break down some of the barriers that supposedly existed. We cannot be sure whether all the patients who went out beyond the asylum walls were subject to 'the kindness of strangers', but we can be sure that at least some of them became active members of the community. The cricket teams were obvious examples of this, and we know that someone must have been buying the produce from the NRA, because as we saw in Table 5, its sales remained a significant source of income. Similarly, the awarding of tenders were also important to local businesses, and in this respect, the asylum helped shape the community it was part of, as much as the community helped to shape the asylum.

Clearly then, the development of the asylum as a separate space was informed as much by external pressures, as it was by internal factors. Even so, the numbers of people held within institutions continued to grow throughout the century, again appearing to provide evidence of a slide into custodialism. The reasons for the rising

---

<sup>81</sup> BIHR, CLF1/1/2/3, NRA House Committee Minute Book 1871-86, 30 Jan 1871.

numbers are subject to some debate, however, and warrant closer examination. The families of the insane had an important part to play here, but the role of the various poor law unions was also vital, and it is to this area that attention must now be turned.



## CHAPTER THREE

### *Counting the Cost of Committal. The Asylum and the Poor Law.*

In the year 1814 it was found that vast numbers of lunatics were housed in cottages and workhouses, without medical treatment, and often subject to want and cruelty. Their condition was in many instances, in common with every other subject likely to arrest public attention, considerably exaggerated, but the absence of medical treatment alone, is sufficient cause for the establishment of an asylum.<sup>1</sup>

This considered synopsis of the rise of the county asylum reflected the fact that lunatics had always been housed in places other than the asylum. In the reformed era, the continued use of the asylum and the workhouse by the various Poor Law Unions, at times provoked exasperation on the part of the former's management. Principally, this was directed at the tardiness in which lunatics were transferred, and this rested, in part at least, with the vagueness of the relevant legislation. As Gwendoline Ayers has pointed out,

When the 1834 Poor Law Amendment Act provided for the erection of large workhouses by the union of parishes, it was not intended that these institutions should become permanent refuges for pauper lunatics. Section XLV of the Act expressly prohibited the detention in a workhouse of 'any dangerous lunatic, insane person or idiot' for more than fourteen days. This wording, however, was taken by the guardians to imply that the detention of any who were not dangerous was allowable – an interpretation of doubtful legality.<sup>2</sup>

At the heart of this whiggish interpretation, was the belief that the care to be had in the asylum was superior to that in the workhouse. Ruth Hogkinson, for example, has argued that that complaints raised at the very end of the 1830s rested with a 'superior order of managers', and notes that although conditions in many county asylums left

---

<sup>1</sup> WYAS, C85/108, WRA *Annual Reports*, 1833-67, Report of the Superintendent for 1843.

<sup>2</sup> G.M.Ayers, *England's First State Hospitals: 1867-1930*, Wellcome Institute for the History of Medicine, London, 1971, p.38.

much to be desired, they were the best institutions at the time.<sup>3</sup> Similarly, John Walton suggests the County Asylums usually had a great advantage over workhouses because their funding was organised through Justices of the Peace, rather than through bodies elected by local ratepayers, like the Boards of Guardians and Local Boards of Health. The purse strings of the Boards, he argues, were tightly controlled by parsimonious farmers, shopkeepers and tradesmen, whereas the magistrates were less vulnerable to pressure from those who paid for their policies.<sup>4</sup> Others, by contrast, have stressed the centrality of the Poor Law, and Bartlett has recently argued that the care of lunatics in the workhouse was not the sideshow it was perceived to have been. He contests that some workhouse insane wards could boast comparable cure rates to the county asylum, and suggests that because of their smaller size, the workhouse could provide a more individualised system of care.<sup>5</sup> Similarly, Adair *et al* have shown, that while the workhouse infirmary may have operated as an alternative to the asylum for some harmless and chronic patients, it also aided the recovery of a limited number of other individuals.<sup>6</sup> In many ways, this is flying in the face of a conventional historiography, which has tended to focus on the frugality of the various Poor Law Unions. More generally, David Wright has highlighted the ‘emerging new consensus’ in which researchers have re-positioned the asylum as a ‘pauper’, rather than a medical institution.<sup>7</sup> As Mellet suggests, for much of the nineteenth century it was widely believed that pauperism resulted from ‘idleness and dissoluteness’, and setting pauper lunatics to work was a natural extension of Poor Law policy. Indeed, in the west Riding, many northern townships were using the workhouse as a deterrent to

---

<sup>3</sup> Hodgkinson, *The Origins of the National Health Service*, p.180.

<sup>4</sup> Walton, ‘Casting Out and Bringing Back in Victorian England’, p.133.

<sup>5</sup> Bartlett, ‘The Asylum, the Workhouse, and the Voice of the Insane Poor’, p.424.

<sup>6</sup> Richard Adair, Bill Forsythe, and Joseph Melling, ‘A Danger to the Public? Disposing of Pauper Lunatics in late-Victorian and Edwardian England: Plympton St Mary Union and the Devon County Asylum’, *Medical History*, Vol. 42, No.1, 1998, pp.1-25, p.21.

the idle and dissolute, both before and after 1834, whilst others made relief dependent on performing some kind of task.<sup>8</sup> This is significant, because building on what they call Scull's 'magisterial assessment of the rise and fall of moral treatment', Forsythe *et al*, examined the 'significant variations' in the way that three Poor Law Unions disposed of their lunatics, in their study of the Devon County Lunatic Asylum. They concluded that it was the relationship between the asylum representatives and the Poor Law officials, which effectively defined the terms on which individuals were admitted to the county asylum, and remained there.<sup>9</sup>

This relationship, it has been argued, took on a new perspective with the introduction of a four-shilling subsidy in 1874 for every lunatic in the asylum, and it is this change that will serve as the focus of this chapter. Sturdy and Parry-Jones have pointed to the grant's effects in reducing the numbers of those boarded with their relatives, and according to Jones, it had a disastrous effect on the curative nature of care. 'Numbers of chronic patients,' she holds, 'were transferred to county asylums, which increased their custodial role and diminished their function as centres of treatment'.<sup>10</sup> Similarly, Scull has argued that the decision of central government to grant each parish a four-shilling subsidy for each lunatic confined in the asylum, 'represented a tacit – if very practical – endorsement of custodialism'.<sup>11</sup> Whilst McConville's study of the nationalisation of the prison system, cites the Tory party's unequivocal pledges to reduce central and local taxation, it is clear, that as in previous chapters, the asylum's

---

<sup>7</sup> David Wright, 'The Discharge of Pauper Lunatics', p.95.

<sup>8</sup> Marland, *Medicine and Society*, p.55.

<sup>9</sup> Forsythe *et al*, 'The New Poor Law and the County Lunatic Asylum', p.338.

<sup>10</sup> Sturdy & Parry-Jones, 'Boarding out insane patients', p.101. Jones, *A History of the Mental Health Services*, p.161.

<sup>11</sup> Scull, *The Most Solitary of Afflictions*, p.308.

role as a custodial institution is central.<sup>12</sup> Scull's analysis emphasises the affirmation of the custodial nature of the asylum, whereas Jones suggests a pivotal point in which the grant effectively brought about a change of policy on the part of the Poor Law Unions. It is perhaps surprising then, that from within the broad spectrum of views that have informed the history of mental health care, there is a broad acceptance that the grant was an important factor in the committal of paupers to the asylum. This fact alone makes a study of the grant an interesting prospect, and there are a number of key areas for analysis.

To begin with, there will be an examination of the contemporary responses to the grant. Like more recent opinion, there was a general consensus that the grant impinged on the asylum's curative pretensions by making it attractive to transfer lunatics of all kinds away from the workhouse. Whether this was the case depends on three broad parameters, and each of these will be examined in turn. The first of these was the distribution of lunatics, both before and after the introduction of the rebate. Of course, the asylum was the obvious place of care, but significant numbers were housed either in the workhouse or with their 'friends', as well as in private licensed houses. In this respect, we should expect to see a shift in the locus of care, not only to the asylum but also away from these other places after the grant's introduction. To test this, figures will be used from both the north and west Ridings, as well as the national figures released by the Commissioners in Lunacy and the Local Government Board (LGB). Secondly, (and perhaps rather obviously), questions must be raised about the level of the grant, and whether it really did make a difference to cost levels. The *prima facie* evidence seems to point to the certainty that it did, but I want to

---

<sup>12</sup> McConville, 'Frustrated Executives', p.584.

examine the other costs of committal, often overlooked in more traditional analyses. Thirdly, and perhaps most important of all, there will be an examination of the types of patients transferred, both before and after the introduction of the grant. The suggestion that the grant affected the asylum's curative regime depends upon the increasing numbers of 'chronic' or incurable patients. Here again, we would expect to see an increase in this particular class of patient, and this will be tested using the figures produced by each asylum. The meaning of 'chronicity' was not as clear-cut as it might have been, and to avoid any confusion, figures will be provided based on two separate definitions. Within these three areas, it will be argued that the figures provided by the asylums in their annual reports were often overlooked, and as such, this brings into question their rhetoric directed against the grant. This, however, raises an important point, because if the grant did not lead to a change in policy, the increasing numbers held in the asylums suggests something else did. To consider what this was, there will be an examination of the use of the asylum by the Poor Law authorities in the longer-term.

### *The 1874 Grant*

Despite their apparent differences, the two asylums at Wakefield and York expanded to accept increasing numbers of pauper lunatics, and as each regime looked for an explanation for this rising tide of incurable inmates, the introduction of a grant in aid system came to be seen as the pivotal point. When the grant was first introduced, the mood within the medical profession was split, between those who saw the grant as a spur to speedy treatment, and those who saw it as a burden, liable to increase the numbers of incurable insane patients. Initially at least, the opinions of the authorities at the asylums at York and at Wakefield were divided over the effect of the grant on

the kinds of inmate they were receiving. The visitors of the WRA looked on the rebate optimistically, and wrote of their hopes that it would 'encourage the prompt removal to the asylum of all cases of insanity immediately on their occurrence'. By comparison, while the superintendent of the NRA commented on the admirable qualities of the grant, he concluded that it was 'rendering the asylum a receptacle for cases of senile imbecility, or chronic dementia, [who required] merely in the majority of instances to be fed, kept clean and warm'.<sup>13</sup> Despite this difference of opinion, there was an implicit agreement that the committal or non-committal of patients rested with the fiscal incentives of the grant, and this was reflected in the debate taking place on a national level in the medical journals.

The *BMJ* was quick to congratulate Sir Stafford Northcote, the Chancellor of the Exchequer, on the introduction of the grant, and called for it to be extended to cover the full cost of care.<sup>14</sup> The mood of many within the profession, however, was generally less sanguine. S. W. D. Williams, the superintendent at Sussex, responded to the comments in the *BMJ*, stating his conviction that the grant would lead to an increase in the patient population, as the various Poor Law Unions sought to shift their burden from the workhouse to the asylum.<sup>15</sup> Henry Maudsley, was more outspoken in his attack, declaring the act 'an ill-conceived measure which no true statesmen would have proposed, for it gave the local authorities power of spending money by the state, without the state having any control over the manner in which it was spent'. Describing the grant as a 'bribe' on the part of the Conservative Government, who had promised to relieve local rates when 'touting for votes' in the

---

<sup>13</sup> JGC, *Accounts for the Treasurer and Reports of the Finance and Other Committees for the West Riding of Yorkshire*, Report of Committee of Visitors of the WRA for 1874. BIHR, CLF1/2/3, NRA *Annual Reports 1874-84*, Report of the Superintendent for 1875.

<sup>14</sup> *BMJ*, 2 May 1874, p.589.

run up to the general election, he, like Williams, claimed it emptied the workhouse of all cases that could be sent to the asylum.<sup>16</sup> By the century's end, Tuke and Burdett had supplied histories of the asylum system, which had further entrenched the link drawn between the grant and custodialism on the one hand, and the detrimental effect it had on the therapeutic success of the asylum on the other.<sup>17</sup> As such, the grant was represented as an interruption in the ongoing progress of lunatic care, but it is worth pointing out that such histories were written by medical professionals with a vested interest in presenting such an image. This charge could also be levelled at the Commissioners in Lunacy, who, in the intervening period, attacked the grant regularly in their annual reports. In 1882, seeking support for their views, they canvassed the opinions of the Committees of Visitors of every County Asylum in England. The Commissioners posed two questions; the first asked whether the grant was responsible for crowding the asylum with those who did not require its specialist treatment; the second, whether it prevented the return of such patients when the need for specialist care had gone. Nearly two-thirds of all those canvassed answered in the negative to both questions, but by the time the circular arrived, the regimes at Wakefield and York were in agreement, and it must be said, in the other minority third.<sup>18</sup> The Visitors of the NRA wrote that they felt the grant brought lunatics into the asylum that were 'proper to be kept in workhouses', and at the WRA concerns were raised about

---

<sup>15</sup> *BMJ*, 9 May 1874, pp.628-9.

<sup>16</sup> Henry Maudsley, 'The Alleged Increase of Insanity', *JMS*, April 1877, pp.45-54, p.51. At this point, Maudsley, who had worked briefly as a temporary medical officer at the WRA, was editor of the *JMS*. For further details of his life and career see A. Scull et al, *Masters of Bedlam*, Chapter 8.

<sup>17</sup> Henry C. Burdett, *Hospitals and Asylums of the World*. Vol. 1 *Asylums History and Administration*, J & A Churchil, London, 1891, p.151. Tuke, *The Past and Present Provision for the Insane Poor in Yorkshire*, pp.28-9. Daniel Hack Tuke, *Chapters in the History of the Insane in the British Isles*, Kegan, Paul, Trench & Co, London 1882, pp.250-1.

<sup>18</sup> The returns for question one showed thirteen affirmatives and 27 negatives. For question two, there were 'about' ten affirmatives and 'about' 23 negatives. *37 Annual Report of the Commissioners in Lunacy*, 1883.

the grant's propensity to cause an accumulation of chronic cases.<sup>19</sup> At the crux of the grant's critique was the issue of chronicity, and despite their differences, they both blamed the grant, claiming that it pushed chronic paupers into the asylum because it became cheaper than the workhouse. A closer examination of the records of both these issues, however, suggests that they relied on anecdotal evidence to support this contention.

### *The Grant and the Distribution of Lunatics*

When Maudsley attacked the grant in the 1870s, he had used the admission figures for 1859 – 75 to 'prove' that its fiscal incentives were responsible for an increasing asylum population. To add emphasis, he pointed to the 1862 Act that moved the burden of payment from individual parishes to the Common Fund of the Unions, commenting that at the time superintendents were soon reporting their asylums filling with chronic and incurable cases.<sup>20</sup> Indeed, in his review of 1862, the superintendent at Wakefield reported an increase in admissions for that year, part of which he ascribed to the Irremovable Poor Act. The authorities at York were equally concerned, and they minuted their expectation of an increased demand on their resources.<sup>21</sup> Like Maudsley, Williams, in his letter to the *BMJ*, used the Act to show that the Boards had been swayed by their mercenary instincts in the past, and would undoubtedly be again.<sup>22</sup> There are, however, a number of problems with this analysis. At Wakefield, Browne took a longer-term view than his predecessor, concluding that the 'mutual responsibilities' of the Boards of Guardians counterbalanced any tendency to crowd

---

<sup>19</sup> BIHR, CLF1/1/1/4, NRA Visitors Minute Book 1865-91, 28 March 1882. WYAS, C85/4, WRA Visitors Minute Book 1880-89, 27 April 1882.

<sup>20</sup> Maudsley, 'The Alleged Increase of Insanity', p.49.

<sup>21</sup> WYAS, C85/108, WRA *Annual Reports*, 1833-67, Report of the Superintendent for 1862. BIHR, CLF1/1/1/3, NRA Visitors Minute Book 1858-65, 21 Dec 1861.

<sup>22</sup> *BMJ*, 9 May 1874, p.628.



the asylums with those who could be treated elsewhere.<sup>23</sup> Similarly, the *BMJ* went beyond simple economics to argue that the influence of the relatives, who liked their ‘afflicted kindred’ near to them in the workhouse, would prevent any mass movement to the asylum.<sup>24</sup> This argument had some currency, and at Wakefield in 1863 it helped to inform decisions about future provision. The want of room, complained the visitors, was not only injurious to those patients kept at home or in the workhouse, but was a ‘cruel ill inconvenience to the relatives of the patients [kept in distant asylums], most of whom can ill-afford a long journey by railway to visit them’.<sup>25</sup> This was also a pressing problem in the capital, and the LGB reported that one railway company offered tickets at a discount to relatives visiting the new asylums at Caterham and Leavesden.<sup>26</sup> Similarly, attempts to transfer patients from the Wakefield Union to the SYA near Sheffield were shelved, because of the potential for ‘hardship and dissatisfaction’ to the relieving officers and relations.<sup>27</sup> It is considerations such as these that help to explain the opening of the SYA at Wadsley in 1871 and the west Riding’s third asylum at Menston in 1888. These asylums were positioned to make access easier for those in the north, and those in the south of the county. More significantly still, the *BMJ* pointed to the steady increase in workhouse lunatics, stating that Williams would have some difficulty in proving that the act of 1861 caused ‘a very great influx of patients into the asylums’.<sup>28</sup> Indeed, a brief glance at Table 8 supports this, as each category of care shows a steady increase. Furthermore, the rising percentage of asylum lunatics, as well as the fall in workhouse lunatics, goes back to at least 1859.

---

<sup>23</sup> WYAS, C85/109, WRA *Annual Reports*, 1868-79, Report of the Superintendent for 1868.

<sup>24</sup> *BMJ*, 2 May 1874, pp.589-90.

<sup>25</sup> JGC, *Accounts for the Treasurer and Reports of the Finance and Other Committees for the West Riding of Yorkshire*, Report of the Committee of Visitors for 1863.

<sup>26</sup> *Annual Report of the Local Government Board 1871-2*.

<sup>27</sup> WYAS, C85/124, Medical Director’s Journal 1867-74, 29 April 1874.

Nevertheless, using two periods, 1865-74 and 1875-83, the Commissioners highlighted first a rise of 3.15 per cent of the number of pauper lunatics in workhouses, and then a fall of 2.09 per cent. Here, they argued that the opening of two metropolitan asylums at Caterham and Leavesden, which had the status of workhouses, accounted for part of the rise in the first period, and concluded that without them the fall in the second would have been higher. The contention that there was a shift in custody as a result of the 1874 grant rested with a use of figures that were similarly open to interpretation, and even bordered on sophistry.<sup>29</sup> They did not note, for example, that even by 1883, the percentage of lunatics in the workhouses was still higher than it had been at any point in the period 1859-71. (Table 8) Using the same figures, the LGB, in their own annual reports, pointed to the increasing numbers in workhouses as evidence that the grant had made little difference to the distribution of lunatics.<sup>30</sup> For this reason, it seems that the Lunacy Commissioner use of spatial availability appeared to be selective.

The gradual changes that were taking place nationally were mirrored in the west Riding. Looking at Table 9, it is difficult to conclude that the introduction of the grant led to any significant shift in the distribution of lunatics at any point. The numbers held in the workhouse between 1 January 1874 and 1 January 1875 did fall, but a longer-term view shows that this was merely a temporary state of affairs.

---

<sup>28</sup> *BMJ*, 9 May 1874, p.629.

<sup>29</sup> *37 Annual Report of the Commissioners in Lunacy*, 1883.

<sup>30</sup> *12 Annual Report of the Local Government Board*, 1883.

Table 8: The Distribution of Pauper Lunatics 1859 – 1884.

1 <sup>st</sup> January	Total Number of Pauper Lunatics	In Asylums, Hospitals and Licensed Houses		Workhouses		With Relatives or Others	
		n	%	n	%	n	%
1859	31,782	18,021	56.70	7,963	25.06	5,798	18.24
1860	32,993	18,794	56.96	8,219	24.91	5,980	18.13
1861	34,381	19,723	57.37	8,543	24.85	6,115	17.79
1862	35,709	20,949	58.67	8,603	24.09	6,157	17.24
1863	37,611	21,998	58.49	9,208	24.48	6,405	17.03
1864	39,219	22,968	58.56	9,710	24.76	6,541	16.68
1865	40,160	23,847	59.38	9,756	24.29	6,557	16.33
1866	41,634	25,081	60.24	9,973	23.95	6,580	15.80
1867	43,031	26,086	60.62	10,307	23.95	6,638	15.43
1868	44,960	27,447	61.05	10,684	23.76	6,829	15.19
1869	47,002	28,834	61.35	11,181	23.79	6,987	14.87
1870	48,433	29,989	61.92	11,358	23.45	7,086	14.63
1871	50,301	30,809	61.25	12,161	24.18	7,331	14.57
1872	51,998	30,954	59.53	13,608	26.17	7,436	14.30
1873	53,273	31,860	59.81	14,343	26.92	7,070	13.27
1874	54,735	32,878	60.07	15,018	27.44	6,839	12.49
1875	56,403	34,171	60.58	15,376	27.26	6,856	12.16
1876	57,407	35,372	61.62	15,509	27.02	6,526	11.37
1877	59,039	36,689	62.14	16,038	27.17	6,312	10.69
1878	60,846	38,367	63.06	16,265	26.73	6,214	10.21
1879	62,107	39,872	64.20	16,005	25.77	6,230	10.03
1880	63,571	41,127	64.69	16,464	25.90	5,980	9.41
1881	65,372	42,434	64.91	16,811	25.72	6,127	9.37
1882	67,089	44,000	65.58	16,976	25.30	6,113	9.11
1883	68,842	45,257	65.74	17,330	25.17	6,255	9.09
1884	70,470	47,015	66.72	17,337	24.66	6,078	8.62

Source: The Annual Reports of the Commissioners in Lunacy.

Indeed, when the grant was first introduced, Browne had been more circumspect than many of his colleagues. The information he obtained from the workhouses at Leeds and Halifax showed that the number of pauper lunatics there remained undiminished.<sup>31</sup> Bartlett's recent study of the Leicestershire and Rutland County Asylum included an examination of how the asylum worked in tandem with the workhouse, to offer 'a refuge within the Poor Law for those opposed to the New Poor

<sup>31</sup> WYAS, C85/124, Medical Director's Journal 1867-74, 30 July 1874.

Law rhetoric'.<sup>32</sup> Yet the ability of the Unions to commit patients in the west Riding was made difficult by the constant lack of available beds at the WRA.

Table 9: The Distribution of Lunatics in the West Riding, 1871-1885.

1 <sup>st</sup> January	Asylums		Registered Hospitals		Workhouses		Relatives		Total
	n	%	n	%	n	%	n	%	
1871	1459	55.9	20	0.8	830	31.8	300	11.5	2609
1872	1550	56.3	24	0.9	854	31.0	327	11.9	2755
1873	1652	58.3	16	0.6	854	30.1	313	11.0	2835
1874	1774	59.8	13	0.4	881	29.7	301	10.1	2969
1875	1933	62.6	18	0.6	844	27.3	292	9.5	3087
1876	2068	64.5	17	0.5	852	26.6	271	8.4	3208
1877	2105	64.1	23	0.7	910	27.7	245	7.5	3283
1878	2181	64.8	19	0.6	937	27.8	231	6.9	3368
1879	2205	64.4	21	0.6	972	28.4	226	6.6	3424
1880	2252	64.6	22	0.6	994	28.5	219	6.3	3487
1881	2361	65.7	22	0.6	1000	27.8	208	5.8	3591
1882	2538	67.0	23	0.6	1017	26.8	210	5.5	3788
1883	2682	67.7	29	0.7	1036	26.1	217	5.5	3964
1884	2718	66.7	33	0.8	1082	26.7	214	5.3	4047
1885	2754	67.5	21	0.5	1138	27.6	217	5.3	4130

Source: Annual Reports of the Commissioners in Lunacy.

This is significant because in a number of their reports the Commissioners had conceded that increased provision of asylum beds led to increased numbers of asylum interns. In their annual report for 1876, for example, they reported that the large increase of paupers in county asylums, along with the considerable decrease in licensed houses, could be largely explained by the opening of a second asylum for Kent, and extensions to the existing provision in Lancashire and Surrey.<sup>33</sup> Crucially, while they accepted that increased asylum provision brought more patients in, by 1883 they had concluded that the grant was the principal factor behind the increased demand.<sup>34</sup> Yet, pressure on existing resources had been a constant throughout many asylums' histories. In 1856, for example, the Poor Law Unions of the west Riding had

<sup>32</sup> Bartlett, 'The Asylum and the Poor Law', pp.52-3.

<sup>33</sup> *30 Annual Report of the Commissioners in Lunacy, 1876*. See also *32 Annual Report of the Commissioners in Lunacy, 1878*.

<sup>34</sup> *37 Annual Report of the Commissioners in Lunacy, 1883*.

been forced to send their lunatics to private asylums because of a dearth of available beds at the WRA. Despite increases in capacity, Browne highlighted concerns in 1868 that Union officers were forced to care for dangerous lunatics, ‘whom they have no means of lodging in a place of safety’. Two years later, and four years before the introduction of the grant, Browne commented that many Poor Law authorities had stopped trying to get their lunatics committed, because they knew the lack of space made it unlikely. ‘It is impossible,’ he wrote, ‘to form any very accurate estimate of the increase, which would have taken place in the number of the inmates had we been able to receive all who are entitled to the benefit of the institution. I can have no doubt’, he concluded, ‘that under such circumstances, a very considerable increase would have occurred.’<sup>35</sup>

Table 10: The Distribution of Lunatics in the North Riding, 1871 – 1885.

1 <sup>st</sup> January	Asylums		Registered Hospitals		Workhouses		Relatives		Total
	N	%	n	%	n	%	N	%	
1871	283	67.1	0	0	73	17.3	66	15.6	422
1872	295	66.4	0	0	81	18.2	68	15.3	444
1873	315	66.6	0	0	87	18.4	71	15.0	473
1874	306	67.3	0	0	80	17.6	69	15.2	455
1875	313	67.6	0	0	79	17.1	71	15.3	463
1876	399	73.8	0	0	73	13.5	69	12.8	541
1877	418	74.2	0	0	78	13.9	67	11.9	563
1878	424	75.6	0	0	78	13.9	59	10.5	561
1879	438	77.5	0	0	72	12.7	55	9.7	565
1880	441	76.4	0	0	72	12.5	64	11.1	577
1881	463	78.3	0	0	64	10.8	64	10.8	591
1882	476	78.2	0	0	74	12.2	59	9.7	609
1883	481	78.1	0	0	78	12.7	57	9.3	616
1884	521	79.8	0	0	77	11.8	55	8.4	653
1885	543	81.0	0	0	69	10.3	58	8.7	670

Source: Annual Reports of the Commissioners in Lunacy.

<sup>35</sup> WYAS, C85/108, WRA *Annual Reports*, 1833-67, Report of the Superintendent for 1856. WYAS, C85/124, Medical Director’s Journal 1867-74, 30 April 1868 and 28 April 1870.

In the north Riding (Table 10), there was a relatively large jump in the numbers held in asylums between 1 January 1875 and 1 January 1876, but there was no corresponding fall in any of the other columns in the same period.

Table 11: Total Admissions to the NRA, 1866 – 1885.

	Admissions	Re-admissions	Total
1866	117	29	146
1867	131	11	142
1868	162	28	190
1869	115	16	131
1870	115	14	129
1871	168	8	176
1872	181	18	199
1873	84	14	98
1874	81	18	99
1875	118	12	130
1876	128	15	143
1877	102	26	128
1878	139	18	157
1879	103	24	127
1880	110	26	136
1881	101	27	128
1882	129	22	151
1883	135	37	172
1884	131	28	159
1885	96	26	122

Source: Annual Reports of the NRA.

Significantly, the report by the superintendent for 1875 shows the actual admissions of 130 represented an increase of only 31 on the previous year. (Table 11) This figure pales into insignificance next to the 199 admitted in 1872, when room was made available by the transfer of east Riding patients to the new ERA at Beverley. More importantly still, it is unclear exactly how many of the 130 patients admitted in 1875 were from the north Riding. When the Commissioners visited the NRA in January 1874, there were 99 private and out-county patients on the books, and when the superintendent published his report for 1875, this figure had risen to 111.<sup>36</sup> At this stage then, we must be forced to conclude that the picture for the west Riding, as well

as that for the nation as a whole, is pointing to a longer-term upward trend. It is possible that the NRA was directly affected during the crucial period, but whether this was due to costs is questionable.

### *The Grant and the Cost Equation*

The Lunacy Commissioners, like most commentators, focussed on the *prima facie* contention that the grant rendered the maintenance of pauper lunatics in the asylum, as little burdensome as their maintenance in a workhouse.<sup>37</sup> One superintendent of the WRA had already gone further than this, stating that the introduction of the grant made the asylum *cheaper* than the workhouse, by one shilling per head, per week. These assertions do not stand up to close scrutiny, however, and the *BMJ* was quick to point out that the grant did not account for the difference.<sup>38</sup> Indeed, as we can see in Table 12, figures produced in the west Riding in 1863 show that the cost differential between the two was greater than the 4s subsidy. This is significant, because while recent studies have shown that the average cost of maintaining paupers in the workhouse was approximately 6s, the returns of the Unions at Huddersfield and Wakefield show that the figure was much lower.<sup>39</sup> In 1886-7 the average cost for indoor paupers at Wakefield was 3s 9.5d, and at Huddersfield between 1870 and 1883 the cost per head per week was around 4s, peaking in 1878 at 4s 8d. Even at this peak, the addition of the 4s grant still brought it short of the 10s that the WRA was charging.<sup>40</sup> (See Appendix 6)

---

<sup>36</sup> BIHR, CLF1/2/3, NRA *Annual Reports* 1874-84, Report of Commissioners in Lunacy, 19 Jan 1874 and Annual Report of Superintendent for 1875.

<sup>37</sup> *37 Annual Report of the Commissioners in Lunacy*, 1883.

<sup>38</sup> WYAS, C85/123, Medical Director's Journal 1858-67, 26 July 1877. *BMJ*, 2 May 1874, p589.

<sup>39</sup> Peter Wood, *Poverty and the Workhouse in Victorian Britain*, Alan Sutton, Stroud, 1991, p.142

<sup>40</sup> Huddersfield Public Library (HPL), PU/HU/A/1, Huddersfield Union Poor Law Accounts, 1862-73. HPL, PU/HU/A/2, Huddersfield Union Poor Law Accounts 1875-80. HPL, PU/HU/A/3, Huddersfield Union Poor Law Accounts 1881-92. Wakefield Public Library (WPL), Box 6, *Statement of the Wakefield Union*, 1886-7.

Table 12: Comparison of Costs at the Wakefield Union Workhouse and at the WRA, 1863.

	Asylum		Workhouse	
	<i>s</i>	<i>d</i>	<i>s</i>	<i>d</i>
Provisions (including garden and farm expenses)	5	0 3/8	2	4 7/8
Officers' Rations	-	-	0	1 37/40
Clothing and Bedding	1	3 1/4	0	7
Necessaries (coals, soap, water, ironmongery, earthenware &c.)	0	9 7/8	Included in misc.	
Salaries and Wages	1	5 5/8	0	7 7/40
Surgery and Dispensary	0	1 1/4	0	0 7/40
Wine, Spirits and Porter	0	1 3/4	0	0 7/40
Rent of Land, Rates and Taxes	0	1	0	0 7/8
Miscellaneous	0	2 1/2	0	9
Sub-Total	9	1 3/8	4	7 4/5
Less Receipts From Sales of Produce.	0	1 7/8	0	1 2/5
Total	8	11 1/2	4	5 4/5

Source: Annual Report of the Superintendent for 1864.

Of course, the more efficient the asylum, the lower the weekly maintenance cost, but as the Commissioners in Lunacy noted, only eleven asylums were charging less than eight shillings.<sup>41</sup> Even the NRA, which prided itself on its efficiency, spent much of the 1870s and 1880s charging its county patients 9s 11d. (Appendix 2) In 1859, the committee happily recorded that the charge for pauper patients continued 'to be at the lowest rate of any county or borough lunatic asylum in England'.<sup>42</sup>

Furthermore, the emphasis placed on the economic motive ignored more complex issues, and contemporary opinion also tended to overlook other, expensive, incidental costs involved in the committal process. When the west Riding authorities opened their second permanent asylum at Wadsley, for example, it had initially allowed for a 'desirable and convenient' arrangement that accepted pauper lunatics from nearby

<sup>41</sup> 42 Annual Report of the Commissioners in Lunacy for 1888.

<sup>42</sup> BIHR, CLF1/1/1/3, NRA Visitors Minute Book 1858-65, 26 Dec 1859.



Poor Law Unions.<sup>43</sup> Over the next few years, however, the scope of the new asylum's catchment area gradually increased in an attempt to relieve pressure on the WRA, until it was agreed that all lunatics 'fit for removal' should be sent to Wadsley.<sup>44</sup> For those Unions involved, the mechanics of the transfer involved an extra journey for which they had to pay, although studies have shown that at least one Union in Devon was anxious to reclaim this expense from family members.<sup>45</sup> From 1874, the Huddersfield Union had continued to send its charges to the WRA, but the lack of space meant that they were often then forwarded to the SYA in the south of the county. In 1876, the Union drew attention to the cost differential in transporting lunatics to both institutions, and as the trip to Wadsley was £1 2s 11d more expensive, they pressed to be allowed to send their lunatics to Wakefield.<sup>46</sup> Two years after that, the Halifax Union registered a similar complaint, with the Committee agreeing to accept cases from Halifax on the understanding that they made inquiries as to the availability of space at the WRA. If none was available, patients were to be sent directly to the SYA.<sup>47</sup> Clearly, these Unions were keen to limit the expenses involved in these cases, but additional expenses they remained.

The lack of available space at County Asylums meant that the Poor Law authorities had to look elsewhere to house those deemed unsuitable for care in the workhouses. When the first interns arrived at the NRA, the vast majority of them had been transferred from other asylums.<sup>48</sup> Similarly, in 1848, the WRA received 257

---

<sup>43</sup> WYAS, C85/3, WRA Visitors Minute Book 1857-80, 25 July 1872.

<sup>44</sup> Additional unions transferred to Wadsley's catchment area were, as follows; Doncaster and Thorne, Jan 1873; Barnsley, April 1873, Kikburton and Holmfirth, Aug 1873; Huddersfield and Saddleworth July 1874; Halifax Union where necessary, Jan 1877.

<sup>45</sup> Adair *et al*, 'A Danger to the Public?', pp.9-10.

<sup>46</sup> *Huddersfield Examiner*, 22 July 1876. HPL, P/HU/M/15, Minutes of Huddersfield Poor Law Union, 1875-8, 7 July 1876.

<sup>47</sup> WYAS, C85/3, WRA Visitors Minute Book 1857-80, 30 Jan 1879.

<sup>48</sup> 53 came from other asylums, 5 from workhouses, 11 from their homes, 1 from lodgings and 1 who

admissions, many of whom were transferred from private asylums, and it was the same story in 1861.<sup>49</sup> In a similar situation, Maudsley had pointed to the removal of chronic patients to the Metropolitan Asylum for Imbeciles as an explanation for a rise in County Asylum admissions for 1871. Crucially, the removal of chronic patients to this asylum allowed for the reception of patients to the County Asylums, 'who had been previously resident in licensed houses as private patients paid for by their Unions'.<sup>50</sup> This is, however, inherently contradictory, because if the Unions were motivated merely by the savings to be made when the grant was introduced, it seems unlikely that they would pay the higher rates demanded by private asylums, particularly when they had to pay the additional transportation costs involved as well.

In the longer term, the *BMJ* noted that the policy of 'cheese-paring' was offset by claims made for 'necessaries' made by the wives and children of lunatics. Indeed, the limited returns that remain for the Wakefield Union reflect that the wives of lunatics were often given outdoor relief, provisions and schooling for children because of the committal of their husbands.<sup>51</sup> In such cases then, any fiscal motivation to commit a lunatic had to include a discussion that went beyond the simplicities of grant. Michael Rose has suggested that the Poor Law came behind family strategies, and that 'second line of defence, charity', but if it was used in the case of asylum care, it had a potential to be a long-term expense.<sup>52</sup> As Marland points out, the rationale behind the new Poor Law was ultimately one of deterrent but the punitive regime also had its

---

was 'wandering'. BIHR, CLF1/1/1/1, NRA Visitors Minute Book 1844-48, 26 June 1847.

<sup>49</sup> WYAS, C85/108, WRA *Annual Reports*, 1833-67, Annual Reports of the Superintendent for 1848 and 1862.

<sup>50</sup> Maudsley, 'The Alleged Increase of Insanity', p.50.

<sup>51</sup> *BMJ*, 2 May 1874, p.590. Mary Mason, for example, received weekly relief of 7s and 6d and schooling for her four children. WPL, Box 6, *Statement of the Wakefield Union*, p.27

<sup>52</sup> Michael E. Rose, 'The Poor and the City, 1834-1914', in Michael Rose (ed.), *The Poor and the City; the English Poor Law in its Urban Context, 1834-1914*, Leicester University Press, Leicester, 1985, p.3.

drawbacks. Depressions in trade meant that normally independent workers were in need of some form of assistance. Bringing large groups into the workhouse robbed them of their independence, and increased the chances of them becoming a permanent burden on the poor rate.<sup>53</sup> In much the same way, the asylum was rather unclear on release dates, and Browne remarked on the death of patient resident in the asylum for 49 years, that his care had cost his union nearly £2,000.<sup>54</sup>

On another level, it was argued that it was the asylums, rather than the Unions, which benefited financially from housing chronic lunatics. The figures for the NRA in 1878, for example, included 36 chronic patients removed to their own county on the completion of Sedgefield Asylum.<sup>55</sup> On the one hand, the superintendent may have been dismayed at the lack of early treatment for such patients, but at the same time he had been actively advertising for *out-county* patients, irrespective of their status. Indeed in 1857, the NRA agreed to accept patients from Durham, but only on the understanding that the numbers were maintained for the duration of the two-year contract.<sup>56</sup> Similarly, as one contemporary pointed out, in some quarters it was felt that the care of chronic patients in the asylum subsidised the cure of acute ones by balancing out the costs involved.<sup>57</sup> Indeed, as we have already seen, the profits made on out-county and private patients at the NRA kept the charges for pauper patients lower than their cost. For one former asylum inmate, it was this feature of the asylum that commended it over the workhouse. His treatise recorded a probably apocryphal conversation in which a poorhouse attendant remarked to an asylum attendant, 'it is in

---

<sup>53</sup> Marland, *Medicine and Society*, p.56.

<sup>54</sup> WYAS, C85/125, Medical Director's Journal 1874-81, 28 Oct 1875.

<sup>55</sup> BIHR, CLF1/2/3, NRA *Annual Reports* 1874-84, Report of the Superintendent for 1879.

<sup>56</sup> BIHR, CLF1/1/1/2, NRA Visitors Minute Book 1848 - 1858, 26 Jan 1857.

<sup>57</sup> Lionel A. Weatherly, 'The Domestic Treatment of the Insane', *The Practitioner*, Vol. 27, Aug 1881, pp.93-9, pp.95-6.

our interest to let them die – yours to keep them living’. This ‘literally true’ remark, ‘prove[d] more powerfully than all the reports of all the committees of inquiry that ever existed, that poor houses should not be entrusted with the keeping of lunatics’.<sup>58</sup>

Clearly then, there were more costs involved in the care of pauper lunatics than the weekly charge for maintenance. For this reason, the effects of the introduction of the grant were not as straightforward as some contemporaries claimed. Of course, the introduction of the grant could have made the committal of some patients more attractive to some authorities, but whether this had a direct effect on the numbers of chronic patients is also questionable.

### *The Grant and Chronicity*

Chronic cases were a real problem for the asylums, because it was generally accepted that their chances of recovery were slim, and as a consequence, this made the medical attendant’s job a difficult one. ‘By reason of changes in the structure of the brain’, wrote Cook, they ‘are not likely to recover, or if recovery is still to be looked for, then other treatment than medical alone is required to promote and ensure it’.<sup>59</sup> From 1867, each asylum tabulated the duration of individual illnesses on committal based on one of four categories, ranging from recent to longer-term cases.<sup>60</sup> The definition of what constituted a chronic case was subject to variation, but Christie, the superintendent at York in the 1860s, complained that only 26.3 per cent of all cases admitted were

---

<sup>58</sup> Anon., *The Philosophy of Insanity by a Late Inmate of the Glasgow Royal Asylum for Lunatics at Gartnavel*, William Love, Edinburgh, 1860, p.53.

<sup>59</sup> George Cook, *Remarks on the Care and Treatment of the Chronic Insane Poor*, Canandaigua, NY, 1867, p.3.

<sup>60</sup> First Class: First attack and within three months on admission. Second Class: First attack, above three months and within twelve months on admission. Third Class. Not first attack and within twelve months on admission. Fourth Class. First attack or not but more than twelve months on admission. From 1882 a fifth class was added for congenital cases.

brought under treatment within the first three months of the detection of the disease.<sup>61</sup>

If we follow Christie's example, and group together all those outside the category of First Class, the picture presented is an inconclusive one.

As we can see from Table 13, some of the key data for the WRA is missing, but it is clear that the peak years are 1872, 1880 and 1881, for both actual numbers of chronic cases admitted, and as percentages of the total figure. The fact that the figures for 1872 were as high as any other available for the post-grant era is significant, and it is a similar story at the NRA. The figures for the asylum at York show that the grant had little obvious effects on the numbers of chronic cases, and it was not until 1878 that the numbers of chronic cases reached anywhere near the figure for 1868.

Table 13: The Numbers of Chronic Patients (Not First Class) Admitted to the NRA and WRA, 1867 – 1881.

	NRA		WRA	
	n	%	N	%
1867	63	44.37	-	-
1868	123	64.74	264	56.65
1869	77	58.78	-	-
1870	83	64.34	209	48.05
1871	104	59.09	226	60.27
1872	115	60.85	292	68.22
1873	66	67.35	283	60.08
1874	58	58.59	-	-
1875	75	57.69	-	-
1876	91	63.64	261	54.04
1877	78	60.94	269	60.04
1878	106	67.52	242	57.48
1879	80	62.99	290	61.44
1880	84	72.41	297	68.78
1881	78	60.94	294	67.28

Source: Annual Reports of the NRA and WRA.

In terms of percentages, it is the years 1873, 1878 and 1880 that stand out, with only the latter going above seventy per cent. The numbers of admissions seem to be similarly unaffected, with the years 1871 and 1872 showing the highest number in

<sup>61</sup> BIHR, CLF1/2/2, NRA *Annual Reports* 1865-76, Report of the Superintendent for 1867.

that class of patient. The rise in these years probably reflected the space obtained by the transfer of patients to the new east Riding Asylum at Beverley. The limited sources that remain for that asylum are similarly inconclusive and subject to peaks and troughs. (Table 14)

Table 14: Total admissions to the East Riding Asylum, Beverley, 1879 – 1888.

Year	n
1879	51
1880	60
1881	58
1882	51
1883	50
1884	73
1885	51
1886	53
1887	47
1888	64

Source: East Riding Archive Service (ERAS), NH6/66/1, East Riding Asylum Register of Admissions 1879-90.

If we take the definition from Cook's textbook, which described chronic cases as 'generally persons who have been insane one year or more', and group together all those cases outside the categories of First and Second class, the results are similarly inconclusive.<sup>62</sup> (Table 15) In this case it is the year 1878 that again stands out for the NRA percentage wise, but the highest number of admissions is the pre-grant year of 1868. For the WRA, the missing years of 1874 and 1875 are again a problem, but the years immediately either side of these suggest some consistency in terms of both percentages and actual numbers.

To circumvent such inconclusive tabulations, some contemporaries created convenient alternative explanations. T. Algernon Chapman, for example, questioned whether chronic patients had ever been acute cases, suggesting they were in fact

congenital idiots and imbeciles, cases of senile dementia, and of various forms of progressive brain disease.<sup>63</sup>

Table 15: The Numbers of Chronic Patients (Not First and Second Class) Admitted to the NRA and WRA, 1867 – 1881.

	NRA		WRA	
	n	%	n	%
1867	48	33.80	-	-
1868	99	52.11	196	42.06
1869	59	45.04	-	-
1870	63	48.84	141	32.41
1871	76	43.18	176	46.93
1872	76	40.21	199	46.50
1873	55	56.12	214	45.44
1874	52	52.53	-	-
1875	57	43.85	-	-
1876	75	52.45	201	41.61
1877	61	47.66	209	46.65
1878	97	61.78	166	39.43
1879	63	49.61	235	49.79
1880	64	55.17	226	52.31
1881	59	46.09	240	54.92

Source: Annual Reports of the NRA and WRA.

The superintendent of the NRA went beyond a reliance on bald statistics, condemning the committal of chronic patients, and even going as far as questioning the length of illness of those described as recent cases. ‘It is always a matter of difficulty’, he wrote, ‘to procure anything like a correct statement of the length of time a patient has been insane when brought to the asylum. ... Frequently a week, or a fortnight at the outside’ was set down on the order of admission as the duration, but ‘upon further investigation it is found that the disease has been going on for years’. Such a delay, he argued, ‘precluded all probability of a recovery’.<sup>64</sup> Thus it was the means of recording the duration of the illness that was at fault, rather than anything else. This was not an unlikely suggestion, but nothing had changed in this respect and the means of

<sup>62</sup> Cook, *Remarks*, p.3.

<sup>63</sup> Chapman, ‘On Some Common Misapprehensions’, p.187.

obtaining this information rested with the committal form, the patients and their relatives, as it always had done.

In any event, the problem of chronicity was not a new one, and the issue of slow committal was one that had vexed generations of asylum superintendents who had condemned it on the grounds that it diminished the chances of recovery. The contention that chronic patients would have recovered if they had been taken to the asylum earlier, was for Sir James Coxe, 'an assumption which [was] beyond the power of proof'. Moreover, he argued, not unreasonably, that patients that were admitted early should always recover, which was clearly not the case, but this remained a minority view.<sup>65</sup> Over the years, the superintendents at both Wakefield and York, like the majority within the profession, had complained at the tardiness in which lunatics were committed. Of the 433 patients in the WRA in December 1843, for example, only 49 were deemed to have a good chance of recovery.<sup>66</sup> At York, the Commissioners in Lunacy complained that the 134 admissions since their last visit had been received 'in a very bad and feeble state of health'.<sup>67</sup> In his report for 1868, Christie complained at the lack of early treatment for cases of mental disease, blaming the friends of the patients for not seeking the 'aid of the skilled physician' earlier. It was this, he concluded, that lead to 'the large amount of chronic cases that exist[ed] in all the wards'. Hingston, like his predecessor, complained that the asylum was seen as the place of the last resort, and he argued that recourse to 'proper treatment was' only adopted after 'a desperate attempt at homicide or suicide awaken[ed] the friends to a

---

<sup>64</sup> BIHR, CLF1/2/3, *NRA Annual Reports 1874-84*, Report of the Superintendent for 1878.

<sup>65</sup> Coxe, 'On Causes of Insanity', pp.311, 316.

<sup>66</sup> 321 cases were described as incurable, and 63 were deemed to be 'doubtful.' WYAS, C85/108, *WRA Annual Reports, 1833-67*, Report of the Superintendent for 1843.

<sup>67</sup> BIHR, CLF1/2/2, *NRA Annual Reports 1865-76*, Report of the Commissioners in Lunacy, 4 Nov 1865.



sense of their responsibility'.<sup>68</sup> Crucially, this was written *before* the introduction of the grant, but he still went on to argue that the four-shilling grant led to a rise in the number of chronic cases.<sup>69</sup> Similarly, the Lunacy Commission was keen to press the point and in their report for 1878, they reported that a third asylum for Middlesex had led to an overall increase in admission but again pointed to the grant's role in promoting the removal of lunatics from workhouses and their homes. 'We have noticed', they complained 'that when chronic cases become at all troublesome, they are no longer, as formerly, restrained in the workhouse, but are removed to the asylum.'<sup>70</sup> Yet this change in attitudes was clearly taking place over a longer period of time than the Commission was prepared to admit. As early as 1848, Corsellis complained that an enlargement to the asylum was met with a large influx of hopeless cases, some of whom were admitted to die. Of the 414 admissions in 1861, only five were described as being in 'good bodily health', 97 were in 'moderate bodily health' and 312 as 'much reduced'. Similarly, in 1864, the Visitors at the NRA remarked that patients were sent either in 'consequence of failing health', or 'on account of their being thoroughly unmanageable elsewhere'.<sup>71</sup> The transfer of some west Riding patients to the SYA in 1872 allowed a number of patients to be admitted to the WRA from other asylums, workhouses and their homes. Unfortunately, this group included a large proportion of those deemed to be chronic cases, which had a detrimental effect on the asylum's recovery rate. Furthermore, of the total deaths at the NRA for 1872, the superintendent recorded that 38 per cent of them were from the west Riding, who

---

<sup>68</sup> BIHR, CLF1/2/2, *NRA Annual Reports 1865-76*, Reports of the Superintendent for 1868 and 1872.

<sup>69</sup> BIHR, CLF1/2/2, *NRA Annual Reports 1865-76*, Annual Reports of the Superintendent for 1870 and 1873.

<sup>70</sup> *37 Annual Report of the Commissioners in Lunacy for 1878*.

<sup>71</sup> WYAS, C85/108, *WRA Annual Reports, 1833-67*, Report of the Superintendent for 1848. BIHR, CLF1/1/1/3, *NRA Visitors Minute Book 1858-65*, 6 Dec 1864.

had been admitted 'in a particularly feeble state'.<sup>72</sup> Like his colleagues in the north, Browne had expressed exasperation at the kind of lunatic forwarded to the asylum. The removal to the asylum, he considered, was not based on the possibility of cure but on the ability of the asylum to deal with difficult cases. 'If they are violent or dirty in their habits, or degraded and destructive, they are forwarded here. If they are quiet and inoffensive they are detained in the workhouse, no matter how important suitable treatment may be.'<sup>73</sup> Clearly then, the numbers of cases, chronic or otherwise, admitted to the asylums at York and Wakefield were not significantly affected by the grant, despite what the medical profession said. It is clear, however, that the gradual trend concerning the committal of lunatics into the asylum was on the up, while the increase in workhouse lunatics was less pronounced. To understand why this was, we must now turn our attention to some important long-term factors.

### *Longer Term Factors.*

It is clear that the upward trend in asylum lunatics was less the result of the particulars of the grant, and more about the development of specific roles for workhouses and asylums. This distinction between lunatics and other groups had its origins in longer-term factors than the 1874 grant. The Webbs pointed to the period 1834-47 as the key era in which 'persons of unsound mind became recognised as a distinct class'. Peter Rushton has disputed such sentiments, stating that in the early modern-period there was careful differentiation of the 'mentally odd'.<sup>74</sup> Nevertheless, the asylum was increasingly viewed as the best place to deal with insane cases, and other places, such

---

<sup>72</sup> WYAS, C85/124, Medical Director's Journal 1867-74, 30 Jan 1873. BIHR, CLF1/2/2, NRA *Annual Reports* 1865-76, Report of the Superintendent for 1872.

<sup>73</sup> WYAS, C85/124, Medical Director's Journal 1867-74, 30 Jan 1873.

<sup>74</sup> Sidney & Beatrice Webb, *English Poor Law Policy*, Frank Cass & Co., London, 1963, First pub.1910, p.49. Peter Rushton, 'Lunatics and Idiots: Mental Disability, the Community, and the Poor Law in North-east England 1600-1800', *Medical History*, Vol. 32, No. 1, 1988, pp.34-50, p.36

as the workhouse or the home, were deemed ill equipped to deal with the special problems involved in their care.<sup>75</sup> The continued use of private institutions shows that this was not just about the County Asylums, although the mood towards the former from some quarters was, at times, hostile. 'If the account of my sufferings assists in the closing down of all private lunatic asylums, and in the provision of paying patients at all county asylums', wrote one former intern, 'I shall not have suffered in vain.'<sup>76</sup> Elsewhere, the editors of both the *Lancet* and the *JMS* attacked the inferiority of private provision, and this played its part in forcing Maudsley to quit his position at the latter.<sup>77</sup>

This spat aside, the medical profession was keen to stress that only certain 'insane cases' benefited from the specialist provision available at the public asylums. The Commissioners in Lunacy, for example, wished it were possible to remove 'those paupers who do not require and mentally derive no benefit from asylum care to their respective unions, and thus give ample space for the curable lunatics for many years to come'.<sup>78</sup> Similarly, Arthur Mitchell, a deputy Lunacy Commissioner for Scotland, advocated moving chronic patients out of the asylum so it could concentrate on curing the curable and safeguarding dangerous lunatics, and those needing special attention.<sup>79</sup> Here, he pointed to similar comments made by the English Lunacy Commissioners, and by Henry Maudsley, but reaching agreement on where asylum lunatics should go on their discharge proved difficult. The proposal by one contemporary to return lunatics to the community met with the opprobrium of the

---

<sup>75</sup> Philo, 'Fit Localities for an asylum', p.404.

<sup>76</sup> Charles Ethelston, *A Private Lunatic Asylum Exposed*, Printed Privately, London, 1885.

<sup>77</sup> Charlotte MacKenzie, *Psychiatry for the Rich: A History of Ticehurst Private Asylum, 1792-1917*, Routledge, London 1992, pp.195-6.

<sup>78</sup> JGC, *Accounts for the Treasurer and Reports of the Finance and Other Committees for the West Riding of Yorkshire*, Report of the Commissioner in Lunacy, August 1881.

*JMS*, which condemned the rosy picture of past provision. It considered the suggestion that every hamlet had its own lunatic, well cared for by a combination of the Poor Law and the community, as mischievous nonsense, reminding its readers of the harsh reality of lunatics cruelly treated by the Poor Law pittance, village schoolboys, and inhuman taskmasters.<sup>80</sup>

According to Williams, the only apparent bar to 'poor relatives' being allowed to take charge of his or her afflicted relative rested with the 'strong prejudice in the mind of many, especially of the middle and higher classes', who were concerned at the discharge of lunatics.<sup>81</sup> For Williams, this was a terrible 'injustice', but suggestions such as these, according to the *Lancet*, neglected to consider the 'effect upon the relatives themselves of a constant association with the demented'.<sup>82</sup> By the 1870s and 1880s, however, both the *Lancet* and the *BMJ* were supporting calls for lunacy reform, with the former running a series of articles by Mortimer Granville questioning the effectiveness of asylum care.<sup>83</sup> It seemed clear that the workhouse was the obvious place to send 'harmless and chronic' cases. Indeed, when the Lunacy Commissioners visited the WRA in 1881, they wrote that new asylums would always be filled up with those who were fit for workhouse care, and they wrote of their desire to see some mechanism introduced which could be used to remove them.<sup>84</sup> This, however, was a suggestion that had faced long-term resistance. At the WRA, attempts to relieve pressure by removing patients to the workhouse drew criticism from Corsellis, on the

---

<sup>79</sup> Mitchell, 'The Care and Treatment of the Insane Poor', pp.726-29.

<sup>80</sup> *BMJ*, 28 May 1870, p.552

<sup>81</sup> S.W.D. Williams, 'Our Over-Crowded Lunatic Asylums', *Journal of Mental Science*, Jan 1872, pp.515-518, pp.517-8.

<sup>82</sup> *The Lancet*, 28 Feb 1874, p.312.

<sup>83</sup> MacKenzie, *Psychiatry for the Rich*, pp.195-6.

<sup>84</sup> JGC, *Accounts for the Treasurer and Reports of the Finance and Other Committees for the West Riding of Yorkshire*, Report of Commissioners in Lunacy, for the WRA for 1881.

grounds that the 'removal from this beneficial treatment' often led the patients 'back to former pernicious and harassing delusions'. Nearly thirty years later, Sir James Coxe considered that recovery from insanity, was as a rule, due more to the broad rules of hygiene than any specialist asylum care, arguing that 'a comfortable meal was the best of sedatives, and an abundance of exercise the best of hypnotics'.<sup>85</sup> Yet for the asylum superintendents, this ignored the unpredictable nature of some lunatics. When an apparently harmless patient committed suicide after enjoying a 'substantial dinner' with the porter and his family, for example, it allowed Browne to re-iterate the problems inherent in caring for the insane. 'It illustrates the truth, which is constantly impressing itself more and more forcibly upon the minds of those who have the best means of observation' he wrote, 'that no confidence is to be placed in chronic lunatics.' They were, he continued, 'frequently dangerous to themselves and others, even when they are to all appearances harmless and inadequate'.<sup>86</sup> It is difficult to see how 'harmless' lunatics could also be 'frequently dangerous', but the real difficulty in getting the workhouses to accept any chronic cases was the resistance of the Poor Law Unions.

When attempts were made to return lunatics to the workhouse, they were beset with logistical problems, and often met with failure. The plans between the SYA and the Poor Law Unions to 'periodically relieve a certain number of the chronic cases', for example, collapsed as the Union Parishes complained about their own want of room.<sup>87</sup> Similar attempts to relieve the Sussex County Asylum failed because 'every union, with the exception of Brighton, refused to provide the necessary accommodation,

---

<sup>85</sup> WYAS, C85/108, WRA *Annual Reports*, 1833-67, Report of the Superintendent for 1844. Coxe, 'On Causes of Insanity', p.318

<sup>86</sup> WYAS, C85/124, Medical Director's Journal 1867-74, 24 April 1873.

<sup>87</sup> JGC, *Accounts for the Treasurer and Reports of the Finance and Other Committees for the West*

naturally objecting to alter the character and spoil the already meagre comfort of their poor houses by the addition of a number of lunatics'.<sup>88</sup> This is unsurprising, because while Parliament objected to the keeping of curable and dangerous lunatics in the workhouse, it never insisted on the installation of separate lunatic wards.<sup>89</sup> Without an integrated policy, the expectation that the Unions would spend what would be relatively large sums of money to relieve the institutions that were built to deal with lunatics was naïve. In west Yorkshire, one Huddersfield Poor Law guardian had 'called attention to the great cost of lunatics in asylum [*sic*], and expressed the opinion that considerable saving might be effected by making provision at the new workhouse for lunatics who were not dangerous'.<sup>90</sup> The committee proposed to make three rooms available for approximately 26 male and 26 female patients, but the Commissioners questioned whether such small wards would provide any source of economy. Ultimately, the plans were shelved, partly because it was noted that workhouse care only postponed long-term, expensive care in the asylum. Indeed, in his review of 1872, Browne had compared two union workhouses, equidistant from the asylum. Even allowing for adjustment for population ratios, he concluded that the well-ordered workhouse, which encouraged the postponement of treatment, manufactured more lunatics than the old and defective one.<sup>91</sup> In the Huddersfield case, a note in the files of the LGB posed the key question whether it was advisable to relieve the asylums of chronic cases to make way for more recent cases, but they clearly decided it was not.<sup>92</sup> The increasing numbers of lunatics in the asylum has been seen by Scull as an indication that the Poor Law officials recognised a superior

---

*Riding of Yorkshire*, Report of Committee of Visitors of the SYA for 1881.

<sup>88</sup> Williams, 'Our Over-Crowded Lunatic Asylums', p.516.

<sup>89</sup> S & B Webb, *English Poor Law Policy*, p.124.

<sup>90</sup> HPL, P/HU/M/14, Minutes of Huddersfield Poor Law Union, 1871-5, 13 Dec 1872.

<sup>91</sup> WYAS, C85/109, WRA *Annual Reports*, 1868-79, Report of the Superintendent for 1872.

<sup>92</sup> Public Record Office (PRO), MH 12/15087, 12 July 1873.

form of custody but the Poor Law records for Huddersfield reflect a concern for a superior form of care. In this case, it is clear that the Poor Law authorities at Huddersfield looked to the asylum to provide the cures the medical authorities had promised.<sup>93</sup>

Bartlett has recently shown, in his study of the Leicestershire and Rutland County Asylum, that the Poor Law authorities used the asylum on a number of levels. Its uses, he argues, depended on the individual lunatic concerned, and while it could offer a moralising alternative to the workhouse, it could also act as ‘escape valve’ when paupers became troublesome.<sup>94</sup> Again, this could prove difficult if no beds were available at the asylums, and if they were, it often influenced Poor Law policy. As Table 16 shows, there was a key shift in the domiciliary care of Halifax lunatics in 1881, as 76 pauper patients were transferred to the SYA.

Table 16: The Distribution of Pauper Lunatics Belonging to the Halifax Union, 1871 – 1884.

January 1	County and Boro' Asylums	Registered Hospitals	Workhouses	With Relatives	Total
1871	116	2	114	29	261
1872	112	3	114	29	258
1873	126	2	103	29	260
1874	150	0	95	26	271
1875	171	0	91	31	293
1876	173	0	84	28	285
1877	195	2	92	22	311
1878	212	2	94	19	327
1879	214	2	95	17	328
1880	199	2	92	18	311
1881	210	2	95	18	325
1882	299	0	21	22	342
1883	323	0	16	24	363
1884	325	0	17	21	363

Source: Annual Reports of the Commissioners in Lunacy.

<sup>93</sup> Scull, *The Most Solitary of Afflictions*, p.308.

<sup>94</sup> Bartlett, ‘The Asylum and the Poor Law’, pp.54-9.

The SYA authorities railed against this on the grounds that the 76 were transferred 'although they had been to all appearances under proper care and treatment in the workhouse'.<sup>95</sup>

A letter from the Commissioners in Lunacy to the LGB questioned why so many lunatics from Halifax had been transferred. An LGB official, who had been present at the meeting when the Guardians had made their decision, wrote that it seemed to be an illustration of the effects of the grant.<sup>96</sup> The kind of patients that were shifted led to a fierce debate with the SYA authorities, but the Halifax guardians qualified their decision on a number of grounds. They made particular reference to the growing pressure on the sick wards, and a need to extend their workhouse provision, which was unlikely to meet the approval of the LGB.<sup>97</sup> Indeed, when an attempt was made to return five 'chronic and harmless' patients to the Halifax Union in 1885, only one was allowed in. The authorities made it clear that the infirmary ward had only nineteen vacant beds, stressing that they were expecting a sudden influx of sick paupers.<sup>98</sup> This may have been a convenient excuse, but as Flinn points out, the workhouses were being used for purposes other than their original designation by the 1860s. 'They had willy-nilly, become hospitals - general hospitals, fever hospitals, paediatric, geriatric and mental hospitals. And in becoming hospitals, their reference to the Poor Law was diminished, if not destroyed.' Similarly, as Peter Wood has pointed out, the early 1870s saw something of a boom period for workhouses, as a number of changes to the law saw various unions took advantage of new financial freedoms to extend their

---

<sup>95</sup> JCG, Report of Committee of Visitors of the SYA for 1881, *Accounts for the Treasurer and Reports of the Finance and Other Committees for the West Riding of Yorkshire*, 1881.

<sup>96</sup> PRO, MH 12/14999, 21 April 1881.

<sup>97</sup> PRO, MH 12/14999, Copy of letter from the Halifax Union to the SYA, March 29 1881.

<sup>98</sup> WYAS, C85/126, Medical Director's Journal 1882-88, 30 July 1885.



workhouse provision.<sup>99</sup> Again, this was undoubtedly due to a lack of an integrated policy, and while informed opinion within the medical profession looked to offload chronic and harmless patients, the Poor Law authorities were making use of new legislation to limit their place within the workhouse. It is unsurprising then, that they sought to transfer their pauper lunatics to the asylums whenever they could. Significantly, the transfer from Halifax was prompted by a letter from the SYA, stating they had room for 400 additional patients and that they were prepared to accept any number of additional imbeciles, provided they were certified in the usual way.<sup>100</sup> Likewise, the Sunderland Union initially economised on the number of lunatics it sent to the county asylum following additions it had made for their provision at the Workhouse. Like the Halifax Union it explained to the central authority that on the opening of the Borough Asylum it would transfer its lunatics, making way for the admission of the sick poor.<sup>101</sup> Closer to home, the report of the WRA visitors for 1874 reported that a number of sick and feeble old men were sent from the Sheffield and Eccleshall Brierlow unions, because of the crowded condition of their sick wards, but this was not just a provincial problem.<sup>102</sup> Plans to extend the Metropolitan Asylums at Caterham and Leavesden were approved, with article two of the general orders stating that

The insane paupers to be admitted into the asylum shall be such harmless persons of the chronic or imbecile class as could be lawfully retained in the workhouse; but no dangerous or curable persons, such as would, under the statutes in that behalf, require to be sent to a lunatic asylum, shall be admitted.<sup>103</sup>

---

<sup>99</sup> M.W. Flinn, 'Medical Services Under the New Poor Law' in Derek Fraser (ed.) *The New Poor Law in the Nineteenth Century*, Macmillan, London, 1976, p.66. Wood, *Poverty and the Workhouse*, p.127.

<sup>100</sup> PRO, MH 12/14999, 21 April 1881.

<sup>101</sup> Peter Wood, 'Finance and the Urban Poor Law: Sunderland Union, 1836-1914', in Rose (ed.), *The Poor and the City: The English Poor Law in its Urban Context*, p.40.

<sup>102</sup> JGC, *Accounts for the Treasurer and Reports of the Finance and Other Committees for the West Riding of Yorkshire, 1875*, Report of the Committee of Visitors for 1874.

<sup>103</sup> *5 Annual Report of the Local Government Board, 1876*.

The Metropolitan Asylums proved so 'successful' that plans were considered to open a third, but the decision was deferred because of the intended opening of an additional county asylum, blurring the boundaries of acceptable committals.<sup>104</sup>

### *Conclusion*

Generally speaking, the introduction of the 1874 Grant proved to be a convenient explanation for the failure of the asylum to provide the cures it had seemed so certain to produce. It was all blindingly obvious; the four-shilling rebate made the offloading of lunatics to the asylum irresistible, simply because it suddenly became much cheaper to do so. Thus, the failure to cure these patients was not indicative of the failure of the asylum, or its medical staff, but a failure based on the irresponsible behaviour of those involved in the committal of insane patients. Yet the acceptance of this apologetic rationalisation requires evidence to show that it was, at some point, responsible for a key-turning point in policy. Where this comes from is difficult to ascertain, because as soon as the asylums opened they were, for the most part, filled to bursting point. Here, it is important to recognise that while there has been a general acceptance of the grant's role, nearly two thirds of all asylums canvassed at the time failed to draw a direct connection between its introduction and its effects on asylum numbers. In the three key areas of lunatic distribution, costs, and chronicity, it can be seen that the committal of patients was informed by longer-term factors than the introduction of just one fiscal incentive. Firstly, the distribution of lunatics was already changing well before 1874, and figures for both the country as a whole, and the north and west Ridings show that the grant was not responsible for any

---

<sup>104</sup> *4 Annual Report of the Local Government Board, 1874-5.*

exponential increase. In any event, we should be aware that the committal of patients also rested with other non-economic factors, such as access to lunatics by their families. Secondly, while it is true that the four-shilling rebate was something that the unions did not have before, it is also true that other forms of care remained cheaper still. Furthermore, relying on comparisons between weekly maintenance costs at the workhouse and at the asylum is too simplistic, because it ignores other extraneous costs. Thirdly, the filling of the asylum with chronic patients, who had no chance of cure, and who made no contribution to their own upkeep must have been galling, but there is little evidence to show that the rebate had any influence on the admission of this class of patient.

From the outset, the asylum authorities had emphasised that their institutions were the ones best equipped to deal with the particular problems of madness. It is unsurprising then, that more and more lunatics were transferred to them, particularly as it was they that had the resources to cope with them. Those who came into the asylum and were deemed incurable seemed obvious candidates for care in the workhouse, but this required the unions to have the resources or the inclination to accept them.

Ultimately, the medical profession working in the field of lunacy had much to gain by presenting the grant as a break with the past, but it is clear that the whole period was marked by continuity, rather than change. The complaints about the chronic state of asylum interns were a central feature of this continuity, as was the superintendents' bids to spread the blame for the apparently incurable nature of many of their patients. Here, attention was also drawn to the sluggish behaviour of the families of the insane,

and in the following chapter I want to examine when and why they turned to the asylum when they did.

## CHAPTER FOUR

### *The 'Perversity or Misdirected Zeal' of Friends. Family Strategy and Asylum Care*

'Procrastination is the thief of reason as well as of time.'<sup>1</sup>

This maxim summed up Browne's exasperation at what he saw as the tardiness in which the insane were committed. As we saw in the previous chapter, it was widely believed that the sooner lunatics were brought into the asylum, the more likely it was that they would be cured, but, as Browne suggests, the asylum was often used only reluctantly. It is clear that the families of the insane played an important part in the committal process, and Walsh has recently shown that 62 of the 72 admissions to the Connaught Asylum in 1879 were committed on the evidence of family members.<sup>2</sup> The problem for contemporaries and historians alike has been trying to ascertain why relatives committed their family members when they did. For the authorities at the WRA, delays were due to the 'perversity or misdirected zeal' of friends, and while one of the York superintendents offered no explanation, he decried the delay in committal as a 'source of great evil'.<sup>3</sup> Despite this dilatory approach, the increasing emphasis on the asylum as the locus of care has been interpreted as a relaxing of attitudes, concerning the use of outside help by the relatives of the insane. The reasons for this have been subject to some debate, and for Andrew Scull the key was a mature market capital system, which lessened the influence of groups such as kin. While he

---

<sup>1</sup> WYAS, C85/109, WRA *Annual Reports*, 1868-79, Report of the Superintendent for 1872.

<sup>2</sup> Of the other ten, four were committed on the evidence of workhouse master, one on a workhouse nurse, two by a constable in the Royal Irish Constabulary, two by the manager of Galway gaol, and one unknown. Walsh, 'Lunatic and Criminal Alliances in Nineteenth Century Ireland', p.141.

<sup>3</sup> WYAS, QD1/258, Sessions Papers, Report of WRA Committee of Visitors for 1884. BIHR, CLF1/2/2, NRA *Annual Reports* 1865-76, Report of the Superintendent for 1868.

recognises the need for a willing public, it is his contention that the asylum's existence reduced family tolerance, by expanding the notion of what was intolerable, and at the same time, expanding the notion of what insanity was.<sup>4</sup> By contrast, Melling *et al* have pointed out the paradox inherent in the suggestion that it was commercialisation that helped to loosen family bonds, pointing to the attacks by Shaftesbury and his allies on the trade in lunacy and private madhouses.<sup>5</sup> Furthermore, in his examination of the existing historiography, David Wright has cautioned that the medicalisation of lay attitudes leading to confinement, is at best, unproven.<sup>6</sup> Indeed, Akihito Suzuki has recently shown, that 'rather than seeing it as a mysterious visit or an esoteric and technical question, lay people frequently expressed their own opinions about the causes of mental disease of their acquaintances. Entries for the "cause" section', he continues, 'were dominated by this kind of lay cultural understanding of madness, rather than medicalised aetiology'.<sup>7</sup> Elsewhere, Michael Ignatieff, in his critique of the histories of 'total institutions', suggested that it was industrialisation, and the subsequent separation of work and home that re-defined the boundaries of family obligation, making the poor responsive to alternative forms of care.<sup>8</sup> In her analysis of the recent historiography of the family, however, Tamara Hareven emphasised that many of the myths and generalisations regarding the effects of industrialisation, have not stood up to the scrutiny of systematic research. This has led to a questioning of the apparent axiom that industrialisation was such a watershed

---

<sup>4</sup> Scull, *The Most Solitary of Afflictions*, pp.351-3.

<sup>5</sup> Melling *et al*, 'Families, Communities and the Legal Regulation of Lunacy', pp.165-6.

<sup>6</sup> Wright's critique is based on three other propositions. Firstly, asylum doctors remained answerable to lay governors. Secondly, the majority of admissions were at the family's behest. And thirdly, the majority of patients were admitted for short periods. Wright, 'Getting Out of the Asylum', pp.137-42.

<sup>7</sup> Akihito Suzuki, 'Framing Psychiatric Subjectivity: Doctor, Patient and Record-keeping at Bethlem in the Nineteenth Century', Melling & Forsythe, *Insanity, Institutions and Society*, p.120.

<sup>8</sup> Ignatieff, 'Total Institutions and Working Classes', pp.168-9.

in European and American history.<sup>9</sup> Indeed, Scull himself has questioned the role of industrialisation, on the grounds that there was no clear connection between the rise of large urban areas and asylum building programmes.<sup>10</sup>

The emphasis on continuity over the longer term is one favoured by Roy Porter, who like Scull, points to the availability of the asylum as a cornerstone to its success. Unlike Scull, however, he does not see the rise of the asylum as a significant break from what came before. He plays down the importance of a change in attitudes, arguing that 'before the advent of large pauper institutions, outdoor relief was often substantial. Many other lunatics', he continues, 'presumably benefited from such policies, which gave a glimpse of an important but little known halfway house between mere neglect of family care and the asylum - *ad-hoc* boarding with a cleric or a doctor'. Furthermore, while he states that eighteenth century entrepreneurs, or 'captains of confinement', were quick to realise a money making opportunity, the 'trade in lunacy' was essentially market driven. The fact that Bethlem remained England's sole public madhouse for so long was surprising, he stresses, because demand usually exceeded supply. In this analysis, the emergence of the County Asylum system was merely a reflection of this process, and once a supply had been created, the demand was more than equal to it.<sup>11</sup> Here, there are important precedents set for the care of 'troublesome' family members, and in a critique of what he describes as the 'Whiggish' history of social policy, David Thomson argues that 'it

---

<sup>9</sup> Tamara K. Hareven, 'Recent Research on the History of the Family', Michael Drake (ed.), *Time, Family and Community. Perspectives on family and Community History*, Blackwell, Oxford, 1994, p.14.

<sup>10</sup> Scull, *The Most Solitary of Afflictions*, p.29.

<sup>11</sup> Roy Porter, *Mind Forg'd Manacles: A History of Madness in England from the Restoration to the Regency*, Penguin, Harmondsworth, 1987, pp.120-1, 166.

was 'unenglish' behaviour to expect children to support their parents'.<sup>12</sup> More specifically, Peter Rushton has shown that Poor Law officials, in the seventeenth and eighteenth centuries, were prepared to use an institutional solution to the problems of madness, even if this came only after the failure of domestic care.<sup>13</sup> Contemporaneous studies in the history of the family have suggested that this became increasingly entrenched, as the increasing prominence of the nuclear family helped to erode ties of kinship and community.<sup>14</sup> Michael Anderson has disputed this, however, and he has questioned the centrality of the nuclear family, stating that in the mid-nineteenth century both large, complex households, as well as smaller, conjugal families, were very much in the minority.<sup>15</sup> Furthermore, the suggestion of a failure of existing kin support systems, inherent in this analysis, seems to be an over-simplification, because generally speaking, any moves made from the rural to the urban milieu were done so within 'a family-orientated social context'. Where possible, this would be set within the values of the sending community, but existing communal systems of provision did not always easily transplant from the rural to the urban environment. As a corollary of this, 'industrialisation increased, rather than diminished the importance of supportive kin networks'.<sup>16</sup> Rosemary O'Day has also highlighted such continuities, stressing that we must be wary of seeing the pre-industrial age as a golden age of family cohesion, because the mortality rates made it unlikely that the pre-industrial family

---

<sup>12</sup> Thomson dates this back to the 1601 Elizabethan Poor Law Act which placed the principles of filial and familial duty within a limited set of circumstances. For examples of the way in which the law operated at the local level see David Thomson, 'The Welfare of the Elderly in the Past. A family or community responsibility?', in M. Pelling and R.M. Smith, *Life, Death and the Elderly: Historical Perspectives*, Routledge, London, 1994, pp.196-200.

<sup>13</sup> Rushton, 'Lunatics and Idiots', p.50.

<sup>14</sup> Wright, 'Getting Out of the Asylum', p.153.

<sup>15</sup> Michael Anderson, 'The Social Implications of Demographic Change', in F.M.L. Thompson (ed.), *The Cambridge Social History of Britain 1750-1950. Vol. 2: People and Their Environment*, Cambridge University Press, Cambridge, 1990, pp.56-65. For an outline and critique of the historiography of household size and structure see Barry Reay, *Microhistories: Demography, Society and Culture in Rural England 1800-1930*, Cambridge University Press, Cambridge, 1996, Chapter 6.



was both tightly knit and stable.<sup>17</sup> As she points out, it was not until 1861, that the majority of the population would know all their grandchildren, and live to see them all marry.<sup>18</sup>

The debates about family structure have undoubtedly influenced historians trying to understand why relatives committed family members when they did. David Wright, for example, has suggested cross referencing address details in the committal forms, for the year immediately following a national census, and tracing them back to the census to gain a better understanding of the family dynamic in the committal process. Such a demographic approach, he contends, may provide evidence of a relationship between an atypical household size, and the propensity to commit.<sup>19</sup> For this study, this approach has been rejected, and the reasons for this form the first part of this chapter. In part two, I want to begin by examining the suggestion that the family 'surrendered' the care of its kin to the asylum. In her examination of the effects of industrialisation, Hareven discussed a number of behavioural models, which saw the family transferring responsibility for all aspects of social order to other institutions, the corollary of which was the interference of an array of social control agencies.<sup>20</sup> Because of this, I want to briefly consider the theory of social control, before moving on to the main focus of part two, which were the alternatives available to asylum care. Hareven has described the family's surrender of its functions such as welfare, as

---

<sup>16</sup> Michael Anderson, *Approaches to the History of the Western Family 1500-1914*, Macmillan, London, 1992, p.79. Thomson, 'Welfare and the Historians', p.372.

<sup>17</sup> Rosemary O'Day, *The Family and Family Relationships*, MacMillan, Basingstoke, 1994.

<sup>18</sup> O'Day, *The Family and Family Relationships*, p.24.

<sup>19</sup> David Wright suggests using this technique to discover details such as relationship to head of household see Wright, 'Getting Out of the Asylum', pp.149-50. For other examples of the use of census data with the asylum see Anne Digby, 'Quantitative and Qualitative Perspectives on the Asylum', in Porter and Wear (eds), *Problems and Methods in the History of Medicine*. J.K. Walton, 'Lunacy in the Industrial Revolution: A Study of Asylum Admissions in Lancashire, 1848-50', *Journal of Social History*, Vol. 13, 1979-80, pp.1-22, pp.5-18. David Wright, 'The National Asylum for Idiots, Earlswood, 1847-1886', Unpublished Ph.D. Thesis, Oxford, 1993.

standard clichés of family history and sociology.<sup>21</sup> This is significant, because Scull has hinted that the family's struggle against the asylum was an ineluctable one, pointing out that the families had 'little alternative' when faced with the 'intolerable burden [of] caring for their sick, aged, or otherwise incapacitated relative'.<sup>22</sup> To a degree, this seems to contradict the messages coming from the medical profession, which as we saw in the previous chapter, focussed on the slow committal of patients, and the chronic nature of their insanity on admission. Using both asylum records, and key studies from the field of the history of the family, I want to examine the range of options open to families, as they sought to deal with the awkward behaviour of their kin 'in-house'. Here, I want to examine the role that financial security played in the decision not to pass over the care of family members to the asylum, in the light of what Mellet *et al* have termed 'the moral economy of compassion'.<sup>23</sup> The stress played on the economy suggests that it was poorer families who would commit quicker than their wealthier counterparts, but I want to question critically this generalisation. In part three, there will be an examination of the reasons for committal. The key considerations here, are the notions of insanity, and whether they can be seen to be significantly different from the less sophisticated forms of the early century. As in part two, there will thought given to the role of the 'moral economy', but this will be considered in relation to the families' expectations of the asylum, and how this was informed by the functions of custody and cure.

### *The Census and Asylum Records*

---

<sup>20</sup> Hareven, 'Recent Research on the History of the Family', pp.35-7.

<sup>21</sup> Hareven, 'Recent Research on the History of the Family', pp.35-7.

<sup>22</sup> Scull, *The Most Solitary of Afflictions*, p.332.

<sup>23</sup> Melling *et al*, 'Families, communities and the legal regulation of lunacy', p.153.

As Wright points out, there are a number of problems with using the census. Firstly, the information retrieved offers only a ten-yearly snapshot of household structure, and secondly, such a study does not fully explore the nature of kinship within the household or beyond. In discussing these problems, however, Wright argues that the ‘multiplicity of documents involved in the committal process’ means that the objections raised can be circumvented.<sup>24</sup> Hirst and Michael, for example, have recently used the statutory returns of lunatics to reconstruct longitudinal histories of individuals committed in Wales. Here, they encountered specific problems, most notably with the patronymic surnames of the individuals concerned.<sup>25</sup> For the purposes of this study, it was proposed that information from the 1861 census would provide the most salient information. This was based on two factors; firstly, the censuses of the early century had a number of failings, and in any event, were outside the timeframe of the study. Secondly, 1861 was the first date that could offer the best chance of a comparison between the two asylums of the west and the north Ridings. The 1851 census was also a possibility, but following Walton’s lead, it was decided to allow time to avoid the possibility of an initial influx of transfers from the workhouses to the NRA when it first opened. Despite its superiority over earlier censuses, there are a number of problems with the information recorded in the census of 1861. In his study of the 1851 and the 1861 returns, for example, Tillott has suggested that a certain amount of caution should be exercised in using the information that remains. One of the biggest problems surrounds the term ‘household’, as defined by the census

---

<sup>24</sup> Wright, ‘Getting Out of the Asylum’, pp.151-2. For an example of how ten yearly intervals miss the potential of transience in household structure see Reay, *Microhistories*, p.160. For critique of ‘census-derived’ descriptions of the family see O’Day, *The Family and Family Relationships*, pp.7-8. For a discussion of the census generally and the potential sources of inaccuracy in the post 1841 census material see N. L. Tranter, *Population and Society 1750-1940*, Longman, New York, 1985, pp.8-14.

<sup>25</sup> One estimate, they point out, suggests that the ten most common surnames in Wales covered just over 55 per cent of the population, compared to just of 5 per cent in England. David Hirst and Pamela Michael, ‘Family, Community and the Lunatic in Mid-nineteenth Century North Wales’, in

office, and its interpretation by the enumerators. The extent of this, and other problems, are according to Tillot 'slight', and for the most part can be overcome, but severe problems only become apparent when the information from the committal forms is used as the starting point.<sup>26</sup> As Schofield suggests in his examination of sampling, the greatest gains to be made are from documents that are uniform in content, and while this is largely the case for the census, it is not so with the information preserved in the committal forms.<sup>27</sup>

### *The Problems with Asylum Records.*

Unfortunately, while the forms themselves were standard, the ways in which they were completed were not. This is unsurprising, because each form could be completed by upwards of five individuals; namely, a magistrate, a Relieving Officer, a doctor (two doctors if the patient concerned was undergoing private treatment), and the person with the most knowledge of the patient. For the most part, the latter details were completed by the doctor, and this is reflected in the copy of a committal form available in Appendix 7, which asks for his signature. Wright has suggested that the address details, completed by the Relieving Officer (RO) of the respective township, would help towards an understanding of the role of the family in dealing with awkward family members. Here, he suggests that the information retrieved could be compared with the date of committal to explore the temporal lengths that families were prepared to go to, before they turned to the asylum. In his study of committals to

---

Bartlett & Wright, *Outside the Walls of the Asylum*, p.69.

<sup>26</sup> Tillot's research was based primarily on the 1851 census and centred on 'various urban and rural communities in Yorkshire and Lincolnshire and adjacent counties.' The study focuses on the processes at work in the collection of the censal information and includes an examination of the potential problems with the information collected under each of the schedule's headings. P.M. Tillott, 'Sources of Inaccuracy in the 1851 and 1861 censuses', in E.A. Wrigley (ed.), *Essays in the Use of Quantitative Methods for the Study of Social Data*, Cambridge University Press, Cambridge, 1972, Chapter 3, *passim*.

<sup>27</sup> R. S. Schofield, 'Sampling in Historical Research', in Wrigley (ed.), *Essays in the Use of*

the Earlswood Asylum, he has shown that because of the number of times the address appears in the records, the record linkage between documents is 'quite straightforward'.<sup>28</sup> At Wakefield and York, however, it is not, and the correlation of these details with other addresses given on the form, reveals a varied style of answer, reflecting the ambiguity of the question. It is clear that for some officers, 'Previous Address' meant where the patient lived immediately before their transfer to the asylum. For others, it meant their place of abode before that, and for others it meant listing any number of addresses that he was able to collect. In all cases, it did not fully explore any changes in the patient's living arrangements. Similar problems occur when attempts are made to correlate this information with the patient address details, completed by the examining medical officer, as given on the medical certificate. In both cases, the information is presented in one of two ways. The first offers a specific address that includes a street name and sometimes a house number; the second offers a rather vague address, limited to the town or village in which the particular patient lived. Strictly speaking, this key difference makes these returns inappropriate for sampling purposes, because the information recorded in them is not done so in a uniform manner.<sup>29</sup> More importantly, however, there are specific problems to contend with.

### *The Problems with Vague Address Details*

Where there is a lack of address specificity, further problems become apparent. To begin with, it makes it much more difficult to correlate the details with those of the census. The address given for John B. on the committal form, for example, reads as South Elmsall, and within all the other documents that relate to him there are no

---

*Quantitative Methods for the Study of Social Data*, pp.146-7.

further clues as to a specific address.<sup>30</sup> Tracing John to 31 Town Street in 1861 did not prove to be too difficult, mainly because at the time of the 1861 census South Elmsall was a relatively small village. The difficulty becomes more apparent with the large census returns for cities such as Leeds or Sheffield. Similarly, the ease with which John B. was found somewhat belies the nature of the problem regarding subsequent analysis. While it does show that he lived in South Elmsall on the night of the census, it does not prove that he lived there immediately before committal. It is quite possible that he moved to another address in the same village, with a different household structure, between census night and his admission into the asylum. In this particular case, this seems unlikely because he was committed in the same week that the census took place. In other cases, however, the uncertainty is heightened as the temporal distance between the two dates increased. It could be argued, that in such a small village there would be little point in moving from one residence to another, but this is an assumption best avoided. In any event, in a town such as Sheffield, which covered a much larger geographical area, the problem is again compounded.

There are two further pieces of evidence that may be of use in ascertaining the patients' living arrangements, and those are the addresses of the nearest relative, also completed by the RO, and the address details of the place of examination, completed by the medical man examining the patient. Yet again, the generality of these responses does little to clarify the matter. The certificate for John B. shows that his nearest relative was his wife, who was also recorded as living in South Elmsall. Furthermore, this was the address where John was examined, and it might seem obvious that the commonality of these answers was and is indicative of one address.

---

<sup>28</sup> David Wright, 'The Discharge of Pauper Lunatics', p.108.

Again, this can only be speculation, particularly when 'South Elmsall' was also the address given for the person conducting the medical examination. As Wright suggests, there is more information on the document that could be of use, and on the medical certificate there were two sections in which the medical man offered his analysis of the patient's condition. The first were the factors he observed in the course of his examination. The second was the information 'communicated by others'. In this second section it was stated that John B. was suffering from 'restlessness and irritability' but who was responsible for this information is left unsaid. The fact that the supposed cause of his insanity was 'jealousy of his wife' does little to prove, or disprove, that he lived with his wife prior to committal. Indeed, his committal could equally have resulted from a dispute that occurred within the matrimonial home, or from the breaking up of it.

### *The Problems with Specific Address Details.*

In the sample under scrutiny, the committal forms reflect some of the problems that were occurring with the census returns. As Tillot points out, finding precise addresses may have been beyond even the most careful census enumerators, and at the NRA there are few examples of specific address details, perhaps because in country areas 'there was rarely a street number to give'.<sup>31</sup> Similarly, the WRA's committal forms often include a street name, but sometimes the number of the house was not recorded. This presents many of the problems that arose with the vague address details because the ease of detection is not necessarily made any easier. In his studies, Tillott describes the problems that the absence of street numbers caused the census enumerators. In Doncaster, he writes, there was 'a warren of shops and houses, but the

---

<sup>29</sup> Schofield, 'Sampling in Historical Research', p.146.

enumerator identifies nearly 150 houses by no more than the address Frenchgate'.<sup>32</sup> Similarly, one of the few forms from the NRA to include a specific address was that of Jesse N., whose address was given as what looks like Slawneygate, but was probably St Marygate in Ripon. This was also recorded as the address of his wife Susanna. In the 1861 census, he could not be found at that address, but he was found at North Street, albeit with some slight differences. His age, given at the time of committal was 52. On the census form, in which details were collected eight months earlier, it was given as 53, and his is wife's name was recorded as Susan. Nevertheless, it is highly unlikely that these differences are indicative of two different couples. Even so, in terms of analysis, this tells us little because in this instance the details of the household *immediately* before committal do not exist. The North Street household may have been nothing like the one in St Marygate, and Jesse's illness may, or may not have been, a contributing factor in the move. Again, we are in the realms of speculation, and this only adds to the confusion. Similarly, if a perfect match is found using both the house number and the street name, problems remain. It does show that the patient lived at a particular address at the time of the census, and that he or she was still at that address at the time of committal. What it does not show, however, is the household structure at the time of committal. The fact that the patient's address remained the same indicates nothing about other family/household members. Like those committed, there is no guarantee that because they were in situ on census night they were in situ at the time of committal. And, unlike the asylum patients, the problem with this group is compounded because of the limited details that remain with which to cross-reference.

---

<sup>30</sup> WYAS, C85/591, WRA Reception Orders 1861-65, Male Case no. 3849.



With these problems in mind, it was decided that the limits of this study precluded any significant correlation between the census and the asylum records. Nevertheless, further examination of the 'multiplicity of documents', particularly the committal forms, do offer some clues as to family strategy.

*Avoiding the Asylum. Economic Stability and the Alternatives to Asylum Care.*

In the introduction to this chapter, attention was drawn to the 'cliché' that the process of industrialisation led the family to surrender its function of social control to institutions such as the asylum. Hareven's critique of this recent historiography is that the latter model suggests passivity on the part of family members, which in itself requires re-examination. More generally, the concept of social control has been dismantled by historians such as F.M.L Thompson, who warned against the view that the lower classes were 'so much putty in the hands of a masterful and scheming bourgeoisie'.<sup>33</sup> In a similarly aphoristic vein, Ignatieff set about 'rethinking the idea that the state was the hammer and the working class always and only the anvil'.<sup>34</sup> Elsewhere, Scull has criticised the idea that asylums were simply institutions of social control as simplistic, on the grounds that it underplayed the 'genuinely problematic' behaviour of those incarcerated. Here he contends that the work of historians such as Szasz, offers little more than a 'crude conspiracy theory', but as we saw in the introduction, he has stated that families had 'little alternative' when faced with the 'intolerable burden' of caring for their incapacitated relatives.<sup>35</sup> This was often apparent in the committal forms, which emphasised the inability of the family to care

---

<sup>31</sup> Tillott, 'Sources of Inaccuracy in the 1851 and 1861 censuses', pp.105-6.

<sup>32</sup> Tillott, 'Sources of Inaccuracy in the 1851 and 1861 censuses', p.105.

<sup>33</sup> John Briggs, Christopher Harrison, Angus McInnes, and David Vincent, *Crime and Punishment in England*, UCL Press, London, 1996, p.105. Phillip Smith, *Policing Victorian London*, Greenwood Press, London, 1985, p.205.

<sup>34</sup> Ignatieff, 'Total Institutions and Working Classes', pp.172-3.

for its kin. Thomas S. from Bradford, for example, was described as being 'quite unmanageable at home', and of having 'strange tricks and vagaries that his friends and relatives are quite tired out with watching and taking care of him'. Similarly, Mary T. was described as being 'indifferent' to those about her, especially to her family, and was recorded as frequently passing her digestions in bed. Her friends and relations, wrote the doctor, 'are wearied out in their attentions'.<sup>36</sup>

At the heart of many of the studies that have investigated the family's ability, or otherwise, to care for its kin, has been the cash nexus. In Mary Abbott's analysis of the families of the labouring poor, she points to anecdotal evidence that parents sometimes dissuaded their children from marrying as a bulwark against loneliness and need in their old age, stating that 'poverty made a luxury of sentiment'.<sup>37</sup> This was something obviously on the mind of Bevan-Lewis when he blamed the 'prolonged depression of trade, and the consequent reduction of wages', for playing their part in the committal of patients, 'who in more prosperous times could, and would have been, maintained at home'.<sup>38</sup> A similar picture has been presented by Martine Segalen, who shows evidence of a clear link between higher wages and 'familialisation', but as a caveat, notes the ability of the family to adapt 'even under the worst conditions imposed by industrialisation'.<sup>39</sup> On one level this is important, because poverty was not an invention of the nineteenth century. On another, it serves as a warning that there is a danger of reducing family members to mere economic units, devoid of any emotional intercourse. It goes without saying, an insane member of the family or

---

<sup>35</sup> Scull, *The Most Solitary of Afflictions*, pp.332, 378.

<sup>36</sup> WYAS, C85/591, WRA Reception Orders 1861-65, Male Case no. 3877 and Female Case no. 4034.

<sup>37</sup> Mary Abbott, *Family Ties: English Families 1540-1920*, Routledge, London, 1993, p.140.

<sup>38</sup> WYAS, C85/110, WRA *Annual Reports*, 1880-86, Report of the Superintendent for 1880.

<sup>39</sup> Martine Segalen, 'The Industrial Revolution: From Proletariat to Bourgeoisie' in *A History of the*

household could be a drain on physical and emotional, as well as financial resources. The danger is, however, of giving primacy to the latter when broad studies, using both nineteenth and twentieth century data, have questioned the assumptions that incidences of mental illness requiring institutional treatment, increased in proportion to economic factors.<sup>40</sup>

At this point, it is worth noting that once people had been committed, their discharge *did* rest with perceptions of economic stability. The ability of the family to claim back their kin, depended on a guarantee on the part of the carer that they could survive without parochial relief. When Thomas Fell applied to the NRA to remove his wife, for example, it was found that he had also been applying for parish relief for himself, and as a consequence, he was considered 'quite unable to take proper charge for her'.<sup>41</sup> This undoubtedly informed general opinion, and evidence such as this led Williams to draw attention to the 'unpleasant fact' that the lunacy laws ignored the potential of any affection between the relations of pauper lunatics, and their 'afflicted kin'. They had, he argued, 'no voice in the question of sending him to an asylum, and still less in his discharge'. By contrast, James Michell Winn pointed out that 'a man has a right, if he thinks fit, to deny any medical man from having access to his wife, though a lunatic, and can prevent her being placed under legal restraint, and the wife has the same power over her husband'.<sup>42</sup> More recently, Suzuki has stressed that the

---

*Family*, Vol. 2, Blackwell, Oxford, 1996, p.385.

<sup>40</sup> Dowdall *et al* used data consisting of 'every admission of those labelled insane to the Erie County Poorhouse, the Providence Retreat and the Buffalo State Asylum for the Insane. Buffalo was described as a 'large urban centre and the information taken over 44 quarters from 1881-91. They found their results similar to a study of the Rochester area in 1985. George W. Dowdall, James R. Marshall and Wayne A. Morra, 'Economic Antecedents of Mental Hospitalization: A Nineteenth Century Time-Series Test', *Journal of Health and Social Behaviour*, Vol. 31, No. 2, 1990, pp.141-7.

<sup>41</sup> BIHR, CLF1/1/2/2, NRA House Committee Minute Book 1859-71, 28 Nov 1859.

<sup>42</sup> Williams, 'Our Over-Crowded Lunatic Asylums', pp.517. At the time of publication, Winn was the senior physician at the St. George and St James Dispensary, but he had also held the post of

private domestic sphere of the family was under constant pressure from external forces, as it strove to keep the care of the lunatic in-house.<sup>43</sup> Nevertheless, while it is clear that the poorest sections of society had the economic motive for committing family members, Corsellis noted that it was the very poor who were least likely to hand over the care of their kin to the asylum.<sup>44</sup> Of course, it would be naïve to suggest that this important factor never played a role in committal, but the evidence presented by Walton is ‘slender ... and contradictory’ and this, as we shall see, was also the case in Yorkshire.<sup>45</sup>

### *The Alternatives to the Asylum*

The committal forms of the two asylums, in common with all the others, had space to record important background information about the patient involved. Under the section to be filled in by the person with the greatest knowledge of the patient, there was space to record the length of the illness, and the date on which they last worked. If the duration of the illness was much lengthier than the last date of employment, there is a suggestion that an earning ability staved off the commencement of the committal process. This was probably true in some cases, but as we have seen in previous chapters, it was broadly recognised that the symptoms of lunacy, and the capacity for work, were often mutually exclusive. By the same token, there were many cases where the work habits of individuals were irrelevant. Thomas R., for example, ‘scarcely [did] any [work] ever’, and 73 year-old George T. had not worked for two and a half of the three years he had been considered insane. John L., had not

---

superintendent at the Sussex House Lunatic Asylum. James Michell Winn, *Plain Directions for Dealing with an Insane Patient*, Robert Hardwick, London, 1872, p.19.

<sup>43</sup> Akihito Suzuki, ‘Enclosing and Disclosing Lunatics Within the Family Walls: Domestic Psychiatric Regime and the Public Sphere in Early Nineteenth Century England’, in Bartlett & Wright (eds), *Outside the Walls of the Asylum*, p.131.

<sup>44</sup> WYAS, C85/108, WRA *Annual Reports*, 1833-67, Report of the Superintendent for 1845.

worked for five years, but had 'sufficient means to support himself'. Nevertheless, he considered himself to be a burden, which was consequently described as a delusion, and he was committed.<sup>46</sup> It is possible that some of these people were in receipt of some kind of relief. Indeed, in 1875 the LGB reported that the 'generally prosperous state of the country', and 'the advance in the rate of wages', did not result in the reduction in poor relief expenditure that they had hoped for. Those that had been in dispute with their employees over wage levels, and had had their 'employment interrupted', they continued, were supported from other sources.<sup>47</sup> For others, however, it was the act of confinement that prevented some 'lunatics', such as William K., from earning a living. He had worked up to the day of his committal, when his landlady grew concerned at his increasing suspicion of those around him. By contrast, hardly anyone was committed on the day that they ceased to work, and the case of James H., whose madness was described as being due to his loss of work, was rare indeed.<sup>48</sup> Of course, the employment of those committed was only one part of the equation. The husband of Elizabeth Q., for example, informed the authorities that she had attempted to hang and drown herself, and that she required 'his constant care and attention'. Deborah H.'s husband reported 'that she had struck him several times, and that he had to stay up with her night and day', and John J. told the medical officer that his wife would not be left alone because she feared that someone would do her harm.<sup>49</sup> In these particular cases, there was a disruption of the ability of other household members to contribute economically, and staying up night and day must have affected the ability to complete tasks both inside and outside the home. This

---

<sup>45</sup> Walton, 'Lunacy in the Industrial Revolution', p.17.

<sup>46</sup> BIHR, CLF6/1/1/11, NRA Male Admission Forms 1861, Case no.'s 730, 764 and 794.

<sup>47</sup> *4 Annual Report of the Local Government Board, 1874-5.*

<sup>48</sup> BIHR, CLF6/1/1/11, NRA Male Admission Forms 1861, Case no. 752. WYAS, C85/591, WRA Reception Orders 1861-65, Male Case no. 3996.

<sup>49</sup> WYAS, C85/591, WRA Reception Orders 1861-65, Female Case no's. 4002, 4018 and 4075.

does not mean, however, that the asylum became the obvious place of care, and placing emphasis on the cost benefit of committal tends to ignore the alternatives that were available to the family.

The committal forms asked for details of previous treatments, and while a lack of funds may have limited the options available, even the poorest families could take care of their kin 'At Home'. It is clear that for the most part, this meant care by family members, and very often 'At Home' and 'Nowhere' meant much the same thing. When Richard S. threatened 'to cut his mother with a knife, laughed at her and told her he would learn her to know better', for example, she had him 'handcuffed to prevent him from injuring himself'.<sup>50</sup> Handcuffing family members, or locking them in a room, if space was available, did not require a drain on either physical or financial resources, and nor did tying them to a bed, as was the case with Anne H. and Sophia B.<sup>51</sup> In Anne H.'s case, her mother 'had to secure her daughter by cords to prevent her escape', after she had 'attempted to escape from her home through a chamber window', and examples such as these may seem slightly barbaric. Indeed, as Mellet *et al* suggest, the lunatics of the hidden attics and the outhouses were used as ammunition by the Lunacy Commissioners, to show that care in the community had been, and was, a failure.<sup>52</sup> Such 'barbarism', however, was clearly a matter for interpretation, and for many families the decision to keep their kin out of the asylum was infinitely preferable. Keeping those who were problematic at home required the motivation to do so, irrespective of means, and as Walton has pointed out, the

---

<sup>50</sup> WYAS, C85/591, WRA Reception Orders 1861-65, Male Case no. 3805.

<sup>51</sup> WYAS, C85/591, WRA Reception Orders 1861-65, Female Case no's. 3943 and 3962.

<sup>52</sup> Melling *et al*, 'Families, Communities and the Legal Regulation of Lunacy', p.167. Wright, 'Getting Out of the Asylum', p.153.

importance of doing what was 'right', was usually more important than calculative factors that were based on the productive ability of individuals.<sup>53</sup>

In other cases, help could be drafted in, and attendants could be paid for to keep an eye on family members. Unfortunately for the modern-day reader, the term 'attendant' was often used in an ambiguous way. Ellen B., for example, had 'attempted to bite and otherwise injure her attendants', but it seems in this case that this related to her 'friends', another ambiguous term, usually meaning 'family', who were keeping a 'strict watch over her'. Similarly, the husband of Anne S., who had been in both the NRA and the WRA, stated that 'for three weeks he had been obliged to have a person to take care of her on account of her insanity'.<sup>54</sup> In this case, the identity of the carer is left unsaid, but in other cases, as Wright suggests, family members could be used to help care for their relatives. At both the NRA and the WRA there are examples of kinship networks that were relatively long distance. Sarah J. of Fartown, near Huddersfield, for example, was treated at the home of her brother in York.<sup>55</sup> In other cases, we may be less aware of such instances because internal migration, although extensive, remained typically short distance throughout both the nineteenth and twentieth centuries.<sup>56</sup> In any event, the care of lunatics by their kin, whether by boarding them out, or drafting family members in, may have been made easier by the improvement in the country's communication networks. For shorter distances, it seems that the logistics of this were less of a problem than might be

---

<sup>53</sup> Walton, 'Lunacy in the Industrial Revolution', pp.17-18.

<sup>54</sup> WYAS, C85/591, WRA Reception Orders 1861-65, Female Case no. 4112. BIHR, CLF6/1/2/11, NRA Female Admission Forms 1861, Case no. 713.

<sup>55</sup> WYAS, C85/591, WRA Reception Orders 1861-65, Female Case no. 3969.

<sup>56</sup> Seventy per cent of the population of Preston in 1851, for example, had been born outside the town. Of these, however, four in ten had been born less than ten miles away, while seven in ten less than thirty miles away. Throughout the eighteenth and nineteenth centuries migration was often seasonal in nature. Tranter, *Population and Society*, pp.41-3.

imagined. O'Day has suggested that the changes must have presented some difficulties, but Walton, by contrast, has emphasised that Preston could be walked across in half an hour in 1851, making it relatively easy for people to keep in contact.<sup>57</sup> And, while Barry Reay has pointed out, 'it is a giant step from structure to sentiment ... and there is no guarantee that people made use of [kinship ties]', it seems certain that they did.<sup>58</sup> Anderson has shown that working-class families integrated non-married kin members into the household to replace non-productive or deceased relatives, and as Wright points out, it would be unsurprising to see a similar strategy adopted by the family of the insane.<sup>59</sup> In such cases, nearby relatives could help care for family members, without causing any alteration in the household structure, which was also the case if the family turned to the local community for help. As Walton notes, adapting to the new urban environment allowed for alternatives based 'on the neighbourhood, the workplace, and a variety of associated cultural institutions, from the pub at the informal end of the spectrum, to the chapel at the other extreme'.<sup>60</sup> It is clear that the neighbourhood, or more specifically 'neighbours', were central to some strategies, and Alice B. was recorded as only being controlled with the help of a neighbour. Similarly, the neighbour who was caring for Mary B. in North Yorkshire, recorded that when they were out walking 'she confessed that she had a mind to drown herself'.<sup>61</sup> It must be stressed that this is not an attempt to create a myth of a golden age of 'neighbourliness', because a glance at the local press shows the realities of community life. A disagreement in one Wakefield street, in which all the parties involved 'indulged largely in abusive and

---

<sup>57</sup> O'Day, *The Family and Family Relationships*, p.24. Walton, 'Lunacy in the Industrial Revolution', p.14.

<sup>58</sup> Reay uses his own studies and those of Nancy Grey Osterud in New York to argue the case. Reay, *Microhistories*, p.168.

<sup>59</sup> Wright, 'Getting Out of the Asylum', pp.150-1.

<sup>60</sup> Walton, 'Lunacy in the Industrial Revolution', pp.13-14.



recriminatory language', for example, led to claims of assault, and a court case in which the magistrate found it difficult to apportion blame.<sup>62</sup> Nevertheless, it is clear that in times of need, people from outside the family circle were also prepared to 'do what was right.'

For those with the available resources, these alternative forms of care could be supplemented, or bypassed, by recourse to the open market in medicine. The committal form for the private patient Thomas R., for example, recorded that he had 'not been right' since he took a blow to his head following a fall, 'some years' prior to his eventual admission. Having become 'violent and dangerous', he was looked after by a 'keeper for some days', and according to the casebook, he was also being treated by Dr Smart.<sup>63</sup> Thomas had already been in an asylum twice on previous occasions, and prior to those committals he had been under the attention of Dr Cross and Dr Miller. This case is particularly significant, because it shows that the asylum was not necessarily the automatic choice, even after previous committals. Even paupers had access to the Poor Law doctors, and the committal forms for both the WRA and the NRA show that a significant minority of families was prepared to try an alternative form of care before they finally turned to the asylum. Porter suggests that the dubious success of treatments in curing the ills of the population resulted in a 'try anything' approach', meaning fringe, as well as more conventional medicine.<sup>64</sup> Dr Wright of the WRA had spoken of the dangers of quack medicines in 1843, but fringe medicine was one more weapon in the working class armoury.<sup>65</sup> For those that were committed, the

---

<sup>61</sup> BIHR, CLF6/1/2/11, NRA Female Admission Forms 1861, Case no's. 697 and 716.

<sup>62</sup> The paper concluded 'that the conduct of one was as bad as that of the other, and the rest as bad as the both.' *Wakefield Journal and Examiner*, 20 Jan 1860.

<sup>63</sup> BIHR, CLF6/1/1/11, NRA Male Admission Forms 1861, Case no. 730.

<sup>64</sup> Roy Porter, *Health for Sale*, Manchester University Press, Manchester, 1989, p.24.

<sup>65</sup> Marland, *Medicine and Society*, pp.325-6.

admission forms record a variety of measures undertaken before they were institutionalised. Elizabeth P. had been treated with leeches to the head and there were many others, like Anne H., who were treated by doctors in their own home.<sup>66</sup> The question relating to treatments prior to committal was often left unanswered, but Anne H. was described as being treated with 'the usual preliminary measures'. Exactly what these 'measures' were was often left unsaid, but purgatives, aperients and tonics were particularly favoured in other cases. Opiates and other sedatives could also be used, and at least one patient was described as being under homeopathic treatment.<sup>67</sup> Some patients underwent a variety of treatments, and on admission, William C.'s neck was marked by the application of a blister, and his wrists and ankles showed signs that he had been tied to his bed.<sup>68</sup>

Overall, these examples reveal three important points. The first is that many families did not go directly to the asylum, despite the fact that treatment was free for the families of paupers, and for the more financially solvent it was subsidised. This cannot be underestimated, particularly when the alternatives of either fringe medicine, or in some cases home care, did not come without a price. This, of course, was primarily economic, but there was also a social tariff attached to the acceptance of medical relief. Those who did accept it, writes Flinn, 'automatically became a pauper for the duration of the treatment', and endured the stigma and deprivation that this brought with it.<sup>69</sup> In many cases, it seems that this was favourable to the stigma of committal. As Adair *et al* point out, however, the principles of this were not hard and fast, and while some families were prepared to see their kin reside in the workhouse,

---

<sup>66</sup> WYAS, C85/591, WRA Reception Orders 1861-65, Female Case no's. 3968, and 3962.

<sup>67</sup> WYAS, C85/591, WRA Reception Orders 1861-65, Male Case no. 3891.

<sup>68</sup> BIHR, CLF6/1/1/11, NRA Male Admission Forms 1861, Case no. 770.

<sup>69</sup> Flinn, 'Medical Services under the New Poor', p.59.

they did so only on the understanding that they would be transferred to the asylum as soon as possible.<sup>70</sup> Secondly, the availability of funds may have increased the options available, but the use of the medical profession also turns the economic argument on its head. According to one textbook, if home treatments failed after a fair trial of two three weeks, then it became the duty of the medical attendant to urge the removal of the patient to an asylum.<sup>71</sup> How far this worked in practice is difficult to ascertain, because while there was some indication as to the length of illness, there was none about the length of treatment. Finally, because this chapter is focussed on the committal forms, we know that at some point outside care was deemed to have failed at some level. The signature on the committal form was usually that of the doctor who had been treating the patient at home, and Maria G.'s doctor wrote that she had been insane for six weeks. 'She is very sedate and very odd in her temper', he continued, but 'I have known her for several years and well know her to be of unsound mind.'<sup>72</sup> This case was obviously given a trial longer than the recommended two or three weeks, and in other cases committal proceedings were only instigated by the refusal to take medicine, or accept medical advice. The doctor attending one patient in Idle observed, 'I have attended Thomas M. for six or seven weeks, and have noticed a gradually increasing alteration in his temper and disposition. He has become more restless and unsettled, and sleeps very little. He refuses to take his food and medicine, and says it is poisoned.'<sup>73</sup> Naturally enough, it must be assumed that the range of alternatives available must have resulted in some successes. Furthermore, we should be aware that not all lunatics were committed, and that care outside the asylum remained an important part of 'mixed economy of care'. There is now recognition,

---

<sup>70</sup> Adair *et al*, 'A Danger to the Public?', p.25

<sup>71</sup> Winn, *Plain Directions for Dealing with an Insane Patient*, p.19.

<sup>72</sup> WYAS, C85/591, WRA Reception Orders 1861-65, Female Case no. 3980.

<sup>73</sup> WYAS, C85/591, WRA Reception Orders 1861-65, Male Case no. 3987.

that if the community did not care for lunatics, they were at least in the community somewhere, and of the approximate 70,000 lunatics, idiots and imbeciles listed in the 1871 census, only 39,734 were in asylums.<sup>74</sup>

So far then, it would be wrong to conclude that the families of the insane were driven to commit on purely economic terms, or that they simply surrendered the care of their kin to the asylum. The range of alternatives available to the family, meant even the poorest families could care for their kin 'at home'. At the same time, however, the growing numbers of asylum cases reflects that many more families were prepared to turn to the asylum, and of course, the failure of alternative forms of care often played an important role in this process. There were, however, a variety of reasons for committal, and it is these that will be examined now.

### *The Reasons for Committal*

For Scull, the continual rise in asylum lunatics rested with 'a wider conception of the nature of insanity', for which the asylum was largely responsible.<sup>75</sup> For the most part, however, the medical profession remained unhappy with the wider public's understanding of what they considered to be such a serious issue. As we have already seen, complaints were made at the slow committal of the insane, reflecting what many believed to be a basic lack of comprehension of the tenets of care and cure. At the same time, there was some recognition of the difficulties inherent in trying to reach a definitive understanding of insanity. In his critique of an attendants' guide, Mills argued that it would be folly to try and educate those without substantial medical training, because even experienced physicians had difficulty in separating its different

---

<sup>74</sup> Furthermore, it is believed that those outside the asylum were under enumerated by as many as a

forms.<sup>76</sup> It was probably Conolly who wrote of the moral, intellectual and incoherent forms of insanity, with the warning that they were often observed ‘merging gradually and imperceptibly ... producing combinations’. Similarly, Browne wrote of the difficulties inherent in trying to get to the root cause of insanity, its ‘etiology’ [*sic*] being found in ‘a flux of causes, physical and moral, often blended and inextricably commingled’. In a more forthright manner, Henry Sutherland remarked, ‘a definition of insanity, logically speaking, is an impossibility’.<sup>77</sup> More recently, Suzuki has shown that the most striking feature of lay observation was that it understood madness in relation to life events, and their psychological impact on the patients in question. Similarly, Ruth Harris has pointed out that perceptions of madness intersected within cultural expectations of gender and of social role.<sup>78</sup> Elizabeth B.’s family, for example, had her committed because of her ‘incapacity to attend to the ordinary duties in the house’, and for her propensity ‘to go astray with drunken and other people in the streets when alone’.<sup>79</sup> The family of Martha F. turned to the asylum when she ran away from home, and did not return until three days later when her father fetched her back, and it is clear that filial loyalty was on the mind of the doctor who examined Mary T. of Golcar.<sup>80</sup> In his opening statements after her examination, he noted her ‘inability, or rather determination, not to perform the duties of the home’, and the failure of women to perform domestic duties was also central to a number of

---

half. Bartlett & Wright, ‘Community Care and its Antecedents’, p.6.

<sup>75</sup> Scull, *The Most Solitary of Afflictions*, p.353.

<sup>76</sup> Charles K. Mills, *The Nursing and Care of the Nervous and Insane*, Pentland, Edinburgh, 1887, p.107.

<sup>77</sup> Anon., *Familiar Views of Lunacy and Lunatic Life*, p.9. WYAS, C85/109, WRA *Annual Reports*, 1868-79, Report of the Superintendent for 1873. Henry Sutherland, ‘Cases on the Borderland of Insanity’, J. Crichton Browne (ed.), *The West Riding Lunatic Asylum Medical Reports*, Vol. 6, Smith and Elder, London, 1876, p.108.

<sup>78</sup> Suzuki, ‘Framing Psychiatric Subjectivity’, pp.119-20. Ruth Harris, *Murders and Madness: Medicine, Law and Society in the Fin de Siècle*, Clarendon Press, Oxford, 1991, pp.326-7.

<sup>79</sup> WYAS, C85/591, WRA Reception Orders 1861-65, Female Case no. 4108.

<sup>80</sup> Whether it proved to be a success is subject to some debate because it did not prevent Martha from committing suicide on her discharge. WYAS, C85/856, Female Case Book, 1861, Case no. 4086.

cases.<sup>81</sup> While in many respects, these are rather crude examples, they do show that families were sometimes prepared to use the asylum to enforce a 'moral discipline', or acceptable modes of conduct on their incorrigible kin.

Elsewhere, attention has been drawn to the increasing 'visibility' of lunatics in the nineteenth century, and as Melling *et al* have pointed out, it was easier to offend public decency in a large urban centre, than in smaller more remote communities.<sup>82</sup> By the same token, Emsley has noted that the suburbs were also less public than the tenements.<sup>83</sup> Of course, offending 'public decency' could be highly embarrassing, and one WRA patient was described as 'never visiting the necessary at all', and of 'evacuating his bowels in the most public of places'.<sup>84</sup> Nowhere was the distinction between public and private displays of embarrassing behaviour more noticeable, however, than with regard to nudity. Anne R., for example, frequently stripped herself naked and tore her clothes, but not necessarily in front of anyone, while George S. was liable to expose himself in public.<sup>85</sup> In such instances, the committal forms reflect a familial concern for the wider community, who in some cases bore the brunt of any disruptive behaviour. William L., for example, was described as walking around Scarborough and 'annoying people with his conversation', while Anne H. was forever 'rapping at person's doors' and 'looking through the window'.<sup>86</sup> This is important, because as much as the wider community could be part of a strategy to avoid the asylum, it also played its part by providing key witnesses in the committal process.

---

<sup>81</sup> WYAS, C85/591, WRA Reception Orders 1861-65, Female Case no.'s 3909, 3968, 4059, 4071 and 4108.

<sup>82</sup> Melling *et al*, 'A Proper Lunatic for Two Years', p.388.

<sup>83</sup> Clive Emsley, *Crime and Society in England 1750-1900*, Longman, London, 1987, p.40

<sup>84</sup> WYAS, C85/591, WRA Reception Orders 1861-65, Male Case no. 3840.

<sup>85</sup> BIHR, CLF6/1/2/11, NRA Female Admission Forms 1861, Case no. 740. BIHR, CLF6/1/1/11, NRA Male Admission Forms 1861, Case no. 815.

<sup>86</sup> BIHR, CLF6/1/1/11, NRA Male Admission Forms 1861, Case no. 768. BIHR, CLF6/1/2/11, NRA Female Admission Forms 1861, Case no. 722.

This was clearly the case with Sarah F., who had quarrelled with her neighbours, and Martha A. who went to a neighbour's house, opening 'their drawers to take their clothes saying they were hers'.<sup>87</sup> For both these cases, the neighbourhood provided evidence that was important enough to be mentioned in the official documentation. More often than not, however, this information was in addition to family evidence, and in the case of Sarah F. it was reported that she had threatened violence to her mother, while Martha A. had made 'secret attacks on her husband', and was 'obliged to be kept fast'. In these cases, the committal of family members was less about an economic drain on resources than an emotional one, but the role of violence was and is highly significant.

### *Committal and the Role of Violence*

As Melling *et al* suggest in their discussion of transfers from the workhouse to the asylum, 'the certification procedure almost inevitably involved a discussion with the family or relatives, Poor Law officials, physicians, and a magistrate'.<sup>88</sup> It seems clear that in most cases, violence, or the threat of violence, was often a significant part of that discussion. Examination of the committal forms shows, that generally speaking, this violence was normally represented in one of three ways. Firstly, there was violence directed to persons in the vicinity of the patient, usually family members, but also 'attendants' and medical men. Secondly, there was violence to the self, usually in the form of a suicide attempt, but this could also include seizures and fits. Thirdly, there was an economic violence, which was directed towards articles in the patient's vicinity. This was usually furniture and windows, but it often included the tearing of clothes.

---

<sup>87</sup> WYAS, C85/591, WRA Reception Orders 1861-65, Female Case no's. 4039 and 4008.

Part of the R.O.'s remit was to record details of whether the patient was deemed to be dangerous, suicidal or epileptic, and Tables 17 and 18 are a correlation of this information as recorded at the committal stage. Again, because the committal form was completed by more than one person, the evidence presented here is often contradictory, and while the answer to these questions may be firmly in the negative, evidence elsewhere on the form may suggest the opposite. Obviously, the reverse is also true, and on occasion the R.O.'s evidence had no other corroborating details. For these reasons the tables correlate the R.O.'s information only.

Table 17: Descriptions of the Patients on Admission to the WRA, 1861.

	Males		Females		Totals	
	n	%	n	%	n	%
Dangerous	69	36.90	56	27.32	125	31.89
Suicidal	21	11.23	37	18.05	58	14.80
Epileptic	5	2.67	5	2.44	10	2.55
Suicidal and Dangerous	25	13.37	26	12.68	51	13.01
Epileptic and Dangerous	6	3.21	5	2.44	11	2.81
Epileptic and Suicidal	1	0.53	4	1.95	5	1.28
Epileptic, Dangerous and Suicidal	3	1.60	0	0.00	3	0.77
Sub-Total	130	69.52	133	64.88	263	67.09
None Stated	57	30.48	72	35.12	129	32.91
Totals	187	100.0	205	100.0	129	32.91

Source: WRA Reception Orders 1861-65.

Looking at Table 17, we can see that around fifty per cent of both male and female patients admitted to the WRA in 1861, were described as being dangerous, suicidal or epileptic. If we add in all the combinations of these categories, we can see that they account for nearly seventy per cent of the male admissions, and nearly 65 per cent of the female admissions. Significantly, those categories which include the word

---

<sup>88</sup> Melling *et al*, 'A Proper Lunatic for Two Years' p.372.



'dangerous' as a descriptor, account for over fifty percent of the male admissions and around 40 per cent of the female admissions. As we can see from Table 18, male patients described as being dangerous, suicidal or epileptic accounted for nearly 47 per cent of admissions to the NRA, compared to only 35 per cent of the female patients. The total figures for these combinations are similar to those of the WRA, however, accounting for 70 per cent of the male admissions, and nearly 63 per cent of the female. 55 per cent of the male cases, and nearly 54 per cent of the female cases, were described as being dangerous, either alone or in combination with one, or more, of the other descriptions.

Table 18: Descriptions of the Patients on Admission to the NRA, 1861.

	Males		Females		Totals	
	n	%	n	%	n	%
Dangerous	19	31.67	15	27.78	34	29.82
Suicidal	8	13.33	4	7.41	12	10.53
Epileptic	1	1.67	0	0.0	1	0.88
Suicidal and Dangerous	8	13.33	12	22.22	20	17.54
Epileptic and Dangerous	4	6.67	1	1.85	5	4.39
Epileptic and Suicidal	0	0.0	1	1.85	1	0.88
Epileptic, Dangerous and Suicidal	2	3.33	1	1.85	3	2.63
Sub-Total	42	70	34	62.96	76	66.67
None Stated	18	30	20	37.04	38	33.33
Totals	60	100.0	54	100.0	114	100.0

Source: NRA Male and Female Admission Forms 1861

There are, of course, a number of problems with accepting these figures at face value, not least because existence of these categories on the committal form may have been somewhat leading. Similarly, we must be aware that the use of these terms may have proved to be convenient description, but the fact that so many used this to get their kin admitted to the asylum is significant nonetheless. If anything, these examples tend to

concentrate on the ‘traditional’ representation of the ‘unmanageable’ lunatic, and it was not just the families that relied on such descriptions. Indeed, James W. greeted the doctor called to examine him, by seizing the poker and running him out of the house. It was this that convinced the doctor that James was indeed mad. Similarly, William S, a brick maker from a village near Ripon, had been under the care of a doctor for six of the fourteen days of his illness. Unfortunately, he would not take his medicine, throwing it at anyone near him. Refusals were occasionally tinged with threats, and William ‘had thrown his medicines and glasses at anyone near him’, as well as threatening ‘to strike his father with a poker’.<sup>89</sup> Crucially, there is important evidence to suggest that it was often violence, whatever form it took, that was often responsible for bringing about a change in the strategy of care.

### *Physical and Economic Violence*

When James W. became ill, his family maintained him for six weeks, but when he became violent and struck his wife, he was committed.<sup>90</sup> In exceptional circumstances, the local constabulary became involved, and when Thomas F. ‘threatened to strike his mother with the fire iron for very slight provocation’, the police were called to intervene. Thomas ‘sat himself on the fire when Police Constable Darley of the police force entered his home with the intention of keeping him quite [*sic*], and on being removed, persisted in trying to burn himself’. Another patient, William C., had been insane for a week, but the night before committal ‘he became so violent after being abed a while, that the “watch” was called’.<sup>91</sup> The significance of cases like these, is that they had been proceeded with other symptoms,

---

<sup>89</sup> WYAS, C85/591, WRA Reception Orders 1861-65, Male Case no. 3957. BIHR, CLF6/1/1/11, NRA Male Admission Forms 1861, Case no. 736.

<sup>90</sup> WYAS, C85/591, WRA Reception Orders 1861-65, Male Case no. 3930.

<sup>91</sup> BIHR, CLF6/1/1/11, NRA Male Admission Forms 1861, Case no’s. 738 and 748.

but it was the incidences of violence that acted as the pivotal point in the change of strategy, which led to an instigation of committal proceedings. At the same time, however, the involvement of the police does not explain why these people were sent to the asylum, rather than to the cells. Here, we are reliant on research into criminal lunacy, which has focussed on the growing centrality of 'experts, including psychologists, who could help define the limits of acceptable behaviour'.<sup>92</sup> Ruth Harris, for example, has shown in the discourse of crime and of madness, investigating magistrates, like physicians and lawyers, used a variety of psychological concepts, such as intention, desire, motivation, and mental state, to assess whether defendants deserved punishment.<sup>93</sup> To a degree, this must have also been the case in instances such as the ones cited above, but the overwhelming majority of admissions to the County Asylums were not preceded by a court appearance. At some stage, there must have been a clear decision to take the asylum route, and there appear to be a number of reasons for this.

Firstly, studies of indictable crime have shown that crimes against the person represented just ten per cent of the whole during the course of the nineteenth century, which is unsurprising, because the law of the land was primarily concerned with the protection of property, not the protection of the person. Furthermore, it was accepted, or tolerated, that a man could mete out a certain amount of physical punishment to his dependants, although this was changing by the second half of the century.<sup>94</sup> The Huddersfield summons book for the year 1863 shows six cases of wife-beating, and while two cases were discharged for non-appearance at court, another spent ten days in Wakefield gaol, for failing to pay a five shillings fine that had been levied against

---

<sup>92</sup> J.A. Sharpe, *Judicial Punishment in England*, Faber & Faber, London, 1990, pp.51-2

him. Of the three remaining cases, one was discharged on payment of costs, another was bound over to keep the peace for six months, and the third settled out of court.<sup>95</sup> Contextually speaking, these facts do not necessarily suggest that the asylum became the obvious alternative, but studies have shown that violence between working-class men and women in London in the third quarter of the nineteenth century was on the decline. Emsley suggests that this rested with a growing respectability, and a conjoint rise in the standard of living, but it is not beyond the realms of possibility that the asylum offered a convenient alternative to the judicial system. Particularly for women, who 'found it much more difficult to pass through a court system inhabited exclusively by middle-class men'.<sup>96</sup> Secondly, and perhaps more importantly, it has been suggested that the emphasis on danger could be used as justification for asylum admission, and while for some the violence of their kin was very real, for others it was its suggestion that proved to be the key contributory factor.<sup>97</sup> James W., for example, attempted to strangle his wife; and Margaret B. knocked down her mother, but by contrast, Robert G 'threatened' to stab his wife, James S. 'offered' violence to his wife, and Anne S. 'threatened' to cut her husband's throat.<sup>98</sup> This must have been unsettling, and the tension cannot have been helped by the very real fear of violent crime in the nineteenth century, even if this was out of proportion to its actual occurrence.<sup>99</sup> Within this context, the violence of family members must have been doubly frightening. Thirdly, committing family members for tearing their clothes may seem slightly hasty to the modern-day reader, but as Smith has pointed out, for the

---

<sup>93</sup> Harris, *Murders and Madness*, pp.321-2.

<sup>94</sup> Briggs *et al*, *Crime and Punishment in England*, p.134. Emsley, *Crime and Society in England*, p.36

<sup>95</sup> HPL, CH/P/CR/4, Summons Book, 1863-68.

<sup>96</sup> Briggs *et al*, *Crime and Punishment in England*, p.139

<sup>97</sup> Melling *et al*, 'A Proper Lunatic for Two Years', pp.372-383.

<sup>98</sup> BIHR, CLF6/1/1/11, NRA Male Admission Forms 1861, Case no's. 740, 754 and 775. BIHR, CLF6/1/2/11, NRA Female Admission Forms 1861, Case no's. 730 and 742.

<sup>99</sup> Emsley, *Crime and Society in England*, pp.39-40.

poor, clothing was a valuable commodity, and its destruction was a gesture almost akin to suicide.<sup>100</sup> For others, there were more outward examples of such economic violence, and John R. was described as ‘destroying property and breaking windows’, whereas John M. broke ‘windows and furniture’. Hannah H. appeared to be less discriminatory, tearing and burning her clothes, as well as breaking ‘anything she could get to destroy’[sic].<sup>101</sup> Clearly then, the fear of violence, combined with very real displays of destruction, conjure up images of the ‘traditional’ furious maniac, rather than new, more sophisticated examples of madness, as suggested by Scull.

Fourthly, and perhaps most important of all, was the role of the Poor Law authorities. As we saw in the previous chapter, the asylum was increasingly being seen as *the* place to look after insane cases, although in the longer-term the Unions had always looked to transfer their ‘unmanageable’ cases. Here, we must be aware that the decision to transfer their kin to the asylum was one that was often taken out of the hands of individual families. Arthur B., for example, had been in the workhouse for nine months because he could not get any work, but when he became ‘noisy’ he was passed to the asylum. Similarly, before her committal, Anne S. had been placed in the workhouse, apparently because of her ‘inability to finish any little work she commences’.<sup>102</sup> These examples reflect the fact that the asylum acted, or was supposed to act, as a deterrent to the workshy, but it also provided an alternative form of care. Sometimes, again as we saw in the previous chapter, this was because the asylum was full, but it was also because it made access to sick relatives easier. Furthermore, it is clear that the workhouse often operated as a halfway house between

---

<sup>100</sup> Smith, *Cure, Comfort and Safe Custody*, p.99.

<sup>101</sup> WYAS, C85/591, WRA Reception Orders 1861-65, Male Case no’s. 3852 and 3855. BIHR, CLF6/1/2/11, NRA Female Admission Forms 1861, Case no. 3913--

<sup>102</sup> WYAS, C85/591, WRA Reception Orders 1861-65, Male Case no. 3971 and Female Case no.

the asylum and home, particularly for the less tractable. According to her husband, for example, Elizabeth T. had “mashed up” his furniture, and as a result, he had her tied down ‘for protection’. The records show that the duration of her illness was reported to have been five or six months, but she had been resident in the workhouse for four days ‘for safety’. Similarly, Mary M. had also been in the workhouse ‘for safety’, but not all cases deemed to be insane were necessarily violent on admission.<sup>103</sup> If they became so, however, transfer to the asylum could be swift, and when William A. ‘attempted to bite and throw those having the care of him out of the cart’ taking him to the workhouse, he was quickly transferred to the NRA. An addendum on the committal form recorded that the day after his arrival at the workhouse, he beat the attendants, and while one sought assistance, William seized a piece of wood, and the other had to ‘escape for his life’. This particular case is important, because William was recorded as having been insane for ten days, but had not been violent until his journey on the cart.<sup>104</sup> Significantly, as much as the decision to use the asylum was taken out of the hands of the family in these cases, we should be aware that they had already subjected their kin to social and physical separation.

These examples seem only to confirm Szasz’s view, that the success of the institutional option ‘began with the relatives of troublesome persons seeking relief from the suffering the (mis)behaviour of their kin caused them. The relatives of a misbehaving adult (madman)’, he continues, felt ‘compelled to protect him, as well as themselves from his embarrassing and disruptive behaviour’.<sup>105</sup> To a degree, this

---

3942.

<sup>103</sup> WYAS, C85/591, WRA Reception Orders 1861-65, Female Case no’s. 4029, 4037, 4080.

<sup>104</sup> BIHR, CLF6/1/1/11, NRA Male Admission Forms 1861, Case no. 785.

<sup>105</sup> Thomas Szasz, ‘The Origin of Psychiatry: The Alienist as Nanny for Troublesome Adults’, *The History of Psychiatry*, Vol. 6, Part 1, 1995, pp.1-19, p.6.

argument has some currency, but it does tend to ignore the role that the patients could play, and more importantly, the potential of the asylum to cure.

### *Sanctuary, Cure and Violence to the Self*

It is important to stress that the patients themselves could play a pro-active role in their choice of treatment. In Chapter Two it was shown that escapees could petition the various Poor Law authorities to be treated nearer home, but there were others who were less than pleased at such a prospect. When the WRA medical staff attempted to return an imbecile girl, who was 'one of the best ward helpers' and 'never caused the least anxiety', back to the Tadcaster Union, for example, she attempted to commit suicide on hearing the news. Unsurprisingly perhaps, 'it was considered advisable to forego any such intention'.<sup>106</sup> Similarly, the readmission of one patient prompted her to remark that she preferred the asylum to the workhouse, where 'they' were lousy, and did not give her any tobacco.<sup>107</sup> We should not be surprised that patients who played a part in their own committal, also wanted to play an active role in their discharge. The certifying surgeon in the case of William B., for example, stated that the patient had already set out on the road to the asylum, where he had been previously cured. On admission, in April 1870, he stated that 'he was going queer, and wanted to come here at once to get well'. In 1874, the case notes recorded his dissatisfaction at his continued detention, reporting that he had ceased to do any work, 'as he thinks he is kept here unlawfully', but he was not discharged until January 1876.<sup>108</sup> Clearly, when William set out on the road to the asylum, he was expecting

---

<sup>106</sup> WYAS, C85/126, Medical Director's Journal 1882-88, 30 July 1885.

<sup>107</sup> Unfortunately, soon after readmission she was pushed by another patient, sustained a fracture of the neck and died four months later. (In some earlier WRA volumes there are no obvious case numbers and in these cases the following format will be used.) WYAS, C85/854, WRA Female Case Book 1856, Case of Martha P., admitted 24 Oct 1857.

<sup>108</sup> BIHR, CLF6/5/1/6, NRA Male Case Book 1870-73, Case no. 1385.

only a brief sojourn at the WRA, and it is also the case that many families thought the same when they were committing their relatives.

As Mark Finnane points out, the asylum was often used by family members as a temporary solution to family difficulties, and this was something that the medical profession was keen to emphasise.<sup>109</sup> 'It should be remembered', wrote one of the Lunacy Commissioners following a visit to a private asylum in Yorkshire, 'that patients are sent here in hopes that by a course of judicious treatment they may recover, or that their disease may at any rate be relieved... They are not just into an asylum [*sic*] solely that they may cease to be a trouble at home.'<sup>110</sup> William H., for example, was admitted in 1870, and was described as having a naturally weak intellect, but there appeared to be little reason to keep him in the asylum. Reference was made to the doctor who signed his certificate, but he had little else to add other than the committal was at the 'earnest request of the parish authorities, on account of his violence to his sister over a period of two years'.<sup>111</sup> His continued detention is further evidence of the asylum's custodial function, if it were needed, but as Finnane suggests this was often a short-term measure. The temporary and fluid nature of asylum committals is reflected in the case of Elias C., who was discharged from the WRA in December 1861. Elias left the asylum after three years at the request of friends, and on leaving he was described as being 'considerably relieved in mental condition'. After a few days residence at home, however, it appeared 'owing, probably to mismanagement, he became rather violent', and he was sent back to the asylum. During his brief sojourn away, he became so 'obstinate' that it took 'three

---

<sup>109</sup> Finnane, 'Asylums, Families and the State', pp.134-48.

<sup>110</sup> WYAS, QD1/387, Papers re; The Grange Asylum, Rotherham, 1877-90, Remarks of the Commissioners in Lunacy, 8 March 1882.

<sup>111</sup> BIHR, CLF6/5/1/6, NRA Male Case Book 1870-73, Case no. 1366.



men to guard him'.<sup>112</sup> Similarly, George Y.'s family informed the physician in charge of his examination, that he had 'on many occasions entered the street in an almost nude state'. He was said to be of a 'very destructive character, destroying furniture, breaking hedges, and destroying garden plants'. What is significant about this case is that George's illness had lasted two weeks, but neither he nor his family had not sought any other kind of treatment before his committal, and the reasons for this seem clear. This was George's second attack, and prior to his first he had been treated with a variety of treatments, including purgatives, all of which were described as having 'little benefit'. As a result he was committed, but he was later discharged at 'the urgent request of his wife'.<sup>113</sup> Such 'urgent requests' could be forthcoming, even after some apparently worrying incidents. Before the committal of John G., for example, ropes were found hanging 'in a manner as to cause suspicion', although he did 'not say anything about hanging himself'. One night he was 'very violent' and 'said he would kill his daughter', but he was discharged at the 'request of friends' approximately seven months later. The final entry from the case notes reads 'improving in health. Not changed much in mental condition, and though demented is tractable and employed daily in the upholsterers shop. His wife is very anxious to have him at home, and as he does not show any suicidal propensities her wish will be complied with'.<sup>114</sup>

Like in other instances, the decision to commit was a difficult one to make, and often came after weeks, months, or even years after the individual concerned was described as being insane. The committal of William B. of York, for example, came three days

---

<sup>112</sup> WYAS, C85/950, WRA Male Case Book 1860-89, Case no. 3804. WYAS, C85/591, WRA Reception Orders 1861-65, Male Case no. 3804.

<sup>113</sup> WYAS, C85/591, WRA Reception Orders 1861-65, Male Case no. 3878.

<sup>114</sup> WYAS, C85/591, WRA Reception Orders 1861-65, Male Case no. 3804. WYAS, C85/950, WRA

after his attempted suicide, and his admission to several persons that he would try it again.<sup>115</sup> The sister and friends of Mary L. were more explicit, stating that they had taken care of her ‘for some months past’ in the hope that she would get better, but eventually turned to the asylum following her threats to commit suicide.<sup>116</sup> As we have already seen, ‘suicidal tendencies’ were often very important in committal proceedings, and Sarah L., was reported as having been insane for several months, despite holding down a position as a mill hand in the meantime. It was reported that she had ‘attempted self destruction’, attempted to jump into the mill dam, and she was ‘also seen with a razor’. The doctor who examined her, attempted to cure her using ‘the usual means, [but] with no effect’.<sup>117</sup> In this case it is possible that the extra income from Sarah’s wage allowed for her continual absence from the asylum, but this approach only changed when she attempted to harm herself. As Mellet *et al* suggest, examples such as these ‘help to draw our gaze away from the Foucauldian concern with technologies of power within the walled institution, and back towards the moral economy of compassion and sentiment, which Walton found amongst working-class families in Lancashire’.<sup>118</sup> A prime example of this is the case of Elizabeth D., who lived with her husband and whose insanity was described as lasting four and a half years. The cause of insanity was said to be the loss of a boy suddenly during confinement, and further examination reveals that all four of her children had died. Throughout the period, a number of treatments had been tried, including blisters, purgatives, tonics and opiates. It was also noted that Elizabeth had ‘secretly taken laudanum in large doses for nearly two years’. It is clear that for this particular family, the asylum was the last resort, and one that was used after other methods had failed.

---

Male Case Book 1860-89, Case no. 3804.

<sup>115</sup> BIHR, CLF6/1/1/11, NRA Male Admission Forms 1861, Case no. 782.

<sup>116</sup> BIHR, CLF6/1/2/11, NRA Female Admission Forms 1861, Case no. 739.

<sup>117</sup> WYAS, C85/591, WRA Reception Orders 1861-65, Female Case no. 4042.

The change in attitude towards extra familial care came only with an attempt by Elizabeth to hang herself with a handkerchief.<sup>119</sup>

### *Conclusion*

Despite the difficulties in correlating the information held in the asylum records with the censuses of the nineteenth century, it is clear that the families of the insane were prepared to use the asylums for a variety of reasons. From the outset, however, it must be stressed that the term surrender is a clearly inappropriate way of describing its use. Coming into this chapter, it had already been noted that countless superintendents disapproved of the tardy committal of pauper lunatics, and this was a complaint that hardly changed its tone over the course of the century. For the most part, the medical profession were convinced that this tardiness resulted from the 'perversity or misdirected zeal' of friends, although many of them might not have put it quite so eloquently. This emphasis on pig-headedness, however, does little to explain the range of options available to family members, or the preference of many for care outside of the asylum. The lengths that some families went to avoid the asylum show that the decision to commit was not always an easy one to make, but it would be foolish to think that when it was made, that it was a decision based on economics alone, if at all. Of course, in some instances it is highly probable that it was, not least because the behaviour of some family members could disrupt the ability of others to contribute financially to the household. At the same time, however, we must be aware that care 'at home' could come cheap, however basic that may seem to us now, or have seemed to the asylum professionals over one hundred years ago, and was often seen as infinitely preferable.

---

<sup>118</sup> Melling *et al*, 'Families, communities and the legal regulation of lunacy', p.153.

In many cases, 'attendants' were available, and even without any correlation between the asylum records and the census, we can be sure that family members were drafted in to help care for their insane kin. The records show that others too were prepared to lend a hand in other cases, sometimes for payment, sometimes not, reflecting the fact that family and friends often lent a hand in times of need. As in the cases cited above, recourse to both fringe and orthodox medicines must have held out the hope of cure, or at least a reduction in the symptoms to acceptable limits, and as this chapter has focussed on committal, we must be aware that other families achieved exactly that.

When families did turn to the asylum, it is clear that the unmanageability of their kin was a key factor. Of course this could take many forms, but the overwhelming reliance on violent conduct reflects its continuing importance in getting access to the asylum. This is significant because far from operating to extend the notions of what madness was, the asylum remained the place to house furious maniacs, whether they were striking out at others, at themselves or at inanimate objects. In this respect, it would be easy to see institutions such as the WRA and the NRA as dumping grounds for the inconvenient, particularly as the social and spatial separation of its inmates have been central to traditional explanations for the asylum's appeal. At the same time, however, it is clear that many families expected, and indeed asked for the return of their kin, once it had become apparent that the promise of cure was not forthcoming. For others, as Finnane has pointed out, the asylum offered temporary respite from the problems of madness and/or family difficulties, and for others it offered help to prevent a loved one from committing suicide.

---

<sup>119</sup> WYAS, C85/591, WRA Reception Orders 1861-65, Female Case no. 3915.

Ultimately, passing over the care of kin also meant passing over the responsibility for what that care entailed. For this reason, a study of the medical profession's approach to the problems of madness will be the focus of the following chapter.

## CHAPTER FIVE

### *'Perversion in Every Imaginable Form.' Gender and the Treatment of the Insane Poor.*

In the process of integration, the patients had a central role to play, both as individuals and as a group, and although their own voices were seldom heard, they were far from the margins of debate. This reflected the centrality, and to a degree the power of the patients, but it was a power that they did not own: they were, after all, mad. When the Commissioners in Lunacy visited the Grange Asylum at Rotherham, for example, they learnt that the general arrangements of the house were satisfactory, from a 'patient well able to give [them] reliable information'.<sup>1</sup> Often they could be used, as they were by Corsellis, as a shining example of the efficacy of asylum care, and of the reliability of informed opinion. On her recovery, for example, G.H. showed great regret for her previous ingratitude, and was 'as grateful to her friends for having sent her to the asylum, as before she had been the reverse'.<sup>2</sup> Similarly, at the NRA, the restoration of one patient, who had been 'pitiably and abject', and of another who had been chained to a wall, were 'illustrative of the wisdom and benevolence' of asylum care.<sup>3</sup>

As well as being used by those seeking to acclaim the asylum, their experiences were also used by those seeking to condemn it. Here, the focus tended to be on the arbitrary nature of confinement, or the ill treatment of asylum interns at the hands of the attendants, but more recently, historians writing in the feminist tradition have sought to look more critically at the different experiences of mad men and mad women.

---

<sup>1</sup> WYAS, QD1/387, Papers re; The Grange Asylum, Rotherham, 1877-90, Remarks of the Commissioners in Lunacy, 31 Jan 1878.

<sup>2</sup> WYAS, C85/108, WRA *Annual Reports* 1833-67, Report of the Superintendent for 1842.

Questions asked about why women predominated in the returns of lunatics from the 1850s onwards, have necessarily led to others about treatment regimes.<sup>4</sup> This is an important area for analysis, because when T. Claye Shaw annotated his thoughts on the care of male and female lunatics, he noted that although the pharmocoepia was much the same, there were important differences in their physical and moral treatment.<sup>5</sup> For the most part, however, the focal point of more recent studies has been middle-class women, who were not treated inside the confines of pauper lunatic asylums. Joan Busfield, for example, has argued that the development of treatments reflected the changing role of such women, who were increasingly expected to concentrate their lives on their families.<sup>6</sup> This is a theme that has been central to Showalter's study of *The Female Malady*, in which she argues treatment was intrinsically linked with a virulently misogynistic backlash that followed feminist calls for political, social, and educational reforms. In this analysis, the most alarming inhabitants of 'the kingdom of disease' were not criminals, the unemployed, prostitutes or syphilitic women, but middle-class women whose nervous disorders were rebellions against the sex role imposed upon them.<sup>7</sup> As a corollary of these prescribed gender roles, it has been suggested that an overarching fear of female sexuality was significant to the point that it was 'the major, almost defining symptom

---

<sup>3</sup> BIHR, CLF1/2/1, NRA *Annual Reports* 1847-63, Report of the Superintendent for 1847.

<sup>4</sup> Elaine Showalter, *The Female Malady, Women: Madness and English Culture 1830-1980*, Virago, London, 1996, pp.3-5, 55. Jane Ussher, *Women's Madness: Misogyny or Mental Illness?* Harvester Wheatsheaf, London, 1991, p.71.

<sup>5</sup> T. Claye Shaw, 'The Sexes in Lunacy', *St Bartholomew's Hospital Reports*, Vol. 24, 1888, pp.1-15, p.1

<sup>6</sup> Joan Busfield, *Men, Women and Madness: Understanding Gender and Mental Disorder*, MacMillan, London, 1996.

<sup>7</sup> Showalter, *The Female Malady*, p.120. See also Elaine Showalter, *Hystories, Historical Epidemics and Modern Culture*, Picador, London, 1997, p.49.

of insanity in women'.<sup>8</sup> In this respect, Jane Ussher has been explicit in linking madness to sexuality in a bourgeois definition of madness. For her,

Working-class women were too busy working a fourteen-hour day in the pits or factory, or caring for numerous children, to have time to be 'mad'. These women did not have to be controlled by the same patriarchal discourse, which confined the upper middle class woman in the gilded cage of hysteria and anorexia. Their lives were controlled through the dual oppression of class and gender. Their reproductive role served to restrict them, binding them to a husband and children (or in the case of childless women, binding them to a life of ostracization from society), whilst their poverty and oppression as working women neutralized any threat of autonomy or power. If it did exist, their 'madness' was unnoticed: exhaustion and extreme poverty provided an effective control for their "unnatural passions."<sup>9</sup>

As such, this particular definition is far too limiting, because as we saw in the previous chapter, it was quite clear that the 'madness' of working-class women went far from unnoticed. Furthermore, Ussher's contention that women predominated in the returns of lunatics, is dependent on the significant number of the lower classes held in Pauper Lunatic Asylums. This class element is something that has been touched on by other authors, including Mark Micale, who in his lengthy examination of the historiography of hysteria, noted an emergent field of research staking a claim for its working class sufferers.<sup>10</sup> This is clearly important, but another study of hysteria would be inappropriate here, particularly as in England it received less 'professional' interest than in the rest of Europe. As Showalter points out in her study of hysterical epidemics, in the twenty years between 1880 and 1900, England and Scotland produced only four book length studies on the subject, compared to 133 in France. This was due to the belief that hysteria in Britain was rarer than elsewhere because of

---

<sup>8</sup> Showalter, *The Female Malady*, p.74.

<sup>9</sup> Ussher, *Women's Madness*, p.90.

<sup>10</sup> Mark Micale, 'Hysteria and its Historiography: The Future perspective, *History of Psychiatry*, Vol. 1, 1990, pp.33-124, p.84 - 93



‘the sturdy and sensible quality of English culture and hereditary’.<sup>11</sup> More pertinent to this study has been the work of Yannick Ripa, which has focussed on a variety of treatments administered to working-class women at the Salpêtrière and the Bicêtre. Like Ussher, Ripa discusses the sexual nature of madness, remarking that erotomaniacs and nymphomaniacs were confined to prevent contact with men who might enflame their desires. At the same time, however, he notes that there were no limits to the label of madness. In her review of Ripa’s work, Jill Harsin wrote that it would be helpful to know if male treatments differed from female treatments. Here, she made particular reference to shock treatments, and the ‘wet pack’, which was literally a wet sheet wrapped around a patient and used ‘to restrain those ... who were violent’.<sup>12</sup> Using this as a springboard, I want to expand on this analysis to examine just how different the asylum experience was for male and female patients.

To begin with, I want to examine the work of the patients, mainly because it clearly remained a significant factor throughout the period under discussion. Its bearing on the asylum’s curative aspirations has already been examined in Chapter Two, but to a large extent, such analysis places emphasis on the male experience of the asylum. Here, I want to examine how social, as well as medical perspectives, informed expectations within the asylum. As a corollary of this, I want to examine the differences in the leisure time of the patients and how this was similarly affected. One of the key areas for discussion will be Scull’s suggestion that large numbers of patients were left to rot, and how this tied in with expectations of the domestic sedentary woman.<sup>13</sup> Following on from this, I want to pick up on definitions of

---

<sup>11</sup> Showalter, *Hystories*, p.29.

<sup>12</sup> Ripa, *Women and Madness*, pp.33, 113-4. Jill Harsin, ‘Gender, Class and Madness in Nineteenth Century France’, *French Historical Studies*, Vol. 17, No.4, 1992, pp.1048-70, pp.1062-3.

<sup>13</sup> Scull, *The Most Solitary of Afflictions*, p.289.

madness, and the attempts by some superintendents to re-interpret the lay descriptions of madness, as provided by the families of the insane interns, which were touched on in the previous chapter. The key point here, is that the county and borough asylums held, for the most part, paupers, but the people who held responsibility for their treatment were middle-class men, apart of course from the attendants. Showalter has suggested that this had a bearing on the continued detention on the patients, particularly the females.<sup>14</sup> To test this, there will be an examinations made of the numbers of lunatics held in the county and borough asylums, the numbers discharged as recovered, and the length of residence of male and female patients. Attention will then be turned to particular forms of treatment and how they differed, if at all, between the sexes. The first of these will be incidences of restraint, not least because Showalter has argued that at Colney Hatch, the female patients were five times more likely to be secluded or sedated than the men.<sup>15</sup> Following on from this there will be examination of shock treatments and force feeding, both of which have been seen as predominantly 'female' therapies, before the issue of sex and sexuality will be examined.

### *The Asylum, Work and Society*

Almost immediately, the gendered nature of the asylum regime became apparent to its new interns. Having first passed through the central administration block, new patients were taken to the male or female side of the institution, stripped, inspected by a medical officer, bathed, and then dressed in the appropriate asylum garb. This, according to one former patient, included being clothed with 'no drawers' in a check shirt, 'so loose at the neck that it fell down low in front', and 'perhaps some dead

---

<sup>14</sup> Showalter, *The Female Malady*, p.55.

man's shoes'.<sup>16</sup> For those who had been transferred from the workhouse, this social separation of the sexes was nothing new, but for those who had come directly from their homes, the experience must have been strange and unsettling. What was less strange, however, was the tangible division in the shape of the employment of the patients.

In 1844, Corsellis had argued that 'habits of industry' had become 'second nature' to the labouring classes, and therefore work was seen as the ideal therapy. 'One fact appear[ed] forcibly to strike the observer', he wrote, 'that in a household, the members of which are brought together by the existence of perversion in every imaginable form, order, punctuality and tranquillity pervade every department. It is therefore apparent that the insane are sensible of training.' The main thrust of his argument was that a convalescent patient, whose family was used to relying on him, would be degraded by a 'trifling game' put before him for his amusement. On the other hand, the opportunity of working would rekindle hope, bringing with it self-confidence, and ultimately a return to his former self.<sup>17</sup> Despite the fact that at this point there was evidence to suggest that both sexes were, on occasion, involved in the same kind of work, the use of the male pronoun is telling.<sup>18</sup> The Great Exhibition and the homilies of Samuel Smiles may have reflected the centrality of the 'gospel of work' in Victorian society, but this belied the different emphasis placed on the work of men and the work of women. Alex Tyrrell's recent examination of the 'woman question' in early Victorian Britain, for example, has charted the pragmatic change in

---

<sup>15</sup> Showalter, *The Female Malady*, p.81.

<sup>16</sup> By comparison, he noted the Private Patients were allowed to wear their own clothes. His initial experience of the asylum was further soured because he had to wait two hours 'without even a cup of tea.' Anon., *Life in a Lunatic Asylum*, pp.13-19.

<sup>17</sup> WYAS, C85/108, *WRA Annual Reports, 1833-67*, Report of the Superintendent for 1843.

<sup>18</sup> *Report of the Commissioners in Lunacy to the Lord Chancellor, 1844*, p.121.

the attitude of Smiles to women in the workplace. Although he retreated from his original stance that factory work for women was an unmitigated evil, his ultimate goal was the withdrawal of women from the market place to become exemplary wives and mothers.<sup>19</sup>

As a corollary of this positioning of women in the home, the ability of the male breadwinner to provide adequately for his family became intimately tied up with notions of manliness, and this undoubtedly informed treatment regimes. In the late 1850s, languid male patients were ‘roughly shaken’, and found themselves on the receiving end of stern addresses from the medical staff. One patient was ‘well shaken and dragged up and down the passage by way of enlivening him a little’, and another, despite having attempted suicide on a number of occasions, found himself being reminded of his obligations to his wife and family.<sup>20</sup> In the latter case, the patient had been told that his wife had written to the asylum to ask after his welfare, and to send her love, to which he could only manage the response ‘has she?’ ‘After a preliminary rough shaking by way of attracting his attention’, wrote the medical officer, ‘he is thus addressed’,

What a selfish animal you are. Here is your poor wife, working herself to death almost, to keep the children and the home in order while you stop lazy here, because you wish selfishly to think of your own trouble. If you were only to begin to think about something else than yourself you know, you might be fit for sending home. You ought to be ashamed of yourself. What would become of your children if your wife did the same?<sup>21</sup>

---

<sup>19</sup> Alex Tyrrell, ‘Samuel Smiles and the Woman Question in Early Victorian Britain’, *Journal of British Studies*, Vol. 39, No.2, April 2000, pp.185-216, pp.206-7.

<sup>20</sup> WYAS, C85/948, WRA Male Case Book 1857, Case of John B, admitted 15 Oct 1857 and case of Isaac B., admitted 6 Nov 1857.

<sup>21</sup> WYAS, C85/948, WRA Male Case Book 1857, Case of John B, admitted 15 Oct 1857.

In this case, the rousing address was concerned with the unmanly languor of a patient unwilling to take an active part in his own restoration, and unwilling to undertake his responsibilities as a husband and father. At the same time, however, it must be stressed again that manly participation in the asylum's work regime did not simply mean a return to sanity. Equally, a lack of masculine attributes did not necessarily equate to insanity, and the fact that George T. was reported as being 'a capital hand at knitting stockings', doing 'them as well as any woman', was incidental to the case notes.<sup>22</sup> Correspondingly, Shaw recounted the case of a young man who was 'mentally quite feminine', who employed himself in needlework, preferred garments of a feminine cut, and 'walked with a small mincing gait'. These 'traits' alone did not mark this particular young man as a case for asylum care, but his suicidal nature did. Nevertheless, Shaw appeared to be completely confused by his attraction to other individuals on the male ward. 'I have known women fancy themselves to be men', he wrote, 'and also imagine that other women in the same ward were men; but I rarely find a man imagine himself to be a woman, or that the men in his vicinity are women.'<sup>23</sup>

Like their male counterparts, women in the county asylums were also roused into action, and Jane B. was 'almost dragged along' on a long walk outside the grounds. In this respect, the asylum merely reflected the realities of the outside world, because while the repositioning of women in the home may have been the goal of the socially aspiring, economic necessity meant that if they could work, they usually did.<sup>24</sup> The 'poor wife' in the example cited above, is not dissimilar to Dickens' portrayal of

---

<sup>22</sup> WYAS, C85/954, WRA Male Case Book 1867, Case no. 5111.

<sup>23</sup> Shaw, 'The sexes in Lunacy', p.11

<sup>24</sup> WYAS, C85/854, WRA Female Case Book 1856, Case of Jane B., admitted 10 Aug 1857. See also S.C. (forename illegible), admitted 11 Sept 1857. Best, *Mid-Victorian Britain*, pp.113-19.

Rachel in *Hard Times* (1854), whom Bram Dijkstra has described as indicative of the ideal of the ‘endlessly tolerant, endlessly supportive burden bearer, destined to her natural lot of endlessly working’.<sup>25</sup>

If anything changed during the period under discussion, it was the rationale behind the types of work to which men and women were suited. Jordanova has contrasted ‘a distinctly middle-class notion of femininity as sedentary, domestic and emotional’, with the physically active male, but she has stressed that it would be naïve to suggest that such emphasis was merely a result of social conditions.<sup>26</sup> Indeed, as one former clinical assistant of the WRA wrote, ‘although no specific remedies have been discovered which invariably control the perverted ideas of the insane, and rectify the morbid cerebral action’, science was advancing on the old erroneous opinions as to the pathology of the mind.<sup>27</sup> For women this had particular significance, and the 1876 rulebook for the NRA ordered that ‘During the day, patients of both sexes shall be employed as much as practicable, especially out of doors, the men in gardening and husbandry, the women in occupations suited to their ability.’ This was made easier a couple of years later when steam powered machinery was introduced in the laundry, to ‘considerably lessen the fatigue’ of the women who worked there, and allow them to be ‘put to other more congenial occupations’. As the century neared its end, Shaw was emphasising the difference by stating that male patients had a necessity for work, and a necessity to do it well, whereas women would do nothing more than they were

---

<sup>25</sup> Bram Dijkstra, *Idols of Perversity: Fantasies of Feminine Evil in Fin-de-siècle Culture*, Oxford University Press, Oxford, 1986, p.13.

<sup>26</sup> Ludmilla Jordanova, *Sexual Visions: Images of Gender in Science and Medicine Between the Eighteenth and Twentieth Centuries*, Harvester Wheatsheaf, Hemel Hempstead, 1989, p.58.

<sup>27</sup> George Henry Pedler, ‘Puerperal Mania’, J. Crichton Browne (ed.), *The West Riding Lunatic Asylum Medical Reports*, Vol. 2, J & A Churchill, London, 1872, pp.146-7

obliged to.<sup>28</sup> By this time, the distinction between ‘men’s work’ and ‘women’s work’ became more marked, as scientific studies provided evidence that the minds and bodies of men were superior in every respect.

At the same time, however, the scientific support for the active and independent male was inherently contradictory. Darwin’s evolutionary theory may have offered a convenient scientific explanation for the inferiority of women’s minds and bodies, but as Tosh points out, analogies with the natural world were forced to concede that the father’s role was little more than procreative. Furthermore, Sonya Rose has pointed to the intrinsic irony in the expectation that working-class men could single-handedly support their families, because to do this they were reliant on their employers, their wives, and their children.<sup>29</sup> Similarly, the asylum, by definition, robbed men of their independence, and of their ability to operate within the public sphere. This is important, because studies of the success of the institutional option have often focussed on the asylum’s domesticated nature. Szasz, for example, has written of lunatics as acting as ‘unruly children’, and of being treated by asylum superintendents who acted as their parents. Similarly, Scull has argued that the acceptance of the asylum as a ‘culturally legitimate alternative’ to other forms of care, rested with a domestic situation, that the families of the insane could relate to.<sup>30</sup> For this reason, the asylum officials were keen to stress that their institutions, however large, were models of domesticity. ‘It is cheering to hear’, wrote one superintendent on the subject of discharged patients, that ‘although rejoicing to again join their friends, ... they had

---

<sup>28</sup> BIHR, CLF1/3/1/1, NRA *General Rules* 1876, p.19. BIHR, CLF1/2/3, NRA *Annual Reports* 1874-84, Report of the Superintendent for 1877. Shaw, ‘The Sexes in Lunacy’, pp.2-3.

<sup>29</sup> Dijkstra, *Idols of Perversity*, pp.164-70. Tosh, *A Man’s Place*, p.149. Sonya Rose, *Limited Livelihoods Gender and Class in Nineteenth-Century England*, Routledge, London, 1992, p.15.

<sup>30</sup> Szasz, ‘The Origin of Psychiatry’, pp.6-7. Scull, *Social Order/Mental Disorder*, pp.242-3. For a discussion of domestication in the army see Leonore Davidhoff, ‘The Family in Britain’, in

been extremely happy, and felt the asylum like “home”. My aim’, he continued was ‘to assimilate the wards of the institution to the comforts of “home,” and [I] trust the various improvements that have followed since I took charge, have tended to this result.’ Indeed, he recorded that many female patients commented on the fact that the asylum felt like home.<sup>31</sup> This may have been what Scull has called a ‘grotesque caricature of the family circle’, but if it was the role of the man to function in the public sphere, and provide for his family, then committal was indicative of failure on this level.<sup>32</sup>

It was for this reason, that the monetary value of *male* labour was the most important to the overall finances of an institution, constantly on the lookout to make savings. In 1860, the value of the labour of the WRA patients employed as joiners, upholsterers, bricklayers, stonemasons, plasterers, whitewashers, mechanics, and painters was valued at £570 for the year. The value for the work of the shoemakers, tailors, and weavers was £998, with the hard work of the latter equating to a saving of 25 per cent on tradesmen’s prices. Interestingly, no calculation was made for the work ‘of the women employed in sewing, washing &c’, and it seems that the men were making a significant economic contribution to their own and the female patients’ upkeep. Furthermore, the authorities sought to offer the same privileges to male patients as to his counterpart beyond the asylum gate, and in 1870, after an annual visit to the NRA, the Commissioners in Lunacy wrote that a ‘judicious selection of the working men’ were granted frequent holidays.<sup>33</sup>

---

Thompson (ed.), *The Cambridge Social History of Britain 1750 –1950*. Vol. 2, pp.109-10.

<sup>31</sup> BIHR, CLF1/2/2, NRA *Annual Reports* 1865-76, Report of the Commissioners in Lunacy, 27 Jan 1868 and Report of Superintendent for 1870.

<sup>32</sup> Scull, *Social Order/Mental Disorder*, pp.76-7

<sup>33</sup> WYAS, C85/108, WRA *Annual Reports*, 1833-67, Reports of the Superintendent for 1860 and 1863-4. BIHR, CLF1/2/2, NRA *Annual Reports* 1865-76, Report of the Commissioners in Lunacy,



Giving holidays to the male patients is evidence of the value added to their work, and as Yannick Ripa has pointed out, the kind of work that women did in the asylum was a 'form of social therapy that put every woman in her place. Working-class women', he continues, 'returned to the work they had always done – repetitive and poorly valued jobs like cleaning, washing and sewing'.<sup>34</sup> At the WRA in 1860, for example, of the 470 male patients, about 340 were 'regularly employed six or seven hours daily in general outdoor occupation in the garden, farm or grounds, or as artizans of various kinds, and assistants to the attendants'. Of the 500 women, 370 were 'upon average employed daily in sewing, washing, ironing and other domestic occupations'. At the NRA it was a similar story, and the Commissioners recorded that 39 women were engaged in the laundry, 49 in knitting and sewing, and 16 in the kitchen and offices. A further 95 were recorded as ward cleaners, who 'in the forenoon [were] engaged under proper supervision in the upstairs dormitories on the male side, making the beds and performing the duties usually devolving on the male patients in other asylums'.<sup>35</sup>

To some degree, women collaborated in the 'rhetoric of domesticity', and examples from the cotton industry provide evidence of women identifying themselves within designated domestic roles.<sup>36</sup> There is also limited evidence of this at the WRA, where Elizabeth H. 'would do sewing, but always refused to do any active work'. In this case, the medical staff were concerned that none of the medicines prescribed seemed

---

2 Aug 1870.

<sup>34</sup> Ripa, *Women and Madness*, p.125.

<sup>35</sup> WYAS, C85/108, *WRA Annual Reports, 1833-67*, Report of the Superintendent for 1860. At the NRA in 1867, the ratios had been Males – 70 land, 30 various trades, 60 on wards. Women – 80 knitting, 70 laundry, 18 kitchen, 36 wards. BIHR, CLF1/2/3, *NRA Annual Reports 1874-84*, Report of the Commissioners in Lunacy, 1885.

<sup>36</sup> Carol E. Morgan, 'Gender Constructions and Gender Relations in Cotton and Chain-Making in England: A Contested and Varied Terrain', *Women's History Review*, Vol. 6, No.3, 1997, pp.367-89, p.370.

to ease the symptoms of dyspepsia that Elizabeth complained of, and they suspected her of 'shamming'. Similarly, another patient who 'feigned death' so that she could have 'stayed in bed all day if allowed', was considered to be doing so 'in order to obtain stimulants'.<sup>37</sup> In these particular cases, the emphasis on drug remedies seems to suggest that they were the exceptions that proved the rule, and at the NRA the superintendent reported that the most healthy and interesting works were carried out in the garden and farm, where the majority of men worked, but by contrast, 'the occupation of the women, which consist[ed] chiefly of household, kitchen and needlework [was] not so easy to vary'. This, it seems was a real problem, and Shaw also noted that the *ennui* on the female side of the asylum was more marked.<sup>38</sup>

This is significant, because Scull has argued that large numbers of patients were simply 'left to rot', ultimately resulting in large custodial warehouses, or what he refers to as 'Museums of Madness'.<sup>39</sup> Here, he argues, a 'sizeable proportion of the inmates were not given any task, however trivial'. Even by 1888, however, the Commissioners recorded that 76 per cent of male, and 70 per cent of female patients at the NRA, were engaged in 'useful employment', percentages they found to be 'very satisfactory', considering the mental condition of many of the patients they saw. In the same period, 71 per cent of male, and 65 per cent of female patients at the WRA, were also described as being usefully employed. Indeed, if we take a look at Appendices 8 and 9, we can see that patients of both sexes were highly productive at the NRA throughout the period, and as we have seen in Chapter One, the sales of produce continued to be a significant source of revenue. For Scull, findings such as

---

<sup>37</sup> WYAS, C85/861, WRA Female Case Book 1867, Case no's. 5392 and 5413.

<sup>38</sup> BIHR, CLF1/2/3, NRA *Annual Reports* 1874-84, Report of the Superintendent for 1879. Shaw, 'The Sexes in Lunacy', p.3.

<sup>39</sup> Scull, *The Most Solitary of Afflictions*, p.289.

these are merely indicative of a situation in which the work of the patients was measured in economic, rather than therapeutic terms. Of course, this was true, but some of the men were involved in semi-skilled labour. If we look at Appendix 10, for example, we can see that 26 men were employed as weavers, fourteen as tailors, and six as engineers at the WRA. These may represent a small percentage of the whole, but even the vast majority, who were employed in 'out-door occupation', enjoyed a significant time away from the wards, and the main asylum building. Clearly, the men could not pick and choose which activities they engaged in, but the variety available to them as a group was far superior to the employment open to women. Looking at Appendix 11, we can see that the work of women rested with sewing, knitting and cleaning, and if one group was 'left to rot', it was the women.

Unfortunately, attempts to improve the situation did not necessarily help. In the 1860s, the superintendent at the WRA hoped that he could add more variety to the occupations on offer. Moreover, he hoped 'to develop a system by which [male] patients who [were] not possessed of any trade, [could] be taught one during their residence in the asylum'. This was no doubt influenced by the apparent problems patients had on their discharge, and Browne hoped to return them 'to the world with new powers of usefulness, and a means of gaining a livelihood'. A few years later, plans to introduce 'classes for elementary instruction', included the establishment of 'a class tuition in domestic cookery, which will, it is believed, prove an interesting and useful branch of study'.<sup>40</sup> Gay notes that by 1850, the teaching of domestic competence had grown into a respectable small industry, but Browne was concerned at the failings of many wives, and future wives 'who would be puzzled to boil a

---

<sup>40</sup> WYAS, C85/108, *WRA Annual Reports, 1833–67*, Report of the Superintendent for 1866. WYAS,

potatoe [*sic*] in a creditable manner'.<sup>41</sup> Generally speaking, as Catherine Hall points out, the middle class ideal of the moralizing wife was adapted to meet the reality of working-class life, and thus more emphasis was placed on the practical skills associated with household management.<sup>42</sup> For Browne, this meant sending women 'back to their homes, not merely with resumed reason, but with new culinary requirements, which will tend to make their homes more comfortable and attractive'. These particular changes were designed to prevent re-admission, and Browne was anxious that his female convalescents could 'prepare well and palatably the commonest articles of sick dietary'.<sup>43</sup> Teaching them to 'practice strict economy in dealing with food', and to 'prepare and serve up even humble fare in a cleanly fashion and tempting shape', emphasised both work differences, and the dearth of variety available to the female patients.

This lack of variety in work was matched by similar differences in the leisure time of the patients. At the WRA, successive superintendents had written of their concern at 'the inevitable, tedious monotony of an asylum life'. In this case, Browne was referring to a trip to Charles Waterton's estate at Walton castle [*sic*], and the ways in which the patients looked forward to it with 'child-like relish'.<sup>44</sup> The approaches to their leisure time has already been touched on in Chapter Two, but this, like the work of the patients, belied the different avenues that were open to each class of patient. In July 1858, for example, the superintendent at the WRA wrote, that

---

C85/109, WRA *Annual Reports*, 1868–79, Report of the Superintendent for 1873.

<sup>41</sup> Peter Gay, *The Bourgeois Experience, Victoria to Freud*, Vol. 3, *The Cultivation of Hatred*, Harper Collins, London, 1994, p.356.

<sup>42</sup> Catherine Hall, *White, Male and Middle Class: Explorations in Feminism and History*, Polity Press, London, 1992, p.145.

<sup>43</sup> WYAS, C85/109, WRA *Annual Reports*, 1868–79, Report of the Superintendent for 1874.

<sup>44</sup> WYAS, C85/108, WRA *Annual Reports*, 1833–67, Report of the Superintendent for 1866.

During the present month, nearly one hundred men and fifty women patients have enjoyed a little recreation away from the asylum. Thirty men went to the American Circus, thirty to a picnic and cricket match on Heath Common, and through the kind permission of Mr Marsden, thirty more formed a fishing party to Cold Hiendley. The women spent a day in the grounds of Mr Waterton of Walton hall. These excursions invoke a comparatively small outlay, and I believe enjoyed with an intensity known only to those accustomed to confinement in an asylum.

While this may seem a fairly innocuous extract, it is clear that twice as many men enjoyed time away from the asylum than women, and by 1860, the number of men in the fishing party had risen to 100.<sup>45</sup> Furthermore, the variety of pursuits open to the men was far greater. It was a similar story at York, where the Commissioners in Lunacy commended the improvements in 'the arrangements for giving the patients exercise beyond the asylum precincts'. As many as fifty women enjoyed the daily privilege, but considering what they left behind this was hardly surprising. By contrast, a practice was made of sending ten of the men into York every day to collect the post, and on Sunday, their day off, upwards of a hundred of them were allowed to go on distant walks.<sup>46</sup>

Where women's leisure time seemed to begin and end with gentle pursuits such as croquet, for which a lawn had been provided at the WRA in 1866, the men were able to enjoy a rather more varied choice. Fishing was one thing, but playing 'that time honoured game of cricket' meant that both asylums competed with local clubs and with each other. 'Friendly rivalry' with the inmates of the Wakefield Asylum, wrote the superintendent at the NRA, afforded both 'change and recreation. Although unsuccessful', he continued, 'the north Riding received a stimulus that leads to the

---

<sup>45</sup> WYAS, C85/123, WRA Visitors Minute Book 1858, 29 July 1858. WYAS, C85/108, *WRA Annual Reports*, 1833-67, Report of the Superintendent for 1860.

<sup>46</sup> BIHR, CLF1/2/2, *NRA Annual Reports 1865-76*, Report of the Commissioners in Lunacy, 23 Feb 1867.

hope for better things'.<sup>47</sup> Women, of course, were largely excluded from such manly sports, and their role at cricket, if they had any at all, must have been limited to that of spectator. Indeed at Colney Hatch, women could watch the men playing in cricket matches from a 'specially fenced off enclosure'.<sup>48</sup> The 'home' and 'away' matches with the WRA afforded further variety, and must necessarily have involved further excursions, and perhaps even overnight stays. The possibility arises that the status of some male patients was superior to others, because of the opportunities afforded them to sport and other activities. Even so, there can be little doubt that sports added to the variety of asylum life, and in 1881 a billiard room was provided for amusement in 'the long winter evenings'.

Clearly, the variety of both work and leisure available to the male patients was far superior to that available to the women. Despite this 'variety gap', Erving Goffman considered psychiatric hospitalisation more destructive of self than criminal incarceration, because it robbed men of their independence. 'Like most people', writes Chesler, 'he is primarily thinking of the debilitating effect - *on men* - of being treated like a woman. But', she continues, 'what about the effects of being treated like a woman when you are a woman? And perhaps a woman who is already ambivalent or angry about just such treatment?'<sup>49</sup> This is a good question, because it has been suggested that the symptoms of hysteria were a form of protest or rebellion against the confining roles forced upon women by men.<sup>50</sup> It is possible that the madness of working-class women was also a form of protest, and the case-notes for Rosannah H. suggest that her protest was less about her confined role, and more about the violence

---

<sup>47</sup> BIHR, CLF1/2/2, *NRA Annual Reports 1865-76*, Report of the Superintendent for 1867.

<sup>48</sup> Showalter, *The Female Malady*, p.82.

<sup>49</sup> Phyllis Chesler, *Women and Madness*, HBJ, London, 1989, p.35.

<sup>50</sup> Showalter, *Hystories*, p.31.

of her husband, although the two were not necessarily mutually exclusive.<sup>51</sup> If women's madness rested with the monotonous drudgery of their domestic lives, then the asylum did little to rectify it. In fact it probably made it worse by giving them more time to do menial tasks, or indeed, nothing at all. In terms of integration, we should not be surprised at this, because for the most part, lower-class women could hardly expect anything different when they were discharged. Research has shown that the ethos of separate spheres was a compelling one, despite the obvious failures of many working-class families to live up to what was essentially a bourgeois ideal. As John Tosh has succinctly remarked, 'the pieties of domesticity were a sick joke to slum dwellers', but elsewhere the labouring classes often played their own significant part in the push to exclude female competition from the market place.<sup>52</sup> In her critique of Thompson's seminal work, for example, Anna Clark has argued that the making of the working class was partly about the attempt of radicals to extend the idea of separate spheres, beyond the confines of the middle classes.<sup>53</sup> This much is fairly straightforward, but keeping the patients busy was just one part of their treatment, and if the asylum superintendents were to gain any credibility within the scientific community, they had to take a more active role in the promotion of recovery.

### *The Causes of Insanity and their Reinterpretation.*

In offering their thoughts on diagnosis, prognosis, and treatments for individual patients, members of the medical staff were initially reliant on the information provided by the 'friends' of the patient, as set down in the committal papers. As

---

<sup>51</sup> WYAS, C85/861, WRA Female Case Book 1867, Case no.5322.

<sup>52</sup> Gay, *The Bourgeois Experience, Victoria to Freud*, Vol. 3, p.356. Tosh, *A Man's Place*, p.27. Theodore Koditschek, 'The Gendering of the British Working Class', *Gender and History*, Vol. 9, No.2, August 1997, pp.333-63, p.346.

<sup>53</sup> Anna Clark, *The Struggle for the Breeches: Gender and the Making of the British Working Class*, Rivers Oram Press, London, 1995, p.2 and *passim*.

Suzuki points out in his examination of Bethlem, 'the family members, relatives, neighbours, and Poor Law officers had a clear epistemological advantage over the doctors, because they usually observed the crucial transitional process first hand'. This, he continues, changed after 1852, when William Charles Hood took responsibility for the case-books, and he endeavoured to look upon the 'causes ascribed by the friends with a more critical eye, and to make a more active use of the patient in the process'.<sup>54</sup> To try and arrest similar problems at the WRA, Major wrote that printed circulars were issued to the relatives of patients, 'when deemed advisable'. Seven years later, like Hood, Major's successor was bemoaning the arbitrary nature of the descriptions of the causes of insanity. 'To trace the true relationship,' he wrote, 'we must not only familiarise ourselves with the individual and his idiosyncrasies, but to the exact conditions to which he has been formerly subjected.'<sup>55</sup>

Of course, the committal forms were skewed against the patients, and when John G. complained that 'his wife treated him badly', for example, the examining doctor 'knew that he was altogether wrong'.<sup>56</sup> At the same time, however, any re-interpretation of the available sources must have meant taking one person's word against another's. Two days after the admission of Ann G., the casebook recorded that despite her small mental capacity, she was 'by no means a fit subject for an asylum'. Nevertheless, because the committal forms described her as 'very dangerous', it was thought prudent to detain her for observation. She claimed that her master's son had made her pregnant, and his father, a guardian of the poor, had put her into an asylum

---

<sup>54</sup> Suzuki, 'Framing Psychiatric Subjectivity', pp.121-6.

<sup>55</sup> WYAS, C85/109, *WRA Annual Reports*, 1868-79, Report of the Superintendent for 1879. WYAS, C85/110, *WRA Annual Reports*, 1880-86, Report of the Superintendent for 1885

<sup>56</sup> WYAS, C85/591, *WRA Reception Orders 1861-65*, WYAS, Case no. 3962.



to 'hush it up'. Unable to judge 'how far this was a hallucination', she was transferred to the WRA a week later. Here, she claimed she was sent to the asylum because she had quarrelled with the matron of the workhouse, and in May she gave birth to a son. Just over three weeks later, she was discharged.<sup>57</sup> In this case, Ann spent six months in an asylum, despite immediate concerns that she was not mad, which reflected the power of the committal form. Unfortunately, for patients such as Isaac M., this could have disastrous results that went beyond their period of detention. Isaac was described as suffering from 'remittent mania', after he had threatened violence to his wife on account of her 'supposed adultery'. Less than two months after his admission he was discharged, it having been 'ascertained that what were considered to be delusions' were not really so, and it was discovered that his wife had been living with his uncle in adultery. In July, Isaac returned home, but an addendum in the casebook records that he hung himself soon afterwards.<sup>58</sup>

Suzuki has shown that Hood believed that the families of the insane actively concealed key information, concluding that they most typically framed cases of insanity as cultural stereotypes, commanding sympathy, as it seems they did in Isaac's case. In the process, he argues, they sanitised their representation, exonerating both the patient and themselves, consciously and unconsciously suppressing data which would put either party in an unfavourable light, but questions must be asked about the parity of any re-interpretations.<sup>59</sup> Ann W.'s husband, for example, stated in June, that since Christmas his wife's 'temper and disposition had changed so much that there [was] no living with her'. This must be compared with the thoughts of the chaplain of the WRA, who was convinced that the aetiology of Melancholia in women was 'very

---

<sup>57</sup> BIHR, CLF/6/5/5/5, NRA Female Case Book 1866-70, Case no. 1111.

ordinarily, the result of barbarity, violence, selfishness, drunkenness &c, on the part of the husband. What class of minds is most likely to succumb under such treatment?' he asked rhetorically, before concluding that it was, 'the most sensitive, delicate and unresisting'.<sup>60</sup> Indeed, when one former female patient of the NRA returned home with her drunken husband, she found 'her children and everything else in her house in a state of neglect and wretchedness, [and] destroyed herself by drowning three days after leaving the asylum'.<sup>61</sup> In much the same way, it was probably the Reverend Henry Hawkins, another man of the church, who warned female attendants to be wary of their companions, but he also reminded them of their own responsibility for their own conduct. 'You have need to be circumspect about your behaviour', he warned. 'Be careful in choosing your companions. Avoid as much as possible being talked about. Keep from extravagance in dress. Adorn yourself with the lowliest of ornament, the ornament of the meek and quiet spirit, which is in the spirit of God of great price.' Clearly, this placed a degree of responsibility on the female attendants, and Showalter argues that this reached its *reductio ad absurdum* when Furneaux Jordan, a surgeon at Queen's College in Birmingham, concluded that the hereditary physical traits of some women, made it impossible for men not to hit them.<sup>62</sup>

As Brumberg points out, doctors were less interested in patient and familial accounts, than in the verifiable external sounds and signs of illness, which were seen as much more reliable, but even these were liable to reinterpretation.<sup>63</sup> In the preface to the

---

<sup>58</sup> BIHR, CLF6/5/1/3, NRA Male Case Book 1856-60, Case no. 612.

<sup>59</sup> Suzuki, 'Framing Psychiatric Subjectivity', p.129.

<sup>60</sup> WYAS, C85/591, WRA Reception Orders 1861-65, Female Case no. 3909. WRA Chaplain's Journal, 1853, WYAS, C85/187, p.462.

<sup>61</sup> BIHR, CLF1/2/3, NRA *Annual Reports* 1874-84, Report of the Superintendent for 1882.

<sup>62</sup> Anon., *A Chaplain's Address*, Society for Promoting Christian Knowledge, London, 1862, p.6. Showalter, *The Female Malady*, p.107.

<sup>63</sup> Joan Jacobs Brumberg, *Fasting Girls: The Emergence of Anorexia Nervosa as a Modern Disease*, Harvard University Press, Cambridge (Mass.), 1988, p.167.

first edition of the WRA *Medical Reports*, Browne wrote of the dearth of professional research carried out in lunatic asylums, and of his desire to redress the balance using empirical evidence. This may have been a noble sentiment, but it is clear that notions of gender difference were distinctly entrenched. A study of Daltonism, for example, highlighted key differences between the sexes in their lack of understanding of colour. Even 'intelligent men, unless they had followed some occupation conversant with colours', the tester concluded, 'could seldom mention by name five or six' shades. 'We cannot be surprised', he continued, 'to find that the patients in this asylum, drawn as a rule from colliery and manufacturing districts, know even less of the subject'. Given the existing social context, this was not an unfair assumption, but the reasons for the low incidence of colour blindness in women was believed to result from vanity. It was suggested that women were unlikely to admit to 'such a defect of vision, and as a result, would use 'every artifice' to conceal it. Thus', the article concluded, 'a colour-blind would make her purchases with a female friend, endowed with perfect perception of colour'.<sup>64</sup> By contrast, when J. Wilkie Burman studied the cases of General Paralysis of the Insane (GPI) at the Devon County Asylum, he found that the total incidences on the male side were disproportionately higher than on the female. This was not unusual, because generally speaking, GPI affected ten times as many men as women. What is striking, however, is Burman's explanation for the difference. Hack Tuke's *Dictionary of Psychological Medicine* remarked that syphilis was very often a cause of GPI, but cautiously stated that it was not necessarily syphilitic in origin.<sup>65</sup> Indeed, GPI had been recognised as a disease from the 1820s, and there was a clear link drawn between its onset and the immorality of its sufferers,

---

<sup>64</sup> T.W. McDowall, 'On the Power of Perceiving Colours Possessed by the Insane', Browne, *The West Riding Lunatic Asylum Medical Reports*, Vol. 3, pp.131-44.

<sup>65</sup> Claude Quételet, *History of Syphilis*, Polity Press, Cambridge, London, 1992, p.164.

but it was not until 1913 that a conclusive link between it and syphilis was made.<sup>66</sup> 'It is a noteworthy fact', wrote Burman, 'that whilst among the married, the proportion of males to females is six to one, amongst the single it is only three to one. This relative difference may perhaps be explained by the fact that intemperance and irregular habits are much common amongst single than married females. In fact, all the single females have been domestic servants, charwomen or washerwomen.' He then went on to link the average age of male paralytics, which was 42, to the greater frequency of disease amongst that group. At 42, he concluded, 'the majority of future patients are married, and exposed to all the cares and troubles incidental to wedded life amongst the lower classes.'<sup>67</sup> At a stroke then, Burman managed to draw attention away from the higher incidences of GPI amongst the male patients, by stressing the 'irregular habits' of women. Studies such as these, and the generalisations based on gender inherent within them, undoubtedly informed treatment regimes, and we should bear these in mind when we examine individual experiences of treatment regimes. To begin with, however, it is important to consider just how many men and women were admitted to, and discharged from the asylums.

### *The Distribution of Male and Female Patients*

Examples such as the ones above, have led authors such as Showalter, Ussher and Busfield to highlight an apparent change in treatment regimes, as the male medical

---

<sup>66</sup> Albert Fournier asserted that GPI had a syphilitic origin in 1879 but he and his successors were met with incredulity. In 1905 the syphilis microbe, or *Treponema Pallidum*, was discovered and by 1905 the Bordet-Wasserman test was being used to diagnose syphilis. By 1907, the test had been perfected and the *Treponema* was found in the blood of those suffering from GPI, but it was not until its discovery in the central cortex of general paralytics that Fournier's doctrine triumphed. Quézel, *History of Syphilis*, pp.139-42, 162-64. See also, Showalter, *The Female Malady*, pp.110-12.

<sup>67</sup> J. Wilkie Burman, 'A Contribution to the Statistics of General Paralysis: With Remarks', J. Crichton Browne (ed.), *The West Riding Lunatic Asylum Medical Reports*, Vol. 1, J & A Churchill, London, 1871, p.129.

profession reacted to women's activism, and their attempts to be admitted to universities and the professions.<sup>68</sup>

Table 19: The National Distribution of Patients in County and Borough Asylums, 1859 – 1888.

1 Jan	Males		Females		Total
	n	%	n	%	
1859	7,251	45.76	8,593	54.24	15,844
1860	7,951	45.60	9,485	54.40	17,436
1861	8,377	45.06	10,215	54.94	18,592
1862	8,911	45.34	10,743	54.66	19,654
1863	9,370	45.55	11,203	54.45	20,573
1864	9,789	45.46	11,742	54.54	21,531
1865	10,192	45.73	12,093	54.27	22,285
1866	10,761	45.51	12,882	54.49	23,643
1867	11,253	45.76	13,337	54.24	24,590
1868	11,758	45.79	13,922	54.21	25,680
1869	12,334	45.91	14,533	54.09	26,867
1870	12,930	46.21	15,050	53.79	27,980
1871	13,325	45.98	15,654	54.02	28,979
1872	13,633	45.99	16,008	54.01	29,641
1873	13,982	45.88	16,491	54.12	30,473
1874	14,432	46.00	16,939	54.00	31,371
1875	15,049	46.26	17,480	53.74	32,529
1876	15,639	45.79	18,515	54.21	34,154
1877	16,262	45.78	19,261	54.22	35,523
1878	17,116	45.32	20,647	54.68	37,763
1879	17,678	45.48	21,193	54.52	38,871
1880	18,114	45.19	21,974	54.81	40,088
1881	18,657	45.11	22,698	54.89	41,355
1882	19,292	45.19	23,399	54.81	42,691
1883	19,898	45.16	24,167	54.84	44,065
1884	20,618	44.97	25,232	55.03	45,850
1885	21,539	45.11	26,210	54.89	47,749
1886	21,691	45.06	26,448	54.94	48,139
1887	22,039	45.12	26,803	54.88	48,842
1888	22,697	45.23	27,483	54.77	50,180

Source: 33 and 43 Annual Reports of the Commissioners in Lunacy.

Showalter, for example, has suggested that the rising numbers of women held in the asylums may have been because of the male psychiatric profession's attitude to women, but there are a number of qualifications to be made here.<sup>69</sup> Firstly, the

<sup>68</sup> Showalter, *Hystories*, p.49

<sup>69</sup> Showalter, *The Female Malady*, p.55.

majority of women held in the asylums were not agitating for reform of any kind. Secondly, looking at Table 19, we can see that the national percentage distribution of all lunatics held in county and borough asylums was much the same in 1888, as it had been in 1859.

**Table 20: The Distribution of Patients at the WRA, 1859 – 1888.**

31 Dec	Males		Females		Total
	n	%	n	%	
1859	427	45.91	503	54.09	930
1860	471	48.31	504	51.69	975
1861	492	48.09	531	51.91	1,023
1862	493	48.33	527	51.67	1,020
1863	511	49.52	521	50.48	1,032
1864	540	48.43	575	51.57	1,115
1865	531	47.24	593	52.76	1,124
1866	530	46.99	598	53.01	1,128
1867	593	49.33	609	50.67	1,202
1868	647	49.05	672	50.95	1,319
1869	702	49.58	714	50.42	1,416
1870	695	47.18	778	52.82	1,473
1871	701	47.14	786	52.86	1,487
1872	692	50.07	690	49.93	1,382
1873	691	49.93	693	50.07	1,384
1874	698	50.18	693	49.82	1,391
1875	697	49.57	709	50.43	1,406
1876	695	49.54	708	50.46	1,403
1877	704	49.82	709	50.18	1,413
1878	683	49.14	707	50.86	1,390
1879	698	50.14	694	49.86	1,392
1880	696	49.71	704	50.29	1,400
1881	699	49.86	703	50.14	1,402
1882	704	50.21	698	49.79	1,402
1883	703	49.86	707	50.14	1,410
1884	712	50.71	692	49.29	1,404
1885	701	50.14	697	49.86	1,398
1886	695	49.71	703	50.29	1,398
1887	701	50.00	701	50.00	1,402
1888	673	49.70	681	50.30	1,354

Source: Annual Reports of the WRA.

Indeed, it was the years 1861 and 1886 that provided the peak years for women held in the asylum, as a comparison with their male counterparts. Of course, the numbers

of women held was rising, but so were the numbers of men. By contrast, if we look at Table 20, we can see that the percentage differential between male and female patients held at the WRA was closer in 1888, than it had been in 1859. Here, the latter held as a percentage of the whole was down from just over 54 per cent, to just over 50 per cent, although this was not a continuous downward trend. Furthermore, on three occasions, in 1872, 1874 and 1879, the numbers of male patients exceeded the numbers of females, albeit by small amounts. Of course, this means that in the other 27 years tabulated, there were more female patients than males held, but the key point here, is that like the national picture, there was no continuous increase in one particular group of patients.

If anything, it was the NRA that displayed an upward trend in the in the detention of female patients. As we can see from Table 21, the percentage decrease in male patients, and the corresponding increase in female patients, was almost ten points in the period 1859 - 1888. At the same time, however, it is equally clear, that even here, the numbers fluctuated year on year. To some degree, the 'low' of just over 43 per cent in 1859 can be described as a rogue variable, because none of the other 29 years come close to it. Furthermore, the percentage total for 1888 does not represent the high point for women held, that was 1882.

So far then, these figures bring into question just how much of a watershed the last quarter of the nineteenth century represented for the detention of particular groups of patients. Crucially, we must remember that as we have seen in previous chapters, the asylum doctors had little influence over the numbers of patients being sent to the

asylum in the first place. They were, however, responsible for the discharge or detention of patients, and it is to this that we must now turn our attention.

**Table 21: The Distribution of Patients at the NRA, 1859 – 1888.**

31 Dec	Males		Females		Total
	n	%	n	%	
1859	254	56.70	194	43.30	448
1860	255	53.46	222	46.54	477
1861	267	53.72	230	46.28	497
1862	272	54.73	225	45.27	497
1863	264	53.66	228	46.34	492
1864	269	53.80	231	46.20	500
1865	260	53.06	230	46.94	490
1866	259	51.90	240	48.10	499
1867	251	50.71	244	49.29	495
1868	278	52.75	249	47.25	527
1869	276	50.74	268	49.26	544
1870	283	50.54	277	49.46	560
1871	209	48.83	219	51.17	428
1872	208	49.29	214	50.71	422
1873	213	50.12	212	49.88	425
1874	217	49.77	219	50.23	436
1875	227	48.50	241	51.50	468
1876	249	50.30	246	49.70	495
1877	255	50.90	246	49.10	501
1878	293	54.77	242	45.23	535
1879	251	50.40	247	49.60	498
1880	262	49.90	263	50.10	525
1881	262	48.52	278	51.48	540
1882	259	47.61	285	52.39	544
1883	274	47.00	309	53.00	583
1884	291	49.41	298	50.59	589
1885	284	48.80	298	51.20	582
1886	288	48.73	303	51.27	591
1887	298	48.93	311	51.07	609
1888	298	47.91	324	52.09	622

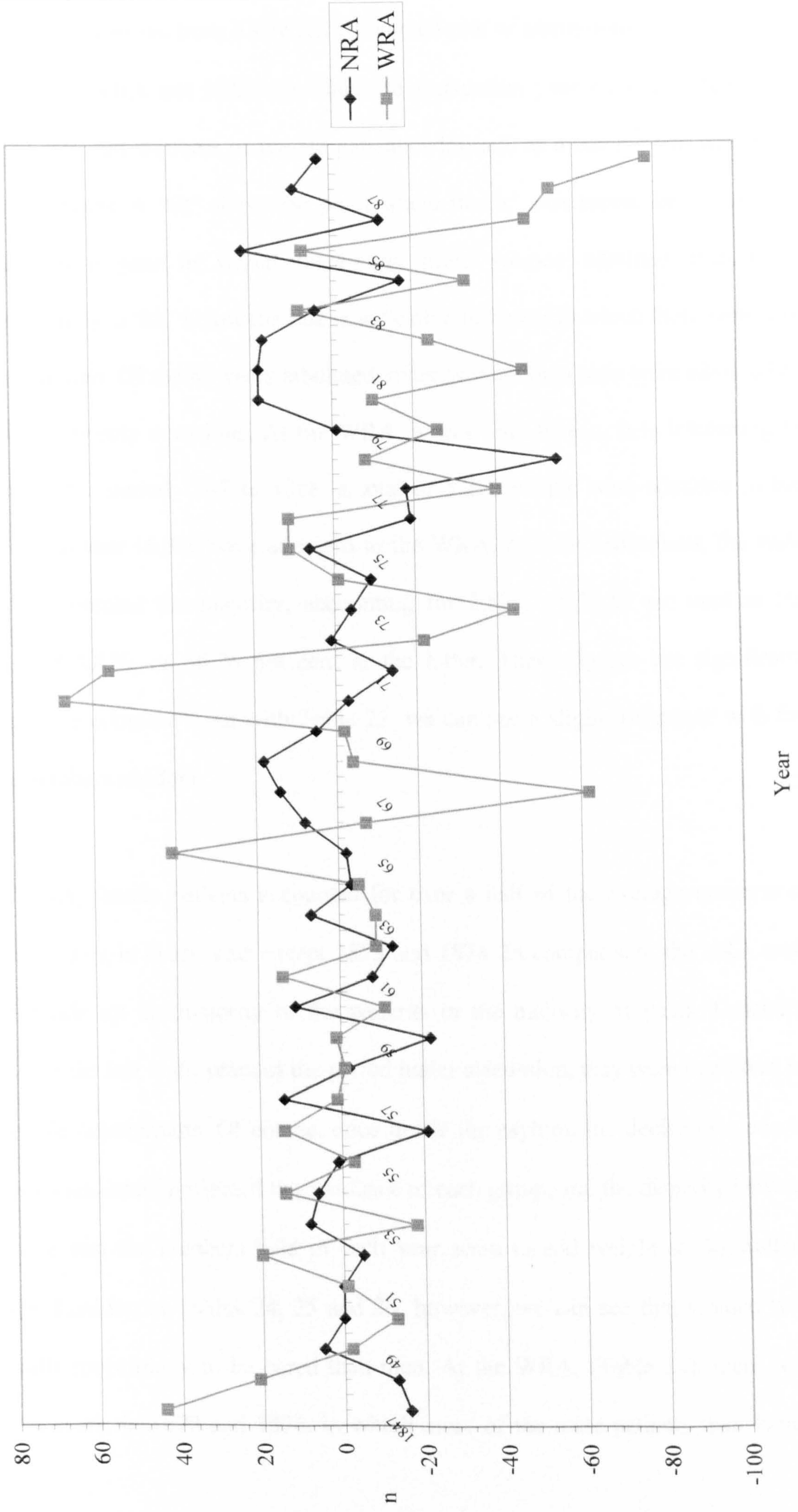
Source: Annual Reports of the NRA.

### ***Discharging and Detaining Male and Female Patients***

To consider the role that the medical staff had over the continued detention of any one particular group of patients, we must first consider the numbers coming into the



Table 22: Yearly Admissions of Female Patients: as compared to male admissions 1847 - 1888



asylums. As we can see from Table 22, the annual rate of admissions for both sets of patients at the WRA and NRA was liable to fluctuation year on year. Each point marks the different numbers of female patients admitted, as a comparison with their male counterparts. A 'hit' above the point where the 'x' axis meets the 'y' axis, is indicative of a year in which there was more women admitted than men. Correspondingly, a 'hit' below the line is indicative of a year in which there were *less* women admitted. Of the 42 years tabulated, more women than men were admitted to the NRA on twenty occasions. At the WRA, it was only fifteen. It is interesting to note that in the period 1847 to 1888, a total of 5,296 people were admitted to the NRA, and another 16,600 were admitted to the WRA. At both institutions, the male patients represented the majority, accounting for 2,679, or 50.59 per cent at the former, and 8,426, or 50.76 per cent at the latter. These figures are significant, because if we compare them with Table 23, we can see a slight difference with the average numbers resident.

At the WRA, female patients accounted for over a half of the average numbers of patients resident in every year except 1873 and 1874. In comparison, the NRA male patients made up the majority of the patients in the majority of years. Crucially, however, in the last eight years of the period under discussion, they were overtaken by their female counterparts. Of course, once inside the asylum, the decisions made by the doctors necessarily affected the residence of each group, and the disparity between admissions and the numbers held in each year seem to add weight to Showalter's concerns. Looking at Tables 24, 25 and 26, however, we can see that women were statistically more likely to be cured than men. At the WRA, (Table 24), there were only two years, in 1870 and 1876, in which more of the male patients than female

patients were discharged as recovered. At other times, however, most notably in 1869 and 1886, the proportion of female recoveries was significantly higher when compared those listed for the males.

Table 23: The Average Numbers Resident at the WRA and NRA, 1851 – 1888.

	WRA		NRA	
	Males	Females	Males	Females
1851	47.56	52.44	50.00	50.00
1852	46.67	53.33	50.69	49.31
1853	48.16	51.84	50.50	49.50
1854	46.61	53.39	50.67	49.33
1855	46.38	53.62	50.49	49.51
1856	46.95	53.05	51.21	48.79
1857	45.83	54.17	51.52	48.48
1858	45.82	54.18	52.38	47.62
1859	45.90	54.10	56.02	43.98
1860	51.71	48.29	54.51	45.49
1861	48.19	51.81	53.40	46.60
1862	48.30	51.70	53.97	46.03
1863	49.52	50.48	53.94	46.06
1864	48.37	51.63	53.60	46.40
1865	47.25	52.75	53.40	46.60
1866	46.96	53.04	51.11	48.89
1867	49.36	50.64	51.75	48.25
1868	49.07	50.93	51.85	48.15
1869	49.28	50.72	51.50	48.50
1870	48.87	51.13	50.45	49.55
1871	47.03	52.97	50.55	49.45
1872	48.48	51.52	49.67	50.33
1873	50.21	49.79	48.92	51.08
1874	50.07	49.93	49.53	50.47
1875	49.93	50.07	49.03	50.97
1876	49.58	50.42	49.38	50.62
1877	49.72	50.28	51.61	48.39
1878	49.82	50.18	54.21	45.79
1879	49.75	50.25	53.80	46.20
1880	49.79	50.21	50.20	49.80
1881	49.75	50.25	48.72	51.28
1882	50.00	50.00	48.24	51.76
1883	49.93	50.07	47.55	52.45
1884	49.96	50.04	47.71	52.29
1885	49.89	50.11	48.50	51.50
1886	49.86	50.14	48.77	51.23
1887	49.71	50.29	48.63	51.37
1888	49.75	50.25	48.78	51.22

Source: Annual Reports of the WRA and the NRA.

Table 24: Percentage Recoveries on Admission at the WRA, 1869 – 1888.

	Males	Females	Total
1869	36.52	53.39	43.33
1870	52.62	43.57	47.65
1871	42.52	56.08	50.24
1872	31.55	40.99	36.05
1873	33.00	47.98	40.00
1874	43.38	50.55	46.96
1875	46.69	50.88	48.83
1876	55.20	54.02	54.59
1877	43.87	50.70	46.99
1878	45.41	50.22	47.77
1879	39.14	51.72	45.10
1880	37.22	48.86	42.92
1881	37.98	44.54	40.93
1882	32.74	46.03	39.01
1883	28.21	44.28	36.40
1884	31.00	45.54	37.61
1885	40.37	41.81	41.10
1886	36.17	52.73	43.62
1887	35.20	43.39	38.83
1888	32.70	33.86	33.18

Source: Annual Reports of the WRA.

We can see from looking at Table 25, that at the NRA there were more males discharged on four occasions, namely in 1869, 1876, 1881 and 1888. Like the WRA, the figures show that the differences could be significantly higher. In 1873, for example, 17.60 per cent of the male admissions were described as being discharged recovered, compared with 65.90 per cent of the female admissions. Looking at Table 26, we can see that the national picture was less liable to such significant variations in the discharge of those that were deemed to have recovered. Crucially, however, in every single year tabulated, the percentage figure for the discharge of female patients, was higher than those presented for the male patients.

These figures take on further significance when we recognise, that not only were women more likely to be released, they were also more likely to be released sooner. Table 27 shows that of the 1,077 patients discharged as recovered from the NRA in

the period 1866 to 1881, 40 per cent of the women were released within twelve months of their committal, compared to nearly 32 per cent of the men. Furthermore, the totals for all patients, shows that over 54 per cent of females were discharged as recovered, compared to nearly 46 per cent of the males.

Table 25 Percentage Recoveries on Admission at the NRA, 1869 – 1888.

	Males	Females	Total
1869	41.10	29.40	35.10
1870	36.30	50.70	43.40
1871	20.60	42.40	31.50
1872	32.30	50.00	41.10
1873	17.60	65.90	41.70
1874	29.60	57.70	42.40
1875	36.70	38.20	37.50
1876	44.40	43.50	44.00
1877	45.20	47.20	46.00
1878	19.80	47.00	28.60
1879	51.50	60.30	55.90
1880	38.90	48.00	44.10
1881	45.40	43.80	44.50
1882	50.70	57.10	54.30
1883	38.00	42.00	40.10
1884	36.30	50.70	42.70
1885	44.00	55.50	50.80
1886	24.30	51.50	36.80
1887	39.10	51.80	45.80
1888	44.90	34.70	39.70

Source: Annual Reports of the NRA

At the WRA, the sample is taken over a slightly longer period, but the figures for 1869, 1874 and 1875 are not included, as these details were not available.

Looking at Table 28, however, we can see that that the overall recovery rate was similar to that of the NRA, with nearly 47 per cent of the males discharged, and just over 53 per cent of the females. Again, 46 per cent of women were discharged within twelve months, compared to just below 40 per cent of the men.

Table 26: Percentage Recoveries on Admission, Nationally 1869 – 1888.

	Males	Females	Total
1869	33.10	42.69	37.89
1870	36.98	43.78	40.47
1871	35.35	44.76	40.05
1872	39.10	48.21	43.74
1873	33.79	42.77	38.34
1874	36.29	47.45	41.78
1875	35.71	42.92	39.32
1876	36.55	44.63	40.60
1877	33.62	40.87	37.29
1878	35.33	45.26	40.38
1879	37.46	43.95	40.85
1880	37.74	43.81	40.88
1881	35.24	44.85	40.13
1882	36.18	44.53	40.41
1883	35.28	42.20	38.88
1884	34.62	44.77	39.77
1885	38.44	45.76	42.26
1886	35.01	46.53	40.91
1887	33.76	43.12	38.54
1888	34.48	43.21	39.04

Source: 33 and 43 Annual Reports of the Commissioners in Lunacy

Table 27: Length of Residence of Patients Discharged as Recovered at the NRA, 1866 –1881.

Duration	Males %	Females %
Less than 3 Months	5.48	5.85
3 to 6 Months	14.39	17.27
6 to 9 Months	8.08	11.14
9 to 12 Months	3.71	6.22
1 – 2 Years	8.73	6.69
2 – 3 Years	1.76	2.04
3 – 4 Years	0.74	0.93
4 – 5 Years	0.84	0.93
More than 5 Years	1.95	3.25
	45.68	54.32

Source: Annual Reports of the NRA.

So far then, there appears to be an apparently contradictory state of affairs. On the one hand, there was a situation in which slightly more men than women were admitted to the asylums at Wakefield and York. On the other, it is clear that the numbers of men

resident at the end of each year, were generally less than those for the women. This was despite the fact that men were less likely to be discharged recovered, and more likely to have a longer stay at the asylum. To explain why this was the case, we must turn our attention to some of the key differences between men and women.

Table 28: Length of Residence of Patients Discharged as Recovered at the WRA, 1868 –1888.

Duration	Males %	Females %
Less than 3 Months	16.17	14.45
3 to 6 Months	13.96	16.54
6 to 9 Months	6.58	10.27
9 to 12 Months	3.12	4.41
1 – 2 Years	4.12	4.26
2 – 3 Years	1.09	1.26
3 – 5 Years	0.86	1.14
5 - 7 Years	0.26	0.4
More than 7 Years	0.6	0.52
	46.76	53.25

Source: Annual Reports of the WRA.

### *The Superiority of the Male Constitution*

To begin with, it is important to note that the apparent contradictions cited above can be explained, in part at least, by the higher rate of male mortality in the asylum. At the WRA, the average male mortality was 14.78 per cent for the men, compared to 10.3 per cent for the women. At the NRA, 11.8 per cent of the average numbers of males died, which was higher than the figure of 8.4 per cent of female deaths. This, considered Browne, was ‘quite in accordance with general experience, which has established that men suffer most from serious deep-seated, organic and incurable diseases of the brain’. Women, by comparison, he continued, ‘tended to suffer from more ‘transient, functional and remediable affections’. Browne had developed the ideas of Sir James Simpson, who ‘by unassailable statistics and arguments, [had] established that the greater size of the male infant at birth ... [was] the sole cause of complications and casualties accompanying and following male births’. ‘In savage-

women', Browne explained, 'child bearing is a comparatively simple process, causing little inconvenience and accomplished with the greatest facility and rapidity. In the women of the civilised races, on the other hand, owing to a less perfect and equitable adjustment between the child to be expelled and the maternal outlet, it is a most tedious and laborious operation.' Unfortunately, he concluded, this influenced 'the male constitution for some years afterwards', predisposing it to more dangerous and fatal diseases than those suffered by females.<sup>70</sup>

By contrast, the 'transient' nature of women's madness rested with the view that they were weakened mentally and physically by their inferior constitutions. Ripa has described the restoration of a healthy menstrual cycle as part of the 'normalisation of femininity', and notes that 'the appearance and disappearance of periods were key factors in the development of any mental illness, and the sure barometer of whether or not the patient could be cured'.<sup>71</sup> Indeed, Sutherland wrote that 'the recurrence of menstruation, coincident with an improvement of mental symptoms, always justifies giving a favourable prognosis. If, on the contrary, there is no amelioration in the intellectual condition upon the return of the catamenia', he continued, 'it is probable that the case will end in hopeless dementia'. It is important to stress that for both sexes, it was well known 'to psychologists that when the bodily health improve[d] or remain[ed] good, and there [was] no amelioration in the mental condition, the prognosis [was] unfavourable'.<sup>72</sup> Often, the restoration of 'normal' body conditions was more clearly represented in the male records, which show the asylum's concern

---

<sup>70</sup> WYAS, C85/108, WRA *Annual Reports*, 1833-67, Report of the Superintendent for 1866. J. Crichton Browne, 'Cranial Injuries and Mental Diseases', Browne (ed.), *The West Riding Lunatic Asylum Medical Reports*, Vol. 1, pp.7-10.

<sup>71</sup> Ripa, *Women and Madness*, p.131.

<sup>72</sup> Henry Sutherland, 'Menstrual Irregularities and Insanity', Browne (ed.), *The West Riding Lunatic Asylum Medical Reports*, Vol. 2, p.62.



to restore the bowel movements of men. This was based on the notion that men's health depended on their digestion, and women's with the womb.<sup>73</sup> A male private patient admitted to the NRA in 1861, for example, was described as suffering from maniacal dementia, he had not taken any food for thirteen days, not slept for seven nights, and his bowels had not moved for eleven days. In an attempt to restore his 'obstinate bowels', he was force fed, and given calomel and castor oil as purgatives.<sup>74</sup> Nevertheless, as Russett has pointed out, 'whatever may have been the reality of the menstrual cycle in Victorian women's lives ... scientists and medical men wrote of it more as a primal curse than a natural process'. This was reflected in both the case notes, and in parts of the medical literature. Mary B., for example, was described as being 'not unwell', and at least two patients were described as menstruating regularly once a month, 'vicariously from the nose', one of them on a regular basis.<sup>75</sup> This did not stop J.Milner Fothergill questioning how far women were aware of the intimate association between the nervous system and the reproductive system. At the same time, however, he knew that women 'did not underrate the importance' of their bodies, and urged caution, initially at least. 'If their tentative remarks are unheeded or deliberately disregarded', he warned, 'they do not usually pursue it, and this valuable information is withheld.' While he stressed the importance of 'woman's privacy' during this all-important interview, he was convinced that in most cases he would find a problem anyway. Fothergill argued that certain 'derangements' of the reproductive organs were more likely to occur in highly nervous than in robust women, but as

---

<sup>73</sup> Jordanova, *Sexual Visions*, p.78.

<sup>74</sup> BIHR, CLF6/1/1/12, NRA Male Admission Forms 1861, Case no.783.

<sup>75</sup> Russett, *Sexual Science*, p.30. WYAS, C85/868, WRA Female Case Book 1872, Case no.6514. Sutherland, 'Menstrual Irregularities and Insanity', p.60.

Sutherland pointed out, even the most strong-minded female was somewhat thrown off her equilibrium at the occurrence of the menstrual crisis.<sup>76</sup>

In some cases this could lead to particular forms of intrusive treatment, as medical staff sought to halt any 'drains' on the system. To permit drains to go unchecked, noted Fothergill, would be 'as rational as pouring milk into a sieve'. If the patient was catmenial, he advised to 'check the loss, rather than to increase blood formation', and as such, he suggested the omission of iron from the diet. He also recommended the internal administration of astringents, which unavoidably blocked up the bowels, but this in itself could be avoided by the addition of sulphate of magnesia.<sup>77</sup> For the most part, however, as Marland has pointed out in her studies on puerperal insanity, alienists dealt with 'women worn down by hardship', and this necessarily informed treatment regimes. Here, she argues, midwifery practitioners dealt with 'nervous' well-to-do women and concentrated on the strain of childbirth, whereas the asylum medical staff emphasised the more pragmatic concerns of poverty and need.<sup>78</sup> Crucially, it was considered that a 'disturbance' of the reproductive system would invariably be found in women whose maladies were associated with imperfect nutrition. This has particular relevance here because of the state of the patients on admission. Browne noted the debilitated condition of the patients, and linked it to their habitation in the towns 'where hygienic principles are much neglected. Where the barest necessities of healthy existence, fresh air, pure water, and bright light, are scarcely to be had, and where excitement and dissipation prevail'. Furthermore, in his

---

<sup>76</sup> J. Milner Fothergill, 'Notes on the Therapeutics of Some Afflictions of the Nervous System', Browne (ed.), *The West Riding Lunatic Asylum Medical Reports*, Vol. 6, pp.257-9. Sutherland, 'Menstrual Irregularities and Insanity', p.54.

<sup>77</sup> Fothergill, 'Notes on the Therapeutics', p.260.

<sup>78</sup> Hilary Marland, 'At Home with Puerperal Mania: The Domestic Treatment of the Insanity of Childbirth in the Nineteenth Century', in Bartlett & Wright (eds), *Outside the Walls of the Asylum*,

report for 1872, he reported that the physical and mental condition of the 466 admissions for that year was, in the main, 'deplorable'. 'The people of Yorkshire', he wrote, 'do not break down under trifling ailments, but with characteristic energy and endurance, fight long against the inroads of disease. Only when fairly beaten and overpowered do they succumb, and here it is that so many of them manifest the symptoms of organic degeneration of the brain when received here.'<sup>79</sup> As we have already seen, it was considered that this had more serious consequences for the male interns, although women weakened by under-nourishment tended to make a bad situation worse, with 'an unwonted indulgence in tea, a neurotic poison of no little potency'. Such attempts to stimulate the 'exhausted powers', accrued from 'heavy body expenditure', with such 'scanty nourishment' as tea, merely led to 'systemic impoverishment', but this was much easier to treat than the 'deep seated' madness of men.<sup>80</sup> In this respect, Showalter's suggestion that the attitudes of the medical profession led to the increased detention of women, is largely a contradiction. Crucially, the high number of cures amongst women, as well as their speedier discharge from the county and borough asylums, sat neatly with the belief in the superiority of the male constitution, and with the propensity of men to suffer from more serious forms of madness. Nevertheless, as we saw in the introduction, Shaw suggested that the moral and physical management of men and women did differ, and I now want to test this by examining some key areas of treatment.

To try and ascertain how far the incidences of particular treatments differed in Yorkshire, reference was made to the casebooks of both the male and female patients.

---

p.46.

<sup>79</sup> WYAS, C85/108, *WRA Annual Reports, 1833-67*, Report of the Superintendent for 1866. WYAS, C85/109, *WRA Annual Reports, 1868-79*, Report of the Superintendent for 1872.

<sup>80</sup> Fothergill, 'Notes on the Therapeutics', p.256.

It is worth emphasising, however, that it is unclear how rigorously these details were kept. The nature of the entries often rested with the particular medical officer (MO) transcribing the details, and it is clear that some MO's placed emphasis on some areas other deemed less important. Under the headings of *Remarkable Symptoms and Appearances* and *Condition of General Health*, the MO of the respective institution provided a brief sketch of the condition of the patient on admission. This usually consisted of an explanation of the symptoms, as well as a description of the shape of the head, the expression of countenance, the appearance of the eyes, skin and tongue, and the state of the pulse. This was usually followed by a prescription, which, more often than not, referred to the diet, but could also include drug remedies. In both asylums, the individual entries were subject to the vagaries of the persons filling in the details, and at the NRA in 1869, the Lunacy Commissioners complained that the casebooks on the male side, as kept by the MO Mr Chaffers, were 'somewhat in arrear' [*sic*]. By contrast, in the casebooks on the female side, kept by the superintendent himself, they found evidence of the 'great energy and untiring industry', which Dr Christie applied to his duties.<sup>81</sup> Even so, it is clear, that even here, not all details were fully transcribed, and the particulars of one female patient at the NRA, who had thirteen separate entries along the lines of 'much the same', is indicative of many.<sup>82</sup> Nevertheless, despite this lacuna it is clear that the rationale for administering treatments could be markedly different, and nowhere was this more apparent than with instances of restraint.

---

<sup>81</sup> BIHR, CLF1/2/2, *NRA Annual Reports 1865-76*, Report of the Commissioners in Lunacy, 2 March 1869.

<sup>82</sup> This particular case has an admission date of 25 Oct 1867. From 8 Nov 1867 to 20 Dec 1870, there are ten entries along the lines of 'much the same.' There are a further three entries from 25 Feb 1875 to 22 May 1876. BIHR, CLF/6/5/5/5, *NRA Female Case Book 1866-70*, Case no. 1098.

## *Shock Treatments and Restraint*

The fact that women were viewed to suffer less serious forms of mental illness, suggests that the attempts to shock them to their senses were all the more appropriate. Indeed, Showalter has shown that during the twentieth century, female patients receiving electroconvulsive therapy (ECT) outnumbered their male counterparts by two or three to one.<sup>83</sup> Tests using electricity at the WRA in the early 1870s, however, were carried out only on the male patients and attendants, and this may explain why one male patient at the WRA had a 'special aversion' to the clinical clerks, for whom 'he reserved his choicest oaths and appellations'.<sup>84</sup> Here, Browne described in some detail the efficacious nature of the plunge and shower bath, but noted that the shock from electricity had the potential for more positive results. 'Faradism to the head', he wrote, 'has not yet been used in acute dementia, but it certainly merits a trial. I look to electro-therapy for a method of treating this disease more speedily and effectively than any that has hitherto been pursued.' This is particularly relevant here, because Browne also considered that acute dementia attacked 'both sexes, but females in a larger proportion, and perhaps in a milder degree than males'.<sup>85</sup>

In the meantime, one of the key things about the administration of shock treatment, was that that it was often reserved for those patients, male and female, who questioned the authority of the asylum and its staff. One male patient was ordered a cold plunge bath after threatening one of the medical officers with a knife, and when he attempted to throw the bath plug and chain at him, he was ordered to have a wet pack. Similarly, Bridget C. was ordered a shower bath, after 'aiming a flowerpot

---

<sup>83</sup> Showalter, *The Female Malady*, p.207.

<sup>84</sup> John Lowe, 'On Electro-Excitability in Mental and Nervous Disorders', Browne (ed.), *The West Riding Lunatic Asylum Medical Reports*, Vol. 3, pp.196-215.

<sup>85</sup> Browne, 'Acute Dementia', pp.266, 281

containing some ferns at Dr Browne's head. At the NRA, such treatment was not reserved for the pauper patients, and a private patient, who was being given his medicine through a feeding tube, was ordered a shower bath and to be kept in seclusion, after he had struck the superintendent in the face.<sup>86</sup> Examples such as these are significant, not least because the Commissioners in Lunacy had strongly recommended that baths of any kind should not be used as punishment. Furthermore, one fellow of the Obstetrical Society had written of the recent advances made on the old views of insanity, and of the horror of the past use of the strait waistcoat, cold shower baths and bleedings.<sup>87</sup> It is clear that cold shower baths were still an important part of the treatment of some patients, however, and the examples above suggest a blurring of what constituted treatment, and what constituted punishment. Browne described cold water as an 'effectual tonic to the vessels', when 'suddenly and momentarily applied to the skin. It administers a healthy mental as well as cutaneous shock', he continued, 'and I am sure that I have seen patients roused promptly out of their lethargy by a short series of shower baths'.<sup>88</sup> Indeed, during Cleaton's tenure as superintendent at the WRA, Thomas S., was described as having 'a good deal of sham about him'. His often refusal to work on the land was met with a shower bath, which 'quickly render[ed] him industrious'.<sup>89</sup> On occasion, patients were prepared to ask for them as part of their treatment, and after 'complaining very much', Margaret W. 'wished to try the effect of the shower bath', was given a 'slight' one, 'but did not like it'.<sup>90</sup>

---

<sup>86</sup> BIHR, CLF6/5/1/8, NRA Male Case Book 1877-80, Case of John M., 27 Aug 1878. WYAS, C85/861, WRA Female Case Book 1867, Case no. 5404. BIHR, CLF6/5/1/7, NRA Male Case Book 1873-77, Case no. 1648.

<sup>87</sup> Pedler, 'Puerperal Mania', pp.146-7.

<sup>88</sup> Browne, 'Acute Dementia', p.281.

<sup>89</sup> WYAS, C85/591, WRA Reception Orders 1861-65, Male Case no. 3926.

Harsin contends that in France, the use of shock treatment, such as wet packs, was not done maliciously, but as a substitute for chains or modern tranquillisers, and it is clear that both institutions used the wet pack to calm excitement in both sets of patients.<sup>91</sup> The anonymous author of *Life* wrote of 'the cold sheet envelope' taking his breath away after a warm bath, and in other cases a mustard pack was also used. The latter was similar to the wet pack, but as its name suggests, it was 'a sheet wrung out in warm water with a small quantity of mustard stirred in. The body [was] enveloped in this, and several blankets rolled around the whole'.<sup>92</sup> At the NRA, for example, Eliza M. was packed in the wet sheet because she was 'distressed in mind', and Hannah J., also an NRA intern, was packed because she 'was very violent, and there was an exaggeration of her impervious manner. She was incoherent and talked very great nonsense'. Likewise at the WRA, patients were occasionally packed, and following a 'violent fury', during which she threatened to kill herself and those about her, Elizabeth H. was packed in a mustard sheet during the day, and occupied the padded room at night. Yet it is clear that this form of restraint was often used when other methods had failed, and John H. was packed in a mustard sheet only after the failure of chemical means.<sup>93</sup>

Bearing in mind the role of 'unmanageability' in the committal of lunatics, it is unsurprising that their restraint remained an important feature of treatment regimes. Of course, there were many ways in which behaviour of the patients could be curbed, the most notable of which was mechanical restraint, but this was increasingly frowned

---

<sup>90</sup> BIHR, CLF6/5/5/3, NRA Female Case Book 1857-61, Case no. 446.

<sup>91</sup> Harsin, 'Gender, Class and Madness', p.1063.

<sup>92</sup> Anon., *Life in a Lunatic Asylum*, p.12. WYAS, C85/954, WRA Male Case Book 1867, Case no. 5184.

<sup>93</sup> BIHR, CLF/6/5/5/5, NRA Female Case Book 1866-70, Case no's. 1064 and 1058. WYAS, C85/954, WRA Male Case Book 1867, Case no. 5184. WYAS, C85/861, WRA Female Case Book

upon by a profession keen to stress its medico-moral credentials. At the WRA, the date of its abolition was not as clear-cut as it might have been. John Alderson is recorded as being responsible for the end of restraint, but his successor, John Cleaton, was 'by no means an advocate for its entire abolition'. He did add, that in 'a properly organised and well-disciplined asylum, it may well be dispensed with', and in 1860, he proudly reported that restraint was never used.<sup>94</sup> In his report for 1879, however, Major recorded that in some cases, mechanical restraint was preferable to 'inducing stupor by narcotics', or 'trusting the manual control of the special nurses', despite the fact that it had led to the death of a 'restless and excited' patient.<sup>95</sup> Similarly, at the NRA, it was not until their report for 1866 that the magistrates were able to eulogise their new superintendent, Dr Christie, for being 'instrumental in carrying out the most recent and enlightened modes of treatment of insanity'. At the same time, however, they noted that it was 'used in cases that really demand[ed] its employment to prevent personal injury', namely 'in known and determined suicidal and homicidal cases'.<sup>96</sup>

As such, mechanical control remained an important, if relatively seldom used, form of restraint, but at times, it seems that it was reserved primarily for one particular group of interns. Cleaton argued that 'in certain cases or cerebella disturbance, more especially among the female patients, it should form an essential part of treatment', and in the year restraint ended at York, the Lunacy Commissioners complained that too many women were fastened to the back of a sunshade under which they sat. 'Surgical reasons are alleged for the restraint', they reported, 'but in the majority it

---

1867, Case no. 5390.

<sup>94</sup> WYAS, C85/108, *WRA Annual Reports, 1833-67, Annual Reports of the Superintendent for 1859 and 1860*. A.L. Ashworth, *Stanley Royd Hospital: One Hundred a Fifty Years A History*, Berrico Publicity Ltd, London, 1975, p.67.

<sup>95</sup> WYAS, C85/109, *WRA Annual Reports, 1868-79, Report of the Superintendent for 1877*.

<sup>96</sup> BIHR, CLF1/1/1/4, *NRA Visitors Minute Book 1865-91, Annual Report of the Committee of*



appears to be applied to acts of violence or unmanageable conduct generally'. Similarly, following a visit in 1888, they were forced to raise concerns that too many women were in 'strong dresses'.<sup>97</sup> For the most part, however, this was unusual, and incidences of restraint, as recorded by the Lunacy Commissioners, were remarkably similar. In 1874, for example, the Commissioners reported that since their previous visit to the NRA, one man and one woman had been restrained: 'the man by means of a "spencer" to prevent his injuring himself, and the woman by means of gloves, to prevent her pinching other patients'. During their next visit in the following year, the Commissioners recorded that one patient of each sex was restrained for surgical reasons, as they did when they visited the WRA in 1881.<sup>98</sup>

Of course, other forms of restraint were available, and without an out and out reliance on mechanical means, alternatives were used freely. Like many others, the medical staff at the WRA put their faith in chemical treatments, blurring the lines between restraint and remedy. 'Our drug accounts will show,' Browne proudly wrote, 'that we have not been affected by the paralysing influence of that scepticism as to the usefulness of remedies, which has been fashionable of late. On the contrary, the results of our daily trials and observations, stimulate us to the more vigorous therapeutic efforts, and convince more and more of the curability of insanity by medical agents.'<sup>99</sup> For its proponents, the benefits of such 'medical agents' were clear to see. Quoting Charles Hunter, one former clinical assistant of the WRA wrote, that

---

Visitors for 1867.

<sup>97</sup> BIHR, CLF1/2/2, *NRA Annual Reports 1865-76*, Report of the Commissioners in Lunacy, 12 July 1866. BIHR, CLF1/2/4, *NRA Annual Reports 1885-94*, Report of the Commissioners in Lunacy, Oct 1887.

<sup>98</sup> BIHR, CLF1/2/2, *NRA Annual Reports 1865-76*, Reports of Commissioners in Lunacy, 19 Jan 1874 and 21 July 1875. WYAS, C85/111, *WRA Annual Reports*, Report of the Commissioners in Lunacy, 10 Aug 1881.

<sup>99</sup> WYAS, C85/109, *WRA Annual Reports, 1868-79*, Annual Report the Superintendent for 1868.

‘the brain is soothed, sleep is gentle and happy, and the patient awakes restored’.<sup>100</sup> Elsewhere, however, questions were being asked of the therapeutic value of such methods, and Mortimer Granville was particularly concerned with the effectiveness or otherwise of medical treatments, and he criticised the excessive use of ‘chemical restraint’ or strong sedation.<sup>101</sup> His series of articles in the *Lancet* over the period 1875 to 1877, was part of the mounting pressure for an inquiry into the Lunacy Laws, which ultimately led to the Select Committee of 1877. ‘Since the abolition of mechanical restraint’, the Committee concluded, ‘there is no doubt that the use of medicines intended to produce sleep has very largely increased, not perhaps those that would send patients off into a state of positive somnolency, but to quiet them down.’ An indirect response from Major, led him to declare his support for drugs and ‘nervine sedatives’. ‘Their effects in a large class of patients’, he concluded, ‘are distinctly beneficial, while the opposite opinion entertained by some that their action must be and is prejudicial, is not accepted.’<sup>102</sup> This debate makes it difficult to reach conclusions about when and why it was used on particular patients, but the continued use of other forms of restraint reveals some interesting comparisons.

During their visits to the asylums, the Lunacy Commissioners recorded details of the numbers of patients confined to bed, as they passed through the wards. Unlike the instances of other forms of restraint, which they reproduced from the medical registers, they witnessed these cases first hand. Even so, the regularity in recording

---

<sup>100</sup> According to Ward, a former clinical assistant at the WRA, the first recorded use of morphia being administered by hypodermic needle was in 1843, by Dr Wood in Edinburgh. Its extended use was due to Mr Charles Hunter in London who first used it in 1858. J. Bywater Ward, ‘On the Treatment of Insanity by the Hypodermic Injection of Morphia’, Browne (ed.), *The West Riding Lunatic Asylum Medical Reports*, Vol. 1, pp.152-4.

<sup>101</sup> MacKenzie, *Psychiatry for the Rich*, pp.195-6

<sup>102</sup> Select Committee on the Operation of the Lunacy Law, 1877 quoted in Scull, *The Most Solitary of Afflictions*, p.290. WYAS, C85/109, WRA *Annual Reports*, 1868-79, Report of the Superintendent for 1879.

the details was less than it might have been, but despite this, it seems clear that women were not subject to this treatment any more than men were. If we take a look at Table 29, we can see that of the thirteen years in which details were recorded at the NRA, there were more men than women confined to bed on five occasions. On a further six occasions, more women than men were confined.

Table 29: Numbers of Patients Recorded as Being 'in bed' at the NRA and WRA, 1874 – 1889.

	NRA		WRA	
	Male	Female	Male	Female
1867	-	-	16	18
1868	-	-	-	-
1869	-	-	-	-
1870	-	-	-	-
1871	-	-	-	-
1872	-	-	5	13
1873	-	-	-	-
1874	13	8	-	-
1875	3	2	-	-
1876	2	4	-	-
1877	-	-	-	-
1878	4	7	-	-
1879	14	10	-	-
1880	6	11	20	22
1881	7	8	-	-
1882	7	9	-	-
1883	-	-	-	-
1884	6	12	-	-
1885	-	-	34	29
1886	19	13	-	-
1887	9	8	60	52
1888	7	7	-	-
1889	9	9	-	-
Totals	106	108	135	134

Source: Reports of the Commissioners in Lunacy, *Annual Reports* of the NRA and WRA.

Significantly, if we take these figures as aggregates, we can see that there were a total of 106 males recorded as being 'in bed', compared to 108 females. Similarly, at the WRA, more women than men were confined in three instances, and the opposite was true on a further two occasions. Like the NRA, the aggregate figures were remarkably similar, with a total of 135 males, and 134 females being recorded as 'in bed'. It is

important to stress that we should not confuse being put to bed with treatments such as 'bed rest'. The former was a form of restraint, whereas the latter was first described by the 'distinguished American neurologist' Silas Weir Mitchell in 1873, and came to be seen as the 'standard treatment for neurasthenia', a 'nervous illness' that became particularly associated in England with young middle-class women.<sup>103</sup>

Of course, the reasons for being restrained could vary, as could the reasons for seclusion. Following a series of violent outbursts, for example, Mary C. was ordered to 'remain in bed in a single room for a week', and Lucy W. was put to bed after being 'very sullen and insolent to the nurses, and the housekeeper. Lucy was 'determined to have her own way', but after being kept in bed for four days, she was ordered to get up and work in the male dormitories. By contrast, Bernard M. was put to bed after attempting to stab an attendant with a pitchfork.<sup>104</sup> Such differences have led Showalter to conclude that women at Bethlem were severely punished for deviations from 'ladylike behaviour', which included being put in solitary confinement in the basement, 'on account of being violent, mischievous, dirty, and using bad language'.<sup>105</sup> Yet these broad categories could also be applied to explain the seclusion of the male patients at both the NRA and WRA. One male patient at the WRA, for example, was placed under supervision in a single room after he drank his own urine, and that of two others, but the reasons for secluding eight male patients at the NRA during the 1880s, were 'chiefly epileptic mania and exposure of the person'.<sup>106</sup> These instances reflected medical, as well as moral concerns, and placing

---

<sup>103</sup> Showalter, *The Female Malady*, pp.138-40.

<sup>104</sup> BIHR, CLF6/5/5/3, NRA Female Case Book 1857-61, Case no.556. BIHR, CLF6/5/5/8, NRA Female Case Book 1877-81, Case no. 1860, BIHR, CLF6/5/1/7, NRA Male Case Book 1873-77, Case no. 1653.

<sup>105</sup> Showalter, *The Female Malady*, p.120. See also Showalter, *Hystories*, p.81.

<sup>106</sup> WYAS, C85/961, WRA Male Case Book 1872, Case no. 6197. BIHR, CLF1/2/4, *NRA Annual Reports 1885-94*, Report of Commissioners in Lunacy, 10 Feb 1886.

the patients in seclusion was another way to calm excited patients, without having to resort to mechanical or chemical restraint. Again, exactly how this particular method varied between the sexes is difficult to ascertain, but the casebooks for the NRA revealing an interesting comparison. Ann H. was described as the 'most troublesome patient in the house', and after originally being force fed 100 times with the stomach pump, she suddenly began to take her food. Nevertheless, she only took the food she fancied, thought she was an angel, and tried to escape every time a door was opened. As a result of this, she spent a large portion of every day in seclusion.<sup>107</sup> Robert S. was also described as 'the most troublesome patient in the asylum', as his 'paroxysms of excitement' had 'hardly any intermission'. He frequently attacked and struck the attendants and patients, destroyed 'his bed almost every night', was 'most filthy in his language and actions', and generally spent a couple of days in each week in seclusion.<sup>108</sup> In these cases, the reasons for seclusion were quite markedly different, but it would be unwise to attach any significance to such a small sample, particularly as it seems that the male interns were more likely to be secluded than the female.

Following their visit to the NRA in 1878, the Lunacy Commissioners recorded that seventeen men and six women were secluded, the former on 94 occasions with a total duration of 799 hours, and the latter on 15 occasions for 157 hours.<sup>109</sup> If we divide each sex by the number of seclusions they endured, we can see that the average male was secluded 5.53 times, whereas the average female was secluded only 2.5 times. By contrast, if we divide the total time spent in seclusion by each instance, we can see that the average length of seclusion was 510 minutes for men, and 628 minutes for women. Looking at Table 30, we can see that of the sixteen instances the Lunacy

---

<sup>107</sup> BIHR, CLF6/5/5/7, NRA Female Case Book 1874-7, Case no. 1685.

Commissioners recorded details of seclusion at the NRA, in only one year were more women secluded than men. In 1877, for example, there were three times as many men secluded. Similarly, both the instances of seclusion, and the total hours secluded, were overwhelmingly higher for the male patients. In 1885, twelve men were secluded on 109 occasions, compared to four women on five occasions.

Table 30: Instances of Seclusion at the NRA, 1868 – 1888.

Date	Patients Under Seclusion		Instances of Seclusion		Hours Secluded		Average Instances of Seclusion		Average Time in Seclusion (Minutes)	
	M	F	M	F	M	F	M	F	M	F
27 Jan 1868	6	2	25	25	-	-	4.17	12.50	-	-
2 Mar 1869	-	-	-	-	-	-	-	-	-	-
2 Aug 1870	-	-	-	-	-	-	-	-	-	-
11 May 1871	14	20	40	60	-	-	2.86	3.00	-	-
20 July 1872	-	-	-	-	-	-	-	-	-	-
1 Mar 1873	-	-	-	-	-	-	-	-	-	-
19 Jan 1874	19	7	-	-	-	-	-	-	-	-
28 Dec 1875	21	17	152	61	1875	709	7.24	3.59	740.13	697.38
14 Feb 1876	11	3	60	23	-	-	5.45	7.67	-	-
22 Jan 1877	18	6	567	345	-	-	31.50	57.50	-	-
12 Feb 1878	17	6	94	15	799	151	0.88	2.50	510.00	604.00
15 Feb 1879	-	-	-	-	-	-	-	-	-	-
10 Feb 1880	11	4	73	20	459	133	6.64	5.00	377.26	399.00
7 Mar 1881	10	4	39	10	278	77	3.90	2.50	427.69	462.00
7 Mar 1882	17	7	64	36	413	310	6.45	8.61	387.19	516.67
19 April 1883	17	10	61	32	370	246	3.59	3.20	363.93	461.25
4 Mar 1884	14	3	86	5	522	34	6.14	1.67	364.19	408.00
27 Mar 1885	12	4	109	5	578	39	9.00	1.25	318.17	468.00
10 Feb 1886	8	5	142	12	857	85	17.75	2.40	362.11	425.00
24 Sept 1887	12	1	57	1	409	8	4.75	1.00	430.53	480.00
19 Oct 1888	15	2	59	6	384	64	3.93	3.00	390.51	640.00

Source: Reports of the Commissioners in Lunacy, Annual Reports of the NRA and WRA.

Having said that, the averages are less clear-cut, and while the instances of seclusion were higher on ten occasions on the male side, and six on the female, the average time spent in seclusion was higher on the female side on all but one occasion. Similarly, in

<sup>108</sup> BIHR, CLF6/5/1/7, NRA Male Case Book 1873-7, Case no. 1629.

<sup>109</sup> BIHR, CLF1/2/3, NRA *Annual Reports* 1874-84, Report of Commissioners in Lunacy, 12 Feb 1878.

1880, the Commissioners recorded that one 'violent and dangerous' man was secluded on 53 occasions, for a total of 289 hours. If we remove these variables from the figures for that year, the average instances of seclusion for the male interns drops to 2.00, but the average time in seclusion rises to 510 minutes.

Unfortunately, the table is less complete than it could have been. Again, this is because either the details of the length and period of seclusion were not recorded, or because the Commissioners simply did not record them. They did complain in 1862 that the incidences of both seclusion and restraint should be recorded with 'greater particularity', but this was a complaint that they were forced to revise nine years later. During their visit in 1871, the Commissioners found four patients of each sex under seclusion, and they reminded Hingston that no patient should be secluded without his knowledge.<sup>110</sup>

If we look at Table 30, we can see that at Wakefield there was an apparently low use of seclusion for both sets of patients. In some cases, the numbers of patients in isolation was considerably less than the numbers at the NRA. In 1876, for example, only one patient was under seclusion, compared to fourteen at the NRA, and this takes on further significance when it is considered that there were more than twice as many patients at the WRA. There can be little doubt that this state of affairs reflected the WRA's reliance on chemical methods of treatment, and again, the lack of consistent recording of this form of treatment is frustrating.

---

<sup>110</sup> BIHR, CLF1/2/2, *NRA Annual Reports 1865-76*, Report of Commissioners in Lunacy, 11 May 1871.

Clearly then, this is an area which needs more investigation, not least because of the apparent irregularity in which the instances of seclusion were recorded. Having said that, where the figures allow for comparison, it is difficult to argue that women, at both the NRA or WRA, endured restraint and seclusion any more than the male patients did.

Like seclusion, force-feeding has been seen as a treatment reserved especially for the female patients, and it is to this area of asylum life that we must now turn our attention

Table 31: Instances of Seclusion at the WRA, 1867 – 1888.

Date	Patients Under Seclusion		Instances of Seclusion		Hours Secluded		Average Instances of Seclusion		Average Time in Seclusion (Minutes)		
	M	F	M	F	M	F	M	F	M	F	
18 July 1867	14	35	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-
18 Feb 1869	-	-	-	-	-	-	-	-	-	-	-
11 Mar 1870	-	-	-	-	-	-	-	-	-	-	-
13 Nov 1871	1	0	7	0	-	-	7.00	-	-	-	-
17 July 1872	3	0	-	-	-	-	-	-	-	-	-
16 July 1873	2	0	2	0	-	-	1.00	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-
13 July 1876	0	1	0	3	0	20	-	3.00	-	400.00	
25 July 1877	1	0	1	0	0.5	0	1.00	-	30.00	-	
16 July 1878	4	2	6	4	10.5	42	1.00	2.00	105.00	630.00	
21 Feb 1879	-	-	-	-	-	-	-	-	-	-	-
17 July 1880	15	4	23	4	109	6.75	1.53	1.00	284.35	101.25	
10 Aug 1881	7	9	13	10	177	33	1.86	1.11	816.92	198.00	
30 Aug 1882	8	11	13	17	64	244	4.92	14.35	295.38	861.18	
25 July 1883	8	3	-	-	20.5	224	-	-	-	-	
23 July 1884	-	-	-	-	-	-	-	-	-	-	
12 Nov 1885	9	0	26	0	211	-	2.89	-	486.92	-	
8 Nov 1886	5	4	14	4	117	7.5	2.80	1.00	501.43	112.50	
21 Mar 1887	-	-	-	-	-	-	-	-	-	-	
10 April 1888	-	-	-	-	-	-	-	-	-	-	

Source: Reports of the Commissioners in Lunacy, Annual Reports of the NRA and WRA.



### *Stomach Pumps and Force Feeding.*

Examinations of the ways in which the medical profession dealt with the refusal to eat food, has tended to focus on middle-class 'fasting girls'. Showalter has described fasting behaviour as 'a form of female cultural protest', but significantly, Ussher has stated that 'her working-class counterpart had little time for wasting of any kind, because she needed food to work'.<sup>111</sup> It is clear, however, that a significant minority of patients in the County Asylums did refuse to eat, and had done so before their committal. 'One girl in the west Riding', wrote Browne, 'was forcibly fed for three months, never during that time having voluntarily partaken of food. She certainly owed her life to the stomach-pump', he concluded, 'and is now a flourishing "help" in the United States, and a godly monument to its saving powers.'<sup>112</sup> Similarly, the 'moral effect' of the stomach pump on Frances B., was that it induced her to take her food better, to such an extent that was described as 'indifferently'. This, however, could not prevent her ultimate demise, and she died one month after her committal.<sup>113</sup> Examples such as these have been seen as part of the domination of the female body, and it is easy to see why.<sup>114</sup> In the past, fasting had been seen as an act of piety, but in the nineteenth century it came to be seen as a symptom of a primarily gender specific condition. Anorexia, or the lack of appetite was given new significance in France in the 1870s by Charles Lasègue, who designated the condition as *l'anorexie hystérique*, linking it directly to the womb. In England, however, Sir William Withey Gull, preferred the term anorexia nervosa, linking the disease to the central nervous system,

---

<sup>111</sup> Busfield, *Men, Women and Madness*, p.15. Ripa, *Women and Madness*, pp.131-2. Showalter, *The Female Malady*, p.128. Ussher, *Women's Madness*, p.77.

<sup>112</sup> Browne, 'Acute Dementia', p.287.

<sup>113</sup> BIHR, CLF/6/5/5/5, NRA Female Case Book 1866-70, Case no. 1030.

<sup>114</sup> Showalter makes particular reference to the force feeding of hunger strikers in Holloway gaol in 1912. Showalter, *The Female Malady*, p.162

which allowed the condition to exist in males.<sup>115</sup> Irrespective of this, anorexia nervosa came to be seen as a female condition, and it was considered that female anorexics avoided food to attract attention. One popular method of dealing with this was to isolate middle-class girls from their families, but as we have already seen, the physical and social separation of all interns was seen as central to their treatment.<sup>116</sup> Those who refused food in the longer term were often forced to eat, and Ripa has described the ‘daily dose of horror’ of being force fed in terms of the female experience, but it is clear that it was done to both sets of patients.<sup>117</sup> One male patient at the WRA, for example, was fed ‘by injection’ and with a spoon, as well as with the stomach pump. At the NRA, a patient who would not speak had to be dragged into the dining hall, and was given a dose of ‘house medicine’ when he was fed with the stomach pump.<sup>118</sup>

Even before the development of anorexia nervosa as a particularly specific condition, interns who did not eat presented a real problem. Lawrence, a member of the medical staff at the WRA, urged that the employment of the pump should not long be delayed, but nor should it be resorted to too readily. Abstinence from food, he warned, was often less about delirium, than about a disease of one or more of the organs concerned with digestion.<sup>119</sup> He suggested that persuasions, entreaties, bribes, and threats, were

---

<sup>115</sup> By 1888, Anglo-American textbooks were casting anorexia nervosa ‘as a stomach or gastrointestinal disorder of hysteria’, thus linking Gull’s term with Lasègue’s analysis. For details of this see Brumberg, *Fasting Girls*, pp.110-120, 149. See also Walter Vandereycken and Ron Van Deth, *From Fasting Saints to Anorexic Girls*, Athlone Press, London, 1994, pp.153-161.

<sup>116</sup> See, for example, Joseph A. Silverman, ‘Charcot’s Comments on the Therapeutic Role of Isolation in the Treatment of Anorexia Nervosa’, *International Journal of Eating Disorders*, Vol. 21, No.3, 1997, pp.295-298

<sup>117</sup> Ripa, *Women and Madness*, p.132.

<sup>118</sup> WYAS, C85/954, WRA Male Case Book 1867, Case no. 5093. ‘House medicine’ acted to open the bowels. BIHR, CLF6/5/1/8 NRA Male Case Book 1877-80, Case no’s. 1963 and 1981.

<sup>119</sup> The belief that anorexia resulted from derangement of the stomach was a common feature in the works of several eighteenth century nosologists. Vandereycken and Van Deth, *From Fasting Saints to Anorexic Girls*, pp.115-6.

all useful to get the patients to take food, as was lying the patient on his or her back, and holding the nose until they were compelled to swallow. At the same time, however, it is clear that the continued refusal to eat was often seen as an act of defiance, and Lawrence's views were, no doubt, indicative. 'If a patient refuses food for some impertinent reason, or from pure obstinacy', he wrote, 'and if it is considered that one application of it will succeed in correcting this perversity for the future, then it should be employed.' Indeed, one female patient was described as taking her food well, after seeing another being fed with the pump.<sup>120</sup> This is perhaps unsurprising, considering the methods used to procure its success, particularly as it became increasingly difficult if the patient continued to struggle. In cases of limited resistance, for example, the patient was seated in an armchair, and restrained by sheets that restricted any movement. More violent cases were 'placed in the supine position upon the bed, and held by a sufficient number of attendants'. In all cases, it seems that there was a knack to the procedure. 'In passing the tube', Lawrence cautioned, 'there is sometimes a little pressure required to make it enter the oesophagus.' This was 'on account of it having to follow a slightly obtuse curve, and coming into contact with the bodies of the vertebrae, which become prominent if the head is held too far back'. In really difficult cases, the method advised was to pass the tube through the nose, but Lawrence noted that this was rare at the WRA.<sup>121</sup> It seems clear that the force feeding of patients through the nose was also rare at the NRA, but a male private patient, who refused to take his medicine, 'was placed securely in a chair' and had it administered through a feeder through the nostril. Unsurprisingly, 'the patient then gave in and did

---

<sup>120</sup> William Lawrence, 'On the Artificial Feeding of the Insane', Browne (ed.), *The West Riding Lunatic Asylum Medical Reports*, Vol. 1, pp.211-3. WYAS, C85/861, WRA Female Case Book 1867, Case no. 5350.

<sup>121</sup> Lawrence, 'On the Artificial Feeding of the Insane', pp.214-6.

as directed'. Elsewhere, it was suggested that thin and emaciated patients would benefit from being fed through both the mouth and the rectum.<sup>122</sup>

The term 'force-feeding', and the use of the stomach pump, seem to sit neatly with Showalter's suggestion that Maudsley set the model for psychiatrists of the age. 'The psychiatrist's role', she argues, 'would no longer be to provide an example of kindness, but rather one of manliness, maturity and responsibility. Stern guardians of the health of the future as well as present generations.'<sup>123</sup> Indeed, there appears to be a stark contrast with Corsellis, who in 1844, wrote of the necessity of the 'considerable care in some instances to preserve life by an attention to the caprices symptomatic of insanity'. This approach included keeping one patient alive on a 'diet of grapes', and another who would 'only take food of a particular kind such as meat or fish'. A third patient would never eat his dinner 'unless he took it to the water tap to "wash out the poison." ' A few years later, a male patient occasionally refused food, but was allowed to eat double on the day after.<sup>124</sup> Yet these images are remarkably similar to the later case of Ann H., who was fed with the stomach pump one hundred times before 'she suddenly began to take her food'. The food she took, however, was only 'what she fancied', evoking images of the earlier regime. This approach was also apparent in the case of Frederick S., who 'became more and more feeble', and following a request from his friends, it was agreed to discharge him so that he could die at home.<sup>125</sup> Furthermore, the patients used as examples by Corsellis were abstemious rather than abstinent, and it is clear that both sexes were force-fed in this

---

<sup>122</sup> BIHR, CLF6/5/1/7, NRA Male Case Book 1873-77, Case no. 1648. William Yeats, 'On the Feeding of the Insane', *Edinburgh Medical Journal*, Vol. 18, No.3, 1872, p.218

<sup>123</sup> Showalter, *The Female Malady*, p.120.

<sup>124</sup> WYAS, C85/108, WRA *Annual Reports*, 1833-67, Report of the Superintendent for 1843. WYAS, C85/591, WRA Reception Orders 1861-65, Male Case no. 3926.

<sup>125</sup> BIHR, CLF/6/5/5/6, NRA Female Case Book 1870-4, Case no. 1685. WYAS, C85/954, WRA Male

era using more 'traditional' methods. Without the pump, asylum staff forced patients to eat using wooden, or iron and steel gags. These consisted of two blunt blades, which could be separated by a screw once they had been placed in the mouth of the offending patient.<sup>126</sup> Getting anything into the mouth of determined patients in the first place was not an easy thing to do, and one anonymous author described a mealtime in the male division of an asylum. 'I cannot describe the horror I felt,' he wrote,

at seeing the attendant in this ward feed the poor creatures who either could not or would not feed themselves. The fussy, spiteful manner in which he would wrench open their mouths with the iron spoon, and then toss the food down their throats, as though shovelling it into a kennel, at the same time shouting out, as he cast significant glances around, "This is the way we cram turkeys! This is the way we cram turkeys!"<sup>127</sup>

The representations of the spiteful nature of the attendant will be considered in detail in the next chapter, but it is clear that throughout the period patients who did not eat represented a real problem. Lawrence described patients who persistently refused food as 'amongst the most troublesome cases to be met with in asylum practice', but Ripa notes that the aim of doctors was 'as much to treat the symptoms and avoid the danger of malnutrition, as to put an end to abnormal undisciplined behaviour'.<sup>128</sup> This was undoubtedly true, and it must be remembered that the refusal of food was often the trigger for their committal in the first place, and the husband of Mary B. reported that his wife would 'sit and hunger' unless she was forced to eat.<sup>129</sup> Sometimes this appeared to be due to the distrust of the dishes placed before them. The landlady of

---

Case Book 1867, Case no. 5186.

<sup>126</sup> Yeats, 'On the Feeding of the Insane', p.228.

<sup>127</sup> Anon., *Life in a Lunatic Asylum*, p.58.

<sup>128</sup> Lawrence, 'On the Artificial Feeding of the Insane', p.209. Ripa, *Women and Madness*, p.131

<sup>129</sup> WYAS, C85/591, WRA Reception Orders 1861-65, Female Case no. 4079.

William K., for example, stated that he believed people in the street were looking at him, and that he refused his food because he thought it was poisoned.<sup>130</sup> In this respect, forcing food upon a patient was intimately tied up with the expectations of the family. As Brumberg points out, asylum superintendents were particularly concerned with death rates, and if a patient died because of starvation, it was indicative of neglect.<sup>131</sup> This was worrying for the asylum officials, but it was equally distressing for the families of the interns concerned. With this in mind, it is unsurprising that Lawrence wrote

The many cases of complete recovery of patients who have required feeding with the stomach pump for a long period, are perhaps, those upon which the asylum physician looks back with the greatest feeling of satisfaction, as being due to his care and attention. Other patients might have got well had they been properly attended to and nursed at their homes; but these would certainly have perished had he not assiduously sustained the power of life during the mental aberration.<sup>132</sup>

Of course, force-feeding is merely evidence that the medical staff did not get to the bottom of the reasons for incarceration in the first place. Rosannah H., for example, was admitted in March 1868, and died three months later. During her brief stay in the asylum, 'she often would take arrowroot from one of the night nurses, and she also ate the food brought to her by her friends', but the case notes reflect concerns about her gradual enfeeblement, and she was fed with the stomach pump. Three days after her death, however, Rosannah's friends wrote to the asylum informing the medical staff of the mistreatment she had received at the hands of her husband.<sup>133</sup> In this particular case, this extra evidence can help us form our own conclusions about the reasons for food abstinence, but the countless other episodes of force-feeding, for both male and

---

<sup>130</sup> BIHR, CLF6/1/1/12, NRA Male Admission Forms 1861, Case no. 752.

<sup>131</sup> Brumberg, *Fasting Girls*, p.103.

<sup>132</sup> Lawrence, 'On the Artificial Feeding of the Insane', p.217.

<sup>133</sup> Rosannah's death was stated as 12 June 1868. WYAS, C85/861, WRA Female Case Book 1867,

female interns, often offer no such clues. Indeed, from the casebooks it is difficult to gain an accurate account of how many in each division were subject to force-feeding, and Browne muddied the waters somewhat when he described 'due nourishment' as 'the very basis of all treatment'.<sup>134</sup> Having said that, practitioners were warned that females often abstained from food because they were fond of the attention it brought them, and as a result, 'contracted the habit'.<sup>135</sup> Similarly, it was understood that acute melancholics were the most likely to refuse food, and women suffered from this proportionally more than men. At the same time, however, acute dementia, often brought on in men through masturbation, also required nourishment, but this usually resulted in other forms of treatment.

### *Sexuality*

Studies of female sexuality have rightly focussed on Isaac Brown's cliterdectomy operation, as a terrible nadir in the treatment of women's 'madness'.<sup>136</sup> Brown was, however, expelled from the Obstetrical Society for his methods, but sexuality was seen to be an important indicator of female madness. The behaviour of women labouring under puerperal insanity was often seen to turn on sexual matters, and menopausal symptoms were also seen as erotic.<sup>137</sup> Sutherland argued that the nervous disturbances of married women at the menopause, added to the shocks sustained during her pregnancies. 'Thus', he argued, 'many women may have passed through the trials of puberty and child bearing, and will break down at the menopause. Often',

---

Case no.5322.

<sup>134</sup> Browne, 'Acute Dementia', p.286.

<sup>135</sup> Yeats, 'On the Feeding of the Insane', p.218.

<sup>136</sup> Showalter, *The Female Malady*, pp.75-8. For Brown's 'rationale' and some associated Case notes see Sheila Jeffreys (ed.), *The Sexuality Debates*, Routledge and Kegan Paul, London, 1987, pp.11-41.

<sup>137</sup> Hilary Marland, 'Destined to a Perfect Recover: The Confinement of Puerperal Insanity in the Nineteenth Century', in Melling and Forsythe (eds), *Insanity, Institutions and Society*, p.139. Showalter, *The Female Malady*, p.75

he concluded, 'this is the climax ... of a long troubled sexual life.' For single women, 'the occurrence of insanity at the climeractic' had a different significance. Here, it was 'regarded as the crowning trouble of a life of sexual disappointment'.<sup>138</sup>

A trawl through the case books of both asylums for references to sexuality produced limited returns, but it is worth noting that *any* indiscretion was dealt with swiftly, and precautions were taken in a variety of circumstances. At the WRA, while overt sexuality was clearly important, it appears from the case books that it can hardly be described as uncontrolled, or for that matter, prevalent. Indeed, Burman's studies of GPI were based on 4,062 cases, over a period of forty or so years, but he concluded only 341 of these could be described as GPI, and only 65 of these were female cases. If anything, it is clear that asylum medical staff were more concerned with the 'pernicious' vice of masturbation, especially amongst the male patients. In 1874, Browne wrote of a young man in his care, 'who from time to time deprive[d] himself of energetic [*sic*] reason and a shaping mind', by what he described as an 'abominable and inveterate vice'. 'When he gives way to it', Browne continued, 'he becomes acutely demented, when he abstains from it, or when by medical interference it is rendered impracticable, for a time he is sharp and lively, and an expert tailor. The chief tailor can always tell from the way in which he handles his needle, if he is conducting himself with propriety or otherwise.'<sup>139</sup> The case notes reflect that 'the medical interference' referred to, included the use of the shower bath, and/or the

---

<sup>138</sup> Robert Barnes MD quoted in Henry Sutherland, 'The Change of Life and Insanity', in Browne (ed), *The West Riding Lunatic Asylum Medical Reports*, Vol. 3, pp.299-304.

<sup>139</sup> Browne, 'Acute Dementia', p. 270. Although many male patients were assigned to the tailors shop, John D. who was admitted on 12 Aug 1867 could be the patient Browne is describing. 5 Feb 1873: much addicted to self-abuse, penis to be blistered ... works in the tailor's shop though less useful than previously. 16 Oct 1874; patient still works in the tailor's shop ... appearance is suspicious ... he is addicted to self-abuse – ordered cod liver oil. 16 Sept 1876: He is pale and has the liquid eyed expression of a confirmed and languid masturbator. WYAS, C85/954, WRA Male Case Book 1867, Case no. 5733.



blistering of the penis. One patient at the NRA received a blister on the penis for 'constantly abusing himself', and another who was guilty of the same offence, as well as 'interfering with other patients', was blistered on the palms of his hands. Another, who continually shouted 'penis', even 'though there [was] nothing wrong with it', found himself subject to a cold bath every morning, and doses of potassium bromide three times a day. Similarly, Mary S. complained 'bitterly of the treatment she received from her husband', but she also made 'disgusting disclosures' about her married life, and was in the 'habit of practising self-pollution'. It is clear that it was this that resulted in her being subject to a twenty-second shower bath every other morning. By contrast, Margaret F. was 'guilty of masturbation, and her hands [had] to be tied every night', but this was before she was committed.<sup>140</sup>

The fears about masturbation were nothing new, and by the nineteenth century it was well known that it led to a variety of ailments. Fergus D. knew he was suffering from spermatorrhoea on admission, for example, because he had read widely on the subject of 'nervous disorders'. Similarly, a male patient was described as a 'great masturbator', presumably because he commenced the practise at sixteen, and continued 'to do so up to the present time'.<sup>141</sup> The fact that stress was placed on his failing eyesight was central evidence in this particular case. In the asylum, however, the real problem with masturbation was its contagion, and the Dionysian nature of the masturbator reflected both medical and moral concerns. Charles Aldridge may have

---

<sup>140</sup> BIHR, CLF6/5/1/7, NRA Male Case Book 1873-7, Case no's. 1653 and 1686. BIHR, CLF6/5/1/8, NRA Male Case Book 1877-80, Case no. 2007. BIHR, CLF6/5/5/3, NRA Female Case Book 1857-61, Case no. 626. BIHR, CLF6/5/5/7, NRA Female Case Book 1874-7, Case no. 1688.

<sup>141</sup> *Onania; or, The Heinous Sin of Self-Pollution* was published in London around 1710 and had reached its twentieth edition by 1760. In 1758, it was joined by Tissot's *Onanism; or a Treatise upon the Disorders Produced by Masturbation*. Both were seen as valuable reference works in the nineteenth century. Alan Hunt, 'The Great Masturbation Panic and the Discourses of Moral regulation in Nineteenth- and Early Twentieth-Century Britain', *Journal of the History of Sexuality*, Vol. 8, no.4, 1998, pp.575-614, p.575. WYAS, C85/961, WRA Male Case Book 1872, Case no.

argued, teleologically, that male patients suffering from acute dementia would frequently have been found to have been practising masturbation, but Alan Hunt has shown that the anti-masturbation rhetoric was concerned with the ways in which ‘true men’ were able to exercise self-control over their natural urges.<sup>142</sup> This was primarily aimed at the upper and middle classes who sent their sons to boarding schools, and Nicholas Cooke, author of *Satan in Society* (1870), raised similar concerns about the practices in female boarding schools, apologising to his readers for broaching such a sensitive subject.<sup>143</sup> It does not require a great leap of faith to transfer the imagery of the dorm, where the experienced practitioner initiated a host of neophytes, to the imagery of the ward, but here the similarities end. The lack of clarity about ‘the temptations of the flesh’ and the inducements of ‘bad boys’, offered to the boys at Eton, paled into insignificance beside the blister and the shower bath.

### *Conclusion*

From the very outset, the county asylums treated men and women differently. Given the context, not only of the time, but also of the reforms in the treatment of madness, this is hardly surprising. In the public imagination, the old regimes had treated the mentally ill as beasts, devoid of reason, and therefore devoid of humanity. With recognition that lunatics were human beings who had somehow lost their way, setting them to work within prescribed gender roles, reflected relations beyond the outside walls. Inside the asylum, the sexes were separated into two divisions and given tasks suitable to their status, and both contemporaries and modern day historians alike have made much of the family atmosphere, and of the domesticated nature of the asylum.

---

6201. WYAS, C85/954, WRA Male Case Book 1867, Case no. 5192.

<sup>142</sup> Charles Aldridge, ‘Ophthalmoscopic Observations in Acute Dementia’, Browne (ed.), *The West Riding Lunatic Asylum Medical Reports*, Vol. 4, p.293. Hunt, ‘The Great Masturbation Panic’, p.589.

Men, for the most part, did not engage in domestic work, and when they did asylum regimes were attacked on the grounds that such duties were 'neither manly, healthful nor useful'.<sup>144</sup> Those that participated manfully were rewarded with days off and a variety of activities, as they would have been outside the asylum. This, of course was only one part of the regime, but a significant one nonetheless. Increasingly, however, members of the medical profession looked to make a more active use of the patients, as they sought to get to the root cause of insanity. The fact that women were more likely to be cured, and more likely to be discharged sooner, merely confirmed the belief that men were mentally and physically superior. Even 'uncivilised' males suffered from more serious, deep-seated forms of madness, and even though there was recognition that the majority of patients entered the asylum in a parlous physical state, this also seemed to explain why men were more likely to die in the asylum. Significantly, the transient nature of female madness points to the suggestion that shocking them to their senses was all the more appropriate. The evidence for such a state of affairs is, however, less than compelling, mainly because of the blurring of the line between punishment and remedy. Similarly, any examination of mechanical restraint has been blurred by the introduction of chemical treatments, which is an aspect that would benefit from further systematic research. Elsewhere, however, the instances of seclusion, another form of restraint, show categorically that women did not suffer this more than their counterparts on the male side of the institutions, although at the WRA it was hardly used anyway, because of the reliance on chemical means.

---

<sup>143</sup> Dijkstra, *Idols of Perversity*, p.66.

<sup>144</sup> Showalter, *Female Malady*, p.84

Like restraint and seclusion, the administration of the stomach pump has also been seen as a particularly 'female' treatment, but it is important to stress that practitioners were warned that women were fond of the attention that came with the stomach pump, suggesting they may have been less inclined to use it. What is clear, however, is that no one really sought to ask why working-class women refused food, or for that matter, why working-class men did. For all the emphasis on re-interpreting the patients' stories, and for all the emphasis on empirical studies, the treatment of both sexes was often taken out of context. As much as the medical staff claimed they tried to get to the root cause of insanity, they still continued to treat the symptoms instead. Generally speaking, the treatment of the overt signs of madness often rested with a fairly obvious approach that included calming down the violent, feeding up the under-nourished, and purging the constipated. In this respect it is easy to see why masturbators were discouraged from indulging in their 'pernicious' pursuits by a variety of methods that included restraint and blistering fluid.

Ultimately, most studies of the patient-doctor role have focussed on middle-class sources, but for pauper patients the contact with the physician was less than straightforward. The fact that the attendants acted as intermediaries between the two is a significant factor, and it may go some way to explain some of the findings above. Crucially, however, this role meant that the attendants played an important part in the asylum's successful integration, and for this reason they will form the focus of the next chapter.

## CHAPTER SIX

### *'Ministering to a Mind Diseased.'* Asylum Attendants and Asylum Integration

Thomas Szasz, in his discussion of Chekhov's *Ward No. 6*, cites the concluding scenes of the novella, in which a former asylum doctor is declared insane and imprisoned as a lunatic. In response to his pleas for freedom, an attendant brutally flings aside the young doctor and then smashes his fist into his face. 'Chekhov, himself a physician,' concludes Szasz, 'knew whereof he spoke.'<sup>1</sup> This caricature of the barbarous attendant is one that still holds some currency, and historians have put forward a number of reasons to explain his existence in the nineteenth century. Andrew Scull has notably suggested that they were drawn from the dregs of society, but this has not been accepted as axiomatic. At Lancaster, by contrast, Walton has shown the pay at the asylum was better than domestic service, and as a result, officials could pick and choose their staff. Similarly, Smith has suggested that the recruitment of staff rested with the prevailing economic conditions in the area, concluding that levels of wages would fluctuate 'according to the needs of the labour market'.<sup>2</sup> More generally, Smith has contrasted the weight of expectation on the attendants with their lowly status, whereas Richard Russell has described the cruelty exhibited by many attendants as inexcusable, but added that the reasons for this lay with their lack of education, and their lack of training.<sup>3</sup> Similarly, Peter Nolan has argued that more was expected of the attendants 'than their background and lack of training made it

---

<sup>1</sup> Szasz, 'The Origin of Psychiatry', pp.11-2.

<sup>2</sup> Scull, *The Most Solitary of Afflictions*, p.263. L D Smith, 'Behind Closed Doors: Lunatic Asylum Keepers, 1800-60', *Social History of Medicine*, Vol. 1, No.3, 1998, pp.309-10.

<sup>3</sup> Smith, 'Behind Closed Doors', pp.304-5. Richard Russell, 'The Lunacy Profession and its Staff in the Second Half of the Nineteenth Century: With Special Reference to the West Riding Lunatic Asylum', W.F. Bynum, R. Porter, M. Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry*, Vol. 3, *The Asylum and its Psychiatry*, Tavistock Publications, London, 1988, p.310.

possible for them to deliver.’<sup>4</sup> In many ways, the historiography of asylum attendants has reflected studies in the field of general nursing, which have also tended to focus on social class. Judith Moore, for example, has argued that until recently, literary images of drunken and illiterate nurses, such as Dickens’s Sarah Gamp, were still widely accepted as the pre-Nightingale norm, though little investigated.<sup>5</sup> This is perhaps surprising considering Abel-Smith highlighted a number of qualifications to this view as early as 1960.<sup>6</sup> Nevertheless, in his attempts to re-consider the attendants’ subordinate role, and to claim a professional history for mental nurses, Nolan has highlighted the introduction of the *Handbook for the Instruction of Attendants on the Insane* in the 1880s as a key pivotal point.<sup>7</sup> To a degree, emphasis on these areas suggests that trained nurses were and are, *de facto*, superior to their untrained predecessors, but as Anne Digby has pointed out, the increase in training and legislation has not prevented scandals in the field of mental health care.<sup>8</sup> More recently, Lee-Ann Monk’s brief but useful paper has attempted to contextualise the violence of attendants, without simply blaming the poor calibre and character of attendant staff ‘as some historians, drawing on contemporaries’ opinions, have done’.<sup>9</sup> Here, she has been concerned, less with middle-class portrayals of the lower class staff, and more with trying to differentiate between acceptable and unacceptable behaviour within the realities of the culture of the asylum. Taking a step back from this, it is the ‘middle-class portrayals’ that will form the focus of this chapter.

---

<sup>4</sup> Peter Nolan, *A History of Mental Health Nursing*, Chapman and Hall, London, 1993, p.47.

<sup>5</sup> Judith Moore, *A Zeal for Responsibility: The Struggle for Professional Nursing in Victorian England, 1868-1883* University of Georgia Press, Athens, 1988, p.xi.

<sup>6</sup> I have used the 1970 re-print here but the book was first published in 1960. Brian Abel-Smith, *A History of the Nursing Profession*, Heinemann, London, 1970, Chapter 1, *passim*.

<sup>7</sup> Nolan, *A History of Mental Health Nursing*, p.72.

<sup>8</sup> Anne Digby ‘Changes in the Asylum’, p.238.

<sup>9</sup> Lee-Ann Monk, ‘Working Like Mad: Nineteenth Century Female Lunatic Asylum Attendants and Violence’, *Lilith: A Women’s History Journal*, Vol. 9, 1996, pp.5-20, p.20.

The emphasis on cruelty and violence exhibited by asylum attendants must necessarily be the first area for analysis, because in terms of integration, violence was a key area and this has been reflected in its central role in the historiography. Smith has suggested that the examples of violence perpetrated by some attendants presents a rather one-sided picture, and I want to question just how one-sided it was.<sup>10</sup> Here, reference will be made, not only to medical journals and pamphlets produced by former patients, but also to the records left by asylum medical staff. Secondly, I want to examine the attendants' central role in both caring and curing the asylums' interns, and consider how much medical knowledge they were expected to have. Commenting on the 'considerable improvement' in his own asylum's training regime, for example, Browne called for 'nursing institutions' to be founded 'so that more science and art than heretofore may be infused into ministering to a mind diseased.'<sup>11</sup> Again, we need to consider just how representative this was of the profession as a whole. This will necessarily lead to a third area of study, which will examine other reasons behind the calls for enhanced training. Studies in the field of general nursing have shown that the purpose of training was that it emphasised character, rather than skills, but Judith Moore suggests that both were important, and this opens a significant area of analysis.<sup>12</sup> This will include examinations of both the potential threats that trained attendants posed to the authority of the medical staff, as well as an examination of the attendants' morals, and how they were influenced by those changes in the field of general nursing. Finally, some consideration must be given to the lack of training throughout the century. Russell has understandably asked why, if attendants were

---

<sup>10</sup> Smith, 'Behind Closed Doors', p324.

<sup>11</sup> WYAS, C85/109, WRA Annual Reports, 1868-79, Report of the Superintendent for 1870.

as bad as contemporaries said they were, did formalised training regimes take so long to appear, suggesting that regular attacks on the quality of asylum attendants masked the deeper failure of the asylum itself.<sup>13</sup> Here, I want to take a more in-depth look at the reasons why attendants left the asylum's employ, and then re-consider this important question.

### *The Attendants – the Case Against.*

Leonard Smith has recently shown that the transition from custodian, to the 'more complex and sophisticated' role of attendant, grew out of the 'non-restraint movement' of the 1830s and 1840s, but it is clear that the acceptance of this transition was anything but simple.<sup>14</sup> By 1850, a former asylum superintendent had written of the 'mysterious awe' and 'disagreeable associations' of the term 'keeper' of the insane, and reported that in most institutions it had been substituted with that of attendant, 'or the briefer and gentler appellation' of nurse. Half a century later, a retired asylum chaplain confirmed that although the phrase was officially obsolete, members of the public still sometimes used it.<sup>15</sup> While this apparent semantic naivety may at first appear insignificant, negative representations of the attendants as custodians, were at odds with the emphasis placed on therapeutic nature of the asylum, recalling the brutish attendant supposedly banished into history. Unfortunately for those trying to stress the asylum's curative intentions, the brutish attendant was frequently to be found in journal articles and books written by members of the medical profession, as well as in the publications of former patients.

---

<sup>12</sup> Moore, *A Zeal for Responsibility*, p.xii.

<sup>13</sup> Russell, 'The Lunacy Profession', p.311.

<sup>14</sup> Smith, *Cure, Comfort and Safe Custody*, p.142.

<sup>15</sup> Anon., *Familiar Views of Lunacy and Lunatic Life*, pp.58-9. Rev. Henry Hawkins, *Treatment of the*



In 1891, for example, Burdett quoted extensively from a paper by W.A.F. Browne, in which he had contended that asylum treatment 'was rendered futile, ineffective and disgraceful by the inefficiency of the attendants, who exhibited a marvellous want of self-control, common sense and co-operation in the discharge of their duties.' 'Coarse', 'harsh', 'passionate', and 'untrustworthy' were just some of the adjectives Browne had used to describe how the majority of physicians and medical superintendents viewed their attendant staff. The attendants, he stated, had 'no higher conception of their office than that of gaoler', and Burdett complained that little had changed until well into the 1880s.<sup>16</sup> Over twenty years earlier, an anonymous author had looked back on the two years he had spent in an asylum, condemning the rough handling of the 'stupid' and the 'negligent' by the ward attendant. This was despite the fact that the treatment he received was both respectful and civil. Unfit attendants, he concluded, were the chief of all the canker worms that undid much of the asylum's intended good.<sup>17</sup>

For the most part, critics were uncomfortable with the power devolved to the attendants. In the 1850s, W.H.O. Sankey, undoubtedly motivated by fiscal obligations, wrote that in an asylum arranged for the purpose, a reduction in the attendant staff would not only bring about savings, but more importantly, would make them more easily managed by the superintendent. At the same time, Gardiner Hill reported that the authorities at the WRA were originally against the introduction of the non-restraint system, on the grounds that it

---

*Insane, Then and Now*, Society for Promoting Christian Knowledge, London, 1901, p.19.

<sup>16</sup> Burdett, *Hospitals and Asylums of the World*. Vol. 1, p.631.

<sup>17</sup> Anon., *Life in a Lunatic Asylum*, pp.20, 101.

was much milder than the personal coercion of the attendants.<sup>18</sup> Indeed, in the 1840s, Corsellis feared that the abolition of restraint would leave the patients at the mercy of attendants unsuited for the task. ‘The mechanical contrivance’, he wrote, ‘acts quietly, steadily and effectually, and is submitted to as unavoidable.’ Conversely, he considered ‘the mind and power of an attendant’ to be ‘capricious and uncertain, producing in the spirit of the patient a sense of tyranny, a coercion of the worst kinds, arousing all his contentious passions, and converting his friend and guardian into a supposed watchful and suspicious enemy.’ For him at least, it would be ‘a spurious humanity which could sacrifice the cure of the few, and the happiness of the many, to a prejudice which only require[d] time to prove its fallacy.’<sup>19</sup> By 1867, the rules at institutions, such as those at the NRA, enshrined the eschewing of restraint in favour of additional attendants. During violent outbursts, one of the rules urged, ‘no taunts, irritating expressions, or threatening language are ever to be used. Vacant space is to be allowed to the patient, and he is to be vigilantly watched until the paroxysm has subsided.’<sup>20</sup> Crucially, such regulations and orders, and the ethos of non-restraint, put the attendants in an invidious position by giving them the responsibility for the patients, and at the same time, seeking to restrict the forms of ‘care’ at their disposal. Attendants were not allowed to push or pull the patients, nor speak to them in a loud and scolding manner. Similarly, at the WRA, it was expected that persuasion and/or additional attendants, acting without the use of ‘threatening language’,

---

<sup>18</sup> W.H.O. Sankey, ‘Do the Public Asylums of England, as at Present Constructed, Afford the Greatest Facilities for the Care and Treatment of the Insane?’ *Asylum Journal of Mental Science*, Vol. 2, 1855-6, pp.466-79, p.467. Hill, *Lunacy: its Past and its Present*, p.18.

<sup>19</sup> WYAS, C85/108, WRA Annual Reports, 1833–67, Report of the Superintendent for 1848. Corsellis went further by calling non-restraint ‘contemptible quackery’ during the debate about its merits, and was challenged to a duel by Edward Charlesworth, one of the treatment’s pioneers. Smith, *Cure, Comfort and Safe Custody*, pp.260-67. Details of the debate about who was responsible for pioneering the treatment can be found in Scull *et al*, *Masters of Bedlam* pp.70-72.

<sup>20</sup> BIHR, CLF1/3/2/1, NRA Regulation and Orders of the Committee of Visitors for the Management and

or 'irritating expressions', were enough to compel patients to submit to any measure prescribed for their welfare.<sup>21</sup> In contrast to Corsellis, Browne saw little possibility of mechanical restraint being used as an 'instrument of punishment and cruelty' in the hands of 'unworthy persons', as its 'sparing and judicious use' was guarded by 'rules and regulations, and by the supervision of the Commissioners in Lunacy.'<sup>22</sup> Indeed, superintendents were prepared to place increasing faith in the staff because such rules and regulations. At the WRA, for example, they were designed to 'convey to those for whose exhortation or reproof they are intended, something of the spirit which ought to animate everyone who has to wait upon the insane.'<sup>23</sup> For this reason, the Reverend Henry Hawkins called for 'honest work' from the attendants, 'performed as faithfully when it is unnoticed, as when inspected.' 'Not with eye-service' he rallied, but helpfully cautioned readers that they could not escape the divine eye, reminding them that work in the wards was a 'scared ministration'. At the WRA, the chaplain recognised that his dealings with the patients were coloured by the fact that they were on their best behaviour. To 'take a peep behind the scenes', he relied on the attendants, but like Hawkins, he was aware that the opportunity the attendants had for observation, was not always matched by 'conscientiousness and freedom from prejudice.'<sup>24</sup>

Elsewhere, the author of *Life* considered the doctor 'a man of excellent parts', and the head attendant a man 'of sterling worth', but unfortunately he reasoned, they could not

---

Conduct of the Asylum, 1867, Rule number 13.

<sup>21</sup> WYAS, C85/167, WRA Rules and Regulations, Regulations and Orders for the Male Dept 1873, Point 29.

<sup>22</sup> WYAS, C85/108, WRA Annual Reports, 1833-67, Report of the Superintendent for 1867.

<sup>23</sup> WYAS, C85/109, WRA Annual Reports, 1868-79, Report of the Superintendent for 1873.

<sup>24</sup> Rev. Henry Hawkins, *Work in the Wards*, Society for Promoting Christian Knowledge, London, 1874, p.2-3. WYAS, C85/187, WRA Chaplain's Journal, 1853, p.48.

see 'behind the scenes.' In a more forthright manner, Andrew Wynter described the attendants as the real masters of the patients, concluding that many instances of cruelty and neglect were seldom known, and rarely recorded. Similarly, another commentator argued, 'the outward display of cleanliness, smartness and attention to duties' belied an 'undercurrent of uneasiness', and 'although the patients make no complaint, it is felt that they do not receive the proper amount of attention they ought to do.'<sup>25</sup> In this way, it is clear that many contemporaries were concerned at what could happen, rather than what did. In the main, however, it seems that many poor attendants were works of fiction, used to illustrate the characteristics required in the good. Bucknill and Tuke, for example, wrote that the man 'from the tail of a plough was ideal', because a higher-class attendant had probably 'failed already in a line of life more consonant with the proper ambition of their station, usually in consequence of some defect in temper or character.' Burdett recalled W.A.F. Browne's litany of stereotypical images, describing asylum attendants as 'the lazy bodies', 'the rejected', and the 'outcasts of other trades.' The discipline, order and personal neatness of a pensioned soldier, for example, may have promised subordination, but it did not necessarily extinguish a tyrannical spirit, and had the potential to conceal an 'insatiable thirst for spirits.' Furthermore, he considered 'philosophers' too slovenly, and more dogmatic and opinionated than 'clodhoppers', while the self-imposed abstinence of teetotallers was no guarantee against other 'evil tendencies.'<sup>26</sup> It is representations such as these that have been the focus of much of the

---

<sup>25</sup> Anon., *Life in a Lunatic Asylum*, pp.102-3. Andrew Wynter, *The Borderlands of Insanity and Other Allied Papers*, Robert Hardwicke, London, 1875, p. JMS, Oct 1871, p.389.

<sup>26</sup> Bucknill & Tuke, *A Manual of Psychological Medicine*, p.655. Burdett, *Hospitals and Asylums of the World*. Vol. 1, pp.632-4.

historiography, but it must be stressed that the emphasis on rough attendants was, and is, only one side of the debate.

### *The Attendants – the Case For.*

Recent research has shown that asylum attendants were deemed unsuitable to care for boarded out patients in Scotland, because of their regimented and officious approach.<sup>27</sup> Even so, one medical handbook, published in 1872, advised that doctors should obtain attendants from an asylum to deal with cases requiring restraint, and J.B. Tuke used the specially trained attendants as one of the reasons why asylum care was superior to home care.<sup>28</sup> ‘Medical superintendents,’ he observed, ‘experience great difficulty in procuring proper persons to act as attendants. Even under supervision, it takes months to train such a servant, and to inculcate that consideration which is due to the weaknesses of those under his or her care. How then,’ he asked, ‘is it to be expected that the poor labourer or artisan can at once be fitted to undertake the office, for which experience shows special training is absolutely necessary?’<sup>29</sup> Similarly, ‘Fastened Fellow’ looked back on the two months he spent in an asylum, and although he had been held under ‘false pretences’, he ‘retained a pleasant recollection of the place, without remembering a single instance of rudeness or brutality on the part of the attendants.’ Likewise, a Clergyman admitted to an Australian asylum spoke favourably of the staff and attendants, but this was apparently ‘mediated by his intention to speak positively of every one’.<sup>30</sup>

---

<sup>27</sup> Sturdy & Parry-Jones, ‘Boarding Out Insane Patients’, p.100.

<sup>28</sup> Winn, *Plain Directions for Dealing with an Insane Patient*, p.1.

<sup>29</sup> J.B. Tuke, ‘Objections to the Cottage System of Treatment for Lunatics as it Now Exists and Suggestions for its Improvement and Elaboration’, *Edinburgh Medical Journal*, Vol. 13, 1867-8, pp.913-18, p.917.

<sup>30</sup> Anon., *Fastened Fellow - A Man's Adventure*, E.W.Allen, London, 1878, p.45. Michael Horsburgh, ‘David Laseron: A Clergyman in the Rookwood Asylum’, *Journal of the Royal Australian Historical*

Elsewhere, other members of the medical profession were fighting the attendant's corner, and by the 1860s and 70s there was a siege mentality developing in some quarters, as asylum professionals sought to rescue the reputation of their supposedly violent staff, and the system itself. In 1871, members of the British Medical Association (BMA) involved in the care of the insane, took exception to an article in the *BMJ*, entitled 'A Social Blot.' Using what the complainants called 'mutilated extracts' from the Reports of the Commissioners in Lunacy, the *Journal* represented the male attendants as 'half Herculean, half brute, almost uneducated, and without qualities or feelings above the animal appetites. It is not to be wondered,' the article continued, 'that they naturally conclude if a person, whether lunatic or not, is troublesome and unruly, the shortest and most certain means of controlling him is by knocking him down.'<sup>31</sup> This 'extremely unjust' description of the attendants had followed similar opprobrious articles in the *Lancet* and the *Pall Mall Gazette*. In the west Riding, Browne bristled at the *Gazette's* coverage of an accident at the WRA, describing it as 'deliberate misrepresentation', and quoting the editor of a local paper, accused the author of the piece of being 'guilty of a wilful mis-statement, or culpable negligence.' In an attempt to introduce some balance, he wrote that it did 'not logically warrant the conclusion that cruelty and oppression prevail universally in all lunatic asylums, nor obviously suggest the remedy that our present system should be demolished to its foundations, and another constructed on its ruins.'<sup>32</sup>

---

*Society*, Vol. 73, Part 3, 1987, pp.220-233, p.230.

<sup>31</sup> *JMS*, July 1871, p.232.

At the NRA, Christie wrote of his efforts being baffled without the 'mutual help' of the ward attendants, and he ascribed the scalding to death of a patient as being due to the 'wilful neglect' of asylum rule, and of all moral obligation on the attendant's part. In this case the attendant had entrusted his key to a patient, but we should not be surprised that the attendants sometimes passed over some of their responsibilities to the interns. As we saw in an earlier chapter, the NRA's Clerk relied on a patient to help him in his work, and the relationship between the patients and the staff was further blurred when former patients became members of staff, as they occasionally did at the NRA. One patient 'was discharged cured and engaged as a dairymaid, for example, and the daily diary for 1878 recorded the death of an 'upholsterer attendant', who was formerly an inmate of the asylum. By contrast, when one nurse at the WRA, 'keenly felt the responsibility of her position and became insane', she was treated as an intern, and although continuing to suffer from acute mania, she was considered well enough to resume her duties.<sup>33</sup> Nevertheless, following the scalding incident, Christie commented that 'no amount of care and supervision of the officers could possibly avoid such an accident as this', but he was keen to emphasise the irregularity of such cases. Accidents, he continued, were painful to 'those placed in the responsible role of medical superintendent', and even more so when death was the result. Anonymous attacks and vituperative remarks were 'doubly harassing', and he asked the press to sympathise with their onerous duties in a vocation that was ultimately depressing in character. Although ultimately defending his own

---

<sup>32</sup> WYAS, C85/109, WRA Annual Reports, 1868-79, Report of the Superintendent for 1870.

<sup>33</sup> BIHR, CLF1/1/2/1, NRA House Committee Minute Book 1847-58, 2 Aug 1848. BIHR, CLF1/6/1/5, NRA Daily Diary 1878, 15 Feb 1878. BIHR, CLF3/13/2/1, Wages Book 1871-78. WYAS, C85/124, Medical Director's Journal 1867-74, 31 July 1873.

position, and the existing system, he referred to the reports in the press following the accident as both 'sensation' and 'unwarrantable on the true facts being known.'<sup>34</sup>

Elsewhere, many contemporaries did indeed recognise the difficult and potentially dangerous nature of asylum work. *Fastened Fellow* described the attendant in his ward as a 'plucky fellow' for being alone in a ward with so many lunatics. 'I had never been in such a situation before,' he remarked, 'and [I] was in doubt whether the patients would bite.'<sup>35</sup> To his relief, he soon realised that there was little chance of any personal danger, but the asylum was not a place for the pusillanimous. The daily diary for the asylum at York records that Anne Elizabeth Edge left the asylum the day after her appointment, because she was 'frightened', and it was a naïve attendant who dropped his or her guard.<sup>36</sup> At Wakefield, when a patient murdered an experienced attendant, 'secure in his own strength and activity', it highlighted simply the problems inherent in caring for the insane. The patient was described as attacking the attendant without grudge or animosity, but 'stirred by a pure homicidal impulse, an analogue of epilepsy convulsing the mind instead of the muscles, stole behind him, and dealt a blow.' This attack was fatal, and 'was followed by others that reduced the head to a shapeless pulp.' Afterwards the culprit was reported as saying 'I struck him ... and you know I could strike him, for I am a striker by trade.' This unhappy incident was at the same time distressing and unsurprising, particularly as one former superintendent wrote that lunatics, passed off as

---

<sup>34</sup> BIHR, CLF1/2/2, NRA Annual Reports 1865-76, Report of the Superintendent for 1869.

<sup>35</sup> Anon., *Fastened Fellow*, p.23.

<sup>36</sup> BIHR, CLF1/6/1/2, NRA Daily Diary 1875, 7 April 1875.



quiet and inoffensive by their families, were liable to demolish three or four window frames, and knock the teeth down the throats of the attendants.<sup>37</sup>

At the core of these counter-arguments then, was the belief that the attendants coped well in difficult circumstances, and could, on occasion, lose a mouth full of teeth for trying to prevent a patient from attempting suicide, or committing murder upon a fellow patient. Following the murder described above, Browne hoped that 'this deplorable incident may perhaps open the eyes of some asylum critics to the dangers incurred by those who go down into the great deep of lunacy.'<sup>38</sup> The murder of another attendant by a private patient, allowed the *JMS* to further highlight such difficulties, reflecting that

Had a similar struggle taken place in an asylum, and ended by the attendant overpowering the patient, at the cost of some bruise, or of a broken rib, we fear that little indulgence would have been shewn to the attendant. He would perhaps, have done better to have allowed himself to be strangled by the patient.

To stress the point, they concluded that 'since this happened, another attendant has been murdered in an asylum by a patient.'<sup>39</sup>

In a bid to rescue the attendants' reputations, other sections of the profession opened avenues into the exploration that some asylum patients were prone to diseased bones, from 'want, disease, distress of body and mind, old age, and all that brings on premature

---

<sup>37</sup> Anon., *Familiar views*, pp.22-3.

<sup>38</sup> WYAS, C85/109, WRA Annual Reports, 1868-79, Report of the Superintendent for 1871.

<sup>39</sup> *JMS*, July 1871, p.242.

old age.’<sup>40</sup> George Hearder, the superintendent at Carmarthen, made a similar point, arguing that the fracturing of ribs could have happened at any stage in life, but only discovered during a post-mortem, which would have been unlikely to have been held in other circumstances. It is worth pointing out, that following the murder of the WRA attendant, Browne spoke of the fragility of staff/patient relations, and his intrepidity in preventing ‘mutiny on the one hand, and severity on the other’, but this was unusual.<sup>41</sup> As Hearder was apt to point out, asylum officers were subject to ‘unjust odium’, because the high numbers of patients who did not suffer fractured bones, was merely indicative of the ‘very great care’ they received.<sup>42</sup> This suggestion was not a new one, and superintendents often referred to the returning diaspora of discharged cases, as evidence that they had been fairly treated. ‘Nothing is more convincing to the officers that the attendants have faithfully performed their duties’, wrote one, ‘than the observation that they are beloved and respected by their patients.’ Indeed, when one patient at the WRA ‘made a rather impulsive attack upon an attendant’, several patients sided with the latter, and as a result, the would-be assailant ‘received several bruises, and was laid up in bed as a consequence.’<sup>43</sup> More recently, Lee-Ann Monk has pointed to evidence that suggests the culture of the asylum saw some forms of violence, for example, against a violent patient, as legitimate, and that the patients could make the distinction between ‘rough treatment’ and ‘cruelty.’<sup>44</sup> At the time, however, the emphasis here on fractured ribs no doubt added to the brutish portrait of the asylum attendant, but Browne was quick to question the

---

<sup>40</sup> Edward Latham Omerod, ‘Observations on a Peculiar Condition of the Bones of Two Insane Patients who had Fractured ribs’, *Saint Bartholomew’s Hospital Reports*, Vol. 6, 1870, pp.69-70.

<sup>41</sup> WYAS, C85/109, WRA Annual Reports, 1868-79, Report of the Superintendent for 1871.

<sup>42</sup> George J. Hearder, *Fractured Ribs in Insane Patients*, George P. Bacon, Lewes, 1871, p.7

<sup>43</sup> WYAS, C85/108, WRA Annual Reports, 1833-67, Report of the Superintendent for 1844. WYAS, C85/591, WRA Reception Orders 1861-65, Male Case no. 3864.

<sup>44</sup> Monk, ‘Working Like Mad’, pp.11-5.

motives of those involved in such caricature. In his journal, he wrote that such cases which had occurred at Hanwell, Lancaster and Carmarthen, 'afforded an opportunity to two disappointed candidates for asylum superintendents, who have unhappy access to these journals to stir up agitation as to asylum reform.' Crucially, such examples, wrote Browne, heaped abuse upon the Lunacy Commissioners, the Committees of Visitors and asylum officers, and it is clear that an attack on the attendants was an attack on the whole system.<sup>45</sup>

Of course, the attendants did sometimes erupt into fits of violence, and for all the hard work of Omerod and Hearder, attendants were still dismissed for fracturing the ribs of patients, as they were at the NRA in 1875.<sup>46</sup> Some cases resulted in court proceedings, and James Powton and James Winn were convicted of unlawfully kicking, striking and ill-treating a patient in their care. For this they were both fined £2, and ordered to pay nine shillings each in costs, but we must question exactly how much of a fair hearing they received. Not only were the fines paid directly to the treasurer of the asylum, but the case was also heard by four magistrates, who served as visitors. In this case, the alternative to paying the fine was fourteen days hard labour, which did not compare unfavourably with the three calendar months given to two female attendants, who had been found guilty of stealing bedding from the asylum. This reflects the precedence given to crimes against property, and it seems that not all attacks were immediately subject to prosecution. Another former attendant was prosecuted for striking and attacking a patient, for example, but only after the visitors had received a letter from the Commissioners in

---

<sup>45</sup> WYAS, C85/124, Medical Director's Journal 1867-74, 28 April 1870.

<sup>46</sup> BIHR, CLF1/6/1/2, NRA Daily Diary 1875, 25 Feb 1875.

Lunacy, and again, the fine and costs were credited to the asylum account. The visitors did not always follow such suggestions, however, and when the Commissioners pressed to have an attendant prosecuted for neglect following the death of a patient, they declined to go any further than censure. The Commissioners urged prosecution, on the grounds that a similar case, occurring in a London licensed house, had led to an attendant being fined £15, and as such, the actions of the visitors at times appear contradictory.<sup>47</sup>

By this time, Browne had already conceded that ‘the constantly recurring problem in asylum government’, was ‘how to ensure gentleness, forbearance, and vigilance amongst the immediate custodiers [*sic*] of the insane, and to prevent their characters from undergoing deterioration’, reflecting the concerns of others. Philanthropos, for example, argued that ‘the good doctor may have a daily word of consolation to offer, and the attendants may faithfully perform every assigned duty, but a legion is committed to their care and they are but human.’ Similarly, W. Williamson, a former asylum attendant, considered the experienced attendant had the potential to become ‘hardened and to some extent cruel, or to allow his sympathy to carry him away.’ Charles Mills also argued that even the best attendants showed marked signs of physical and mental wear after a year’s service, although Williamson argued that such feelings could be counteracted with ‘a change of scene.’<sup>48</sup> ‘Placed like petty autocrats in their respective wards’, Browne continued, ‘dressed up with a little brief authority, with uneducated minds and untrained to power, it is not to be wondered if they sometimes become tyrannical and capricious.’

---

<sup>47</sup> BIHR, CLF1/1/1/4, NRA Visitors Minute Book 1865-91, Entries for 29 Jan 1867, 25 Sept 1876, 28 Dec 1880, and 27 Sept 1881.

<sup>48</sup> Philanthropos, *A Voice from the Wilderness*, p.6. Mills, *The Nursing and Care of the Nervous and Insane*, pp.115-8. W. Williamson (A. Mechanic), *Thoughts on Insanity and its Causes and on the*

For the most part, however, he considered it 'a marvel' that they [were], as a rule, so patient, just and industrious, and surmount[ed] so happily the disadvantages of their position. The endeavour', he concluded, 'was still to improve them and heighten their usefulness, and to obtain additional guarantees for their fidelity and kindness.'

These 'additional guarantees' were to be achieved through a reward and reproach system of increased wages and pensions for long serving members of staff, as well as the 'unremitting supervision by well-paid and independent officers.' The supervision of staff was also devolved to the patients themselves, with the superintendent at the WRA interviewing all patients on their discharge in the presence of the chaplain. The superintendent considered the statements given at a time 'when the persons making them have nothing further to hope nor fear from the staff of the asylum', as 'a parting gift for the benefits of those afflicted companions', who remained in the asylum.<sup>49</sup> 'I do not call to mind,' wrote the Chaplain, 'any instance in which the response has not been most creditable to the domestic management of the asylum. ... If, (as I believe), this novel arrangement was adopted as a check upon violence and caprice on the part of numerous servants, of various temper and disposition, I have no doubt that the object will have been completely attained.' He went on to conclude that this 'probably led the attendants to a just sense of their responsibilities in the sight of God and man', but this was a somewhat contradictory state of affairs.<sup>50</sup> While the chaplain was happy to accept the positive feedback that these sessions produced, he was, at the same time, convinced that they

---

*Management of the Insane*, Charles Gilpin, London, 1851, pp.16-17.

<sup>49</sup> WYAS, C85/109, WRA Annual Reports, 1868-79, Report of the Superintendent for 1868.

<sup>50</sup> Quote from the Chaplain's Journal. WYAS, C85/109, WRA Annual Reports, 1868-79, Report of the Superintendent for 1868.

would bring about a change in the attitudes of the attendants. Similarly, the valedictory interview had initially taken place in the asylum, but in the following year Browne waited until the patients had been home for seven days before writing to them, just to be on the safe side.<sup>51</sup>

Clearly, the asylum officials could be as suspicious as the attendants' fiercest critics, but we should not be surprised that they stressed the positive on the one hand, while at the same time remaining vigilant for the negative. Instances of violence perpetrated by the attendants recalled the bad old days of the unreformed system, but as we have already seen, they were keen to stress that unsavoury incidences were very much in the minority. In this respect we should not be surprised that the beginnings of any formal training schemes took so long to materialise. It is clear, however, that when they did appear, they were informed by more than the apparent roughness of the attendants. As we saw in the introduction to this chapter, Browne called for 'nursing institutions' to be founded 'so that more science and art than heretofore may be infused into ministering to a mind diseased', but even here there was some debate.

### *Clouston and 'the Doctor's Point of View'*

When the asylum at York opened in the mid - 1840s, some value was already being placed on experience, and for a total of six male and eleven female positions available, the visitors received applications from 35 men and six women. Three of the latter gave their address as an existing lunatic asylum, and seven males and two females were taken on one month's trial, without an interview. At Wakefield, Corsellis observed that

---

<sup>51</sup> WYAS, C85/109, WRA Annual Reports, 1868-79, Report of the Superintendent for 1870.

attendants should possess 'integrity, and be themselves, by their character and conduct, able to command the respect and confidence of the patients entrusted to their care.'<sup>52</sup> Experience, he considered, was a key element of this, and it was felt, not unreasonably, that experienced attendants made the best attendants.

For critics such as T. S. Clouston, who by this time was the superintendent at the Royal Edinburgh Asylum, however, the *ad-hoc* nature of the training regime meant that the system, such as it was, was flawed.<sup>53</sup> Successive entries in the journal of the WRA's superintendent, reflect some of the problems that apparently came with unregulated training. One 'clever and expert' attendant was dismissed after nine years service, for misappropriating wine and tobacco for the patients under his care. Another, who had served the asylum for twelve years, probably found his 'summary dismissal a hardship', but his ill treatment of a patient gave the superintendent 'no alternative.' For attendant Butterworth, an employee of the asylum for 26 years, the decision to entrust a patient with a shoemaker's knife had disastrous consequences. The patient had been using the tools for five years, but 'should not have been', and when he stabbed himself through the heart, Butterworth found himself suspended and under investigation. During that time, he admitted that he had not counted the knives, and it was also discovered that he allowed unauthorised patients into the shoemaker's shop. During his suspension, the superintendent found evidence of a series of acts of dishonesty, which he had 'for some time suspected', and as a result, recommended his dismissal. At the NRA, the

---

<sup>52</sup> BIHR, CLF1/1/1/1, NRA Visitors Minute Book 1844-48, 24 Oct 1846 and 10 Nov 1846. WYAS, C85/108, WRA Annual Reports, 1833-67, Report of the Superintendent for 1843.

<sup>53</sup> Clouston had also been the superintendent at the Cumberland and Westmoreland Asylum. T.S. Clouston, 'On the Question of Getting, Training and Retaining the Services of Good Asylum

Commissioners in Lunacy were less than happy with the supervision of the patients in a number of areas. 'For instance, the laundress in charge of the patients did not know "exactly" how many patients were at work, but thought "about" thirty, and a male attendant who was helping to serve the pudding as an extra for the sick, was discovered helping himself from the patient's dishes.' This was despite the fact that the fact that the superintendent had praised the attendants for their efficient conduct in trying circumstances. More importantly, the Commissioners found that 'spencers' and 'bands for confining patients to bed' were left in the possession of the attendants, causing consternation at 'the discretionary power entrusted to' them.<sup>54</sup>

Examples such as these no doubt influenced Burdett, who wrote that he 'was fully aware that many attendants in asylums are excellent', but nevertheless described Clouston's suggested reforms as necessary for the 'honour of the public, and the welfare of the inmates of asylums.'<sup>55</sup> Yet Clouston did not seek to wrest the responsibility away from the attendant, he merely stressed the need to take a more pro-active interest in new members of staff. While he argued that people from all walks of life could make good attendants, he gave an example of the initial experience that was required to make the best. The young man [*sic*], he wrote, was first spoken to 'very seriously as to the responsible nature of his duties', and given a copy of the rules of the institution. After being told to 'read them through carefully at once', he was then sent to be a junior

---

Attendants', *Journal of Mental Science*, October 1876, pp.381-88.

<sup>54</sup> WYAS, C85/123, Medical Director's Journal 1858-67, 28 April 1859 and 28 July 1859. WYAS, C85/124, Medical Director's Journal 1867-74, 29 April 1869. BIHR, CLF1/2/4, NRA Annual Reports 1885-94, Report of Commissioners in Lunacy, Sept 1887, and Annual Reports of the Superintendent for 1885 and 1886. BIHR, CLF1/1/1/3, NRA Visitors Minute Book 1858-65, 26 Dec 1859.

<sup>55</sup> Burdett, *Hospitals and Asylums of the World*, Vol. 1, p.635.



attendant on the admission ward, learning his trade from a 'good old charge attendant.' 'He sees day-by-day new patients arriving,' continued Clouston, 'and being examined by the doctor. He hears the charge attendant questioned about their state and symptoms, and soon he himself is asked by the medical officer as to the symptoms of the patients he has charge of. He soon comes to look on the patients in some degree from the doctor's point of view.'<sup>56</sup> This, of course, had some obvious advantages, and an attempted suicide at Wakefield almost succeeded because of the fear on the part of the attendants. The patient was missed almost immediately, and soon found hanging from a beam, 'but owing to the terror of the nurses, and the influence of a very pernicious superstition, no one interfered with her.'<sup>57</sup> More importantly, however, Clouston's comments recognised just how reliant the medical profession was on the asylum attendants and nurses.

At the WRA in 1885, Bevan Lewis acknowledged the 'hearty co-operation' of his medical colleagues, as an 'indication of their continued zeal and interest in their work.' At their request, he extended the time spent on medical visits by one hour, but even with this extra time and a larger staff of medical officers and clinical assistants, there were still a large number of patients to get through.<sup>58</sup> At the NRA, the superintendent was expected to see every patient at least once a day, and his subordinate, the Assistant Medical Officer (AMO), was expected to see each patient twice daily. It seems unlikely that these visits took place in the spirit that the rules had intended, and if they did, the dearth of entries in the casebooks, for which the AMO was responsible, suggest that they were conspicuous

---

<sup>56</sup> Clouston, 'On the Question of Getting, Training and Retaining the Services of Good Asylum Attendants', p.385.

<sup>57</sup> WYAS, C85/125, Medical Director's Journal 1874-81, 29 Oct 1874.

<sup>58</sup> With the extra hour, tours increased to two hours and thirty minutes. WYAS, C85/126, Medical

by their brevity. Crucially, other rules prescribed that when the medical staff did visit, they were reliant on the attendants to provide detailed information about individual cases. The AMO may have been responsible for the upkeep of patient records, and the preparation and administration of any remedies he had prescribed, but it was the attendants who were responsible for the 'general condition' of the patients.<sup>59</sup> Similarly, at the WRA, the charge attendants were expected to accompany the medical staff 'through their respective wards, day-rooms, dormitories &C, [describing] to them every peculiarity in the condition of each patient.' They were also expected to give 'full and explicit information concerning the bodily and mental condition of the patient, and the effects of remedies, occupations, &c upon them.'<sup>60</sup> To do this, they had to be fully aware of the patients' 'peculiarities' on arrival, including whether they were suicidal, epileptic or dangerous, to themselves or to others. This information, as recorded in the casebooks, was drawn directly from the committal forms, usually provided by a relative, but it was up to the attendants to re-interpret this information. One rule concerning admissions, for example, stated that 'all recently admitted patients are to be closely watched, and every effort is to be made to ascertain their past history, mental condition, delusions, propensities &c [with] information on all these points being communicated to the medical officers.'<sup>61</sup>

Essentially then, the role of the attendant at each institution was to act as the intermediary between the medical man and the patient, explaining any changes in the latter's mental

---

Director's Journal 1882-8, 30 April 1885.

<sup>59</sup> BIHR, CLF1/3/1/1, NRA General Rules, 1876, pp.5-8.

<sup>60</sup> WYAS, C85/167, *WRA Rules and Regulations*, 1873, Point 57.

<sup>61</sup> WYAS, C85/167, *WRA Rules and Regulations*, 1873, Point 10.

condition. This is significant, because as Wright has recently argued, the identifying of patients for discharge was one of the few areas, along with diagnosis and the setting of treatment regimes, in which the medical superintendents could attempt to establish an expertise in the new field of mental disease. Similarly, Suzuki has contrasted the sources of information available to the medical staff, concluding that 'the events recorded in the post-admission entries were normally observed first hand by them', but this rather takes for granted the physician's contact with the patient. Indeed, in his discussion of Hood's attempts to 'explore the secret life of the family', it is clear that the information came not directly from the patient, but via the attendant. Likewise, Finnane has shown that the matron at the Grangegorm Asylum in Dublin had an intimate knowledge of the patients, which proved indispensable to the doctor, and Brumberg has described one nurse as functioning as a detective when doctors failed to uncover why one patient would not eat.<sup>62</sup> Unfortunately, for Clouston and other critics, examples such as these were chance occurrences, and less able attendants reflected the fact that informal training was unsystematic and haphazard. All too often, he concluded, new charges were placed in wards full of 'dements', influenced by bad attendants, and never questioned by any medical staff.<sup>63</sup>

Here again, we are presented with another allegory involving a bad attendant. If we follow Clouston's own line of thinking, however, the occurrence of such a state of affairs

---

<sup>62</sup> David Wright, 'The Discharge of Pauper Lunatics', p.107. Suzuki, 'Framing Psychiatric Subjectivity', pp.118, 128. Mark Finnane, 'Law and the Social uses of the Asylum in Nineteenth-Century Ireland', Dylan Tomlinson and John Carrier, *Asylum in the Community*, Routledge, London, 1996, p.107. In Brumberg's account, the nurse discovered that the patient, who had told doctors she could not and would not eat, was 'engaged in surreptitious relationships with other patients in order to get bits of their food.' Brumberg, *Fasting Girls*, pp.169-70.

<sup>63</sup> Clouston, 'On the Question of Getting, Training and Retaining the Services of Good Asylum

could have been avoided if the original attendant had been spoken to ‘very seriously as to the responsible nature of his duties’. If there were problems, they could hardly be the fault of the attendants, because the nature of their status was highlighted by the expectation that they would salute members of the visiting committee, as well as the superior officers of the institution.<sup>64</sup> In any event, Clouston still required each attendant to be responsible for learning the rules of the institution in which they worked, as did the authorities at other institutions. ‘It is to be remembered that this service like all others requires to be learnt’, the WRA rulebook reminded its readers, before adding, ‘the attendants must therefore make themselves thoroughly acquainted with the regulations and orders.’<sup>65</sup>

In a bid to redress concerns about poor attendants, the *Handbook for the Instruction of Attendants on the Insane* was introduced in the 1880s, and according to Peter Nolan, it signalled to the attendants that book-learning was going to be important. We must be aware, however, that the emphasis remained largely on the autodidactic approach, and in the *Handbook’s* introduction it was emphasised that its exhortations were not designed to override the special instructions at each institution.<sup>66</sup> At times, it is unclear where the practical experience enshrined within its pages was to come from. It noted, for example, that getting patients to gargle was often difficult, and it suggested that an attendant could first learn how to do it, and then pass the knowledge on. On the other hand, it is difficult

---

Attendants’, p.386.

<sup>64</sup> This rule did not apply to the female staff and was not included in the following year’s Rule and Regulations for the Female Department. WYAS, C85/167, *WRA Rules and Regulations, Regulations and Orders for the Male Dept, 1873, Point 56.*

<sup>65</sup> WYAS, C85/167, *WRA Rules and Regulations, Regulations and Orders for the Male Dept, 1873, Point 2.*

<sup>66</sup> *Handbook for the Instruction of Attendants on the Insane*, Cupples, Upham and Co., Boston, 1886, p.3.

to see how this approach would work in other areas, and its directions on the passing suppositories 'up the bowel with the forefinger of the right hand for a distance of two inches', carried no such helpful suggestion.<sup>67</sup> Nevertheless, Nolan has argued, that the publication of *The Handbook* helped psychiatrists to 'refute charges of inadequacy and amateurism' by giving the work of the attendants a semblance of scientific credibility, but unfortunately for its authors, reception for the handbook from the medical profession was mixed.<sup>68</sup> Burdett's critique was that it was too much of an attempt to turn attendants into psychologists and physicians, maintaining that a little learning was dangerous. Similarly, while Mills thought the handbook was useful, he complained that too much attention was given over to elementary anatomy and physiology, and he considered the best attendants to be 'young men or women, not necessarily over-learned in medicine, but bright, intelligent, sympathetic and sensible persons.'<sup>69</sup> As we have already seen, part of this was informed by the apparently rough behaviour of the attendants as a class, but for commentators such as Burdett, and Mills, publications such as the *Handbook* blurred the physician's role with the attendant's. As a result, they looked to the changes that were taking place in the field of general nursing, as they sought to bring the differences sharply back into focus.

### ***General Nursing and the Asylum Hierarchy***

As Russell has shown in his analysis of the *JMS*, medical officers soon established their dominance over medical matters, and it is clear that the opinions of the attendants were

---

<sup>67</sup> *Handbook for the Instruction of Attendants on the Insane*, p.62.

<sup>68</sup> Nolan, *A History of Mental Health Nursing*, pp.64-72.

<sup>69</sup> Burdett, *Hospitals and Asylums of the World*, Vol. 1, p.629. Mills, *The Nursing and Care of the Nervous and Insane*, pp.107, 114, 9-10.

often less than welcome. Indeed, Williamson may have called for all members of staff to frequently, fully and freely discuss every case under their care, but unfortunately, he concluded, 'it was an infringement of the rules of etiquette' for members of the medical profession to consult with the 'unprofessional'.<sup>70</sup> Of course, the medical staff did discuss individual cases with their attendant staff, but it is clear that they expected any observations to be unfettered by opinion.

In addition to their central role as 'watchers' of the interns, the attendants were expected to convince them that the asylum, and its medical officers, were positive factors in their care and recovery. The rules at the NRA, for example, stated that

The attendants shall, on no account, make use of profane or vulgar language, and shall treat each other with uniform civility, accustom themselves to speak respectfully at all times of the officers of the institution, and shall inculcate these sentiments in their intercourse with the patients.<sup>71</sup>

As we have already seen, some critics were concerned at exactly what was being said and done behind closed doors, and the training of general nurses seemed to offer a solution to the problem. For Mills, a good nurse was one who was loyal to the doctor, which in turn afforded the best service to the patient. As he pointed out, a textbook for nurses by 'Miss Weeks' stressed that their loyalty to the doctor 'include[d] encouragement of the patient's faith in him.'<sup>72</sup> Significantly, doctors had initially seen the improved training and status of nurses as a threat to their own professional standing, but the hospital nurse came to be

---

<sup>70</sup> Russell, 'The Lunacy Profession', p.301. Williamson, *Thoughts on Insanity*, p.5.

<sup>71</sup> BIHR, CLF1/3/2/1, NRA Regulation and Orders of the Committee of Visitors for the Management and Conduct of the Asylum, 1867, Rule number 14.

<sup>72</sup> Clara L. weeks had written a textbook on nursing. Mills, *The Nursing and Care of the Nervous and Insane*, p.115.

seen as the model for her profession, not least because of the lack of examples of insubordination.<sup>73</sup> Of course this included loyalty, but the rulebooks of the NRA and WRA make the term insubordination difficult to interpret. At the NRA, those who were dismissed under its heading, included those who loitered, or were conducted in unnecessary talking in the kitchen or basement corridors, and other attendants were 'admonished' for 'gossiping' and 'spreading reports' about other attendants.<sup>74</sup> Elsewhere, however, loquacity became a central issue, and Mills wrote that some of the common faults that nurses possessed were that they talked either too much, or not enough. 'An abomination of abominations,' he commented vituperatively, 'is the habit which some nurses have of informing the doctor as to the exact nature of the disease', or 'whispering an opinion' as to the treatment of the disease.<sup>75</sup> Anne Summers has argued that contradicting medical orders may have been an example of the nurse's sagacity, but those who took it upon themselves to deliver treatments without any medical authorisation, did so at their peril. When three female members of staff at York gave a patient a plunge bath without any orders to do so, for example, two of them were given their notice and a third was reprimanded.<sup>76</sup>

Clearly then, some of the changes that were taking place in general nursing had obvious benefits to be had in terms of emphasising the hierarchy, but there were also apparent

---

<sup>73</sup> Moore, *A Zeal for Responsibility*, pp.42-4.

<sup>74</sup> BIHR, CLF1/3/2/1, NRA Regulations and Orders of the Committee of Visitors for the Management and Conduct of the Asylum, 1867, Rule 38. BIHR, CLF1/6/1/6, NRA Daily Diary 1879, 4 and 5 Feb 1879.

<sup>75</sup> Mills, *The Nursing and Care of the Nervous and Insane*, p.16.

<sup>76</sup> Anne Summers, 'The Mysterious Demise of Sarah Gamp: The Domiciliary Nurse and her Detractors, c.1830-1860', *Victorian Studies*, Vol. 32, No. 3, 1989, pp.365-386, p.378. BIHR, CLF1/6/1/2, NRA Daily Diary 1875, 21 Aug 1875.

benefits to be had in encouraging a better class of person to apply for positions in the first place.

### General Nursing and 'Unrefined' Attendants

As Abel-Smith points out, reforms were transforming nursing from a superior form of domestic service to a vocation, attracting the more refined middle-classes, but at the same time, the 'menial staff' employed at the asylum remained stubbornly working-class.<sup>77</sup> According to one superintendent, the main problem was the alternative forms of employment open to prospective asylum staff, particularly in 'nursing institutions, public hospitals, and even some private hospitals.' Attempts in the late 1860s to secure the services of a head nurse at a rate of £30 per annum were hampered, he considered, by the higher value placed on good nursing.<sup>78</sup> The briefly considered plans of the Huddersfield guardians to extend the lunacy wards at the workhouse, for example, included proposed annual salaries for a male and female nurse [*sic*] at £26 and £20 respectively, but the wards and the positions never materialised. At the time, however, the rates of pay for women at the WRA commenced at £12, and rose at the rate of £1 per year to a maximum of £18.<sup>79</sup> Unsurprisingly, the male attendant's wages started at a higher rate, and increased more. At the NRA, the basic attendant's salary usually started at £25, and the highest appeared to be £37 a year, although one employee, listed as butcher-attendant, earned £47.<sup>80</sup> For the nurses at the NRA, the annual salary in 1873 ranged from £15 to £20, but the belief that hospitals and asylums shared the same pool of employees is

---

<sup>77</sup> Abel-Smith, *A History of the Nursing Profession*, p.36.

<sup>78</sup> WYAS, C85/123, Medical Director's Journal 1858-67, 25 April 1867.

<sup>79</sup> HPL, P/HU/M/14, Minutes of Huddersfield Poor Law Union, 1871-5, 13 June 1873. WYAS, C85/124, Medical Director's Journal, 1867-74, 28 July 1869.



dependent on the generic term of nursing, which was a view not shared by the leadership of the general nurses.<sup>81</sup>

More recently, it has been suggested that the rapid turnover of male attendants at Wakefield was the result of the local mining boom, but this does little to explain the turnover of female attendants, and in any event, the ability to attract staff seemed to change year on year.<sup>82</sup> As Best points out, the years 1866-7 and 1873-5 were periods of relative prosperity, but in the late 1860s money became tighter in working-class households.<sup>83</sup> Even during the recession year of 1870, Browne could not attract sufficient staff, particularly females, and he was forced to recruit from the agricultural districts.<sup>84</sup> A year later, however, he noted that there was less difficulty in filling up vacancies, with large numbers of candidates frequently on the lists for available positions. By contrast, in 1873, he was again noting that 'great difficulty' was 'experienced in filling up vacancies in the female division.'<sup>85</sup> Browne ascribed the trouble he had in attracting staff to the higher rates of wages in the mills and domestic service, which is unsurprising, because the starting wages at both the WRA and the NRA did not compare favourably with Baxter's 1867 *Hierarchy of Labour*.<sup>86</sup> He also commented on the availability of work of a more congenial nature, echoing Williamson's complaints that the treatment of people as

---

<sup>80</sup> BIHR, CLF3/13/2/1, NRA Wages Book 1871-78.

<sup>81</sup> Nolan, *A History of Mental Health Nursing*, p.63.

<sup>82</sup> Russell, 'The Lunacy Profession', p.307.

<sup>83</sup> Best, *Mid-Victorian Britain*, p.114.

<sup>84</sup> WYAS, C85/109, WRA *Annual Reports*, 1868-79, Report of the Superintendent for 1870.

<sup>85</sup> WYAS, C85/109, WRA *Annual Reports*, 1868-79, Report of the Superintendent for 1871. WYAS, C85/124, Medical Director's Journal 1867-74, 31 July 1873.

<sup>86</sup> Baxter listed the average weekly wages of men in England and Wales. Best, *Mid-Victorian Britain*, pp.115-6

machines may have been suitable in the army, but not the asylum.<sup>87</sup> Indeed, Browne stated that the order and cleanliness in the WRA 'would do no discredit to a man of war', describing the 'unruffled discipline' of the attendants being maintained in the 'face of an ever restless and harassing enemy, and under circumstances of great peril.'<sup>88</sup>

At York, in roughly the same period, the turnover of attendants was described as 'numerous', and the review of 1873 offered similar reasons to those highlighted at Wakefield, namely higher wages and a dislike of asylum discipline. Indeed, one attendant resigned after being 'reprimanded ... for removing his coat during the service in church on Sunday', and another handed his notice in, 'assigning as a reason that he was not aware that an attendant was liable to punishment for striking a patient.'<sup>89</sup> These examples are important, not least because the emphasis on low rates of pay, and a dislike of discipline, adds weight to the suggestion that only the poorer, uneducated, and unskilled sections of the working class applied to the asylum for work. Indeed, contemporary, as well as more recent studies, have tended to focus on the employment of former soldiers and domestic servants as attendants, but there are a number of qualifications to be made here.<sup>90</sup> Firstly, Browne may have written of the establishment being run with 'military precision', and the enforcement of self-control as being worthy of veterans, but there is little evidence to confirm or deny that large numbers of soldiers were employed at either

---

<sup>87</sup> Williamson, *Thoughts on Insanity*, p.6. WYAS, C85/109, WRA *Annual Reports*, 1868-79, Report of the Superintendent for 1870.

<sup>88</sup> WYAS, C85/109, WRA *Annual Reports*, 1868-79, Report of the Superintendent for 1872.

<sup>89</sup> BIHR, CLF1/2/2, NRA *Annual Reports* 1865-76, Report of the Superintendent for 1873. BIHR, CLF1/6/1/2, NRA Daily Diary 1875, 16 Aug 1875. BIHR, CLF1/6/1/3, NRA Daily Diary 1876, 8 Feb 1875.

<sup>90</sup> Hawkins, *Dim with the Mist of Years*. Smith, 'Behind Closed Doors', pp.301-307.

Wakefield or York.<sup>91</sup> Secondly, the asylum officials sought to employ attendants who were skilled in other areas. In 1860, for example, preference was given to attendants who met the entry requirements, but who also had some musical ability. Such attendants could take part in the band, or assist in 'glee singing', without any special cost to the institution.<sup>92</sup> Another of the male attendants was described as playing 'good and attractive music' in a 'most efficient manner' on the new church's excellent organ, whereas the asylum at York had to pay a stipend for an organist.<sup>93</sup> Of course, these attendants saved money in the longer term, but the endeavours of the attendants at entertaining the patients were central to the overall package that was moral treatment. In his 1881 report, for example, Hingston recorded that the various amusements, not only helped the patients, but 'also provided pleasurable occupation to many of the attendants' who willingly gave up their time in the evening to prepare entertainments.<sup>94</sup> Similarly, a fête held in the WRA's grounds, spoke volumes 'for the strategic ability of [the] subordinate officers to intimate that 700 lunatics were allowed to take part in such a recreation, and to wander about the park for seven hours without a misadventure of any kind occurring.'<sup>95</sup> More specifically, both asylums were keen to employ artisan-attendants who were trained in some 'useful' trade. Job Titles such as 'bricklayer attendant' raise questions about the motivations for employing such people, and even suggests that this group may have been less skilled as carers than they might have been.<sup>96</sup> Again, such a contention disregards the fundamental nature of the everyday management of the institution. Even as late as 1886,

---

<sup>91</sup> WYAS, C85/109, *WRA Annual Reports*, 1868-79, Report of the Superintendent for 1872.

<sup>92</sup> WYAS, C85/108, *WRA Annual Reports*, 1833-67, Report of the Superintendent for 1860.

<sup>93</sup> WYAS, C85/108, *WRA Annual Reports*, 1833-67, Report of the Superintendent for 1862.

<sup>94</sup> BIHR, CLF1/2/3, *NRA Annual Reports*, 1874-84, Report of the Superintendent for 1880.

<sup>95</sup> WYAS, C85/109, *WRA Annual Reports*, 1868-79, Report of the Superintendent for 1873.

<sup>96</sup> BIHR, CLF1/1/1/4, *NRA Visitors Minute Book* 1865-91, 26 Dec 1871.

Hingston wrote that 'the attendants are always instructed that the patients who are working under him are employed, not so much for the value of their work, which is sometimes less than worthless, but for the good they derive from the exercise and occupation.'<sup>97</sup> These supposedly therapeutic notions of work may even suggest that those with a trade were the best people to employ. As we have already seen, the best attendants were believed to be those that got to know their patients. Those who, who could join the patients in their labour, considered Hill, as well as observing them in the wards and airing courts, and ascertaining their habits at night, had the best opportunities for getting to know their individual 'peculiarities'. 'Such persons', he concluded, were 'best able to control and guide them, under whatever circumstance they may be placed.'<sup>98</sup>

Nevertheless, the historiography has tended to focus on the shortcomings of the people that were employed, and as Nolan points out, figures from the WRA have shown that of the 567 attendants employed in the period 1860-1880, 91 were sacked for reasons varying from dishonesty to being drunk. Here, he wonders

whether such a dismissal rate was because this particular superintendent was drunk on his own power, or whether his ability to select suitable staff was poor, or whether the calibre of those who presented themselves for employment as attendants was so low that no amount of supervision could transform them into adequate nurses.

Russell has also suggested that these figures may have simply reflected the poor calibre of staff, and while Nolan offers no direct analysis, he explains in his concluding chapter, that the expectations of the asylum authorities were based primarily on the moralistic

---

<sup>97</sup> BIHR, CLF1/2/4, *NRA Annual Reports 1885-94*, Report of the Superintendent for 1886.

<sup>98</sup> BIHR, CLF1/2/1, *NRA Annual Reports 1847-63*, Report of the Superintendent for 1847.

values of self-control and hard work.<sup>99</sup> Of course, the behaviour of the attendants was seen as central to that of the interns they supervised, and it is no coincidence that Mills demanded that those who were vulgar, profane and immoral persons, had no right to be in charge of an insane patient. He also stated categorically, that much of the attendants' teaching should have 'reference to the conduct, habits and characteristics of both of nurses and patients', but this was not a new suggestion.<sup>100</sup> During the early 1840s, for example, the services at the WRA's chapel were suspended due to building work, and Corsellis found time to reflect on the worth of 'religious consolation.' 'Mental renovation', he wrote, 'was more dependent on moral and religious culture, than on any other means employed', and the chapel was one of the best schools in which the patients acquired 'self-controul' [*sic*]. 'The tranquillity and good order' of the church, as well as 'the exercise of the mental faculties required' to follow the service, he continued, had a 'salutary influence' on the minds of both the patients and the attendants.' 'The servants', he concluded, 'are led to the not unimportant discovery, both by precept and observation, that he who ventures to control the insane, must first be able to control himself.'<sup>101</sup>

Although the emphasis on moral treatment changed over the course of the century, the emphasis on moral propriety never went away, because the aetiological explanation for madness often rested with the immorality of its sufferers. For this reason, Browne considered that 'the sway of the sound and strong mind over the diseased and feeble one [was] always powerful and often salutary. The Medical Officers', he continued, '[were]

---

<sup>99</sup> Nolan, *A History of Mental Health Nursing*, p.63. Russell, 'The Lunacy Profession', p.309.

<sup>100</sup> Mills, *The Nursing and Care of the Nervous and Insane*, pp.9-10, 107, 114.

<sup>101</sup> WYAS, C85/108, *WRA Annual Reports, 1833-67*, Reports of the Superintendent for 1843 and 1844.

really dispensing medicines when chatting with their patients.’<sup>102</sup> Similarly, it was considered that patients were more likely to imitate the behaviour of the attendants than to accept their orders, and this was reflected in the rulebooks at both the NRA and the WRA. The attendants were expected to ‘present for the imitation [of the patients] a pattern of order, quietness, punctuality, personal neatness, and general propriety of behaviour.’<sup>103</sup> Likewise, the *Attendant’s Handbook* explained that ‘all those acts and habits which spring from the diseased mental condition, and which are therefore morbid and unnatural, should be repressed as far as possible, and correct habits inculcated in their place. Slovenliness in dress and disorderliness in eating should be corrected, it continued, and the patients encouraged to be neat, tidy and orderly.’<sup>104</sup> As Bevan-Lewis pointed out, inculcating these ideals into attendants drawn ‘from the less educated or teachable communities’ took time, and without the means, and sometimes the inclination to raise pay rates, the authorities were forced to deal with a variety of cases of impropriety, as Nolan suggests.<sup>105</sup> Dishonesty, was a particular problem, and perhaps even more so at the NRA, where the significant minority of private patients must have allowed the opportunity for more theft. Elizabeth Fisher, for example, received her notice for ‘misappropriating the provisions of the patients’, and in the following year a nurse was ‘summarily dismissed for dishonesty in wearing and marking with her own name a pair of stockings belonging to a private patient.’ Nevertheless, all institutions took a particularly dim view of theft, and a nurse from the WRA was dismissed for ‘dishonesty

---

<sup>102</sup> WYAS, C85/109, *WRA Annual Reports*, 1868-79, Report of the Superintendent for 1871.

<sup>103</sup> WYAS, C85/167, *Regulations and Orders for the Male Dept 1873*, Point 4. BIHR, CLF1/3/2/1, *NRA Regulations and Orders of the Committee of Visitors for the Management and Conduct of the Asylum*, 1867, Rule Number 5.

<sup>104</sup> *Handbook for the Instruction of Attendants on the Insane*, p.106.

<sup>105</sup> WYAS, C85/110 *WRA Annual Reports*, 1880-86, Report of the Superintendent for 1884.

in wearing the clothing provided for the patients.’<sup>106</sup> Similarly, three members of staff were suspended ‘for appropriating to their own use stimulants’, which had been ‘ordered for the sick’, and the butcher was discharged after being found in possession of a piece of meat belonging to the institution. By contrast, Florence Bowler tendered her resignation after being ‘reprimanded for irregular and improper conduct’ in the male dormitories, but it is unclear exactly what she had done.<sup>107</sup> In another case, however, one of the patients was found to be in the ‘family way’, and the visitors inquired into the possibility of proceedings against an assistant baker, suspected of being the putative father.’ The birth of two children to two patients in less than three years, led the Commissioners to conclude that the supervision of patients was lax.

We endeavoured, as far as we could, to learn from the (second) patient who was the father of the child, and we feel satisfied that the intercourse took place in one of the single rooms in a male dormitory. ... The patient was employed nominally under the charge of a nurse, but the nurse was, according to the patient’s account, in her own room at some considerable distance.

Unable to prove the paternity of the child, and therefore unable to pecuniarily punish the offender, the commissioners considered the possibility of taking action against the nurse for neglect of duty.<sup>108</sup> It is examples such as these, that undoubtedly led the author of *Life* to describe his ideal attendant in the refractory and infirmary wards as ‘respectable, well-informed, and if possible, religious.’ Such an attendant, he continued, would also be responsible for the performance of the ordinary attendants, ‘especially in the dressing,

---

<sup>106</sup> BIHR, CLF1/6/1/2, NRA Daily Diary 1875, 23 April 1875. BIHR, CLF1/6/1/3, NRA Daily Diary 1876, 9 Nov 1876. WYAS, C85/124, Medical Director’s Journal 1867-74, 28 Jan 1869.

<sup>107</sup> WYAS, C85/124, Medical Director’s Journal 1867-74, 30 April 1868. WYAS, C85/125, Medical Director’s Journal 1874–81, 29 Oct 1874. BIHR, CLF1/6/1/5, NRA Daily Diary 1878, 31 Jan 1878.

<sup>108</sup> BIHR, CLF1/1/1/4, NRA Visitors Minute Book 1865-91, 29 March 1887. BIHR, CLF1/2/4, NRA

undressing, bathing, and feeding of patients', as well as conducting them in prayers and singing. Similarly, Clouston's reforms, so favoured by Burdett, called for the asylum chaplain to become a more visible official in the asylum. 'How many asylum chaplains', Clouston asked, 'preach to the attendants, now and then speaking to them in a real and direct way as to their special temptations, and setting before them a high ideal of duty?' Likewise, it was probably the Reverend Henry Hawkins who urged the attendants to finish the day as they began it 'with prayer and scripture service', and the attendants at the Cornwall Asylum were provided with prayers for personal and professional use. Morning and evening prayers were to be read daily in each ward while all were kneeling, and there were also two prayers for Sunday morning and evening, and an evening prayer for the attendants in their own rooms.<sup>109</sup>

Yet for all the emphasis on impropriety, we must be aware that contemporaneous studies in the field of general nursing have shown that the commercial selling point of trained nurses was that they were not 'socially objectionable.' Summers, for example, notes that complaints about one particular nurse were made, not on the grounds that she was unkind or unskilled, but because she was unrefined.<sup>110</sup> Similarly, in 1902, after serving more than thirty years as chaplain at the Colney Hatch Asylum, the Reverend Henry Hawkins looked back on his career, and the changes that had taken place in the care of the insane during that time. Having penned a number of homilies for both patients and staff during

---

*Annual Reports 1885-94, Report of the Commissioners in Lunacy, Sept 1887.*

<sup>109</sup> Anon., *Life in a Lunatic Asylum*, pp.103-4. Clouston, 'On the Question of Getting, Training and Retaining the Services of Good Asylum Attendants', p.388. Anon., *A Chaplain's Address*, p.5. William Jago, *Morning and Evening Prayers for the Patients, and for the Attendants at Cornwall County Asylum*, Liddell & Son, Bodmin, 1874, passim.

<sup>110</sup> Summers, 'The Mysterious Demise of Sarah Gamp', p.370.



his time at Middlesex, he was undoubtedly pleased to draw attention to the improved working conditions for attendants, and their improved training. At the same time, however, he suggested that they, particularly those in more senior posts, should be better educated and more refined.<sup>111</sup> As Best has pointed out, ‘employers as a class held the whip hand ... although it seems sometimes to have pleased them to talk as if they didn’t. They complained endlessly about dishonest servants, incompetent servants [and] expensive servants’, and it is clear that impropriety could take many forms.<sup>112</sup> We have already seen that attendants could be admonished or dismissed for unnecessary talking, and one female member of staff was given her notice for ‘dressing herself in a man’s attire’, but was later permitted to stay after expressing her sorrow. A charge nurse was given her notice for flirting with an attendant, and others were dismissed for what appear to be similarly tenuous circumstances. Emily Williams, for example, was discharged for *suspected* dishonesty, and the management of the Perth Asylum felt it necessary to warn that any attendant servant or other officer, dancing with any other attendant, servant or officer, would be an infringement of the regulations, punishable like any other.<sup>113</sup> More importantly, however, for all the emphasis on the attendants’ inability to do their job, the overwhelming majority of the attendants were not summarily dismissed, and it was this more than anything that pushed the superintendents towards formal training schemes.

---

<sup>111</sup> Rev. Henry Hawkins, *Dim with the Mist of Years: A Chaplain’s Retrospect 1854-1900*, Society for Promoting Christian Knowledge, London, 1902, pp.15-16.

<sup>112</sup> Best, *Mid-Victorian Britain*, p.124.

<sup>113</sup> BIHR, CLF1/6/1/5, NRA Daily Diary 1878, 5 Sept and 5 Oct 1878. BIHR, CLF1/6/1/2, NRA Daily Diary 1875, 7 Sept 1875. BIHR, CLF1/6/1/2, NRA Daily Diary 1875, 7 Oct 1875. ‘Special Regulations About Dancing’, *James Murray’s Royal Asylum for Lunatics*, Perth, 1864-72.

## The Attendants and their Reasons for Leaving the Asylum

For the asylum superintendents, the real problem with the attendants was not their violent conduct, their immorality, or their lack of refinement, but their propensity to leave the asylum almost as soon as they had joined its staff. As we can see from Table 32, around 50 per cent of the males attendants, and around 34 per cent of female attendants left the WRA within twelve months of the commencement of their employment.

Table 32: Attendants' Length of Service at the WRA, 1859 - 1889

Duration	Males		Females	
	n	%	n	%
One Month	76	13.48	50	6.11
2 Months - 1 Year	214	37.94	232	28.33
1 - 5 Years	104	18.44	224	27.35
5 - 10 Years	22	3.9	43	5.25
10 - 15 Years	14	2.48	7	0.85
15 Years Plus	23	4.08	11	1.34
Unknown	111	19.68	252	30.77
	564	100	819	100

Source: Sheehan, Unpublished MA.

Similarly, of the thirteen male attendants who started work at the NRA in 1873, six had left the asylum before the end of the year, and another five had left before the end of the following year. Of the thirteen females who joined the attendant staff in 1874, five had left before the end of the first year, a further five had left before the end of the following year, with the final three leaving before the end of the year after that. This, it seems, was not a state of affairs limited to the asylums and Browne wrote that 'changes amongst servants of every class [were] exceedingly common' in other sectors of employment.<sup>114</sup>

<sup>114</sup> BIHR, CLF3/13/1, NRA Salaries Book 1862 – 1886. BIHR, NRA CLF3/13/2/1., Wages Book 1871 – 78. WYAS, C85/109, WRA *Annual Reports*, 1868-79, Report of the Superintendent for 1870.

While the high proportion of resignations is important, the explanations for them are often frustratingly elusive. The number and content of the staff registers that remain for both asylums, offers little other than the date of resignation, and other sources only occasionally go into the details of specific individuals. For the most part, it is left to the superintendent to provide an explanation for the high proportion of resignations, and in 1875 it was reported that of the seven male and eight female resignations at the WRA, 'matrimony' was the 'sole cause' in six of them.<sup>115</sup> This is unsurprising because bed and board was usually part of the attendants' remuneration package, which was ultimately incompatible with married life and the ideal of the family. Similarly, Major's valedictory entry in the journal, recorded that 'several' of the seven female resignations were due to marriage, and one resulted from a promotion to a higher position in another asylum. None, he concluded, resulted from noteworthy 'misconduct.' Less than three months later, six female attendants resigned, four of them to get married, and one because of ill health.<sup>116</sup> At the NRA, the superintendent reported that the 'several changes' amongst the attendants rested with the chief causes of 'restlessness, inefficiency, and in a few instances, misconduct.' At the same time, however, he reported that 'the general conduct of the attendants, male and female', was 'very satisfactory.' Soon after this, the attendants were praised for their 'good conduct', the 'proper interest' they took in their work, and their readiness to promote the amusements of the patients.<sup>117</sup> Five years later, Hingston recorded that,

The general conduct of the attendants, male and female, has been good, and the changes amongst them have not been more numerous than usual. Their duties,

---

<sup>115</sup> WYAS, C85/125, Medical Director's Journal 1874-81, 29 April 1875.

<sup>116</sup> WYAS, C85/126, Medical Director's Journal 1882-88, 30 Oct 1884 and 29 Jan 1885.

<sup>117</sup> BIHR, CLF1/2/3, NRA *Annual Reports* 1874-84, Reports of the Superintendent for 1875 and 1879.

which are often very trying, have, as a rule, been cheerfully and efficiently performed, and it affords me pleasure to take this opportunity of reporting thus concerning them.<sup>118</sup>

As Bevan-Lewis pointed out, when the attendants did leave, it weakened the efficiency of the nursing staff, particularly in years such as 1884 when there were 23 changes.<sup>119</sup> Like other superintendents, he ascribed the numerous changes among the junior nurses to promotion, ill health, inefficiency or marriage, but it left the asylum with an apparently almost insoluble problem. How could attendants possibly get to know their charges if they left the asylum almost as soon as they had arrived? Browne bemoaned the time and trouble it took to train new members of staff, as well as the 'anxiety felt on the grounds of their ignorance and unskilfulness [*sic*]'.<sup>120</sup> This is significant because one former asylum intern complained that the low wages on offer meant that only in times of necessity did 'people anything like fitted for the trying task' apply for the position of attendant. On the other hand, he complained that highly efficient, experienced attendants dashed into other openings as soon as they appeared, leaving their unfortunate charges at the mercy of 'some green hand.'<sup>121</sup> This was something of a contradiction, however, because it is unclear how those people 'unfitted' for asylum service could then become 'highly efficient' attendants. Indeed, emphasis placed by superintendents on wages was more about encouraging experienced attendants to stay than about attracting a better class of attendant to the asylum in the first place. In July 1860, for example, five artisan-attendants were reported as leaving the WRA because of 'inadequate wages', and in 1869 Browne reported that four nurses had left in the space of three months for similar

---

<sup>118</sup> BIHR, CLF1/2/4, *NRA Annual Reports 1885-94*, Report of the Superintendent for 1885.

<sup>119</sup> WYAS, C85/110 *WRA Annual Reports, 1880-86*, Report of the Superintendent for 1884.

<sup>120</sup> WYAS, C85/109, *WRA Annual Reports, 1868-79*, Report of the Superintendent for 1870.

positions elsewhere, 'all tempted by higher wages.' As a result, he suggested that the female attendants should have their final salary raised from £18 to £20.<sup>122</sup> The fact that such a change would affect only five nurses, meriting only an 'exceedingly trifling cost', is indicative of the limits the superintendents operated in, but it is equally indicative of the value placed on experience.<sup>123</sup> Clouston had argued that attracting and retaining attendants was not just about money, and without unlimited funds, asylum officials looked to reward the loyal members of their staff in other ways.<sup>124</sup> At the NRA, for example, Thomas Kidney was awarded a pension after nearly seventeen years of service, when he retired on ill health grounds. This case of superannuation, considered Hingston, would serve as an 'incentive to others to remain in a service where an honest performance of duty will ensure recognition at a time, when either from age or infirmity, retirement and rest of mind and body are much needed.'<sup>125</sup> Elsewhere the Commissioners in Lunacy called for 'liberal wages with a periodical rise', but also for allowing the attendants regular opportunities for recreation and temporary absence. Back at the NRA, 'every means' were used to render the work of the attendants 'as little irksome as possible' and Browne tried to comfort those who remained in the asylum's employ.<sup>126</sup> My own constant endeavour, he wrote

is to impress upon the nurses and attendants that their trials and hardships are understood and appreciated. ... That a sincere desire is felt to improve their position

---

<sup>121</sup> Anon., *The Philosophy of Insanity*, p.54.

<sup>122</sup> WYAS, C85/123, *Medical Director's Journal* 1858-67, 26 July 1860.

<sup>123</sup> WYAS, C85/124, *Medical Director's Journal*, 1867-74, 28 July 1869.

<sup>124</sup> Clouston, 'On the Question of Getting, Training and Retaining the Services of Good Asylum Attendants', p385.

<sup>125</sup> BIHR, CLF1/2/2, *NRA Annual Reports* 1865-76, Report of the Superintendent for 1872.

<sup>126</sup> WYAS, C85/108, *WRA Annual Reports*, 1833-67, Report of the Commissioners in Lunacy, 25 May 1859. BIHR, CLF1/2/4, *NRA Annual Reports* 1885-94, Report of the Superintendent for 1887.

in every way that may be deemed compatible with prudence and with a due regard to the great objects of this institution.<sup>127</sup>

Crucially, Browne was making it clear that the role of attendant offered rewards other than those of a monetary value. When the understanding of the attendants 'trials and hardships' is compared to the dismissals, and the overwhelming emphasis on discipline, these may seem like empty words. Nevertheless, there can be little doubt that it was as much an attempt to encourage the attendants to stay, as the increases in wages and the introduction of pensions were.

### *Conclusion*

In spite, or because of their low pay and corresponding low status, the asylum attendants were central figures in the successful integration of the asylums they worked for. For all the emphasis on the superiority of the reformed system, they were often portrayed as the point in which all the good work suddenly came undone. Their failings were brought to the attention of the wider world in both the press and in the publications of former patients, and these almost always focussed on sensational acts of violence. In many journal articles, newspapers, and books printed in the nineteenth century, we can find examples of the attendant's brutal nature in his or her dealings with those in his or her care. Even the pseudonym *Fastened Fellow*, chosen by an author who spoke positively of the attendants, was suggestive of close personal restraint. The apparent frequency of unsavoury incidents has been a key feature of the historiography, but it is important to stress that this has tended to ignore the support that the attendants, as a body, received from their employers. Nevertheless, as we saw in the introduction, Russell has suggested

---

<sup>127</sup> WYAS, C85/109, WRA *Annual Reports*, 1868-79, Report of the Superintendent for 1871.

that the tardiness, with which training was introduced, masked the deeper failure of the asylum, but it is clear that the delay was due, in part, to the considerable breadth of opinion on the topic. While everyone could agree that brutish keepers had no place in the modern asylum, expectations of the attendants beyond that were less clear. The 'Doctor's point of view' was clearly one important factor, and central to those who wished to stress the asylum's curative intent. For many within the profession, however, this merely blurred the distinctions of hierarchy, which had crystallised early in the asylum's development. The critics of the suggested medicalisation of the attendants preferred to proffer images of the asylum attendant who was at best unrefined, if not downright immoral, drawing comparisons with those in general nursing. In this respect, the ideal attendant needed a gallimaufry of skills to avoid censure, but for all the complaints, the majority of attendants left the service of their own accord. The asylum superintendents were aware of the loss of such an important resource, and the rhetoric about pay and conditions was an attempt to encourage the attendants to remain in the asylum's employ.

## CONCLUSION

In the introduction to this thesis, it was noted that institutional studies were still favoured by doctoral students because of the convenient storage of hospital records. As Andrew Scull has recently pointed out, however, institutional studies have provided a 'microscopic level of analysis' that have served as useful tests to some of the conclusions drawn in 'earlier, global histories'.<sup>1</sup> Having said that, it is important to stress that this thesis has not simply been an institutional history.

In recent years, studies centred on sources from particular regions have helped illuminate our understanding of the past, and this particular thesis must be considered as part of that ilk.<sup>2</sup> Not only has it drawn the gaze away from mere institutional concerns, but it has also placed the experiences taking place at a local level within a national context. Furthermore, it is safe to say that scholars interested in the history of mental health care have been informed, and have helped to inform opinion in a range of academic areas, and issues arising from these key themes have been reflected throughout this thesis. The history of psychiatry and the history of institutions are some of the areas that immediately spring to mind, but studies of the family, of the poor law, and even of historical geography, have also proved to be useful analytical tools.

Scull recently described Kathleen Jones as a 'marginal figure' whose work was unvalued

---

<sup>1</sup> Andrew Scull, 'A Quarter Century of the History of Psychiatry', *Journal of the History of Behavioural Sciences*, Vol.35, Summer 1999, pp.239-46, pp.239-41.

<sup>2</sup> Leicestershire has proved to be a fruitful source for both Bartlett and Smith, and a number of papers centred around Devon by Adair, Forsythe and Melling have also helped to inform recent opinion.



'beyond a small circle of administrative historians'.<sup>3</sup> This was somewhat unfair, however, considering the prominent role he has given to many of the same issues in his own work. In both their works, the actions of the magistrates were crucial to the development of the asylum and this has been confirmed in Chapter One. Where this thesis has differed, however, is that it has emphasised just how reactive they were to the needs of their counties. The magistrates were driven by a number of issues, and they had a responsibility to balance the concerns surrounding custody, and the concerns surrounding cure, with the expectations of each county's ratepayers. For this reason, it has been easy to condemn the growth of the asylum system as a consolidation of its custodial function. Of course for many people, the asylum did become a prison, but it is worth stressing again that this had always been part of the asylum's remit. Crucially, the ways in which the asylums grew in Yorkshire depended very much on the pressures from without, something the magistrates had little immediate control over.

In many respects, Chapter Two has added a new dimension to the analysis of the issues of custody and cure. It is important to stress that the emphasis on institutional autarky was debunked almost as soon as it appeared, and others, such as Chris Philo, have gone some way in drawing out the some important issues in the social separation of the insane. Nevertheless, Chapter Two has shown that the development of the exclusivity of the asylum was influenced as much from without, as it was from within. Scull has recently admitted that his own findings were undoubtedly influenced by the oppressive nature of

---

<sup>3</sup> Scull, 'A Quarter Century', p.240.

the architecture of the asylums in which he did much of his early research, and there is now a growing recognition of a need for further studies in the area.<sup>4</sup>

Elsewhere, the revisiting and reconsideration of old areas of research, have led some historians to breathe new life into apparently hackneyed areas of study. At the forefront of this, have been the asylums and their roles within the framework of poor law legislation. Until now, the 1874 grant has been used by contemporaries, and more recent commentators alike, to explain the rising numbers of lunatics held in the asylums. Chapter Three, however, has demolished such claims, using both quantitative and qualitative data, from both local and national sources. Here, the value of testing local experiences against the views presented in the metropolitan journals cannot be understated. In this case, whatever the rhetoric against the grant, it is clear that it was not matched by fact, either on a local, or indeed, a national level.

Of course, within the timeframe of this thesis, the county asylum system did expand, both in terms of the numbers of institutions, and the numbers of people held within them. It is important to stress, however, that in the period of this thesis, the national average of recoveries on admission ran at around 40 per cent. This goes a long way to explain the growth of institutional incarceration, but it also tends to overplay the long-term nature of care. Like the renewed interest in the poor law, however, examinations of the role of the family in the committal process have brought into question their custodial intent. Chapter

---

<sup>4</sup> Andrew Scull, 'Rethinking the History of Asylumdom', in Joseph Melling and Bill Forsythe (eds), *Insanity, Institutions and Society, 1800 – 1914: A Social History of Madness in Comparative Perspectives*, Routledge, London, 1999, pp.310-11. A conference entitled *Creating Hospitals: Architecture in Historical Context, 1700-2000*, is due to take place on 8-9 November 2002 at the

Four has built on these studies, but it has also sought to examine the alternatives to the asylum that remained for even the poorest families. For the families of the insane, the decision to commit their kin was not an easy decision to make, evidenced by their attempt to try and solve the problems of madness in-house. Furthermore, it is clear that a many, many families turned to the asylum, only on the understanding that their kin would be returned to them restored. Our understanding of the role of the family continues to be an important area for analysis, as attention is increasingly turned to the study of extra-institutional care.

For those historians trying to gain insight into the patient's experience of the asylum, the case books remain an important source of information. The fact that these were exclusively filled by male members of the medical profession has been seen as crucial. Where Chapter Five differs from previous analyses has been its use of empirical data to test some previously held assumptions, which have often been based on a middle-class experience of treatment. It is important to stress that this chapter has not been an attempt to say that the treatment men did not differ *per se*, because in many instances it quite clearly did not. Indeed, there can be little doubt, that as a group, the asylum had less to offer female interns in terms of variety, but the evidence that women endured other treatments more than men is less than compelling. Images of women undergoing ECT are emotive to say the least, but that does not mean that men did not undergo similar treatments, and in the same proportion. If anything, it is this chapter that will prompt further debate, and perhaps even controversy, but this will be welcomed if it helps to promote a greater understanding of life in the pauper lunatic asylums.

Finally, this thesis has offered a new perspective on the role of the asylum attendant staff. For many contemporaries, the attendants proved to be convenient scapegoats for the asylum's failure as a curative institution. Such views have been reflected in the historiography in this area, and historians examining this area have looked to offer apologetic explanations for their failure. Previously, however, there has been little attention paid to the support that the attendants received from significant sections of the medical profession. While it is clear that they never enjoyed the wholehearted trust of their employers, there was support for the work they carried out, and whatever the rhetoric may have been in the journals, the superintendents were primarily concerned with employing their staff in the longer term. Again, the importance of provincial experience offers an important test of the views carried in the metropolitan journals.

Ultimately, it is clear that the successful integration of the asylum was very much orientated around the axis of both custody and cure. The asylum's successful integration rested with expectation of its users, and it is clear that there never was a simple dichotomy between the asylum's role as a field of practise, or as a mere house of detention.

## Notes on Sources and Methodologies

I knew from my time as an undergraduate with an interest in nineteenth century madness, that the West Yorkshire Archive service (WYAS) had a substantial holding of materials from the West Riding Pauper Lunatic Asylum (WRA). To make for a meaningful study, another cache of sources was needed, to allow for some comparative analyses. After making preliminary enquiries in York, I was delighted to find that a similar stock of records for the North Riding Asylum (NRA), both in terms of scope and chronology, could be found at the Borthwick Institute of Historical Research (BIHR). By comparison, enquiries and trips to Sheffield and Beverley revealed only revealed paucity of sources for the other two county asylums in the period.

At both Wakefield and York there was a mixture of printed and manuscript sources, with both offering an almost full compliment of yearly reports. This made it relatively easy to produce some of the quantitative analysis, although such details were often buried within the text of the reports, as was the case with the seclusion of the patients. In this case, as in others, the lack of consistency in recording such details was at times frustrating. Nevertheless, the wealth of data in these sources made for some interesting comparisons with official sources, such as the reports of the Lunacy Commissioners and the Local Government Board. In the end, the thesis included over thirty tables, and these undoubtedly added another dimension to the overall analysis.

As with the quantitative data, the huge volumes of case books were subject to variation,

and details of the longer-term cases were often depressingly light. Despite this, the stories within these pages, especially when cross-referenced with the committal forms, made for compelling reading. The committal forms also revealed details of life prior to committal, although the patient's 'voice' was seldom heard, and these were useful in building up a picture of life outside the asylum. Very occasionally, the case books revealed the odd letter here and there, sometimes from family members, sometimes from former patients, adding some extra detail to each individual's story. Sometimes, also, cuttings from newspapers, usually detailing some unfortunate addendum to a former patient's story, had been pasted in the book, and, where appropriate, I've tried to make use of both these and the letters.

For the most part, the general quality of the sources available was good and most had stood the test of time well, but minor problems were encountered in some cases. In those case books which dealt with admissions towards the end of the century, for example, single photographs of the individual patients were also appended. In many respects, these pictures personalised the accounts, and, ideally, I would have liked to put some of these photographs to use. Unfortunately, the age of the case books in which they were stored, made this difficult to say the least.

Similarly, I would have liked to have included some more detailed maps in the appendices, to show the extent of the asylum boundaries. Both WYAS and BIHR hold a number of large ones, some of which at the former have been beautifully hand-coloured. Unfortunately, the sheer size of them precluded any attempt to present them within the

thesis itself.

Two other sources also deserve particular mention. The journal of the WRA's chaplain was filled with a number of mini essays in which he mused on a number of issues that arose from his work at the asylum. His comment that insanity arose from both the 'offspring of insanity and the fruit of vicious excess', provided an early working title for the thesis, and his comments often added more detail to the everyday life in the asylum. Unfortunately, the bound volume for 1853 was the only extant copy from what must have been a long running series. By comparison, the daily diaries of the superintendent at the NRA, running yearly from 1874, on the face of it, promised much, but delivered only the odd comment on a rather infrequent basis. Here, it seems, the various superintendents were happy to reserve their comments to their quarterly and yearly reports.

## List of Appendices

Appendix 1: The Superintendents of the WRA and the NRA.	287
Appendix 2: Charges at the NRA 1847 – 1887.	288
Appendix 2a: Costs at the NRA 1847 – 1888.	289
Appendix 3: A View of the WRA.	290
Appendix 4: An Aerial View of the WRA.	292
Appendix 5: The WRA and its Boundaries, 1894.	294
Appendix 6: Costs and Charges at the WRA 1859 – 1888.	296
Appendix 7: Partially Completed Committal Form, 1875.	297
Appendix 8: Articles Made and Repaired at the NRA, 1852.	301
Appendix 9: Articles Made and Repaired at the NRA, 1888.	303
Appendix 10: The Employment of the Male Patients at the WRA, 1888.	305
Appendix 11: The Employment of the Female Patients at the WRA, 1888.	307



## Appendix 1: The Superintendents of the WRA and the NRA

### **The West Riding Asylum Superintendents**

Charles C. Corsellis	1831 - 1853
John S. Alderson	1853 - 1857
John D. Cleaton	1858 - 1866
James Crichton-Browne	1866 - 1876
Herbert C. Major	1876 - 1884
William Bevan-Lewis	1884 - Onwards

### **The North Riding Asylum Superintendents**

Samuel Hill	1844 - 1866
Thomas B. Christie	1867 - 1870
J. Tregelles Hingston	1870 - Onwards

Appendix 2: Charges at the NRA 1847 – 1887

Year	County	Out County	Private	Vagrants
30 Jun – 31 Dec 1847	11s 4d	14s	-	-
1848	11s 1d	14s	-	-
1 Jan – 31 Mar 1849	9s 4d	11s 8d	-	-
1 Apr – 30 Jun 1849	8s 2 d	11s 8d	-	-
1 Jul – 30 Sept 1849	7s 7 d	11s 8d	-	-
1 Oct – 31 Dec 1849	7s	11s 8d	-	-
1850	6s 8 1/2d	8s 9d	-	6s 8 1/2d
1851	5s 10d	8s 2d	-	5s 10d
1852	5s 3d	8s 2d and 9s 4d	-	5s 3d
1853	n/a	n/a	n/a	n/a
1854	6s 8 1/2d	9s 7 1/2d	-	6s 8 1/2d
1855	6s 8 1/2d	9s 7 1/2d and 14s	-	6s 8 1/2d
1856	6s 8 1/2d	9s 7 1/2d	£18 4s 6d (Total)	6s 8 1/2d
1857	7s	9s 11d	9s 11d	7s
1858	7s	9s 11d	10s 6d	7s
1859	7s	n/a	n/a	7s
1860	7s	11s 8d	n/a	7s
1861	7s 7d	n/a	n/a	n/a
1862	7s 7d	n/a	n/a	n/a
1863	7s 7d	n/a	n/a	n/a
1864	7s 7d	n/a	n/a	n/a
1864	7s 7d	n/a	n/a	n/a
1865	7s 7d	n/a	n/a	n/a
1866	7s 7d	n/a	n/a	n/a
1867	8s 9d	13s 5d – 15s 9d	21s – 31s 6d	-
1868	8s 9d	n/a	n/a	-
1869	8s 9d	n/a	n/a	-
1870	8s 9d	n/a	n/a	-
1871	8s 9d	13s 5d – 15s 2d	14s – 31s 6d	-
1872	8s 9d	n/a	n/a	-
1 Jan - 30 Sept 1873	8s 9d	n/a	n/a	-
1 Oct – 31 Dec 1873	9s 0 1/2d	n/a	n/a	-
1874	9s 11d	14s 7d – 15s 9d	15s 2d - 31s 6d	-
1875	9s 11d	15s 2d – 15s 9d	15s 2d – 42s	-
1876	9s 11d	15s 9d	n/a	-
1877	9s 11d	15s 9d	n/a	-
1878	9s 11d	n/a	n/a	-
1879	9s 11d	15s 2d – 15s 9d	15s 2d – 31s 6d	-
1880	9s 11d	15s 2d – 15s 9d	15s 2d – 31s 6d	-
1881	9s 11d	n/a	n/a	-
1882	9s 11d	n/a	n/a	-
1883	n/a	n/a	n/a	-
1884	9s 11d	15s 2d – 15s 9d	14s 2d – 31s 6d	-
1885	9s 11d	n/a	14s – 31s 6d	-
1 Jan - -31 Mar 1886	9s 11d	n/a	n/a	-
1 Apr – 31 Dec 1886	9s 4d	n/a	n/a	-
1887	9s 4d	n/a	14s 31s 6d	-

Appendix 2a: Costs at the NRA 1847 – 1888

Year	Cost per head per week	Less Produce Sales	Total	Weekly Charge
1865	8s 10d	0s 7 1/2d	8s 2 1/2d	7s 7d
1866	11s 4d	0s 9 1/4d	10s 6 3/4d	7s 7d
1867	10s 2 1/2d	0s 9 1/4d	9s 5 1/4d	8s 9d
1868	10s 5d	0s 7 1/4d	9s 9 3/4d	8s 9d
1869	10s 1 1/2d	0s 8 1/4d	9s 5 1/4d	8s 9d
1870	10s 0d	0s 7 1/4d	9s 4 3/4d	8s 9d
1871	10s 10 1/4d	0s 7 1/2d	10s 2 3/4d	8s 9d
1872	11s 0 1/2d	0s 10 1/8d	10s 2 3/8d	8s 9d
1 Jan - 30 Sept 1873	12s 4 1/4d	0s 10 5/8d	11s 5.625	8s 9d
1 Oct – 31 Dec 1873	12s 4 1/4d	0s 10 5/8d	11s 5.625	9s 0 1/2d
1874	11s 3 1/2d	0s 7d	10s 8 1/2d	9s 11d
1875	11s 1 3/4d	0s 10 1/4d	10s 3 1/2d	9s 11d
1876	11s 8d	0s 8 1/2d	10s 11 1/2d	9s 11d
1877	11s 4d	0s 7 1/2d	10s 8 1/2d	9s 11d
1878	10s 8 1/2d	0s 6 1/2d	10s 2d	9s 11d
1879	10s 2 3/4d	0s 8 3/4d	9s 6d	9s 11d
1880	11s 7d	0s 7 1/2d	10s 11 1/2d	9s 11d
1881	10s 8 1/4d	0s 9 1/4d	9s 11d	9s 11d
1882	11s 5 1/2d	0s 7 1/2d	10s 10d	9s 11d
1883	11s 0 1/2d	0s 8d	10s 4 1/2d	n/a
1884	9s 9d	0s 8 1/4d	9s 0 3/4d	9s 11d
1885	10s 8 5/8d	0s 6 1/4d	10s 2 3/8d	9s 11d
1886	9s 11d	0s 7d	9s 4d	9s 11d
1887	9s 9 3/8d	0s 7 1/4d	9s 2 1/8d	9s 4d
1888	9s 9 1/4d	0s 7 1/4d	9s 2d	9s 4d

Appendix 3: A View of the WRA

Source: WYAS

Ms. C. 2. 1. 1361

This document may not be copied  
or published without permission



Waters & Pugh del. & J. Smith sculp.

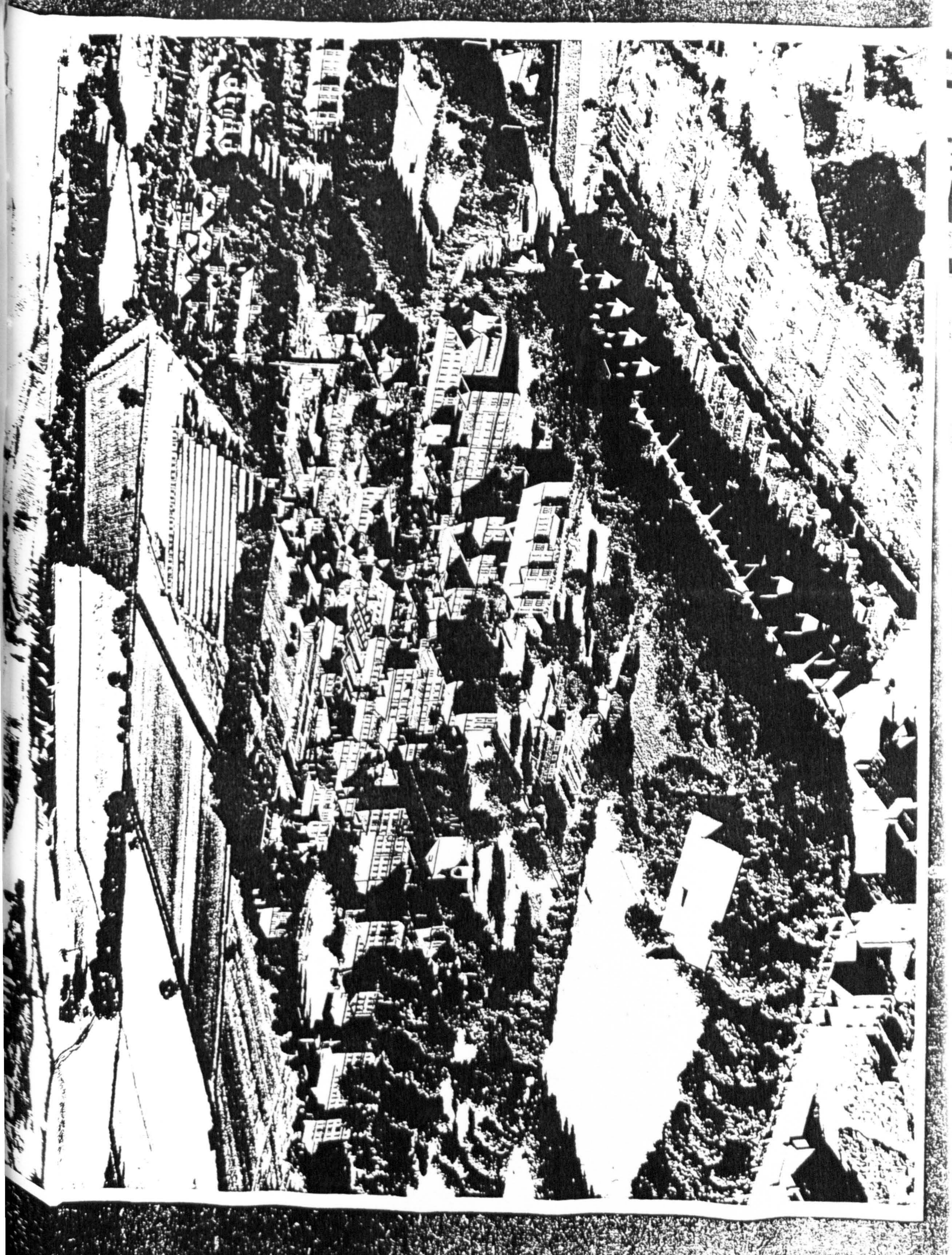
J. Landman, F.A.S. Engraver.

A PERSPECTIVE VIEW OF THE PAUPER LUNATIC ASYLUM FOR THE WEST RIDING OF THE COUNTY OF YORK, ERRECTED AT WAKEFIELD IN 1816.

Appendix 4: An Aerial View of the WRA

Source: WYAS

**TEXT BOUND INTO  
THE SPINE**





Appendix 5: The WRA and its Boundaries, 1894

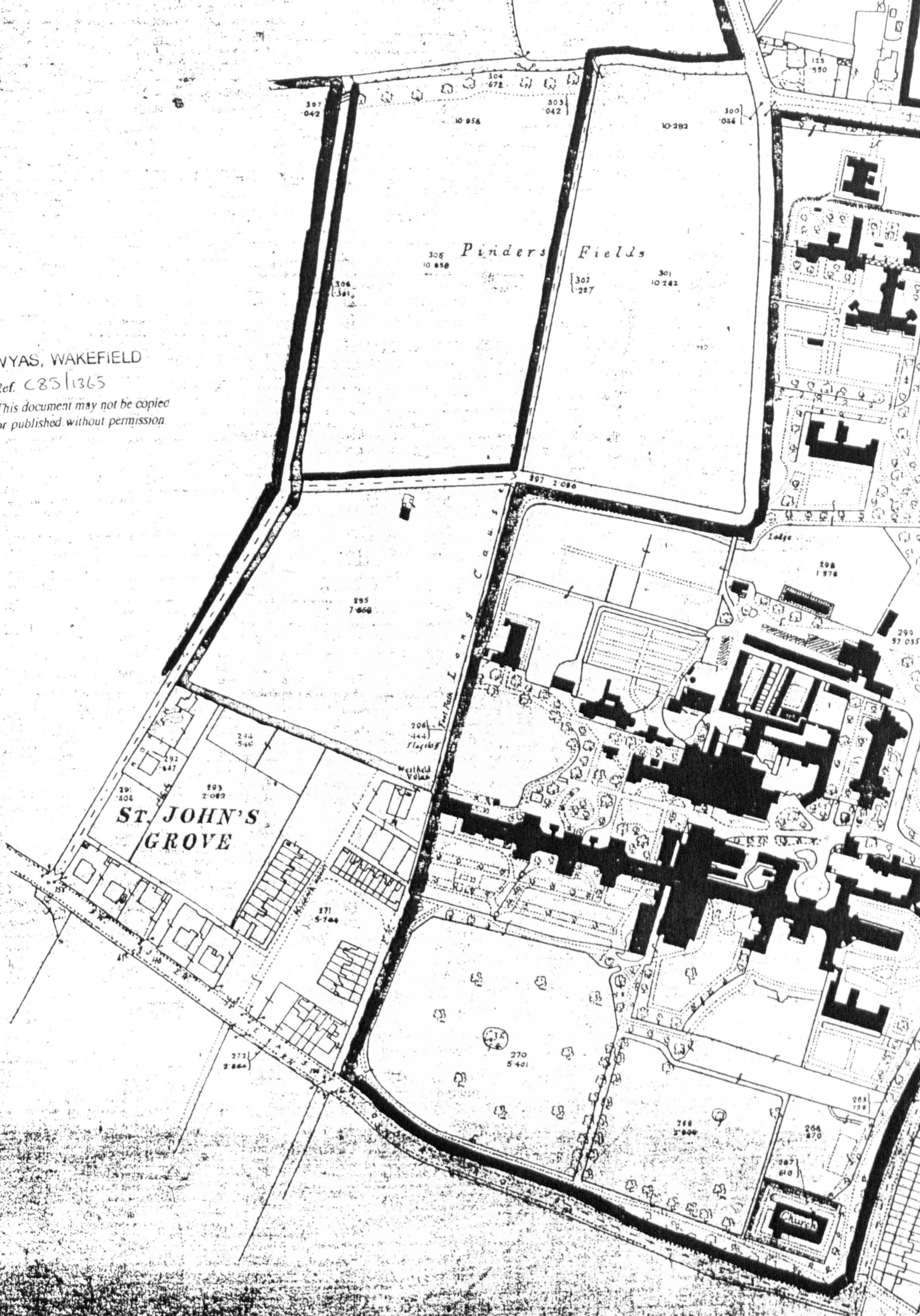
Source: WYAS

**Text cut off in original**

WYAS, WAKEFIELD

Ref. C85/1365

This document may not be copied  
or published without permission.



Appendix 6: Costs and Charges at the WRA 1859 – 1888

Year	Cost per head per week	Less Produce Sales	Total	Weekly Charge
1859	7s 11 1/2d	0 3/4d	7s 10 3/4d	8s
1860	8s 9d	0 7/8d	8s 8 1/8d	8s
1861	-	-	-	-
1862	9s 075d	0s 2d	8s 10 3/4d	9s
1863	-	-	-	-
1864	8s 11d	0s 1 1/2d	8s 9 1/2d	9s
1865	-	-	-	-
1866	10s 3 1/2d	0s 5 1/2d	9s 10d	9s
1867	10s 7 7/8d	0s 7 3/8d	9s 11 1/2d	10s
1868	10s 2 5/8d	0s 10 3/8d	9s 4 1/4d	10s
1869	-	-	-	-
1 Jan – 31 Mar 1870	9s 10 1/2d	0s 8 1/4d	9s 2 1/4d	10s
1 Apr – 31 Dec 1870	9s 10 1/2d	0s 8 1/4d	9s 2 1/4d	9s 9d
1 Jan – 30 Jun 1871	10s 1d	0s 6 3/4d	9s 6 1/4d	9s 9d
1 Jul – 31 Dec 1871	10s 1d	0s 6 3/4d	9s 6 1/4d	9s 6d
1872	10s 7 7/8d	1s 6 7/8d	9s 1d	9s 6d
1873	11s 0 1/4d	1s 0 5/8d	9s 11 3/4d	9s 6d
1874	-	-	-	-
1875	-	-	-	-
1876	10s 4 1/2d	0s 6 1/2d	9s 10 1/4d	10s
1877	10s 4 1/2d	0s 6d	9s 10 1/2d	10s
1878	10s 0 3/4d	0s 5 7/8d	9s 6 7/8d	10s
1879	9s 5d	0s 5 5/8d	8s 11 3/8d	9s 6d
1880	9s 11 1/4d	0s 4 1/2d	9s 6 3/4d	9s 3d
1881	9s 6 1/4d	0s 4 7/8d	9s 1 1/2d	9s 3d
1882	9s 9 1/8d	0s 5 3/4d	9s 3 3/8d	9s
1883	9s 3 1/2d	0s 4 7/8d	8s 10 5/8d	9s
1884	9s 0 5/8d	0s 4 3/8d	8s 8 1/4d	8s 9d
1885	8s 11 5/8d	0s 4 3/8d	8s 7 1/4d	8s 9d
1886	8s 8 5/8d	0s 3d	8s 5 5/8d	8s
1887	8s 6 1/4d	0s 4d	8s 2 1/4d	8s
1888	8s 8 3/4d	0s 2.875s	8s 5 7/8d	8s

Appendix 7: Partially Completed Committal Form, 1875

Source: WYAS

1142

Admitted to Ward 23  
Sept 2<sup>nd</sup> 1875

Rh

18 of 17 Vict. c. 97.

### CHARGEABLE LUNATIC.

MAGISTRATE'S ORDER FOR THE RECEPTION OF A PAUPER PATIENT.  
SCHEDULE F. No. 1

Borough of Leeds in the West-Riding of the County of York.

I Thomas Mellor, George Esq the undersigned, having called to my assistance a Surgeon, and having personally examined Frances Cumerton a Pauper, and being satisfied that the said Frances Cumerton is a person of unsound mind and a proper person to be taken charge of and detained under care and treatment hereby direct you to receive the said Frances Cumerton as a Patient in your Asylum. Subjoined is a Statement respecting the said Frances Cumerton.  
Dated the second day of August in the Year One Thousand Eight Hundred and Seventy five  
T. W. Curry

To Mr. J. C. Brown, M.D.  
Superintendent of the Lunatic Asylum for the West-Riding of the County of York.

A Justice of the Peace, for the Borough of Leeds, in the West-Riding of the County of York

### STATEMENT.

Name of Patient, and Christian Name at length... Frances Cumerton  
Sex and Age ... Female 27 yrs  
Married, Single, or Widowed ... Married  
Condition of Life, and previous Occupation (if any) ... House Work  
The Religious Persuasion, as far as known ... Church of England  
Previous place of abode ... Morris Cottages, Piggery Field, Armes Street, Leeds  
Whether first Attack ... Yes  
Age (if known) on first Attack ... 27 yrs  
When and where previously under care & treatment ... None  
Duration of existing Attack ... about one week  
Supposed cause ... not known  
Whether Subject to Epilepsy ... No  
Whether Suicidal ... Yes  
Whether Dangerous to Others ... Yes  
Parish or Union to which the Lunatic is chargeable (if a Pauper or Destitute Lunatic.) ... Leeds Union & Lunatic  
Name and Christian Name, and Place of Abode of the nearest known Relative of the Patient and Degree of Relationship (if known) ... Samuel Russell Cumerton his Husband, Morris Cottages, Piggery Field, Armes Street, Leeds

I certify that to the best of my knowledge the above particulars are correctly stated.  
J. H. Wilson  
A Relieving Officer of the Leeds Union

WYAS, WAKEFIELD

Ref. 685 RECEPTION 012052  
This document may not be copied

MEDICAL CERTIFICATE IN CASE OF A PAUPER PATIENT.  
SCHEDULE F. No. 3

I, the undersigned, being a Member of the Royal College of Surgeons, in London, and being in actual practice as a Surgeon, hereby certify, — That on the 2 day of Aug 1875 at Brown's Cottage Poggery Field Arner St Leeds, in the County of York, personally examined Francis Emerson of Brown's Cottage Poggery Field Arner St Leeds a pauper House work and that the said Francis Emerson is a person of unsound mind, and a Proper Person to be taken charge of, and detained under Care and Treatment, and that I have formed this Opinion upon the following grounds, viz: —

1.—FACTS INDICATING INSANITY OBSERVED BY MYSELF

Raving and shouting incessantly on various subjects! most violent in his manner! destroying every thing in his way

2.—OTHER FACTS (IF ANY) INDICATING INSANITY COMMUNICATED TO ME BY OTHERS

E. Beardslow

Place of Abode

Carlton Lodge Leeds

Dated this

2

day of

August

One Thousand Eight Hundred and Seventy

five

WYAS, WAKEFIELD

Ref. CBS RECEIPTS CASES

This document may not be copied

## QUESTIONS TO BE ANSWERED.

### REQUIRED BY THE VISITING JUSTICES OF THE WEST-RIDING ASYLUM.

*As a correct History of the case of each Patient is of importance in directing the early treatment after admission into the Asylum, it is requested that the Relatives and Friends of the Lunatic, with the Medical Attendant, will, according to the best of their knowledge, answer the following Questions in addition to the preceding:—*

- |            |  |
|------------|--|
| HISTORY.   | <ol style="list-style-type: none"> <li>1. Has he any Children? How many?</li> <li>2. Can he Read or Write?</li> <li>3. Have any of his relatives been similarly affected?</li> <li>4. If not the first attack, how often, when, and for how long a period, has he been previously affected and what was then the character of the complaint.</li> <li>5. Were there before this attack any such symptoms as the following observed:—Unusual depression or elevation of spirits, remarkable alteration in the temper, disposition, feelings, opinion, conduct, sleep, appetite, state of bowels or health of the Lunatic, and how long before the attack?</li> <li>6. What have been the chief symptoms of the malady? Is the Lunatic violent or depressed or Idiotic? Have any lucid intervals or other obvious changes in the disease occurred?</li> <li>7. Does he rave indifferently on various subjects or chiefly on one, and what is that subject? Mention particularly any permanent or remarkable illusions.</li> <li>8. Is he prone to tear clothes, break windows or furniture, or has he any other mischievous propensity?</li> <li>9. What have been his habits since the attack? State particularly whether the patient is attentive to the calls of nature.</li> </ol> |
| CAUSE.     | <ol style="list-style-type: none"> <li>10. Before the commencement of the malady, was the Patient remarkable for any degree of oddity, eccentricity, or mental infirmity? Mention particular passions or prejudices, religious impressions, and any habitual vice or intemperate habits.</li> <li>11. Is the Patient subject to periodical attacks of any other disease; or any unusual discharge; to suppression or obstruction of any <i>cutaneous</i> discharge; to sores, eruptions, epilepsy or palsy? Specify any bodily infirmity or disease of the patient.</li> <li>12. Did the present or any former attack occur during pregnancy or in childbed?</li> <li>13. Was the head of the patient ever seriously injured?</li> </ol>   |
| TREATMENT. | <ol style="list-style-type: none"> <li>14. What medical or other remedies have been used for the recovery of the Patient, and with what effect?</li> <li>15. Has the Patient ever been treated for insanity in any public or private Asylum, if so, how often and for how long on each occasion; when, and in what state, and for what reason was he discharged?</li> </ol>  |

MEDICAL ATTENDANT.

WYAS, WAKEFIELD  
 Ref. CBS RECEPTION ORDER  
 This document may not be copied.



Appendix 8: Articles Made and Repaired at the NRA, 1852

Source: BIHR

Contract prices of the principal articles of consumption (continued).

NECESSARIES.	Quarter ending 31st March.		Quarter ending 30th June.		Quarter ending 30th September.		Quarter ending 31st December.		
	£.	d.	£.	d.	£.	d.	£.	d.	
Coals (average about) per ton.	0	7	6	0	7	6	0	7	6
Candles (dips) per doz.	0	4	3	0	4	3	0	4	6
" (moulds) ditto.	0	5	3	0	5	3	0	5	0
Gas @ 1000ft. per cwt.	0	5	0	0	5	3	0	5	0
Soap per lb.	2	0	0	2	0	0	2	2	0
Powder Blue ditto.	0	1	2	0	0	0	0	1	2
Starch per cwt.	0	0	4	0	0	0	0	0	0
Soda per cwt.	0	6	6	0	6	6	0	6	0
Black Lead per lb.	0	0	4	0	0	4	0	0	4

JOHN ROBERTS, CLERK AND STEWARD.

NORTH AND EAST RIDINGS OF YORKSHIRE LUNATIC ASYLUM.

Articles made and repaired by the Female Attendants and Patients during the Year 1852.

ARTICLES MADE.	
208 pillow cases	1152 neckerchiefs
242 pairs of sheets	99 flannel shirts
260 doz. buttons	232 night caps
262 shifts	76 iron holders
145 night gowns	20 bathing towels
359 shirts	239 day gowns
189 mattress cases	155 round towels
779 pairs of stockings knitted	33 hand towels
166 pairs of socks knitted	69 flannel shifts
455 pairs of stockings half re-knitted	200 stays
116 pairs of boots and shoes bound	14 hoods
293 aprons	132 dusters
110 pocket handkerchiefs	55 men's stocks
91 petticoats	101 house cloths
242 day caps	ARTICLES REPAIRED.
	261 night gowns
	260 petticoats

S. H. HILL, MATRON.

Articles made and repaired by the Male Attendants and Patients during the year 1852.

SHOEMAKERS' LIST OF NEW WORK.	SHOEMAKERS' LIST OF REPAIRS.
130 pairs of women's leather shoes	199 fustian trowsers
22 pairs of women's leather boots	17 canvass jackets
51 pairs of men's leather boots for heavy wear	28 canvass waistcoats
2 pairs of cloth slippers	40 canvass trowsers
28 pairs of men's light boots	26 canvass spencers
18 pairs of leather gloves	17 short frocks for men's wear
63 pairs of men's light boots	60 men's stocks
3 pairs of men's clog boots for draining work	TAILORS' LIST OF REPAIRS.
	562 jackets
	452 waistcoats
	2241 trowsers
	107 cloth caps
	71 spencers
	6 short frocks
	4 jackets sleeved
	16 jackets half-sleeved
	TAILORS' LIST OF NEW WORK.
	102 cloth jackets
	92 cloth waistcoats
	147 cloth caps

JOHN ROBERTS, STEWARD.

NORTH AND EAST RIDINGS OF YORKSHIRE LUNATIC ASYLUM.

Mechanical work executed by the Male Attendants and Patients during the year 1852:

ENGINEERS' WORK.	PAINTERS' WORK.
4 new top bars for grates in ward fire places	2015 yards painting, 1 coat
58 four-barred new iron hurdles for farm, 6 ft. 6 in. long	1398 yards painting, 2 coats
116 bolts, nuts, and washers for ditto	118 window sashes, 1 coat
2 new large keys for fire plug, deluge pipes	12 watering cans, 1 coat
48 new Italian heaters	30 fire fender guards, 1 coat
12 mason's chisels making	6 laundry tables, 1 coat
4 trough bedsteads lining with lead	6 large coal boxes for wards, 2 coats
2 new stubbing axes	6 book cases, grained mahogany
12 new garden rakes making	2 clothing closets, 2 coats
36 new garden hoes	1 tank roof, 24 ft. by 22 ft., 3 coats
24 bed bolts making	1 pump shed, 22 ft. by 22 ft., 3 coats
16 new garden rakes	1 bagatelle table, grained mahogany
1 new large hammer for splitting wood	4 sets covered seats, 14 ft. each, 4 coats
12 holdfasts making for cupboards in wards	2 pair stand steps, 3 coats
6 new stone hammers for road making	4 small tables, 2 coats
24 new hay forks for the farm	1 pair cart wheels, 2 coats
44 circular holdfasts and supports making for fixing spouting	1 attendant's dining table, 2 coats
6 new sets of tackling for scythe shafts	
New tire for hay sweep	
32 long screw bolts making for covered seats	
64 nuts do. do.	
3 cart wheels hooping	
40 new spout irons for covered seats	
4 new covered seats for airing courts, and roofing the same with galvanized iron	
500 feet of new spouting fixing for carrying rain water to large tank	
16 new angle plates for cramping the large water cisterns in the roofs	
12 new axes making for chopping sticks	
6 new fire shovels for the wards	
1 new crab for lifting large weights	
24 new spout irons for fixing new spouting to the pump shed	
4 new lime rails for the garden	
JOINERS' AND WHEELWRIGHTS' WORK.	
12 birch arm chairs	
8 birch high back seats	
39 birch bedsteads	
12 deal trough bedsteads	
2 cupboard closets for clothes	
6 bookcases	
Roof for water tank 24 ft. X 22 ft.	
Roof for pump shed 22 ft. X 22 ft.	
4 forms for chapel	
2 pairs of window shutters	
1 oak chest of drawers	
1 bagatelle table	

Appendix 9: Articles Made and Repaired at the NRA, 1888.

Source: BIHR

ENGINEER'S WORK.

Laying and fixing all piping, taps, grates and fire ranges, spouting, wire-work, and locks, wherever required throughout the Asylum Grounds and Farm.

Making farm and garden tools, hammers, bands and crooks for gates, &c.

" tire for carts, handcars, and wheel-barrows, &c.

" bolts, nuts, screws, clasps, and plates, of all kinds

" bell traps, cow chains, bushes, wedges, shoes for horses, and shoeing horses, &c.

Repairing garden and farm implements, cooking apparatus, &c.

" fire-ranges, cisterns, and laundry machinery, &c.

Repairs of various articles

New leathering pumps

Packing engine and pump glands

Cutting keys

Sharpening harrows, mason's chisels, &c.

Welding wedges

Steeling various implements, &c.

PAINTER'S WORK.

All Painting, Graining, Paperhanging, and Whitewashing.

PLUMBER'S WORK.

All Plumbing and Glazing, by Attendants and Patients.

CARPENTER'S WORK.

Joiner's Work for New Cottages, Farm House, Work Shops, Closets, Dressing Room, Greenhouses, Female Wards, &c.

Making Bagatelle Table, Wash Stands, Sideboard, and Bookcases.

New Wheelbarrows, Ladders, and General Repairs.

TAILOR'S LIST OF NEW WORK.

PATIENTS.	ATTENDANTS.
166 jackets	12 blue coats
136 vests	13 blue vests
136 pairs of trowsers	31 tweed coats
263 shoe tops	31 tweed vests
10 drawers, cotton	51 tweed trowsers
6 rugs (strong)	21 cord trowsers
	2 duck trowsers
	47 duck jackets
	1 duck vest

TAILOR'S LIST OF REPAIRS.

PATIENTS.	ATTENDANTS.
382 jackets	55 coats
266 vests	32 vests
3482 pairs trowsers	102 pairs trowsers
4 neckerchiefs	

OFFICERS' AND PRIVATE PATIENTS'

NEW WORK.	REPAIRS.
8 coats	67 coats
6 vests	40 vests
13 pairs trowsers	64 pairs trowsers

SHOEMAKER'S LIST OF NEW WORK.

131 pairs of men's boots

182 " women's shoes and slippers

13 " attendants' and private patients' boots.

175 " braces

REPAIRS.

66 pairs of men's boots soled, heeled and vamped

534 " " soled and heeled

116 " " soled

350 " " heeled

699 " " repaired

145 " women's shoes soled, heeled, and vamped

199 " " soled and heeled

286 " " soled

233 " " heeled

538 " " repaired

53 " attendant's and private patient's boots soled, heeled, and vamped

8 " " soled

17 " " heeled

29 " " repaired

4 Horse Lawn shoes repaired

BRICKLAYER'S WORK.

Altering Farm Buildings; Building three Cottages, Farm House, Work Shops, Male—4 Closets and Dressing Room. General Repairs, Alterations, and Whitewashing.

UPHOLSTERY WORK.

Making all mattresses and strong rugs, covering furniture, and upholstering repairs.

CHARLES GARROOD.

Articles made and repaired by the Female Patients during the year 1888.

ARTICLES MADE.	REPAIRS.
466 aprons	234 aprons
432 chemises	2398 chemises
53 day caps	85 day caps
646 dresses	4936 dresses
132 pairs of drawers	1023 petticoats
75 hoods	225 flannel vests
232 petticoats	113 night gowns
346 flannel vests	71 bath sheets
137 night gowns	14619 stockings and socks
169 stockings refooted	40 table cloths
106 hats trimmed	110 pairs of drawers
52 pinafores	17 hand towels
474 shirts	312 shirts
140 flannel shirts	299 sheets
948 neckerchiefs	201 pillow-cases
9 frocks	50 rugs
31 blinds	288 blankets
104 skirts	40 pairs stays
6 pairs of stockings	33 hats
12 dinner napkins	56 shawls
6 mangle cloths	60 hoods
24 bibs	

NURSES UNIFORM MADE.

193 Aprons

25 print dresses

104 day caps

72 black dresses

A. A. JONES,  
Housekeeper.

Appendix 10: The Employment of the Male Patients at the WRA, 1888

Source: WYAS

TABLE XIV.

SHOWING THE PHYSICAL CONDITION OF PATIENTS ADMITTED IN 1888.

	M.	F.	TOTAL.
In good bodily health and condition .....	122	44	166
In fair bodily health and condition .....	66	36	102
In feeble, very feeble, and exhausted condition..	78	109	187
Total.....	266	189	455

TABLE XV.

EXTRACTS FROM THE DAILY REPORT OF THE STATE OF THE PATIENTS AS REGARDS EMPLOYMENT.

MALE DEPARTMENT.

<i>Patients employed, and manner of Occupation.</i>	1888. MARCH.	1888. JUNE.	1888. SEPT.	1888. DEC.
Patients employed in Out-door Occupation...	262	201	225	225
"    "    Bakchouse .....	5	5	5	5
"    "    Engine-room and Gas Works...	6	5	4	3
"    "    Blacksmiths' Shop .....	1	—	1	1
"    "    Plumbers' do .....	3	3	2	2
"    "    Joiners' do .....	1	1	1	—
"    "    Shoemakers' do .....	11	12	10	10
"    "    Tailors' do .....	14	14	13	13
"    "    Weavers' do .....	26	26	28	27
"    "    Upholsterers' do .....	11	10	10	10
"    "    Knitting, Darning, &c..... }				
"    "    Picking Hair or other occupa- tion.....	10	18	19	18
"    "    Employed in Kitchen, Wash- house, &c .....	21	22	19	17
"    "    Printing, &c.....	2	2	3	2
"    "    Assisting in Wards .....	150	180	180	180
Total employed .....	523	499	520	513
<i>Patients unemployed, and reasons for non-employment.</i>				
Sick or too feeble .....	68	63	52	53
Aged and infirm .....	19	33	35	33
Too low-spirited.....	25	24	20	24
Too much excited .....	22	33	34	33
Too little mind .....	27	36	15	16
Able but unwilling .....	17	9	19	13
Total unemployed .....	178	198	175	172
Total number of Patients.....	701	697	695	685

Appendix 11: The Employment of the Female Patients at the WRA, 1888

Source: WYAS

TABLE XV. (continued.)

FEMALE DEPARTMENT.

<i>Patients employed, and manner of Occupation.</i>	1888. MARCH	1888. JUNE	1888. SEPT.	1888. DEC.
Patients employed in Laundry and Wash-house	45	46	49	48
" " Passages and Kitchens.....	60	62	58	60
" " Sewing .....	226	237	227	213
" " Knitting .....	25	20	17	15
" " Cutting-out Rooms.....	10	9	10	10
" " Cleaning Wards.....	90	91	91	91
Total employed .....	456	465	452	437
<i>Patients unemployed, and reasons for non-employment.</i>				
Sick or too feeble .....	63	56	51	62
Aged and infirm .....	36	33	42	43
Too low-spirited.....	1	3	5	1
Too much excited .....	53	56	60	61
Too little mind .....	64	64	60	68
Able, but unwilling .....	29	26	26	27
Total unemployed .....	246	238	250	262
Total number of Patients.....	702	703	702	699



## BIBLIOGRAPHY

Borthwick Institute for Historical Research , York (BIHR)

- NRA *Annual Reports* 1847-63, CLF1/2/1.
- NRA *Annual Reports* 1865-76, CLF1/2/2.
- NRA *Annual Reports* 1874-84, CLF1/2/3.
- NRA *Annual Reports* 1885-94, CLF1/2/4.
- NRA Daily Diary 1875, CLF1/6/1/2.
- NRA Daily Diary 1876, CLF1/6/1/3.
- NRA Daily Diary 1878, CLF1/6/1/5.
- NRA Daily Diary 1879, CLF1/6/1/6.
- NRA, Female Admission Forms 1861, CLF6/1/2/11.
- NRA, Female Admission Forms 1862, CLF6/1/2/12.
- NRA, Female Case Book 1857-61, CLF6/5/5/3.
- NRA Female Case Book, 1866-70, CLF/6/5/5/5.
- NRA Female Case Book, 1870-74, CLF/6/5/5/6.
- NRA Female Case Book 1874-77, CLF6/5/5/7.
- NRA Female Case Book 1877-81, CLF6/5/5/8.
- NRA General Rules 1876, CLF1/3/1/1.
- NRA House Committee Minute Book 1847-58, CLF1/1/2/1.
- NRA House Committee Minute Book 1859-71, CLF1/1/2/2.
- NRA House Committee Minute Book 1871-86, CLF1/1/2/3
- NRA, Male Admission Forms 1861, CLF6/1/1/11.
- NRA Male Case Book 1856-60, CLF6/5/1/3.
- NRA, Male Case Book 1860-66, CLF6/5/1/4.

NRA, Male Case Book 1866-70, CLF6/5/1/5.

NRA, Male Case Book 1870-73, CLF6/5/1/6.

NRA, Male Case Book 1873-77, CLF6/5/1/7.

NRA, Male Case Book 1877-80, CLF6/5/1/8.

NRA Regulation and Orders of the Committee of Visitors for the Management and Conduct of the Asylum, 1867, CLF1/3/2/1.

NRA Regulation and Orders of the Committee of Visitors for the Management and Conduct of the Asylum, 1887, CLF1/3/2/2.

NRA Salaries Book 1862 – 1886, CLF3/13/1.

NRA Visiting Magistrates Attendance Book 1862-85, CLF1/5/2.

NRA Visitors Minute Book 1844-48, CLF1/1/1/1.

NRA Visitors Minute Book 1848-58, CLF1/1/1/2.

NRA Visitors Minute Book 1858-65, CLF1/1/1/3.

NRA Visitors Minute Book 1865-91, CLF1/1/1/4.

NRA, Wages Book 1871 – 78, CLF3/13/2/1.

#### East Riding Archive Service (ERAS)

East Riding Asylum Register of Admissions 1879 – 1890, NH6/66/1.

#### Huddersfield Public Library (HPL)

Cutting From 'The Echo' 1 October 1869. DD/HF/Z/35.

Huddersfield Union Poor Law Accounts, 1862 – 73, PU/HU/A/1.

Huddersfield Union Poor Law Accounts, 1875 – 80, PU/HU/A/2.

Huddersfield Union Poor Law Accounts, 1881 – 92, PU/HU/A/3.

Minutes of Huddersfield Poor Law Union, 1865 –8, P/HU/M/12.

Minutes of Huddersfield Poor Law Union, 1868-71, P/HU/M/13.

Minutes of Huddersfield Poor Law Union, 1871-5, P/HU/M/14.

Minutes of Huddersfield Poor Law Union, 1875 –8, P/HU/M/15.

Refused Charge 1859 – 1933, CH/P/CR/1.

Summons Book Jan 1863 – 1868, CH/P/CR/4.

John Goodchild Collection (JGC)

*Accounts for the Treasurer and Reports of the Finance and Other Committees for the West Riding of Yorkshire*, Printed Annually 1859 –1888.

*The Practice of the Court of the General Quarter Sessions of the Peace for the West Riding*, Wakefield, 1866.

Northallerton County Record Office (NCRO)

Papers Relating to the North and East Riding Lunatic Asylum, Undated, QAL 3540.

Objections of the Helmsley and Stokesley Unions to the Proposed New Asylum, 1842, QAL 3544.

Objections of the Northallerton Union to the Proposed New Asylum, 1842, QAL 3555.

Objections of the Whitby Union to the Proposed New Asylum, 1842, QAL 3558.

Public Record Office (PRO)

MH 12/15087

MH 12/14999

Wakefield Public Library (WPL)

Wakefield Industrial and Fine Art Institution Exhibition Programme, April 1868, Box 23.

Newspaper Cutting Books.

Prospectus for Denby Grange Colliery, July 1891, Box 16.

Statement of the Wakefield Union 1886-7, Box 6.

West Yorkshire Archive Service, Wakefield (WYAS)

Correspondence re: Mount Pleasant 1868-9, QD4/92.

Correspondence re: Mount Pleasant 1871-3, QD4/93.

Correspondence re: Wadsley Asylum 1866-9, QD4/69.

Correspondence re: Wadsley Asylum 1870, QD4/70.

Papers re: The Lime Tree House Private Asylum, Acomb, York, QD1/386.

Papers re: The Grange Asylum, Rotherham, 1877-1890, QD1/387.

Sessions Papers, QD1/258.

WRA Statistical Tables of the West Riding Pauper Lunatic Asylum Volume I, C85/836.

WRA Statistical Tables of the West Riding Pauper Lunatic Asylum Volume II, C85/837.

WRA *Annual Reports*, 1833-67 C85/108.

WRA *Annual Reports*, 1868-79 C85/109.

WRA *Annual Reports*, 1880-86 C85/110.

WRA Chaplain's Journal, 1853, C85/187.

WRA Chaplain's Report for 1859, QD4/20.

WRA Female Case Book 1856, C85/854.

WRA Female Case Book 1860-1881, C85/856.

WRA Female Case Book 1867 -1881, C85/860.

WRA Female Case Book 1867, C85/861.

WRA Female Case Book 1872, C85/868.

WRA Reception Orders 1861, C85/591.

WRA Reception Orders 1862, C85/592.

WRA Male Case Book, 1857-90, C85/948.

WRA Male Case Book, 1860-89, C85/950.

WRA Male Case Book, 1867, C85/954.

WRA Male Case Book, 1872, C85/961.

WRA Medical Director's Journal 1858-67, C85/123.

WRA Medical Director's Journal 1867-74, C85/124.

WRA Medical Director's Journal 1874-81, C85/125.

WRA Medical Director's Journal 1882-88, C85/126.

WRA Memorandum of Inspection of Proposed Asylum Site at Menston by the Commissioners in Lunacy, QD4/94.

WRA, Register of Admissions 1828 – 1845, C85/588.

WRA, Rules and Regulations, C85/167.

WRA, Visiting Justices Minute Book, 1814-27, C85/1.

WRA, Visiting Justices Minute Book, 1855-57, C85/2.

WRA, Visitors Minute Book, 1857-80, C85/3.

WRA, Visitors Minute Book, 1880-89, C85/4.

WRA, Visitors Minute Book, 1858, C85/123.

### **Official Sources**

Report of the Commissioners in Lunacy to the Lord Chancellor, Bradbury and Evans, London, 1844.

Northern Counties Asylum for Idiots and Imbeciles, First Annual Report, January 1866.

Annual Reports of the Commissioners in Lunacy, 1846 – 89.

Annual Reports of the Local Government Board 1871 – 1889.

## Primary Sources

T. Clifford Allbutt, 'On the Obscure Neuroses of Syphilis', J. Crichton Browne (ed.), *The West Riding Lunatic Asylum Medical Reports*, Vol. 3, Smith and Elder, London, 1873.

*Plans, Elevations, Sections and Description of the Pauper Lunatic Asylum Lately erected at Wakefield for the West Riding of Yorkshire*, Watson and Pritchett, York, 1819.

Anon., *A Chaplain's Address*, Society for Promoting Christian Knowledge, London, 1862.

Anon., *Familiar Views of Lunacy and Lunatic Life*, John W. Parker, London, 1850.

Anon., *Fastened Fellow: A Man's Adventure*, E.W.Allen, London, 1878.

Anon., *Life in a Lunatic Asylum: An Autobiographical Sketch*, n.p., Bristol, 1867.

Anon., *The Philosophy of Insanity by a Late Inmate of the Glasgow Royal Asylum for Lunatics at Gartnavel*, William Love, Edinburgh, 1860.

Charles Aldridge, 'Ophthalmoscopic Observations in Acute Demetia', in J. Crichton Browne (ed.), *The West Riding Lunatic Asylum Medical Reports*, Vol. 4, Smith and Elder, London, 1874.

R. Boyd, 'The Care and Cure of the Insane', *The Lancet*, 11 December 1880, pp.934-5.

—— 'Statistics of Pauper Insanity', *Journal of Mental Science*, July 1871, pp.221-225.

William Brett, *The Sources and Rules of Life, or How to Prevent Insanity in Individuals; and Revolutionary Madness in Nations*, n.p., London, 1872.

J. Crichton Browne, 'Acute Dementia', in J. Crichton Browne (ed.), *The West Riding Lunatic Asylum Medical Reports*, Vol. 4, Smith and Elder, London, 1874.

—— 'Cranial Injuries and Mental Diseases', in J. Crichton Browne (ed.), *The West Riding Lunatic Asylum Medical Reports*, Vol. 1, J.A. Churchill, London, 1871.

J. Crichton Browne (ed.), *The West Riding Lunatic Asylum Medical Reports*, 2 Vols. J & A Churchill, London, 1871 and 1872.

J. Crichton Browne (ed.), *The West Riding Lunatic Asylum Medical Reports*, 4 Vols. Smith and Elder, London, 1873, 74, 75 and 76.

- W.A.F. Browne, 'What Asylums Were, Are and Ought To Be' First Published by A & C Black, Edinburgh, 1837, in A. Scull (ed.), *The Asylum as Utopia*, Routledge, London, 1991.
- J.C. Bucknill and D.H. Tuke, *A Manual of Psychological Medicine*, J.A. Churchill, London, 1879.
- Henry C. Burdett, *Hospitals and Asylums of the World*. Vol. 1, *Asylum History and Administration*, J & A Churchil, London, 1891.
- J. Wilkie Burman, 'Heart Disease and Insanity', in J. Crichton Browne (ed.), *The West Riding Lunatic Asylum Medical Reports*, Vol. 3, Smith and Elder, London, 1873.
- 'A Contribution to the Statistics of General Paralysis: With Remarks', in J. Crichton Browne (ed.), *The West Riding Lunatic Asylum Medical Reports*, Vol. 1, J&A Churchill, London 1871.
- T. Algernon Chapman, 'On Some Common Misapprehensions as to the Curability of Admissions to County Asylums', *Journal of Mental Science*, July 1877, pp.185-196.
- Henry Clarkson, *Memories of Merry Wakefield*, S.R. Publishers Ltd., Wakefield, 1969, (first published by W.H. Milnes 1889).
- T.S. Clouston, 'The Local Distribution of Insanity and its Varieties in England and Wales', *Journal of Mental Science*, April 1873, pp.1-19.
- 'On the Question of Getting, Training and Retaining the Services of Good Asylum Attendants', *Journal of Mental Science*, October 1876, pp.381-388.
- George Cook, *Remarks on the Care and Treatment of the Chronic Insane Poor*, Canandaigua, NY, 1867.
- Anthony Ashley Cooper, Seventh Earl of Shaftesbury, *Speech of the Earl of Shaftesbury, at the Freemason's Hall, April 19, 1861, on Behalf of a Benevolent Asylum for the Insane of the Middle Classes, etc.* W. Kent & Co. London, 1861.
- Sir James Coxe, 'On Causes of Insanity and the Means of Checking its Growth', *Journal of Mental Science*, October 1872, pp.311-333.
- Caleb Crowther, *Observations on the Management of Madhouses, Part the First*, Simpkin, Marshall & Co. London 1838.
- *Observations on the Management of Madhouses, Part the Second*, Simpkin, Marshall & Co. London 1838.
- Mabel Etchell, *Ten Years in a Lunatic Asylum*, n.p., Peterborough, 1868.

Charles Ethelston, *A Private Lunatic Asylum Exposed*, Printed Privately, London, 1885.

*Handbook for the Instruction of Attendants on the Insane*, Cupples, Upham and Co., Boston, 1886.

John C. Galton, 'Notes on the Condition of the Tympanic Membrane in the Insane', in J. Crichton Browne (ed.), *The West Riding Lunatic Asylum Medical Reports*, Vol. 3, Smith and Elder, London, 1873.

Rev. Henry Hawkins, 'A Plea for Convalescent Homes in Connection with Asylums for the Insane Poor', *Journal of Mental Science*, April 1871, pp.107-116.

— *Dim with the Mist of Years: A Chaplain's Retrospect 1854 - 1900*, Society for Promoting Christian Knowledge, London, 1902.

— *Friendly Talk with a New Patient*, Society for Promoting Christian Knowledge, London, 1878.

— *Treatment of the Insane: Then and Now*, Society for Promoting Christian Knowledge, London, 1901.

— *Work in the Wards*, Society for Promoting Christian Knowledge, London, 1874.

George J. Hearder, *Fractured Ribs in Insane Patients*, George P. Bacon, Lewes, 1871.

John Hewitt, *The History and Topography of the Parish of Wakefield and its Environs*, Published by the Author, Wakefield, 1862.

Robert Gardiner Hill, *Lunacy: Its Past and Its Present*, Longmans Green, Reader & Dyer, London, 1870.

William Jago, *Morning and Evening Prayers for the Patients, and for the Attendants at Cornwall County Asylum*, Liddell & Son, Bodmin, 1874.

William Lawrence, 'On the Artificial Feeding of the Insane', in J. Crichton Browne (ed.), *The West Riding Lunatic Asylum Medical Reports*, Vol. 1, J.A. Churchill, London, 1871.

John Lowe, 'On Electro-excitability in Mental and Nervous Diseases', in J. Crichton Browne (ed.), *The West Riding Lunatic Asylum Medical Reports*, Vol. 3, Smith and Elder, London, 1873.

Louisa Lowe, *The Bastilles of England: Or the Lunacy Laws at Work*, Crockenden & Co, London, 1883.



Henry Maudsley, 'An Address on Medical Psychology', *Journal of Mental Science*, October 1872, pp.397-414.

—— 'The Alleged Increase of Insanity', *Journal of Mental Science*, April 1877, pp.45-54.

T. W. McDowall, 'On the Power of Perceiving Colours Possessed by the Insane', in J. Crichton Browne (ed.), *The West Riding Lunatic Asylum Medical Reports*, Vol. 3, Smith and Elder, London, 1873.

Charles K. Mills, *The Nursing and Care of the Nervous and Insane*, Pentland, Edinburgh, 1887.

Arthur Mitchell, 'The Care and Treatment of the Insane Poor: With Special Reference to the Insane in Private Dwellings', *The Edinburgh Medical Journal*, Vol.13, 1867-8, pp.719-732.

Edward Latham Omerod, 'Observations on a Peculiar Condition of the Bones of Two Insane Patients who had Fractured Ribs', *Saint Bartholomew's Hospital Reports*, Vol. 6, 1870, pp.65 –70.

George Henry Pedler, 'Puerperal Mania', in J. Crichton Browne (ed.), *The West Riding Lunatic Asylum Medical Reports*, Vol. 2, J & A Churchill, London, 1872.

Philanthropos, *A Voice from the Wilderness: Being a Plea for a Lunatic Asylum for the Middle Classes, on Self-supporting Principles*, John Churchill, London, 1861.

Robert P. Ritchie, *An Inquiry into a Frequent Cause of Insanity in Young Men*, Henry Renshaw, London, 1861.

W.H.O. Sankey, 'Do the Public Asylums of England, as at Present Constructed, Afford the Greatest Facilities for the Care and Treatment of the Insane?' *Asylum Journal of Mental Science*, Vol. 2, 1855-6, pp.466-479.

T. Claye Shaw, 'The Sexes in Lunacy', *St Bartholomew's Hospital Reports*, Vol. 24, 1888, pp.1-15.

Sir George Strickland, *A Letter to the Ratepayers of Yorkshire on Asylums, their Management and Expenses*, J. Sampson, York, 1859.

Henry Sutherland, 'Cases on the Borderland of Insanity', in J. Crichton Browne (ed.), *The West Riding Lunatic Asylum Medical Reports*, Vol. 6, Smith and Elder, London, 1876.

—— 'The Change of Life and Insanity', in J. Crichton Browne (ed.), *The West Riding Lunatic Asylum Medical Reports*, Vol. 3, Smith and Elder, London, 1873.

- ‘Menstrual Irregularities and Insanity’, in J. Crichton Browne (ed.), *The West Riding Lunatic Asylum Medical Reports*, Vol. 2, J&A Churchill, London 1872.
- William Turner, ‘The Convolutions of the Human Brain Considered in Relation to Intelligence’, in J. Crichton Browne (ed.), *The West Riding Lunatic Asylum Medical Reports*, Vol. 3, Smith and Elder, London, 1873.
- Daniel Hack Tuke, *Chapters in the History of the Insane in the British Isles*, Kegan, Paul, Trench & Co, London 1882.
- *The Past and Present Provision for the Insane Poor in Yorkshire, with Paper on the Future Provision of this Class*, J & A Churchill, London, 1889.
- J.B. Tuke, ‘Objections to the Cottage System of Treatment for Lunatics as it now Exists and Suggestions for its Improvement and Elaboration’, *Edinburgh Medical Journal*, Vol. 13, 1867-8, pp.913-918.
- T. Harrington Tuke, ‘The Medico-Psychological Association: The President’s Address For 1873’, *Journal of Mental Science*, October 1873, pp.327-340.
- Watson and Pritchett, *Plans, Elevations, Section, and Descriptions of the Pauper Lunatic Asylum lately Erected at Wakefield for the West Riding of Yorkshire*, York, 1819.
- J. Bywater Ward, ‘On the Treatment of Insanity by the Hypodermic Injection of Morphia’, in J. Crichton Browne (ed.), *The West Riding Lunatic Asylum Medical Reports*, Vol. 1, J & A Churchill, London, 1871.
- Lionel A. Weatherly, ‘The Domestic Treatment of the Insane’, *The Practitioner*, Vol. 27, Aug 1881, pp.93-9.
- S.W.D. Williams, ‘Our Over-Crowded Lunatic Asylums’, *Journal of Mental Science*, January 1872, pp.515-518.
- Andrew Wynter, *The Borderlands of Insanity and Other Allied Papers*, Robert Hardwicke, London, 1875.
- W. Williamson (A. Mechanic), *Thoughts on Insanity and its Causes and on the Management of the Insane*, Charles Gilpin, London, 1851,
- James Michell Winn, *Plain Directions for Dealing with an Insane Patient*, Robert Hardwick, London, 1872.
- William Yeats, ‘On the feeding of the insane’, *Edinburgh Medical Journal*, Vol.18, No.3, 1872, pp.225-235.

## **Newspapers and Journals**

*Asylum Journal of Mental Science.*

*British Medical Journal.*

*Edinburgh Medical Journal.*

*The Guardian.*

*Horridges Wakefield Almanac.*

*Huddersfield Examiner.*

*The Illustrated London News.*

*Journal of Mental Science.*

*The Lancet.*

*The Leeds Mercury.*

*The Practitioner.*

*The Times.*

*Wakefield Express.*

*Wakefield Free Press and West Riding Advertiser.*

*Wakefield Journal and Examiner.*

## **Trade Directories**

Post Office Directory of the West Riding of Yorkshire.

Kelly's Directory.

## **Secondary Sources**

Brian Abel-Smith, *A History of the Nursing Profession*, Heinemann, London, 1970.

Mary Abbott, *Family Ties: English Families 1540-1920*, Routledge, London, 1993.

- Richard Adair, Bill Forsythe, and Joseph Melling, 'A Danger to the Public? Disposing of Pauper Lunatics in late-Victorian and Edwardian England: Plympton St Mary Union and the Devon County Asylum', *Medical History*, Vol. 42, No.1, 1998, pp.1-25.
- Patricia Alderidge, 'Bedlam: Fact or Fantasy?' in W.F. Bynum, R. Porter, M. Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry*. Vol. 2, Tavistock Publications, London, 1985.
- Michael Anderson, *Approaches to the History of the Western Family 1500 - 1914*, Macmillan, London, 1992.
- 'The Social Implications of Demographic Change', in F.M.L. Thompson (ed.), *The Cambridge Social History of Britain 1750 - 1950*, Vol. 2, Cambridge University Press, Cambridge, 1990.
- Caroline Arscott, 'Victorian Development and Images of the Past', in Christopher Shaw and Malcolm Chase (eds), *The Imagined Past: History and Nostalgia*, Manchester University Press, Manchester, 1989.
- A.L. Ashworth, *Stanley Royd Hospital: One Hundred and Fifty Years A History*, Berrico Publicity Ltd, London, 1975.
- Gwendoline M. Ayers, *England's First State Hospitals 1867-1930*, Wellcome Institute of the History of Medicine, London, 1971.
- Peter Barham, *Closing the Asylum: The Mental Patient in Modern Society*, Penguin, Harmondsworth, 1992.
- Peter Bartlett, 'The Asylum and the Poor Law: The Productive Alliance', in Joseph Melling and Bill Forsythe (eds), *Insanity, Institutions and Society, 1800-1914. A Social History of Madness in Comparative Perspectives*, Routledge, London, 1999.
- 'The Asylum, the Workhouse, and the Voice of the Insane Poor in Nineteenth Century England', *International Journal of Law and Psychiatry*, Vol. 24, No.4, 1998, pp.421 - 432.
- and David Wright, 'Community Care and its Antecedents', in Peter Bartlett & David Wright (eds), *Outside the Walls of the Asylum. The History of Care in the Community 1750 - 2000*, The Athlone Press, London, 1999.
- and David Wright (eds), *Outside the Walls of the Asylum. The History of Care in the Community 1750 - 2000*, The Athlone Press, London, 1999.
- Douglas Bennett, 'The Drive Towards Community', in German E. Berrios and Hugh Freeman, *150 Years of British Psychiatry*, Gaskell, London, 1991.

- Michael Bentley, *Politics Without Democracy 1815 – 1914*, Fontana, London, 1989.
- German E. Berrios and Hugh Freeman, *150 Years of British Psychiatry*, Gaskell, London, 1991.
- Geoffrey Best, *Mid-Victorian Britain 1851-75*, Fontana, London, 1985.
- Lloyd Bonfield, Richard Smith, and Keith Wrightson, *The World We Have Gained: Histories of Population and Social Structure*, Blackwell, Oxford, 1986.
- Bill Bramwell, 'Public Space and Local Communities: The Example of Birmingham, 1840 – 1880', in Gerry Kearns and Charles W J Withers (eds), *Urbanising Britain: Essays on Class and Community in the Nineteenth Century*, Cambridge University Press, Cambridge, 1991.
- Asa Briggs, *Victorian People*, Penguin, Harmondsworth, 1990.
- John Briggs, Christopher Harrison, Angus McInnes, and David Vincent, *Crime and Punishment in England*, UCL Press, London, 1996.
- Janet Browne, 'Darwin and the Face of Madness', in W.F. Bynum, R. Porter, M. Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry*, Vol. 1, Tavistock Publications, London, 1985.
- Joan Jacobs Brumberg, *Fasting Girls: The Emergence of Anorexia Nervosa as a Modern Disease*, Harvard University Press, Cambridge (Mass.), 1988.
- John Burnett, *A Social History of Housing 1815 –1870*, David and Charles, Newton Abbot, 1978.
- Joan Busfield, *Men, Women and Madness: Understanding Gender and Mental Disorder*, MacMillan, London, 1996.
- W.F. Bynum, 'Tuke's *Dictionary* and Psychiatry at the Turn of the Century', in German E. Berrios and Hugh Freeman, *150 Years of British Psychiatry*, Gaskell, London, 1991.
- W.F. Bynum, R. Porter, M. Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry*, Vol. 1, *People and Ideas*, Tavistock Publications, London, 1985
- *The Anatomy of Madness: Essays in the History of Psychiatry*, Vol. 2, *Institutions and Society*, Tavistock Publications, London, 1985.
- *The Anatomy of Madness: Essays in the History of Psychiatry*, Vol. 3, *The Asylum and its Psychiatry*, Tavistock Publications, London, 1988.

Phyllis Chesler, *Women and Madness*, HBJ, London, 1989.

Anna Clark, *The Struggle for the Breeches: Gender and the Making of the British Working Class*, Rivers Oram Press, London, 1995.

Michael J. Clark, 'Does a Certificate of Lunacy Affect a Patient's Ethical Status? Psychiatric Paternalism and its Critics in Victorian England', in Andrew Wear, Johanna Geyer-Kordesch and Roger French (eds), *Doctor and Ethics: The Earlier Historical Setting of Professional Ethics*, Rodopi, Amsterdam, 1993.

S. Cohen and A. Scull, *Social Control and the State: Historical and Comparative Essays*, Basil Blackwell, Oxford, 1983.

*The Complete Peerage*, St Catherine Press, London, fourteen volumes, 1910 - 1959

John Crammer, *Asylum History: Buckinghamshire County Pauper Lunatic Asylum St John's*, Gaskell, London, 1990.

—— 'English Asylums and English Doctors: Where Scull is Wrong', *The History of Psychiatry*, Vol. 5, Part 1:17, 1994, pp.103-115.

Mike Crang, *Cultural Geography*, Routledge, London, 1998.

B. Crossley, *Lunacy in Lancashire: A Case Study of Prestwich Hospital 1850 – 1948*, Unpublished MPhil Thesis, University of Salford, 1989.

M.A. Crowther, *The Workhouse System 1834-1929*, Meuthen, London, 1983.

Leonore Davidhoff, 'The Family in Britain', in F.M.L. Thompson (ed.), *The Cambridge Social History of Britain 1750 – 1950*, Vol. 2, Cambridge University Press, Cambridge, 1990.

Anne Digby, 'Changes in the Asylum: The Case of York, 1777 – 1815', *The Economic History Review*, Series 2, Vol. 36, 1983, pp.218-239.

—— 'Moral Treatment at the Retreat 1796 – 1846', in W.F. Bynum, R. Porter, M. Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry*, Vol. 2, Tavistock Publications, London, 1985.

—— *The Poor Law in Nineteenth Century England and Wales*, Historical Association Pamphlet, London, 1982.

—— 'Quantitative and Qualitative Perspectives on the Asylum', in Roy Porter and Andrew Wear (eds), *Problems and Methods in the History of Medicine*, Croom Helm, Beckenham, 1987.

- Bram Dijkstra, *Idols of Perversity: Fantasies of Feminine Evil in Fin-de-siècle Culture*, Oxford University Press, Oxford, 1986.
- Ian Dowbiggin, 'Back to the Future: Valentin Magnan, French Psychiatry and the Classification of Mental Diseases 1885 – 1925', *Social History of Medicine*, Vol. 9, No. 3, 1996, pp.383 – 408.
- George W. Dowdall, James R. Marshall and Wayne A. Morra, 'Economic Antecedents of Mental Hospitalization: A Nineteenth Century Time-Series Test', *Journal of Health and Social Behaviour*, Vol. 31, No. 2, 1990, pp.141-7.
- M. Drake, 'The Census, 1801 – 1891', in E.A. Wrigley (ed.), *Essays in the Use of Quantitative Methods for the Study of Social Data*, Cambridge University Press, Cambridge, 1972.
- Michael Drake (ed.), *Time, Family and Community. Perspectives on Family and Community History*, Blackwell, Oxford, 1994.
- Marguerite W. Dupree, 'Family Care and Hospital Care: the 'Sick Poor' in Nineteenth-Century Glasgow', *Social History on Medicine*, Vol. 6, No.2, August 1993, pp.195 – 211.
- Clive Emsley, *Crime and Society in England 1750-1900*, Longman, London, 1987.
- Elizabeth Fee and Dorothy Porter, 'Public Health, Preventative Medicine and Professionalization: England and America in the Nineteenth Century', in Andrew Wear, *Medicine in Society*, Cambridge University Press, Cambridge, 1996.
- Mark Finnane, 'Asylums, Families and the State', *History Workshop Journal*, Vol. 20, 1985, pp.134 – 148.
- 'Law and the Social Uses of the Asylum in Nineteenth Century Ireland', Dylan Tomlinson and John Carrier (eds), *Asylum in the Community*, Routledge, London, 1996.
- M.W. Flinn, 'Medical Services Under the New Poor Law' in Derek Fraser (ed.) *The New Poor Law in the Nineteenth Century*, Macmillan, London, 1976.
- Bill Forsyth, Joseph Melling, and Richard Adair, 'The New Poor Law and the County Lunatic Asylum: The Devon Experience 1834 – 1884', *Social History of Medicine*, Vol. 9, No. 3, 1996, pp.335 – 355.
- Michel Foucault, *The Birth of the Clinic*, Routledge, London, 1993.
- *Madness and Civilisation: A History of Insanity in the Age of Reason*, Routledge London, 1992.

- Derek Fraser (ed.) *The New Poor Law in the Nineteenth Century*, Macmillan, London, 1976.
- Peter Gay, *The Bourgeois Experience: Victoria to Freud*, Vol. 3 *The Cultivation of Hatred*, Harper Collins, London, 1994.
- Erving Goffman, *Asylums: Essays on the Social Situation of Mental patients and Other Inmates*, Penguin, Harmondsworth, 1986.
- Lindsay Granshaw, 'The Rise of the Modern Hospital in Britain', in Andrew Wear (ed.), *Medicine in Society*, Cambridge University Press, Cambridge, 1996.
- D. Gregory, 'Rates and Representation', *Northern History*, Vol. 12, 1976, pp.158 – 171.
- Catherine Hall, *White, Male and Middle Class: Explorations in Feminism and History*, Polity Press, London, 1992.
- Ruth Harris, *Murders and Madness: Medicine, Law and Society in the Fin de Siècle*, Clarendon Press, Oxford, 1991.
- Jill Harsin, 'Gender, Class and Madness in Nineteenth Century France', *French Historical Studies*, Vol. 17, No.4, 1992, pp.1048-1070.
- P. Horden and R. Smith (eds), *The Locus of Care*, Routledge, London, 1998.
- Tamara K. Hareven, 'Recent Research on the History of the Family', in Michael Drake (ed.), *Time, Family and Community. Perspectives on Family and Community History*, Blackwell, Oxford, 1994.
- Christopher Harvie, Graham Martin and Aaron Scharf (eds), *Industrialisation and Culture 1830–1914*, Macmillan, London, 1975.
- Nicholas Hervey, 'A Slavish Bowing Down: The Lunacy Commission and the Psychiatric Profession 1845 – 60', in W.F. Bynum, R. Porter, M. Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry*. Vol. 2, Tavistock Publications, London, 1985.
- Gertrude Himmelfarb, *Poverty and Compassion: The Moral Imagination of the Late Victorians*, Alfred A. Knopf, New York, 1991.
- David Hirst and Pamela Michael, 'Family, Community and the Lunatic in mid-Nineteenth Century North Wales', in Peter Bartlett & David Wright (eds), *Outside the Walls of the Asylum: The History of Care in the Community 1750 – 2000*, The Athlone Press, London, 1999.



- Ruth G. Hodgkinson, *The Origins of the National Health Service*, The Wellcome Trust Medical Library, London, 1967.
- Michael Horsburgh, 'David Laseron: A Clergyman in the Rookwood Asylum', *Journal of the Royal Australian Historical Society*, Vol. 73, Part 3, 1987, pp.220-233.
- Robert Humphreys, *Sin, Organised Charity and the Poor Law in Victorian England*, MacMillan, London, 1995.
- Alan Hunt, 'The Great Masturbation Panic and the Discourses of Moral regulation in Nineteenth- and Early Twentieth Century Britain', *Journal of the History of Sexuality*, Vol. 8, no.4, 1998, pp.575 - 614.
- Michael Ignatieff, 'Total Institutions and Working Classes: A Review Essay', *History Workshop Journal*, Vol. 15, 1983, pp.167 – 173.
- David Ingleby, 'Mental Health and Social Order, in S. Cohen and A. Scull (eds), *Social Control and the State: Historical and Comparative Essays*, Basil Blackwell, Oxford, 1983.
- Karl Ittmann, *Work, Gender and Family in Victorian England*, Macmillan, London, 1995.
- Sheila Jeffreys (ed.), *The Sexuality Debates*, Routledge and Kegan Paul, London, 1987.
- Kathleen Jones, *A History of the Mental Health Services*, Routledge and Kegan Paul, London, 1972.
- 'Scull's Dilemma', *The British Journal of Psychiatry*, 141, 1982, pp.221-226.
- Ludmilla Jordanova, *Sexual Visions: Images of Gender and Science and Medicine Between the Eighteenth and Twentieth Centuries*, Harvester Wheatsheaf, Hemel Hempstead, 1989.
- Patrick Joyce, *Visions of the People: Industrial England and the Question of Class, 1848 – 1914*, Cambridge University Press, Cambridge, 1991.
- Gerry Kearns and Charles W J Withers (eds), *Urbanising Britain: Essays on Class and Community in the Nineteenth Century*, Cambridge University Press, Cambridge, 1991.
- Gerry Kearns and Charles W J Withers (eds), 'Introduction: Class, Community and the Process of Urbanisation', in Gerry Kearns and Charles W J Withers (eds), *Urbanising Britain: Essays on Class and Community in the Nineteenth Century*, Cambridge University Press, Cambridge, 1991.

Theodore Koditschek, 'The Gendering of the British Working Class', *Gender and History*, Vol. 9, No.2, August 1997, pp.333-363.

Clifford Lines, *Companion to the Industrial Revolution*, Facts On File Ltd, Oxford, 1990.

Ian Lodge-Patch, 'The Surrey County Lunatic Asylum Springfield: Early Years in the Development of a Lunatic Asylum', *British Journal of Psychiatry*, Vol. 159, 1991, pp.69 – 77.

Irvine Loudon, 'Medical Practitioners 1750 – 1850 and Medical Reform in Britain', in Andrew Wear (ed.), *Medicine in Society*, Cambridge University Press, Cambridge, 1996.

Abraham S. Luchins, 'The Cult of Curability and the Doctrine of Perfectibility: Social Context of the Nineteenth Century American Asylum Movement', *History of Psychiatry*, Vol. 3, 1992, pp.203-220.

Charlotte MacKenzie, *Psychiatry for the Rich: A History of Ticehurst Private Asylum, 1792-1917*, Routledge, London 1992.

—— 'Social Factors in the Admission, Discharge, and Continuing Stay of Patients at Ticehurst Asylum, 1845 – 1917', in W.F. Bynum, R. Porter, M. Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry*, Vol. 2, Tavistock Publications, London, 1985.

Elizabeth Malcolm, 'Asylums and Other "Total Institutions" in Ireland', *Eire-Ireland*, Vol. 22, Part 3, pp.151-160.

Hilary Marland, *Medicine and Society in Wakefield and Huddersfield 1780 – 1870*, Cambridge University Press, Cambridge, 1987.

—— 'At Home with Puerperal Mania: The Domestic Treatment of the Insanity of Childbirth in the Nineteenth Century', in Peter Bartlett & David Wright (eds), *Outside the Walls of the Asylum. The History of Care in the Community 1750 – 2000*, The Athlone Press, London, 1999.

—— 'Destined to a Perfect Recover: The Confinement of Puerperal Insanity in the Nineteenth Century', in Joseph Melling and Bill Forsythe (eds), *Insanity, Institutions and Society, 1800 – 1914: A Social History of Madness in Comparative Perspectives*, Routledge, London, 1999.

Peter McCandless, 'Dangerous to Themselves and Others: The Victorian Debate Over the Prevention of Wrongful Confinement', *Journal of British Studies*, Vol. 2, 1983, pp.84 - 104.

- Sean McConville, 'Frustrated Executives: A Lost Opportunity of the English Magistracy', *Victorian Studies*, Vol. 33, No.4, 1990, pp.581-602.
- Graham Mee, *Aristocratic Enterprise: The Fitzwilliam Undertakings 1795 – 1857*, Blackie, Glasgow, 1975.
- D. J. Mellett, *The Prerogative of Asylums: Social Cultural and Administrative Aspects of the Institutional Treatment of the Insane in Nineteenth Century Britain*, Garland Publishing, New York 1982.
- Joseph Melling, 'Accommodating Madness: New Research in the Social History of Insanity and Institutions.' in Joseph Melling and Bill Forsythe (eds), *Insanity, Institutions and Society, 1800 – 1914: A Social History of Madness in Comparative Perspectives*, Routledge, London, 1999.
- and Richard Adair and Bill Forsythe, '“A Proper Lunatic for Two Years”: Pauper Lunatic Children in Victorian and Edwardian England. Child Admissions to the Devon County Asylum, 1845 – 1914', *Journal of Social History*, Vol. 31, Part 2, 1997, pp.371 –405.
- and Bill Forsythe (eds), *Insanity, Institutions and Society, 1800 – 1914: A Social History of Madness in Comparative Perspectives*, Routledge, London, 1999.
- and Bill Forsythe and Richard Adair, 'Families, Communities and the Legal Regulation of Lunacy in Victorian England: Assessments of Crime, Violence and Welfare in Admissions to the Devon Asylum, 1845 – 1914', in Peter Bartlett & David Wright (eds), *Outside the Walls of the Asylum: The History of Care in the Community 1750 – 2000*, The Athlone Press, London, 1999.
- H. Mersky, 'Somatic Treatments, Ignorance and the Historiography of Psychiatry', *The History of Psychiatry*, Vol. 5, 1994, pp.387-391.
- Mark Micale, 'Hysteria and its Historiography: The Future Perspective', *History of Psychiatry*, Vol. 1, 1990, pp.33 – 124.
- Lee-Ann Monk, 'Working Like Mad: Nineteenth Century Female Lunatic Asylum Attendants and Violence', *Lilith: A Women's History Journal*, Vol. 9, 1996, pp.5 – 20.
- Judith Moore, *A Zeal for Responsibility: The Struggle for Professional Nursing in Victorian England, 1868 – 1883*, University of Georgia Press, Athens, 1988.
- Carol E. Morgan, 'Gender Constructions and Gender Relations in Cotton and Chain-Making in England: A Contested and Varied Terrain', *Women's History Review*, Vol. 6, No.3, 1997, pp.367 – 389.

- Michael Neve and Trevor Turner, 'What the Doctor Thought and Did: Sir James Crichton Browne (1840-1938)', *Medical History*, 1995, Vol. 39, No.4, pp.399-432.
- Peter Nolan, *A History of Mental Health Nursing*, Chapman and Hall, London, 1993.
- 'The Founding of Psychiatric Nurse Training and its Aftermath', *British Journal of Psychiatry*, 1991, Vol. 159, pp.46-52.
- Rosemary O'Day, *The Family and Family Relationships*, MacMillan, Basingstoke, 1994.
- Hester Parr and Chris Philo, 'Mapping Mad Identities', in Steve Pile and Nigel Thrift (eds), *Mapping the Subject: Geographies of Cultural Transformation*, Routledge, London, 1995.
- M. Pelling and R.M. Smith, *Life, Death and the Elderly: Historical Perspectives*, Routledge, London, 1994.
- Chris Philo, ' "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, 4, 1987, pp.398 – 415.
- Steve Pile and Nigel Thrift, *Mapping the Subject: Geographies of Cultural Transformation*, Routledge, London, 1995.
- Roy Porter, *Disease Medicine and Society in England 1550 – 1860*, Cambridge University Press, Cambridge, 1995.
- *Health for Sale*, Manchester University Press, Manchester, 1989.
- 'Madness and Society in England: The Historiography Reconsidered', *Studies in History*, Vol. 3, No. 2, pp.275 – 290.
- *Mind Forg'd Manacles: A History of Madness in England from the Restoration to the Regency*, Penguin, Harmondsworth, 1987.
- *Social History of Madness*, Phoenix, London, 1987.
- and Andrew Wear (eds), *Problems and Methods in the History of Medicine*, Croom Helm, Beckenham, 1987.
- Lindsay Prior, 'The Appeal to Madness in Ireland', in Dylan Tomlinson and John Carrier (eds), *Asylum in the Community*, Routledge, London, 1996.
- Claude Quézel, *History of Syphilis*, Polity Press, Cambridge, London, 1992.

- Laurence J. Ray, 'Models of Madness in Victorian Asylum Practice', *European Journal of Sociology*, Vol. 22, pt.2, 1981, pp.229 – 264.
- Barry Reay, *Microhistories: Demography, Society and Culture in Rural England 1800-1930*, Cambridge University Press, Cambridge, 1996.
- Yannick Ripa, *Women and Madness: The Incarceration of Women in Nineteenth Century France*, Polity Press, Cambridge, 1990.
- Guenter B. Risse, 'Hospital History: New Sources and Methods', in Roy Porter and Andrew Wear (eds), *Problems and Methods in the History of Medicine*, Croom Helm, Beckenham, 1987.
- Michael Rose (ed.), *The Poor and the City; the English Poor Law in its Urban Context, 1834-1914*, Leicester University Press, Leicester, 1985.
- Michael E. Rose, 'The Poor and the City, 1834 – 1914', in Michael Rose (ed.), *The Poor and the City: The English Poor Law in its Urban Context, 1834-1914*, Leicester University Press, Leicester, 1985.
- Sonya Rose, *Limited Livelihoods: Gender and Class in Nineteenth-Century England*, Routledge, London, 1992.
- George Rosen, *Madness in Society: Chapters in the Historical Sociology of Mental Illness*, University of Chicago Press, Chicago, 1980.
- David J. Rothman, 'Social Control: The Uses and Abuses of the Concept of Social Control in the History of Incarceration', in S.Cohen and A.Scull (eds), *Social Control and the State*, Basil Blackwell, London, 1983.
- Peter Rushton, 'Lunatics and Idiots: Mental Disability, the Community, and the Poor Law in North-East England 1600-1800', *Medical History*, Vol.32, No.1, 1988 pp.34-50.
- Richard Russell, 'The Lunacy Profession and its Staff in the Second Half of the Nineteenth Century: With Special Reference to the West Riding Lunatic Asylum', in W.F. Bynum, R. Porter, M. Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry*, Vol. 3, Tavistock Publications, London, 1985.
- Cynthia Eagle Russett, *Sexual Science: The Victorian Construction of Womanhood*, Harvard University Press, Cambridge, (Mass.), 1991.
- R.S. Schofield, 'Sampling in Historical Research', in E.A. Wrigley (ed.), *Essays in the Use of Quantitative Methods for the Study of Social Data*, Cambridge University Press, Cambridge, 1972.

A. Scull (ed.), *The Asylum as Utopia*, Routledge, London, 1991.

——— *Madhouses, Mad-doctors and Madmen: The Social History of Psychiatry in the Victorian Era*, The Athlone Press, London, 1981.

——— ‘Moral Treatment Reconsidered: Some Sociological Comments in an episode in the History of British Psychiatry’, in Andrew Scull, *Madhouses, Mad-doctors and Madmen: The Social History of Psychiatry in the Victorian Era*, London, The Athlone Press, 1981.

——— *The Most Solitary of Afflictions*, Yale University Press, London, 1993.

——— *Museums of Madness*, Allen Lane, London, 1979.

——— ‘Psychiatrists and Historical “Facts” Part One: The Historiography of Somatic Treatments’, *The History of Psychiatry*, Vol. 6, 1995, pp.225 – 241.

——— ‘Psychiatrists and Historical “Facts” Part Two: Re-writing the History of Asylumdom’, *The History of Psychiatry*, Vol. 6, 1995, pp.387-394.

——— ‘A Quarter Century of the History of Psychiatry’, *Journal of the History of Behavioural Sciences*, Vol.35, Summer 1999, pp.239-46

——— ‘Rethinking the History of Asylumdom’, in Joseph Melling and Bill Forsythe (eds), *Insanity, Institutions and Society, 1800 – 1914: A Social History of Madness in Comparative Perspectives*, Routledge, London, 1999.

——— *Social Order/Mental Disorder: Anglo-American Psychiatry in Historical Perspective*, Routledge, London, 1989.

——— ‘A Victorian Alienist: John Conolly, FRCP, DCL (1794 – 1866), in W.F. Bynum, R. Porter, M. Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry*, Vol. I, Tavistock Publications, London, 1985.

——— ‘Mad-doctors and Magistrates: English Psychiatry’s Struggle for Professional Autonomy in the Nineteenth Century’, *Archive Europeenes de Sociologie*, Vol. 17, 1976, pp.279-305.

A. Scull, Charlotte MacKenzie and Nicholas Hervey, *Masters of Bedlam: the Transformation of the Mad-doctoring Trade*, Princeton University Press, Princeton, 1996.

J.A. Sharpe, *Judicial Punishment in England*, Faber & Faber, London, 1990.

- Christopher Shaw and Malcolm Chase (eds), *The Imagined Past. History and Nostalgia*, Manchester University Press, Manchester, 1989.
- John Sheehan, 'Guardians of the Pariahs? Asylum Attendants in Victorian England 1852 – 1889', Unpublished M.A. Thesis, The University of Huddersfield, 1997.
- Elaine Showalter, *Hystories: Historical Epidemics and Modern Culture*, Picador, London, 1997.
- *The Female Malady: Women, Madness and English Culture 1830 – 1980*, Virago, London, 1996.
- Joseph A. Silverman, 'Charcot's Comments on the Therapeutic Role of Isolation in the Treatment of Anorexia Nervosa', *International Journal of Eating Disorders*, Vol. 21, No.3, 1997, pp.295-298
- L D Smith, 'Behind Closed Doors: Lunatic Asylum Keepers, 1800-60', *Social History of Medicine*, Vol. 1, No.3, December 1998, pp.301-307.
- *Cure, Comfort and Safe Custody*, Leicester University Press, Leicester, 1999.
- 'The Pauper Lunatic Problem in the West Midlands, 1815-1850', *Midland History*, Vol. 21, pp.101-118.
- Phillip Smith, *Policing Victorian London*, Greenwood Press, London, 1985.
- Gareth Stedman Jones, 'Class Expression versus Social Control? A Critique of Recent Trends in the Social History of Leisure', in S. Cohen and A. Scull (eds), *Social Control and the State*, Basil Blackwell, Oxford, 1983.
- Harriet Sturdy and William Parry-Jones, 'Boarding out Insane Patients: The Significance of the Scottish System 1857 – 1913', in Peter Bartlett & David Wright (eds), *Outside the Walls of the Asylum: The History of Care in the Community 1750 – 2000*, The Athlone Press, London, 1999.
- Anne Summers, 'The Mysterious Demise of Sarah Gamp: The Domiciliary Nurse and Her Detractors, c.1830-1860', *Victorian Studies*, Vol. 32, No.3, 1989, pp.365-386.
- Akihito Suzuki, 'Enclosing and Disclosing Lunatics Within the Family Walls: Domestic Psychiatric Regime and the Public Sphere in Early Nineteenth Century England', in Peter Bartlett & David Wright (eds), *Outside the Walls of the Asylum. The History of Care in the Community 1750 – 2000*, The Athlone Press, London, 1999.
- '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: A Social History of Madness in Comparative Perspectives*, Routledge, London, 1999.

Thomas Szasz, 'The Origin of Psychiatry: The Alienist as Nanny for Troublesome Adults', *The History of Psychiatry*, Vol. 6, Part 21, 1995, pp.1 – 19.

Jeremy Taylor, *Hospital and Asylum Architecture in England 1840-1914*, Mansell, London, 1991.

Dylan Tomlinson and John Carrier (eds), *Asylum in the Community*, Routledge, London, 1996.

F.M.L. Thompson (ed.), *The Cambridge Social History of Britain 1750 –1950*. Vol. 2 *People and Their Environment*, Cambridge University Press, Cambridge, 1990.

David Thomson, 'Welfare and the Historians', in Lloyd Bonfield, Richard Smith, and Keith Wrightson, *The World We Have Gained: Histories of Population and Social Structure*, Blackwell, Oxford, 1986.

— 'The Welfare of the Elderly in the Past. A Family or Community Responsibility?' in M. Pelling and R.M. Smith, *Life, Death and the Elderly. Historical Perspectives*, Routledge, London, 1994.

P.M. Tillott, 'Sources of Inaccuracy in the 1851 and 1861 Censuses', in E.A. Wrigley (ed.), *Essays in the Use of Quantitative Methods for the Study of Social Data*, Cambridge University Press, Cambridge, 1972.

John Todd and Lawrence Ashworth, 'The West Riding Asylum and James Crichton Browne, 1818-76', in German E. Berrios and Hugh Freeman, *150 Years of British Psychiatry*, Gaskell, London, 1991.

John Tosh, *A Man's Place: Masculinity and the Middle Class Home in Victorian England*, Yale University Press, London, 1999.

N.L. Tranter, *Population and Society 1750 – 1940*, Longman, New York, 1985.

Alex Tyrrell, 'Samuel Smiles and the Woman Question in Early Victorian Britain', *Journal of British Studies*, Vol. 39, No.2, April 2000, pp.185-216.

Jane Ussher, *Women's Madness: Misogyny or Mental Illness?* Harvester Wheatsheaf, London, 1991.

Walter Vandereycken and Ron Van Deth, *From Fasting Saints to Anorexic Girls*, Athlone Press, London, 1994.



- Richard Vogler, *Reading the Riot Act: The Magistracy, the Police and the Army in Civil Disorder*, Open University Press, Milton Keynes, 1991.
- J W Walker, *Wakefield: Its History and Its People*, E.P. Publishing, Wakefield, 1972.
- Richard Wall, 'Work, Welfare and the Family: An Illustration of the Adaptive Family Economy' in Lloyd Bonfield, Richard Smith, and Keith Wrightson (eds), *The World We Have Gained. Histories of Population and Social Structure*, Blackwell, Oxford, 1986.
- Oonagh Walsh, 'Lunatic and Criminal Alliances in Nineteenth Century Ireland, in Peter Bartlett & David Wright (eds), *Outside the Walls of the Asylum: The History of Care in the Community 1750 – 2000*, The Athlone Press, London, 1999.
- J.K. Walton, 'Casting Out and Bringing Back in Victorian England: Pauper Lunatics 1840-70', in W.F. Bynum, R. Porter, M. Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry*. Vol. 2, Tavistock Publications, London, 1985.
- 'Lunacy in the Industrial Revolution: A Study of Asylum Admissions in Lancashire, 1848-50', *Journal of Social History*, Vol. 13, 1979/80, pp.1 - 22
- Andrew Wear (ed), *Medicine in Society*, Cambridge University Press, Cambridge, 1996.
- and Johanna Geyer-Kordesch and Roger French (eds), *Doctor and Ethics: The Earlier Historical Setting of Professional Ethics*, Rodopi, Amsterdam, 1993.
- Sidney & Beatrice Webb, *English Poor Law Policy*, Frank Cass & Co., London, 1963, First pub.1910.
- Raymond Williams, *Keywords, a Vocabulary of Culture and Society*, Fontana, London, 1988.
- Peter, Wood, 'Finance and the Urban Poor Law: Sunderland Union, 1836 – 1914', in Michael Rose (ed.), *The Poor and the City: The English Poor Law in its Urban Context, 1834-1914*, Leicester University Press, 1985.
- *Poverty and the Workhouse in Victorian Britain*, Alan Sutton, Stroud, 1991.
- David Wright, 'The Discharge of Pauper Lunatics from County Asylums in Mid-Victorian Britain: The Case of Buckinghamshire, 1853 -1872', in Joseph Melling and Bill Forsythe (eds), *Insanity, Institutions and Society, 1800 – 1914: A Social History of Madness in Comparative Perspectives*, Routledge, London, 1999.
- 'Familial Care of Idiot Children in Victorian England', in P. Horden and R. Smith (eds), *The Locus of Care*, Routledge, London, 1998.

—— ‘Getting Out of the Asylum: Understanding the Confinement of the Insane in the Nineteenth Century’, *Social History of Medicine*, Vol. 10, 1997, pp.137 – 155.

—— ‘The National Asylum for Idiots, Earlswood, 1847 – 1886’, Unpublished PhD Thesis, Oxford, 1993.

E.A. Wrigley, ‘Men on the Land and Men in the Countryside: Employment in Agriculture in Early-Nineteenth-Century England’ in Lloyd Bonfield, Richard Smith, and Keith Wrightson (eds), *The World We Have Gained: Histories of Population and Social Structure*, Blackwell, Oxford, 1986.

—— (ed.), *Essays in the use of Quantitative Methods for the Study of Social Data*, Cambridge University Press, Cambridge, 1972.