

# ‘Migration, Mental Illness and the Management of Asylum Populations’



*A corridor in High Royds Hospital, Menston, Ilkley, Yorkshire, a late Victorian lunatic asylum.*

Courtesy of the Wellcome Library, London

24 September, 2010

Convenors

Hilary Marland, Sarah York and Catherine Cox

**With the generous sponsorship of the Wellcome Trust  
and the Centre for the History of Medicine (Warwick)**



## 'Migration, Mental Illness and the Management of Asylum Populations'

University of Warwick  
Friday 24<sup>th</sup> September 2010

Millburn House

### Contents

	Page
Workshop Information	3
Provisional Programme	4
Abstracts:	
<b>Rebecca Wynter</b> "Singing & swearing & beating the door all night": Micro-migration, Spatial Integrity and the Early Nineteenth-Century Asylum'	6
<b>Sarah York</b> 'The Desirability of Prevention: Institutional Care of Suicidal Lunatics, c.1845-1900'	6
<b>Louise Hide</b> 'Another World? Adapting to the Regime in London's Asylums, 1890-1914'	7
<b>Jonathan Andrews</b> The Management of Death, Dissection and the Dead House in the Victorian Asylum: Necroscopy versus Mourning at the Royal Edinburgh Asylum, ca. 1813-1913	7
<b>Carole Reeves</b> 'Jewish Immigrants in Colney Hatch Pauper Lunatic Asylum, 1880-1920'	8
<b>Pamela Michael</b> 'Migration and Insanity in North Wales'	8
<b>Catherine Cox, Hilary Marland and Sarah York</b> 'Itineraries of the Insane: Irish Migration and Mental Illness in Nineteenth-Century Lancashire'	9
<b>Nicole Baur and Joseph Melling</b> 'Mental Health Patients and Readmissions to Mental Hospitals in Southern England c.1948-1965: Some Patterns of Movement'	10

# **‘Migration, Mental Illness and the Management of Asylum Populations’**

## **24 September 2010**

Organised by the Centre for the History of Medicine

This one-day workshop will be the first of two events to explore the interconnectedness of migration, ethnicity and mental illness. The second event, a two-day conference, will take place at University College Dublin in autumn 2011.

This workshop will focus on the relationship between migration, mental illness and the management of asylum populations. By migration, we refer to both migration between countries and internal movements of populations, for example between regions or from rural to urban areas. Our focus is the nineteenth- and early twentieth-century asylum, and we are interested in how, once admitted, patients were treated and managed. The workshop is intended to contribute to debates on admission and discharge processes, but also to focus on the complexities of asylum management, in a period of considerable expansion of the asylum system when growing pressure was placed on these institutions. The workshop will explore the management and experiences of particular groups, be these ‘foreigners’, male and female patients, patients of varied religious denominations, the elderly, those deemed suicidal or dangerous, or patients diagnosed with particular disorders, such as insanity related to intemperance or GPI.

The workshop will provide the organisers with an opportunity to present on their new project on ‘Madness, Migration and the Irish in Lancashire, c.1850-1921’ (funded by the Wellcome Trust). We are keen to involve a mix of early career and more established scholars in the workshop. The final purpose of the workshop is to re-institute what used to be an active series of workshops on the history of psychiatry; we hope that this will be the first of many such events.

### **Venue**

**Institute of Advanced Studies, Millburn House, University of Warwick**

Millburn House is located two buildings along from University House in the University of Warwick Science Park – it is marked as **building 38** on the main campus map (the building is in the top right hand corner of the map). This can be downloaded at: <http://www2.warwick.ac.uk/about/visiting/maps/campusmap/> Please note that the building numbers on printed versions of the map may be different. There are a small number of parking spaces available at Millburn House. Once you arrive at Millburn, use the front entrance shown on the photo and take the staircase opposite you as you enter. IAS is on the left at the top of the stairs. If coming by road, a map can be downloaded from: [http://www.warwicksciencepark.co.uk/img/uwsp\\_mapweb.pdf](http://www.warwicksciencepark.co.uk/img/uwsp_mapweb.pdf)

### **Catering**

Catering and refreshments will be provided on the day, including a hot Indian buffet lunch. (Should you have any concern about the type of food to be served at lunch please contact Tracy Horton ([T.Horton@warwick.ac.uk](mailto:T.Horton@warwick.ac.uk))).

Please note that advised dietary requirements will be taken into account.

### **Taxis**

The University uses Trinity Taxis for travel arrangements.

Tel: 02476 631631

For those claiming expenses, please keep your receipts.



## 'Migration, Mental Illness and the Management of Asylum Populations'

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Millburn House

### Provisional Programme

**Friday 24<sup>th</sup> September 2010**

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9.00– 9.30 Registration and Refreshments

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**9.30 – 10.50**

**Session 1:**

9.30 – 10.10 **Rebecca Wynter (University of Birmingham)**

“‘Singing & swearing & beating the door all night”:  
Micro-migration, Spatial Integrity and the Early Nineteenth-Century Asylum’

10.10 - 10.50 **Sarah York (University of Warwick)**

*‘The Desirability of Prevention: Institutional Care of Suicidal Lunatics, c.1845-1900’*

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10.50 – 11.10 Refreshments

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**11.10 – 12.30**

**Session 2:**

11.10 – 11.50 **Louise Hide (Birkbeck College, University of London)**

*‘Another World? Adapting to the Regime in London’s Asylums, 1890-1914’*

11.50 – 12.30 **Jonathan Andrews (University of Newcastle)**

*The Management of Death, Dissection and the Dead House in the Victorian Asylum: Necroscopy versus Mourning at the Royal Edinburgh Asylum, ca. 1813-1913*

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12.30 – 1.30 Lunch

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1.30 – 2.50

**Session 3:**

1.30 – 2.10

**Carole Reeves (The Wellcome Trust Centre for the History of Medicine at UCL)**

*'Jewish Immigrants in Colney Hatch Pauper Lunatic Asylum, 1880-1920'*

2.10 – 2.50

**Pamela Michael (University of Bangor)**

*'Migration and Insanity in North Wales'*

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2.50 – 3.10

Refreshments

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3.10 – 4.30

**Session 4:**

3.10 – 3.50

**Catherine Cox (University College Dublin), Hilary Marland and Sarah York (University of Warwick)**

*'Itineraries of the Insane: Irish Migration and Mental Illness in Nineteenth-Century Lancashire'*

3.50 – 4.30

**Nicole Baur and Joseph Melling (University of Exeter)**

*'Mental Health Patients and Readmissions to Mental Hospitals in Southern England c.1948-1965: Some Patterns of Movement'*

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4.30

Discussion and Close of Workshop

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## **'Migration, Mental Illness and the Management of Asylum Populations'**

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### **Abstracts**

#### ***Rebecca Wynter (University of Birmingham)***

##### **'Singing & swearing & beating the door all night': Micro-migration, Spatial Integrity and the Early Nineteenth-Century Asylum**

In 1852, John Joseph Dean – local solicitor and Emperor of the World – was admitted to Staffordshire County Lunatic Asylum; an establishment for all social classes. After 'singing & swearing & beating the door' between his quarters and the rest of the building, he was moved to the refractory ward. In planning the asylum, spatial integrity had been considered vital to segregate: the asylum and its surroundings; male and female; rich, middling class and poor; and different mental illnesses. Once opened in 1818, boundaries and borders were integral to asylum therapeutics and economics – to secure the custom of wealthy families it was necessary to promise strict divisions between their relatives and paupers. Distinct areas facilitated a system of promotion and demotion based on a sliding scale of mental illness and behavioural presentation, prompting the micro-migration of patients between wards.

There were gaps in spatial integrity – either those imagined by delusional inmates, or the very real issues posed by windows, doors and the walls outside. Through these seeped the noise of illness and the capacity for suicide and escape. Such incidents highlighted inmate camaraderie and resistance, but also ensured custodialism: wire-latticed windows, barred doors and walls barbed with broken glass. This did not prevent the outside world intruding on asylum space: soldiers and prison officers clambered on boundary walls and the sightseeing public called to patients. Inside, the institution was increasingly overcrowded, infringing on the segregation ethic and causing spatial shifts. Finally, in 1854, Staffordshire opened a new asylum for private and charitable patients next door to the existing facility, prompting the micro-migration there of inmates like John Joseph Dean and securing the ultimate class separation.

#### ***Sarah York (University of Warwick)***

##### **The Desirability of Prevention: Institutional Care of Suicidal Lunatics, c.1845-1900**

Suicidal patients were only one group among several that the asylum had to manage, but they were one of the more important groups. Suicidal lunatics experienced mood changes, sudden shifts in behaviour, restlessness, and poor sleep habits that made their actions unpredictable, dangerous and hard to manage. These forms of behaviour demanded a pragmatic response that substituted the leading principles of therapy and curative treatment with prevention and protection. The latter emerged as the accepted and dominant concerns in the treatment and management of suicidal patients, creating a protective institutional environment.

Patient management in this context was not just about calming and controlling the 'natural' excesses of the affliction; it had to focus closely on patient welfare. Preventive action commenced when the decision was taken to commit a person deemed insane and unmanageable. Prevention and protection then permeated all aspects of institutional life until the patient was discharged. It influenced the workings of the institution, the conduct of treatment methods, and approaches to patient management. Methods of suicide management and prevention were greatly affected by changes in the institutional environment, particularly overcrowding, but they did not collapse under the strain. Management techniques, and attendants' delivery of them, were conducted with pragmatism and versatility. Institutional efficiency and routine dominated the asylum regime of the late nineteenth century, but the dangerousness and risk associated with suicide dictated that the individual needs and safety of the suicidal population were not entirely sacrificed in the pursuit of custodialism and uniformity.

## ***Louise Hide (Birkbeck College, University of London)***

### **Another World? Adapting to the Regime in London's Asylums, 1890-1914**

Between 1890 and 1910, the number of mentally disordered people in London grew at an alarming rate from 1.87 to 3.31 per 1,000 of the general population – almost three times the national average. The task of managing many of these individuals became the responsibility of the recently formed London County Council (LCC). In 1893, Claybury Asylum opened its doors, becoming the LCC's fifth asylum and 'flagship' institution. By 1907, the Council was managing ten asylums containing more than 18,000 patients – most came from London's unions and parishes, many were transferred from overcrowded institutions in other counties. An eleventh asylum was already being planned.

This paper seeks to shed light on the lived experiences of male patients within two LCC asylums – Claybury and Bexley – during a period that saw the beginnings of the shift from the asylum to the mental hospital. It explores the ways in which men adapted to methods of management and treatment, asking how realistic it was to expect them to conform to practices that had been shaped by overarching discourses within an environment that was by definition contrived and artificial, and which occupied a liminal space on the margins of society. How, for example, did those who were unfamiliar with institutional life adjust to living within a strictly regulated system of discipline and surveillance? What induced them to participate in behaviour-regulating 'therapies' such as work, amusements and exercise? When were they at risk of being restrained, secluded or sedated?

Answers to these questions contribute to our understanding of why some patients were able to find an accommodation with the asylum regime, while others could not. They also suggest where the real locus of power might have been found within the patient's world.

## ***Jonathan Andrews (University of Newcastle)***

### **The Management of Death, Dissection and the Dead House in the Victorian Asylum: Necroscopy versus Mourning at the Royal Edinburgh Asylum, ca. 1813-1913**

This paper examines the management, meaning and conduct of post mortem examinations at the Victorian asylum. While referencing source material from a range of asylums and international contexts, it concentrates primarily on the Royal Edinburgh Asylum, Morningside, as a case study, during the period ca. 1813-1913. Decision making regarding the spatial ordering of the asylum is addressed in relation to the post mortem and the spaces reserved for the management of death in the asylum. The development of the dead house from a marginal sector of asylum activity, to a lynchpin of laboratory medicine is traced, as is evidence of clinical and managerial priorities in negotiating the conduct of necroscopies in the asylum. Lunacy Commission and broader professional pressure on asylums to modernise their facilities for post mortem and related pathological research is assessed alongside wider governmental, lay public and professional critiques of such practices, attending to the issues of ethics, consent, class and funereal memorialisation they implicated. While increasing clinical routinising of the post mortem is stressed, so too is qualified attention to the concerns of patients' relations with the rites, rituals and spaces of grieving, memorialisation and burials/funerals. It relates this analysis to the broader Foucauldian model of madness as the *déjà la* of death, and assess the extent to which the post mortem pathologising of insanity in the Victorian asylum tended towards the conversion of the deceased (pauper) lunatic into pathological material. Significant, if compromised, resistance on the part of a minority of practitioners, relatives and the wider public is found to the conversion of deceased asylum patients primarily into mere post mortem artefacts.

## ***Carole Reeves (The Wellcome Trust Centre for the History of Medicine at UCL)***

### **Jewish Immigrants in Colney Hatch Pauper Lunatic Asylum, 1880-1920**

At the close of the nineteenth century, an extraordinary exodus of Jews from eastern Europe brought thousands of immigrants to settle in Victorian London at a time when legislation was being influenced by theories of mental, physical, racial and urban degeneration. Colney Hatch, when constructed in 1851, was the largest asylum in Europe and served the eastern parishes of Middlesex and those of the East End of London. By 1901, it housed well over 2000 patients, of whom 63 per cent of East End admissions were Jewish, at a time when the proportion of Russians and Poles in the general population was just 18 per cent. Compare this, for example, to the asylums in the Govan district of Glasgow where, between 1890 and 1918, Jewish admissions averaged just over one per cent.

This study, which compared the Jewish immigrant experience with that of the indigenous East Enders, shows that the ways in which asylum patients were perceived influenced their management and prospects for discharge. At the same time, it demonstrates that stereotyped perceptions of people could also influence ideas about medicine, particularly for example, in the case of neurosyphilis. Additionally, the case records reveal much about the socioeconomic and cultural backgrounds of the two community groups including family size, nutritional status, underlying physical disease, morbidity from infections, alcoholism, family background, readmission rates and family history of mental illness. This generational perspective helps determine whether the problems experienced by first generation immigrants spilled over into the second and subsequent generations.

## ***Pamela Michael (University of Bangor)***

### **Migration and Insanity in North Wales**

Migration patterns in north and west Wales were very different to those in south and east Wales. The south Wales coalfield acted as a magnet to workers from all corners of Wales, from mid-, west- and north Wales as well as from the border counties of Herefordshire and Gloucestershire and from the south west of England. The Denbigh Hospital catered for 'lunatics' from the five northern counties of Wales and the pattern of migration for this region was very different. Liverpool, often regarded as the 'capital' of north Wales acted as the strongest magnet for out-migration. Within the five counties there were pockets of industrialisation and urbanisation and areas of declining rural populations. For instance, Wrexham in the east developed a vibrant economy in the nineteenth century, with extractive, chemical manufacturing and other trades, so that workers from adjacent counties moved there to work. Even small villages, such as Nantlle in Carnarvonshire and Rhosllanerchrugog in Flintshire were bursting at the seams by the late nineteenth century as workers from the adjacent counties of Denbigshire and Anglesey and elsewhere moved to take up jobs in mining and slate quarrying. The rural and agricultural parishes uniformly lost population during the period 1841 to 1901 and the county of Merioneth saw an unbroken decline during each decennial census.

The causation of mental illness is much contested and although interesting work is ongoing in relation to patterns of insanity in Ireland and in Liverpool, little has been done to address the social patterning of insanity in Wales or to explore links with migration. This paper will not attempt to advance any speculative theories concerning the relation between migration and insanity, but will simply investigate the possibilities offered by good hospital records for investigating the patterns of migration amongst patients, including the uses of basic admission data and the personal details of individual case histories.

There were close links between migration and occupation. Coal mining and slate quarrying for instance, although skilled occupations, drew in many unskilled labourers from rural parishes where work was scarce. There were gender patterns too, with domestic service offering the main remunerated occupation for women, although later in the century teaching and nursing grew as professions that attracted women and required them to be geographically mobile. Itinerant workers were not uncommon in nineteenth century Wales, e.g. clog makers and harvesters and travelling salesmen and 'merched y gerddi', women who would move around the country to harvest crops and pick fruit. Wales is a maritime country and sailors would trade from the many small coastal ports of north Wales to countries such as Germany, Russia, the Far East, Africa, the West Indies and of course the United States



of America. Sometimes if they became unwell abroad they were consigned to mental hospitals as far afield as China, India and Wisconsin. Usually they were brought home to become a challenge for their families and communities to care for and some ended their days in the Denbigh Hospital. Therefore there was considerable movement of population within and beyond the five counties.

As William Parry-Jones noted many years ago, there was a 'trade in lunacy' not only in the private fee paying establishments, but in pauper asylums too. When extensions were built and new wards opened at the Denbigh hospital, beds were quickly filled with patients transferred from other overflowing hospitals so as to bring much needed additional income to the hospital. Amongst the patients transferred from Liverpool many had Welsh names and were Welsh speaking. Presumably there had been some selection process involved in choosing those for transfer. They tended to be long-term chronic patients and many originated from north Wales. This paper will thus demonstrate various ways that hospital records can throw light upon the experiences of migrant workers who became insane and were committed for treatment to a Victorian lunatic asylum.

***Catherine Cox (University College Dublin), Hilary Marland and Sarah York (University of Warwick)***

### **Itineraries of the Insane: Irish Migration and Mental Illness in Nineteenth-Century Lancashire**

This paper will give a preliminary overview of issues emerging from our research into the migratory patterns of Irish patients through the Lancashire asylum system. Arriving in a state of optimism or more often extreme distress at the port of Liverpool, large numbers of Irish migrants found their way into the four Lancashire Asylums at Rainhill, Lancaster, Prestwich and Whittingham. Their impact on the Lancashire Asylum system was staggering; they accounted for around half of the admissions at Liverpool's Rainhill Asylum by the late 1850s. Not surprisingly, medical superintendents referred specifically in their reports to the pressure placed by the Irish on what were rapidly to become severely overcrowded institutions. Pressure from those migrating directly from Ireland was exacerbated by the intake of lunatics returned from America to Lancashire. Though these numbers were small in terms of the overall picture of admissions, they became a source of great frustration for the Poor Law authorities and asylum managers, and symbolic of wider issues concerning settlement and repatriation.

The project also explores micro-migration between institutions – workhouses, the four Lancashire asylums, private institutions, Broadmoor and other prisons. Focusing explicitly on the experiences of the Irish in Lancashire, the project will explore the notion that in spite of the significant differences between the management of welfare and mental disorder in England and Ireland, Lancashire became in effect an extension of the Irish asylum and Poor Law systems. Coupling the big picture of the impact of the Irish on management within the asylum system to individual stories of movement through migration, employment, destitution and confinement, the project will trace Lancashire's attempts to locate the settlement of Irish asylum inmates, drawing on a series of notebooks produced by the county council after 1867. These notebooks provide a unique insight into the fortunes of Irish patients prior to their confinement, and can be linked to asylum case notes to produce a more complete picture of the experiences and fortunes of these patients. Cross record linkage also enables us to track movements of Irish patients through the asylum and workhouse systems, a route which for many ended in Whittingham Asylum, the end station where many Irish patients remained until their deaths.

## ***Nicole Baur and Joseph Melling (University of Exeter)***

### **Mental Health Patients and Readmissions to Mental Hospitals in Southern England c.1948-1965: Some Patterns of Movement**

Since the 1960s mental health care has witnessed a process of deinstitutionalisation with a shifting emphasis from hospital treatment to care in 'the community.' This transition has been accompanied by a reduction in length of hospitalisation: many patients manage to live within their particular community without major problems, though others record multiple admissions to psychiatric hospitals. These 'revolving door' patients are frequently cited as evidence of a failing mental health care system – both with regard to the institution and the community. The implied or explicit criticism is that they either did not receive the care they required, were discharged too early, or that the community lacked facilities to provide adequate care for them.

This important question has not hitherto been examined in a systematic, longitudinal way that enables medical historians to make an informed assessment of the development of mental health services under the post-war NHS welfare state. We address the problem of multiple admissions by drawing from a unique collection of more than 8,000 individual patient files from three Devon mental hospitals which spanned a century to the early 1970s. Applying quantitative as well as qualitative methodologies, we seek to reconstruct psychiatric practice as well as the patients' 'psychiatric career' in and around institutions with a particular view on repeatedly admitted patients. In doing so, we hope to contribute to a greater understanding of the risk factors of readmission.

In this presentation we offer some preliminary thoughts on the role of the geographic and social origins of patients, their period of hospitalisation and the pattern of their return to hospital as readmission patients in the era before and during 'community care' policies.