

14 The administration of insanity in England 1800 to 1870

Elaine Murphy

Introduction

The social history of insanity has proved a seductive paradigm for students of the management of the dependent poor in nineteenth-century England. The insane have been perceived as ‘casualties’ of class and gender power relations during the transformation from a paternalistic rural economy into an industrialized capitalist state. While the Elizabethan Poor Law legislation of 1601 was the administrative foundation on which the system of care was constructed, until recently two other themes dominated the historiography of mental disorder: first, that of the rise of psychiatry and psychiatrists; and second, the expansion of the Victorian asylum as society’s preferred response.¹ A reappraisal of the ‘revisionist’ interpretation of events is now underway, however, and a more complex picture is emerging. Mad paupers are no longer so readily annexed to political dogma.

Scull’s ‘deeply researched and provocative account of the growth of public asylums’² in nineteenth-century England, published as *Museums of Madness* in 1979,³ attributed the expansion of ‘asylumdom’ to the emerging commercial market economy and the consequent extrusion of inconvenient non-working people from the mainstream of family and community life. Scull interpreted the growing interest in madness by specialist mad-doctors as an unattractive bid for power and status by a group of financially insecure members of a profession still on the threshold of respectability.

Looking back twenty years later, Scull⁴ acknowledged that his work was stimulated in part by Foucault’s brilliant but flawed essays on power relations,

¹ J. Walton, ‘Poverty and Lunacy: Some Thoughts on Directions for Future Research’, *Bulletin of the Society for the Social History of Medicine* 34 (1984), 64–7.

² J. Melling, ‘Accommodating Madness’, in J. Melling and B. Forsythe (eds.), *Insanity, Institutions and Society, 1800–1914* (London, 1999), 3.

³ A. Scull, *Museums of Madness: the Social Organization of Insanity in Nineteenth Century England* (London, 1979), 254–66.

⁴ A. Scull, ‘Rethinking the History of Asylumdom’, in Melling and Forsythe (eds.), *Insanity, Institutions and Society*, 295–395.

Madness and Civilisation.⁵ Scull's Marxist historical sociology proved to be a red rag to the mainstream British psychiatric bull and to fans of the asylum like Kathleen Jones, who viewed Scull's interpretation as a challenge to the legitimacy of the psychiatric profession, which it was, and a late flowering of the 1960s anti-psychiatry movement, which perhaps it was not. In the early 1990s Jones complained that the social history of mental-health services had become an 'academic minefield', smarting perhaps from Scull's heavyweight criticism of her analysis of events as a story of progress and social enlightenment thwarted by 'backsliding, misunderstandings and incompetence'.⁶

The effect of Scull's challenge was to provoke further analyses of the meaning of the asylum as a solution to managing derangement, facilitated by the wealth of archival material from the institutions and the county magistracy that administered them.⁷ The place of the insane in social welfare provision was located by Jones and Scull in their early works within the reforming zeal of the county magistrates, the mid-Victorian Lunatics Acts and the central inspectorate responsible for policing the Acts, the Commissioners in Lunacy.⁸ The literature underplayed the legal and administrative context of the poor law within which lunacy was managed and paid only glancing attention to the influence of the changing role of the state and the growth of nineteenth-century government administration.

Porter meanwhile was excavating an earlier seam of eighteenth-century evidence, which challenged the notion that the nineteenth-century response to madness was discontinuous and different from previous centuries. He rescued the humanity of earlier attempts to care for and cure the mad from the overwhelmingly dismissive accounts of eighteenth-century 'care' as barbaric. He further challenged the notion that the curative ideal of 'moral treatment' was a solely nineteenth-century phenomenon.⁹ Just as importantly though, he reasserted the

⁵ M. Foucault, *Madness and Civilisation: A History of Insanity in the Age of Reason* (New York, 1965).

⁶ K. Jones, *Asylums and After* (London, 1993), 4.

⁷ The literature is too large to quote more than a handful of studies here but see A. Digby, *Madness, Morality and Medicine: A Study of the York Retreat 1796–1914* (Cambridge, 1985); W. F. Bynum, R. Porter and M. Shepherd (eds.), *The Anatomy of Madness* (London, 1985); M. Finnane, *Insanity and the Insane in Post-Famine Ireland* (London, 1981); C. MacKenzie, *Psychiatry for the Rich: A History of Ticehurst Private Asylum* (London, 1992), chapter four; D. J. Mellett, *The Prerogative of Asylums: Social, Cultural and Administrative Aspects of the Institutional Treatment of the Insane in Nineteenth-Century Britain* (New York, 1982); E. Showalter, *The Female Malady: Women, Madness and English Culture 1830–1980* (New York, 1985); N. Tomes, 'The Anglo-American Asylum in Historical Perspective', in J. Gigg and C. Smith (eds.), *Location and Stigma* (1988), 3–20; J. Walton, 'Lunacy in the Industrial Revolution: A Study of Asylum Admissions in Lancashire 1848–50', *Journal of Social History* 13 (1979), 1–22.

⁸ K. Jones, *Lunacy, Law and Conscience 1744–1845* (London, 1955); Scull, *Museums of Madness*.

⁹ R. Porter, 'Medicine and the Enlightenment in Eighteenth-Century England', *Bulletin of the Society for the Social History of Medicine* 25 (1979), 27–41; R. Porter, 'Was There a Moral Therapy in the Eighteenth Century?', *Lychnos* (1981–2), 12–26; R. Porter, 'The Rage of Party: A

value of a pragmatic analysis of events in the context of a broader cultural approach. The madman, his family, the parish and the poor law moved centre stage.

Over the past fifteen years, largely through the work of Bartlett, Wright, Smith, and Forsythe and Melling,¹⁰ the asylum and 'mad-doctors' have been repositioned on the periphery of a target that places the administration of the poor law at its centre. The author's own studies in east London supplement this recent literature using administrative sources from a metropolitan geographical patch a world away from Melling's leafy Devon and the Middle England where Bartlett's, Smith's and Wright's studies are set.¹¹ This new generation of historians, released from the imperative of chasing Foucault's shadow, have continued the search for an understanding of institutions in the management of the poor and disadvantaged during the process of social and political development of the modern state. What emerges is that even at their peak of expansion, asylums were only part contributors to a broad spectrum of institutional and domestic 'supervisors of care', orchestrated by the multi-layered poor law administrative system.

Detailed local studies have unpicked a complex and geographically diverse weave of relationships and motives. Old certainties about the social class of inmates, the economic and commercial drivers of institutionalization, the central role of a status-crazed embryonic psychiatric profession and the tidy chronological progression from local parish bumbling to central state control and regulation must now be abandoned, or at least substantially modified.

The important role of kinship and family ties in the admission, discharge and negotiation of patients' care are revealed by Wright's work on the Buckinghamshire asylum, harking back to Walton's earlier work on the importance of family preferences in the committal process. Placement is now regarded as far more the outcome of contractual and bargaining negotiations between family, poor-law officials and doctors, between the 'community' and 'authority', than an imposed medical solution. In this respect the care of the insane does not look so very different from the care of the dependent aged in Richard Smith's exposition of the balance of domestic and institutional care driven by rational

Glorious Revolution in Psychiatry?', *Medical History* 29 (1983), 35–50; R. Porter, *Mind Forg'd Manacles: A History of Madness in England from the Restoration to the Regency* (London, 1987).

¹⁰ P. Bartlett, 'The Asylum and the Poor Law: The Productive Alliance', in Melling and Forsythe (eds.), *Insanity, Institutions and Society*, 48–67; D. Wright, 'Getting Out of the Asylum: Understanding the Confinement of the Insane in the Nineteenth Century', *Social History of Medicine* 10 (1997), 137–55; L. Smith, 'The County Asylum in the Mixed Economy of Care', in Melling and Forsythe (eds.), *Insanity, Institutions and Society*, 33–47; B. Forsythe, J. Melling and R. Adair, 'The New Poor Law and the County Pauper Lunatic Asylum: The Devon Experience 1834–1884', *Social History of Medicine* 9 (1996), 335–55.

¹¹ E. Murphy, 'The Administration of Insanity in East London 1800–1870', PhD thesis, University of London (2000).

economic necessity.¹² Furthermore for many patients, incarceration was not permanent and could be a fairly short-lived affair. Wright found that approximately 50 per cent of all Buckinghamshire asylum patients were eventually discharged, and that of those who were discharged, three-quarters left the asylum having stayed fewer than twelve months.¹³

The birth of county asylums

Len Smith's detailed studies of the first county asylums established following Wynn's Act of 1808 (which enabled county justices to construct county asylums) but before the comprehensive Lunatics Acts of 1845 (which obliged county justices to build public asylums), suggest that a competitive mixed economy of provision existed long before 1808 and continued to be important long afterwards.¹⁴ Porter's eighteenth-century melting pot of commercial competition, soaring scientific ambitions and multi-faceted world of personal motives and flexible public rules survived far longer into the nineteenth century than has been acknowledged. The language of entitlement, rights and contractual commitments of the old poor law gave way only slowly to the Victorian new poor-law rhetoric of virtue, vice and exclusion. Smith's work documents in fascinating detail the daily life in early asylums of keepers, patients, managers and the internal/external relationships of administrators and parish officials that is also evident in the constant negotiation over pauper patients in east London.¹⁵

The first county asylums were no larger and usually considerably smaller than the existing pauper madhouses used by the parishes. Smith suggests that the early public asylums were a natural development of embryonic quasi-public hospitals like St Luke's Hospital and Bethlem rather than a new phenomenon.¹⁶ Porter had also concluded there was greater continuity of customs in managing the mad between the seventeenth, eighteenth and nineteenth centuries than was generally acknowledged.¹⁷ Smith points to the difficulties the new asylums had in finding a place in a market economy of parish purchasers, private providers and voluntary hospitals.¹⁸

¹² R. Smith, 'Charity, Self Interest and Welfare: Reflections from Demographic and Family History', in M. Daunton (ed.), *Charity, Self Interest and Welfare in the English Past* (London, 1996), 23–8; R. Smith and P. Horden, 'Introduction', *The Locus of Care* (London, 1998).

¹³ D. Wright, 'The Discharge of Pauper Lunatics from the County Asylums in Mid-Victorian England: The Case of Buckinghamshire', in Melling and Forsythe (eds.), *Insanity, Institutions and Society*, 93–108.

¹⁴ L.D. Smith, *Cure, Comfort and Safe Custody: Public Lunatic Asylums in Early Nineteenth Century England* (London, 1999), Introduction, 1–11.

¹⁵ Murphy, 'Administration of Insanity,' 84–118.

¹⁶ Smith, *Cure, Comfort and Safe Custody*, chapter one.

¹⁷ Porter, *Mind Forged Manacles*, 278–80.

¹⁸ Smith, *Cure, Comfort and Safe Custody*, chapter one; L. D. Smith, 'The County Asylum in the Mixed Economy of Care 1808–1845', in Melling and Forsythe (eds.), *Insanity and Institutions*, 33–47.

When the new Middlesex county asylum at Hanwell opened in 1831, even though Bethlem was fast removing itself from the pauper market, the asylum was hardly well placed to compete in the east London parishes with the long-established local licensed houses and local voluntary St Luke's Hospital. The flexible charging system whereby parishes 'topped-up' family resources to fund places in St Luke's or a licensed house was an added bonus of the old system. Hanwell only became an acceptable alternative when the cost dropped significantly below the licensed houses. Local scandals seem to have made remarkably little difference to the overall use of the private sector; cost was the prevalent determinant until the 1845 Act made the use of county asylums obligatory. For the overseers of the poor in east London the new asylum at Hanwell was by no means the obvious preferred choice in the mixed economy of care between 1808 and 1845. The London unions were initially just as reluctant to fill up the second county asylum at Colney Hatch when it opened in 1851, to the desperation of the magistrates trying to run an economical institution.¹⁹ Reducing the charge was the only way to attract patients since parish supervisors were happy to leave the insane in the workhouse unless they posed a serious risk. These London findings concur with those of Melling and Forsythe in Devon and Smith in the Midlands that county asylums had to compete for trade largely on price but also by astute marketing of the advantages of an asylum over the private trade.²⁰

One of the main aims of the 1834 Poor Law Amendment Act was to impose national consistency of practice in poor relief. The Act introduced the 'New Poor Law', to be administered by boards of guardians of unions of several parishes. Stricter rules made relief available only on condition of admission to a workhouse; outdoor relief was meant to be abolished, although the more punitive aspects of the law were short-lived and largely unworkable. The New Poor Law was to be monitored by a new central government agency, the Poor-Law Commission. Central guidance should have produced uniformity in dealing with the mad. Prior to the Amendment Act there were striking differences in east London, for example, between the neighbouring Holborn parishes of parsimonious St Andrew's and generous St Sepulchre. There were however equally striking differences in the decade after the Act between the policies of the poor-law guardians of sage Stepney, punitive Poplar and generous St George-in-the-East.²¹ The guardians of impoverished St George-in-the-East for example spent double what most of their neighbouring parishes and unions spent per 1,000 population on specialist lunatic placements in the early 1840s.

¹⁹ Circular letter from Benjamin Rotch to Metropolitan Union Guardians, Whitechapel Union Board of Guardians Minutes BG/Wh/13, 174.

²⁰ Smith, 'The County Asylum', in Melling and Forsythe (eds.), *Insanity, Institutions and Society*, 33–47.

²¹ Murphy, 'Administration of Insanity', 84–118, 119–85.

Similar diversity between neighbouring boards of guardians is described in rural and county town Devon by Forsythe, Melling and Adair and by Bartlett in Leicestershire.²² Some rural areas relied heavily on boarding out single patients with nurses or keepers, a practice disapproved of by the Commissioners in Lunacy on the grounds that such patients were outwith the oversight of the central inspectorate, although they had no direct evidence that the practice was unsatisfactory.²³

The high cost of placing individuals in special asylums had the positive effect of obliging the first New Poor-Law guardians to consider individual paupers and their families just as their predecessors had. However, once the responsibility for making judgements on where to send people was removed from the guardians by the growth of county asylum places and the obligation to use them, there was less reason to consider cases in such depth. The magistrates' capital solution of building county asylums tied the guardians into an inflexible system that, while it had the merit of being cheap per individual case at the outset, proved expensive in the long term. Bartlett points out that the justices of the peace who built the county asylums were merely the top tier of poor-law administration.²⁴ Bartlett's work on the complex relations in Leicestershire and Rutland between the justices, the guardians, the asylum administrators and patients' families resonates with Forsythe, Melling and Adair's reading of the shifting nuances of administrative power at the Devon asylum.²⁵ Melling's group concluded that the axis of power was balanced between the magistrates and poor-law officials, the Lunacy Commission playing only a small part.²⁶ Walton's study of the admission process in Lancashire and Wright's on discharges from the Buckinghamshire asylum also stressed the role of poor-law officials in the lunatics' life career.²⁷ A similarly complex picture emerges from the early days of the New Poor-Law period in east London where the guardians, officials and parish doctors clearly regarded the union pauper lunatics as 'theirs'. Pauper

²² Forsythe, Melling and Adair, 'The New Poor Law', 335–55; P. Bartlett, *The Poor Law of Lunacy* (London, 1999), 151–96.

²³ Fifteenth Annual Report of the Commissioners in Lunacy (1860) Single Patients, 53–66, 69–70.

²⁴ P. Bartlett, 'The Asylum, the Workhouse and the Voice of the Insane Poor in 19th-Century England', *International Journal of Law and Psychiatry* 21 (1998), 421–32.

²⁵ P. Bartlett, 'The Poor Law of Lunacy: The Admission of Pauper Lunatics in Mid-Nineteenth-Century England with Special Reference to Leicestershire and Rutland', PhD thesis, University of London (1993), 278.

²⁶ Forsythe, Melling and Adair, 'New Poor Law', 3; B. Forsythe, J. Melling and R. Adair, 'Politics of Lunacy. Central State Regulation and the Devon Pauper Lunatic Asylum', in Melling and Forsythe (eds.), *Insanity, Institutions and Society*, 68–92.

²⁷ Walton, 'Lunacy in the Industrial Revolution, 6–7; J. Walton, 'Casting Out and Bringing Back in Victorian England: Pauper Lunatics 1840–1870', in W. Bynum, R. Porter and M. Shepherd (eds.), *The Anatomy of Madness: Essays in the History of Psychiatry*, vol. II: *Institutions and Society* (London, 1985); L. Ray, 'Models of Madness in Victorian Asylum Practice', *European Journal of Sociology* 22 (1981), 229–64; D. Wright, 'The Discharge of Lunatics from County Asylums in Mid-Victorian England', 93–112.

lunatics might be 'on loan' to the county asylum or to the private Bethnal Green Asylum. The guardians might take advice from the asylum doctors on discharge, although they might not and the first generation of Lunacy Commissioners was nothing like as much trouble to them as they might have feared.

The tussle of wills between the guardians, officials and parish doctors about the disposal of pauper lunatics was similarly played out by county asylum officers and the county magistrates (justices) who served on the asylum governing committees. Parishes and unions resented the justices' greater powers and generous budget creamed off from their own resources without their sanction but also wanted to shift the management burden of difficult-to-manage paupers. 'Dangerousness' was the language of negotiation used by all interested parties in east London to convince others of the need to act. Adair, Forsythe and Melling have also remarked on the importance of the concept of 'dangerousness' as an admission bargaining criterion between poor-law officials, doctors and asylum staff in the Devon county asylum.²⁸ Overseers and guardians attempted to match expense to the pauper's perceived level of dangerousness and behavioural nuisance.

Debates about whether the post-1845 Lunacy Commission was effective or influential as an inspectorate depend on whether the question pertains to their local visitorial or central policy role. Hervey set the Lunacy Commission's work within the context of changing conceptions of the role of government, the development of a central administrative bureaucracy and the rise of supervisory central agencies designed to oversee and 'police' the implementation of central government policy through local government.²⁹ Hervey judged the commissioners were effective locally in Kent in their early years, within the narrow confines of their remit.³⁰ Mellett thought their remit so constrained it prevented them doing very much at all and Bartlett found their role to be largely conciliatory and weak in the East Midlands.³¹ Forsythe, Melling and Adair in contrast found the Lunacy Commission 'authoritative and successful' in Devon.³²

Local Commissioners had only as much influence as individual members could exert through force of personality, negotiating skill and tenacity. Commissioners were generally far more constrained in their relationships with poor-law officials and guardians about conditions in workhouses than with public asylums and magistrates. They failed miserably to get major improvements

²⁸ R. Adair, B. Forsythe and J. Melling, 'A Danger to the Public: Disposing of Pauper Lunatics in late Victorian and Edwardian England: Plympton St Mary Union and Devon County Asylum', *Medical History* 42 (1998), 1–25.

²⁹ N. Hervey, 'The Lunacy Commission 1845–60 with Special Reference to the Implementation of Policy in Kent and Surrey', PhD thesis, University of London (1987), 50–5.

³⁰ Hervey, 'The Lunacy Commission', 455–64.

³¹ D. Mellett, 'Bureaucracy and Mental Illness: The Commissioners in Lunacy 1845–1890', *Medical History* 25 (1981), 243; Bartlett, *The Poor Law of Lunacy*, 266–7, 294.

³² Forsythe, Melling and Adair, 'Politics of Lunacy', 68–92.

in insane wards of the eastern metropolitan workhouses, compared with the self-appointed trio of doctors who comprised the 'Lancet Commission', whose dynamite journalistic prose battered the complacent London guardians through a series of well-publicized fortnightly articles in the *Lancet* through 1865–6.³³ The Lunacy Commission chairman Shaftesbury, however, had sufficient standing and parliamentary clout to ensure that for twenty-five years the collective commission influenced central government aspirations and the central ideology of care. Ultimately though, the Lunacy Commission's aspirations to annexe the universe of imbeciles to their lunatic empire ran aground, although their annual reports set the moral tone and care standards for a generation of asylums.

While it is clear that first the county magistrates, then central government in the form of the Poor-Law Board gradually appropriated the care of the insane in England, the old mixed economy system survived far longer than has been recognized. Private licensed houses played an important and respected part in the grand scheme until the last years of the nineteenth century and very often received better reports from the commissioners than the county asylums. The transition from private to public provision occurred in step-wise fashion, the private sector quick to adopt new strategies as old markets were denied them. Ultimately public providers triumphed because the legislature was on their side. Scull retains today his earlier interpretation of the rise of public asylums as a 'side effect' of the growing capitalist state in which the suspect motives of nineteenth-century alienists aid and abet the state's convenience.³⁴

Lunacy in east London

Public asylums were not only used for paupers. The Devon asylum, Forsythe and his colleagues found, sheltered the middling class of insane from the stigmatizing workhouse, with the acceptance of the guardians. While officially the Middlesex county asylum at Hanwell, serving London, took only paupers, and a declaration to that effect was made by the parish officers, in fact the parish or union was charged by the asylum and then the parish clerks pursued close relatives for the cost of the placement. Considerable energy was expended in devising ways of shifting or reducing the costs of lunatic placements through extracting costs from relatives. In Bethnal Green parish for example, the guardians' minutes for July 1839 record 'Mr William Young of 76 Church Street came before the Board to advocate of Mr Mann late of Pollard Row, chairmaker who was now in a state of insanity and about to be removed to Messrs Warburton' (Bethnal Green Asylum).³⁵ Mann had a weekly pension of 10s. per week

³³ Lancet Sanitary Commission, *Lancet* II (1865), 14–22; Metropolitan Workhouses, *Lancet* II (1865), 131–3; *Lancet* I (1866), 104–6; *Lancet* I (1867), 215–16.

³⁴ Scull, 'Rethinking the History of Asylumdom', 295–315.

³⁵ Bethnal Green Minutes of the Board of Guardians (Be BG) 5: 1 July 1839, 309.

from the East India Company to which the guardians had a legal claim to pay Mann's asylum costs.

Mr Young wished a certain portion to be applied for the benefit of the wife but in as much as she did not apply for relief and as her husband was not at present removed to Hanwell asylum the board suggested the matter had better remain as it did. Mann finally got his place in Hanwell some two months later, reducing the cost burden on the parish. Mr Young, accompanied by Mann's son, renewed his application on behalf of Mann's wife. The guardians agreed that the pension would be used to pay Warburton's outstanding bill of £1 17s. 6d. and that the sum of 5s. 6d. a week would be paid from the pension towards the cost of Hanwell. Mann's wife could keep the 4s. 6d. remainder 'to which son and Mr Young assented'. In another instance, when Sally Bartlett died in the Bethnal Green asylum in 1839, the guardians placed a charge over her £30 residual estate held in the local savings bank in order to cover Warburton's bill of £14 15s. 0d. The remainder was handed over to her son-in-law.³⁶

The notion that institutionalization was a manifestation of social control finds little echo in recent work. The insane with financial resources were also admitted to workhouses if parish officers decided it was in the individual's best interests and the relatives were incompetent. Confused old James Lock was admitted urgently to Stepney Union's Mile End workhouse in the winter of 1838 because Mr Story, the parish medical officer and Mr Warren, the relieving officer

found James Lock sitting by the fire. It seems he had gone to the necessary [*sic*] and having stopped long his daughter went to look for him and found him lying on the stairs in the yard quite exhausted from cold. . . . The only clothing he had on him at the time was a coat and one shoe and it would seem he was in the habit of going about almost in a state of nudity. It was a respectable sort of house but there was no vestige of furniture in his room except a little flock in one corner although his daughter is understood to be in receipt of £50 per annum. The Relieving Officer adds that he considered it safer to remove him at once to the workhouse than to trust him to the care of the daughter who by the accounts given her by her neighbours, appears to be addicted to drinking.³⁷

While broadly adhering to the revisionist notion of the asylum exercising a 'social control' function, Bartlett sets the care of the insane within the competing administrative models of the punitive New Poor Law and the high moral paternalism of the Lunatics Acts, illustrating with his studies in Leicestershire and Rutland that there was no hierarchical power structure but a complex web of influence between the guardians, Poor-Law Commissioners, Lunacy Commissioners and asylum 'professionals'. Workhouses remained an important part of the mixed economy of care since crucially, between a quarter and a third of

³⁶ Be BG 5: 30 September 1839; 14 October 1839.

³⁷ Stepney Union Minutes of the Board of Guardians, Response to Complaint to the Poor Law Commission. St BG/L/3, 145.

those designated lunatics and idiots was cared for in local workhouses. Insanity was therefore not only of peripheral interest to the guardians.³⁸

The parishes of east London had opted for an institutional solution for the care of the insane long before the beginning of the nineteenth century. Parish workhouses and vast urban 'pauper farms' provided care for 'harmless' idiots and the chronically mad and the huge private madhouses in Hoxton and Bethnal Green took the most difficult to manage. The individual parish was a small and feeble unit of administration and was unable to respond to any unusually heavy financial burden, but it had humanity and flexibility. The handful of insane people that each overseer and later, the paid assistant, had to deal with annually meant that each case was handled on its merits. Inconsistency of practice also allowed adaptability; if the quality of care or costs of a specialist institution changed in an unattractive way, then it was a relatively simple matter to move one or two paupers elsewhere. When for example Mr Boak, the parish beadle of the City of London parish St Andrew Undershaft visited Jonathan Tipple's pauper farm house on Christmas Day 1807 to see the parish handful of dull-witted, incompetent dependent paupers he 'found the accommodations very bad and thought it expedient they be removed'.³⁹ The beadle consulted with 'some gentleman of the parishes of St Peter and St Michael Cornhill' and found that they maintained such folk at a house in Bethnal Green. St Andrew's paupers were moved when negotiations on terms were completed a month or two later.

The metropolis was unusual in having a workhouse classification system in place long before the new poor law introduced it as ideology. Pauper farms have largely been excluded from earlier debates, yet were a crucial part of the provider system for managing some species of mentally incompetent poor in the metropolis up to 1834.⁴⁰ The London pauper farms were part of a continuum of types of refuge, which also included the licensed houses, refractory and idiot wards of parish workhouses, houseless refuges for casuals and local prisons. The shift away from pauper farms to private asylums for lunatic placements in the first two decades of the nineteenth century probably reflects what Porter identifies as the emergence of a 'cadre of specialist entrepreneurs of madness' and increasing willingness of the overseers to regard madness as requiring special expertise that could only be had in asylums.⁴¹

Funding systems and revenue cost comparisons with workhouses closed the city pauper farms that took the foolish and simple unproductive pauper and transferred their clients to the asylum. When Edward Byas, who kept a four-hundred-place pauper farm at Grove Hall in Bow, east London, could not get

³⁸ Bartlett, *The Poor Law of Lunacy*, 197–237.

³⁹ Minutes of the Trustees of the Poor, St Andrew Undershaft. Ms. 4120 vol. 6, 6 January 1808.

⁴⁰ E. Murphy, 'Mad Farming in the Metropolis: Part I. A Significant Service Industry in East London', *History of Psychiatry* 12 (2001), 245–82.

⁴¹ Porter, *Mind Forged Manacles*, 228.

sufficient paupers of this type, he turned in the early 1840s to the conventional lunatic trade to fill the gap. Then, when he could no longer compete financially with the county asylum system, Byas lost most of his union trade and in 1856 turned to the military for their mad trade to fill the void places.⁴² Grove Hall was cheap, far cheaper than any other asylum at about 5–6s. a week in the early 1840s, although the charges went up as it turned more into an asylum and less a standard pauper farm. By 1842, Whitechapel union was using Byas routinely for the care of idiots in preference to the workhouse, although John Liddle the parish doctor responsible for visiting them was dissatisfied with their care: ‘The house is not clean or orderly.’⁴³

Whitechapel Guardians continued to place a handful of insane paupers at Grove Hall at a cost in 1845 of 11s. a week, the same cost as Hoxton House and Peckham private asylums and pricier than Hanwell’s charge of 8s. 9d. Bow was after all very convenient geographically and the parish staff knew the institution officers well. In Stepney, when the Poor-Law Commissioners made it clear that there was a requirement under the new Acts of 1845 to remove treatable lunatics from workhouses to asylums, the woman workhouse ‘Master’ Mrs Megson and her close ally, medical officer Daniel Ross, pressed the guardians hard for the thirteen lunatics in Wapping workhouse to be sent to a proper asylum. They were shipped off to Grove Hall because there was no room either at Hanwell or at any of the other local institutions.⁴⁴

Control over capital

The story in east London fits Scull’s interpretation only in part. It was not capitalism but the *control* of capital that was at the heart of shifting institutional policies. Early restriction of outdoor relief in many poorer London parishes established an ‘asylum’ solution to managing diverse kinds of human incompetence long before the machinations of meddling magistrates. The burgeoning poor-relief bill in London consequent upon economic recession after the Napoleonic wars had a more direct effect on the parishes’ and unions’ increasing resort to institutional solutions than the rise of the industrial economy. Green’s parallel arguments for the transformation of ‘artisans to paupers’ in the later recession of the 1860s also stresses that an institutional response to the burden of the poor was an attempt to set limits on relief expenditure.⁴⁵

Under the old poor-law system the control of capital expenditure and the size of the capital resource were in the hands of independent madhouse entrepreneurs

⁴² Murphy, ‘Administration of Insanity’, 73–84.

⁴³ Whitechapel Union Minutes of the Board of Guardians StBG/Wh/3: April 1839, 143.

⁴⁴ Stepney Union Minutes of the Board of Guardians StBG/L/10: 11 September 1845.

⁴⁵ D. R. Green, *From Artisans to Paupers: Economic Change and Poverty in London 1790–1870* (London, 1995), 181–209.

who largely determined the service configuration. By the mid nineteenth century England was awash with capital available for public works, the fruit of the burgeoning capitalist economy. The availability of cheap capital allowed the magistrates and later the central government machine to invest in an attractively 'global' solution. As the agency where capital expenditure was controlled became more remote from the lives of the mad and their families, the larger and cheaper the institutional solution became. Emotional and geographical distance between the decision-makers and the recipients of the service facilitated an administrative solution that ignored local families', parish officers' and union doctors' individually devised solutions and substituted instead 'benefits' from the point of view of the central administration.

Having constructed the asylums it was imperative to keep them full to hold unit costs down. Financial incentives were rapidly introduced to do just that. The main increase in institutionalization rates for insanity in Middlesex beyond that predicted by population growth occurred after the Union Chargeability Act and the Metropolitan Common Poor Fund in the late 1860s produced irresistible financial incentives for guardians to use asylums. It is important not to underplay other reasons for the growth of numbers of patients. There was for example an inevitable accumulation of chronic cases throughout the nineteenth century.⁴⁶ It has already been noted that there was a significant turnover of acute cases. There was also a surprisingly high institutional mortality rate and in east London at any rate, a continuing merry-go-round after 1862, when the Lunatics Amendment Act made possible the transfer of chronic insane cases from asylums to workhouses, of omnibuses full of 'incurables' being swapped for disruptive workhouse 'recents'. Nevertheless these made only a marginal difference to the long-term resident population.⁴⁷ It was the remorseless train of patients, and by 1860 they often were on a train, making their final 'passenger station stop' that seemed never-ending that was a direct result of financial policies. There was no concerted campaign to query the wisdom of further enlargements and additional asylums. Medical superintendents were ambivalent; they wanted to respond to the suffering masses currently without benefit of their asylum and there must have been a modest satisfaction in being indispensable. Professional standing rises when a growing trade is knocking at the door.

The official reasons for the increase in numbers of those requiring asylums was that there had been a miscalculation of the numbers in official statistics and

⁴⁶ There is an extended discussion of the chronicity problem in A. Scull, *The Most Solitary of Afflictions: Madness and Society in Britain 1700–1900* (New Haven, Conn., 1993), 267–93.

⁴⁷ For coverage of the dynamic shifts in and out of the Victorian asylum see L. Ray, 'Models of Madness in Victorian Asylum Practice', *European Journal of Sociology* 22 (1981), 229–64; Walton, 'Casting Out'; J. Crammer, *Asylum History: Buckinghamshire County Pauper Lunatic Asylum – St John's* (London, 1990), chapter five; MacKenzie, *Psychiatry for the Rich*, chapter four.

that hidden cases were emerging from the community as detection and services increased.⁴⁸ A likely significant cause of the apparent increase was the widening of the definitions of insanity and in particular, what passed as a suitable case for institutionalization produced by funding incentives.⁴⁹ The ‘no-man’s-land’ of disputed cases was peopled with epileptics, idiots and imbeciles, people with traumatic brain damage, cases of degenerative brain disease and senile dementia, all groups who in metropolitan London at any rate, if they were not in an asylum would be in other forms of institutional care.

The tight reciprocal bond between the parish rate-payers contribution and union expenditure was weakened for lunatics before any other group of paupers by a clause in the 1853 Lunatics Amendment Act which made unions rather than parishes the accountable units of administration responsible for paying asylum fees.⁵⁰ It was another twelve years before the Union Chargeability Act of 1865 applied the same ruling to costs of relief for all other classes of pauper. A second clause in the 1853 Act obliged parish medical officers to visit and report quarterly to the overseers and guardians every pauper who in their judgement might be properly confined in an asylum. This repeated reporting of cases gave the parish doctors considerable influence over their guardians as local ‘moles’ of the Lunacy Commission. The doctors had no special interest in keeping the costs of asylum placements down but a very strong interest in reducing the burden on workhouse staff and their own time.

The Union Chargeability Act of 1865 provided an even greater advantage, from the point of view of the poorer parishes, of a more equitable rating system across rich and poor unions. This enhanced the spending power of unions without drawing further on their beleaguered ratepayers. Two years later the 1867 Metropolitan Poor Act severed the link in London between asylum funding and rate-payers’ pockets by the creation of the common poor fund, a central pot on which unions could draw to place any number of designated cases. The 1867 Act produced ‘immense and disproportionate growth in poor law lunatic asylums and other forms of poor relief’.⁵¹ Furthermore, the extra 4s. per week subsidy for every lunatic placement made available after 1875 was sufficient to reduce the real cost to the guardians in London of a placement to almost nothing. It is not surprising to find that almost any pauper with a hint, a suspicion of eccentricity, indecorous habits or behavioural inconvenience was a candidate for the asylum.

⁴⁸ Scull, *Most Solitary of Afflictions*, 340, quotes the fifteenth Lunacy Commissioners’ report of 1861, 79; the Select Committee Reports of 1859 and 1877 and J. Bucknill and D. H. Tuke, *A Manual of Psychological Medicine* (London, 1858), 48, 58.

⁴⁹ Scull, *Most Solitary of Afflictions*, 344–52.

⁵⁰ Lunatics Amendment Act (1853), 16/17 Vict. c 96 & 97.

⁵¹ D. Cochrane, ‘“Humane, Economical and Medically Wise”: the LCC as Administrators of Victorian Lunacy Policy’ in Bynum, Porter and Shepherd (eds.), *The Anatomy of Madness*, vol. III (London, 1988), 251.

Funding systems designed to facilitate one social policy frequently have an unwanted effect of stimulating unforeseen changes elsewhere. The drive in the 1860s to make funding systems fairer and more equitably burdensome across rich and poor unions had the entirely unexpected effect of inducing further institutionalization in the poorer unions. Contemporaneously in London the weekly horrors of the Lancet Sanitary Commission reports on appalling conditions in workhouse infirmaries, the regular but ineffectual pressure from poor-law inspectors and the marginally more persuasive Commissioners in Lunacy urged the extrusion of insane people from the workhouse. The objective of Gathorne-Hardy, the President of the Poor-Law Board and main champion of the Metropolitan Poor Act, was to provide sufficient financial incentives for the guardians to cede power to the central poor-law bureaucracy. The common poor fund was the wooden horse that lured the guardians into Troy. Lunatics became proxy parcels of cash through which centralism was achieved.

The main changes in east London from 1800 to 1871 were transinstitutional shifts from pauper farms to asylums in the old poor-law period and from workhouses and private asylums to county and imbecile asylums in the New Poor-Law period. There is no suggestion in the guardians' minutes or parish and union doctors' letters that they thought the nature or rate of insanity was changing. Alienists and asylum inspectors puzzled their heads over the rising rate of lunacy through the nineteenth-century but the guardians did not.⁵² Some interesting questions remain however about nineteenth-century changes in the epidemiology of syphilitic general paralysis,⁵³ the role of alcohol abuse consequent on cost fluctuations in alcohol⁵⁴ and the changing age demography. A little-explored area is the possible increase in dementia that would probably have accompanied the increasing life expectancy through the century and the rising proportion of indoor paupers who were elderly.⁵⁵ Modest shifts in the prevalence of these disorders could have had a major impact on institutionalization rates. There is insufficient evidence of a change in the epidemiology

⁵² Report of the Metropolitan Commissioners in Lunacy to the Lord Chancellor 1844 PP 1844(001) XXVI.1. 30; W. A. Browne, *What Asylums Were, Are and Ought to Be* (Edinburgh, 1837), 51–5; Bucknill and Tuke, *A Manual of Psychological Medicine*, 48–58; discussion in Scull, *Most Solitary of Afflictions*, chapter seven.

⁵³ E. H. Hare (posthumous, edited by J. L. Crammer), *The Origin and Spread of Dementia Paralytica* (London, 1998), 36–71.

⁵⁴ The rising availability and fluctuations in the cost of alcohol had a marked effect on rates of alcohol abuse in the twentieth century and may also have had a similar effect in the nineteenth. M. Sutton and C. Godfrey, *The Health of the Nation Targets for Alcohol: A Study of the Economic and Social Determinants of High Alcohol Consumption in Different Population Groups* (York, 1994).

⁵⁵ While the size of the population of sixty-five years and over as a percentage of the total rose only from 3.0 per cent in 1851 to 5.0 per cent in 1901, as a percentage of indoor paupers the sixty-five years and over rose from 19.8 per cent in 1851 to 36.5 per cent in 1901. K. Williams, *From Pauperism to Poverty* (London, 1981). Statistical appendix table 4.24, 'Aged Indoor Paupers 1851–81', 205.

of insanity in England during the nineteenth-century to draw firm conclusions. The most likely explanation for the increasing use of the public asylums was the guardians' desire to use available finance as cost effectively as they could.

The tradition of sending mentally ill people away from their home for 'treatment' in the hope that they would be restored, was established by the sixteenth century and became increasingly popular as beliefs about mental disorder were reformed from the religious/mystical to the realm of personal suffering and 'illness'. Porter cites from numerous examples of parishes as well as private families seeking expert help in the centuries before the nineteenth.⁵⁶ By the seventeenth century there were numerous madhouses offering care for all classes and all purses. Parry Jones pointed out that the cheaper institutions were huge enterprises catering for hundreds rather than tens of people and that patients of all classes were sent many miles away from home as a matter of course.⁵⁷ There was nothing strange or unusual about the magistrates' notion of sending the insane to asylums in pleasant far away places for care.

The early asylums were not built primarily in rapidly industrializing areas where it might be conjectured that rapid social change might throw out more human incompetence to be mopped up by the welfare system. They were built largely because of the determination of a handful of powerful magistrates; in Devon a small group of Tory land-owners, in Bedford the Brewer-philanthropist Whitbread, in Middlesex a trio of ambitious humanitarians of diverse political and religious persuasion. These were men who knew how to raise the necessary capital finance and knew that the greater the capital investment the cheaper the running costs, so long of course as there were sufficient patients to fill the buildings. The first asylums were built where individual reformers could get hold of sufficient capital, usually in fact in rural areas, not because of any special characteristics of the local poor.

The planned size of the early county institutions reflected the social entrepreneurs' perception of the population at which the single institution was targeted. The Middlesex magistracy made the same global 'one capital project' decision about its convicted felons and remand prisoners until it became convinced of the wisdom of separating the young remand prisoners from the contagion of evil recidivists. Values that shifted the capital spend from the solution which would be cheapest on revenue to a more expensive one had to be convincing and widely held, deeply embedded within the culture of the corporate public body. The magistrates were not exposed to a satisfactory alternative to the asylum and the only vision they had to provide them with their mission was

⁵⁶ Porter, *Mind Forg'd Manacles*, 120.

⁵⁷ W. L. Parry Jones, *The Trade in Lunacy: A Study of Private Mad-Houses in England in the Eighteenth and Nineteenth Centuries* (London, 1971), 281–92.

that provided by the growing handful of asylum specialists and the evangelical campaigners' detest of the profit motive.⁵⁸

Concluding remarks

Over the course of the nineteenth century, the subtle complexities of relations between the family, the poor-law parish, the magistracy and the central agencies gradually gave way to a dominant centre so removed from the patients that it ceased to rely on a mission of service provision other than to warehouse huge numbers of people. The county magistrates were capable of creating sweeping cheap global solutions in their county asylums. Nevertheless, the shameless creation of megalithic human warehouses did not really become apparent until the creation of the imbecile asylums built by the Metropolitan Asylums Board, the central agency under Poor-Law Board Control established by the Metropolitan Poor Act. The remoteness of the board from day-to-day concerns of the parishes and unions facilitated the establishment in 1871 of the apotheosis of cheap barn-like eighty-bed identical dormitories and 'living rooms' designed for 150 people in the vast and anonymous 2,000-bed institutions at Caterham and Leavesden.

The public asylum was always only a partial solution to managing the insane, even at the peak of asylum expansion. The policy of confinement of the insane in England began long before the nineteenth century, having its origins in the old poor-law parish poorhouses, the widespread practice of farming out the poor for private care from urban parishes too small to sustain their own poorhouse and also in the private madhouses, which had grown up to serve the wealthier classes in the seventeenth and eighteenth centuries. The role and influence of families and the fundamental importance of the local poor-law authorities and increasing power over public policy by central government redefines the importance of the embryonic psychiatric profession and the role of the Lunacy Commission. Neither seem quite so influential in the grand scheme of management as their own reports and trade journals imply. For patients of course, the care and treatment they received from their workhouse and asylum doctors and keepers and the influence the visiting commissioners could exert on their behalf were vital to determining the quality of the regime in which they lived.

⁵⁸ Shaftesbury's view as expressed to the Select Committee of 1859: 'When I look into the whole matter I see that the principle of profit vitiates the whole thing; it is at the bottom of all these movements that we are obliged to counteract by complicated legislation, and if we could but remove that principle of making a profit we should confer an inestimable blessing upon the middle classes, getting rid of half the legislation and securing an admirable, sound and efficient system of treatment of lunacy.' Quoted in D. H. Tuke, *Chapters in the History of the Insane in the British Isles* (London, 1882), 193.