CHAPTER 1

Historical background 1780–1840

In the 18th and early 19th centuries, people with mental illness could be cast out from society. If harmless, they were ignored and left to cope as best they could; if considered dangerous, they were confined, sometimes in degrading conditions. Confinement was a way of removing them from society; treatment was rudimentary and mechanical restraint was sometimes necessary. The mental illness of King George III helped to focus public and political attention on the problems of the mentally ill – politicians and doctors began to be more active and asylums were built. This led to the foundation in 1841 of the Association of Medical Officers of Asylums and Hospitals for the Insane.

Previous provision

Private madhouses had been a feature of British life for several centuries and they became increasingly common during the 18th century. Such establishments catered both for the affluent and for paupers if boarded out by their parishes who paid their fees. This 'trade in lunacy' was run for profit by lay people such as clergymen, as well as by doctors, and the institutions ranged in size from one to over a hundred patients. Accommodation could be sparse and unsuitable for the purpose and patients might be subjected to harsh treatment and mechanical restraint.

Although the Hospital of St Mary of Bethlem (Bedlam) in London had cared for the mentally ill since at least 1403, it was not until the 18th century that hospital facilities for the insane began to be seriously provided, and even this was on a relatively small scale. Hospital institutions were founded in Norwich in 1713; at St Luke's in London in 1751; Manchester in 1766; Newcastle in 1767; York in 1777; and Liverpool in 1790. Until around 1812, there was not a single public county or borough asylum for the insane in England, though there were several hospitals for the mentally afflicted founded by royal or private benevolence – for example, the Royal Hospitals of Bridewell and Bethlem, St Luke's Hospital in London, the Quaker foundations of the Retreat and Bootham in York, and the Bethel Hospital in Norwich. However, institutional care of the mentally ill in such asylums or private madhouses was the exception rather than the rule. The majority of the mentally ill and those with learning disability (called 'idiots', 'imbeciles' or 'feeble minded') were looked after by their families or were confined in workhouses, poorhouses and prisons.

Unease about the state in which many lunatics were kept led to the 1774 Act of Parliament, under which five commissioners from the Royal College of Physicians inspected private madhouses in London, and justices visited and licensed those in the provinces. Though not successful in eliminating abuses, this Act was a forerunner for the later system of inspection of asylums.

In the early 19th century, a major factor in bringing mental illness to public attention was the illness of George III, a popular monarch who suffered recurrent periods of mania (now considered probably to be caused by porphyria) that his physicians were unable to control. They sought the advice of the Reverend Doctor Francis Willis, who ran an asylum in Lincolnshire. He is said to have told the king that he was in urgent need of medical treatment because his ideas were deranged and that he must control himself or be put in a straitjacket. The prominence of the king's illness and its treatment focused attention on the problem and led to questioning about the lunacy laws.

The Retreat and non-restraint

In Britain, the founding of the Retreat at York in 1796 by William Tuke, a Quaker and a layman, with the development there of 'moral treatment', showed that asylum patients could be cared for more humanely. When Tuke's grandson Samuel published details of the institution and its methods in *Description of the Retreat* in 1813, the concepts of moral treatment reached a wider audience. Despite its small size and other atypical characteristics, the Retreat began to act as a model which many future asylums attempted to reproduce.[1]

The views of the original promoters of this establishment shed some light on the psychological, moral and medical treatment available to the mentally ill at that time. Although they were aware that abuses existed in many asylums, they expected that there would be people from whose practice they might learn and by whose instructions they might be guided in the main principles of their moral and medical treatment. The system at that time generally adopted relied on the principle of fear to govern the insane. The practical consequence deduced from this was that attendants should initially relate to patients with an appearance of austerity and perhaps the display of personal strength; in some cases of violent excitement, force would be the most suitable method of control. At the beginning the Retreat assented to the general correctness of these views and although they were modified by the good sense and feeling of the management committee, they were acted upon to an extent that we can hardly contemplate without surprise today.

The second superintendent, or chief nurse, at the Retreat was George Jepson. Before his appointment to the Retreat in 1797 he had doubts as to whether this severe system of management was necessary. He had observed

1 Online archive 1. William Tuke.

that wild animals were most easily tamed by gentle methods and judging by analogy, he inferred that a man without reason might be influenced by the same means. He adopted a system that presumed the patient to be generally capable to be influenced through the kindly affections of the heart and also in a considerable degree through the medium of the understanding. His approach to the treatment of patients was a mixture of moral, educational and behavioural methods – an early example of a psychological approach. The success of the Retreat convinced many that institutional care was the ideal method of treatment for the mentally ill.

Legislation, regulation and public provision

The first reference to lunatics can be found in a statute of Edward II (1320) when it was enacted that the property and estates of lunatics were vested in the Crown. There was no lunacy legislation proper till 1744 when a bill for 'regulating madhouses' was passed to regulate private asylums in which abuses were prevalent. The Act was not effective since anyone could get a licence to open an asylum. The Royal College of Physicians of London received reports of abuses but could do little. This Act also authorised any two justices to apprehend pauper lunatics who could be detained. The purpose of this Act was the protection of society, as it provided for those who 'are so far disordered in their senses that they may be too dangerous to be permitted to go abroad'. There was then no further legislation until 1808 when a bill, usually referred to as Wynn's Act, 'for the better care and maintenance of lunatics being paupers or criminals in England' was passed. The opening preamble read:

'Whereas the practice of confining such Lunatics and other insane persons as are chargeable to their respective parishes in Gaols, Houses of Correction, Poor-houses, and Houses of Industry, is highly dangerous and inconvenient, and whereas it is expedient that provision should be made for the care and maintenance of such persons, and for the erecting of proper houses for their reception … it shall be lawful for the Justices, assembled in Quarter Sessions of the County, to take into consideration the expediency of providing a Lunatic Asylum in such County.'

Under this Act, magistrates were allowed to build a rate-supported asylum in each county to cope with the large number of pauper lunatics. As the Act was discretionary, only nine English counties complied, but concern for the plight of the mentally ill was increasing. The first county asylum was opened in 1812 in Nottinghamshire and by 1841 a further 13 had been added (Box 1.1).

A Parliamentary Select Committee of Inquiry, held between 1815 and 1816, found further evidence of abuses, not only in private madhouses and workhouses but also at the Bethlem Hospital and the York Asylum. The result of the investigation into the latter led to all officers there being dismissed and attention being focused on the use of bars, chains and handcuffs and

Box 1.1 Public asylums opened between 1812 and 1841

1812	Nottingham County (Sneiton)
1814	Norfolk County
1816	Lancaster County
1818	Stafford County
1818	York, County (Wakefield)
1820	Cornwall County
1823	Lincoln County
1823	Gloucester County
1829	Chester County
1829	Suffolk County
1830	Middlesex County (Hanwell)
1832	Dorset County
1833	Kent County (Barming Heath)
1841	Surrey County (Wandsworth)

on the filth, nakedness and misery inflicted on the inmates. This convinced many of the need for greater state intervention in the care of the mentally ill, and also for an improved system of inspection of institutions by a national body. Opposition from various quarters defeated attempts to pass legislation and it was not until 1828 that the new Commission in Lunacy was able to license and supervise private madhouses in the metropolitan area, although the Act did not apply to county asylums. This omission was remedied in the Lunacy Acts in 1845 (Lunacy Act and Irish Lunatics Asylums Act), and the County Asylums Act in the same year made the building of county and borough asylums for pauper lunatics compulsory.

Doctors and treatment

Towards the latter part of the 18th century, some members of the medical profession were also beginning to show interest in the diagnostic, clinical, therapeutic, and legal aspects of the care of the insane. There was a growth in medically-run asylums, a development in medical literature on the subject, and medico-legal involvement in court cases. The recognition that the mind is a function of the brain enhanced this process, so that it became increasingly accepted by doctors, and to a lesser extent by the public, that mental illness was in fact a disease and thus fell within the province of the medical profession. Doctors were given an important

inspection and supervisory role in relation to metropolitan private madhouses under the 1828 Act, and then under the Lunacy Act 1845. This made it mandatory that each county asylum should have a resident medical officer and gave official recognition to the dominant position of the medical profession in the diagnosis and treatment of mental illness. Doctors (physician superintendents) were in charge and were expected to live on the premises. This group was the force behind the establishment of the Association of Medical Officers of Asylums and Hospitals for the Insane in 1841.

Mechanical restraint was widely used at the time. Some inmates were chained to stone floors, to the walls of their cells, to the bars of a cage, or to heavy wooden trough bedsteads. This was not always restricted to periods of maniacal excitement but could continue for years, sometimes for life. The comparative efficacy of chains, handcuffs, iron girdles, collars and strait-waistcoats was discussed. Some of the public asylums followed the example of Tuke at the Retreat and endeavoured to treat patients without recourse to restraint. For many years, arguments between the proponents and opponents of the movement appeared in the pages of the *Journal of Mental Science*. Dr Gardiner Hill, the superintendent of the asylum at Lincoln, was the first to organise his hospital in such a way that no restraint was used. He was followed by the probably better known John Conolly, who at a larger asylum (Hanwell, with 2000 beds) was able in the course of 13 years (six as a medical superintendent and seven as a visiting physician) to do away with all forms of restraint.[2]

Drug and other treatments

There was little in the way of drug treatment. Sedative drugs such as laudanum (tincture of opium) could only be given orally and overactive, overexcited and deluded patients were unlikely to take them. In the early 19th century some drugs could be administered to willing patients for their supposed calming or stimulating properties but these would only have a temporary effect. It was only after the development of the hypodermic syringe that it was possible to give patients a drug without their consent.

Baths in various forms were widely used in asylums, mainly to calm excitement. One of these was the 'bath of surprise', a reservoir of water into which the patient was suddenly precipitated while standing on its moveable and treacherous cover. There were also other various types of baths – the plunge bath, the shower bath and the douche (a jet or stream of water applied to some part of the body generally for medicinal purposes), all with water temperatures below 75°F, and the hot bath, the warm bath and the tepid bath with temperatures at or above 85°F. At that time there was no remedy of more universal employment in the treatment of the insane than

2 Online archive 2. Robert Gardiner Hill & 3. John Conolly.

the shower bath. It could be seen fixed in every ward of an English public asylum and was used in nearly every form of illness.

The late 18th and early 19th centuries saw the beginnings of a change to a more humane approach to mental illness and it was against this background of increasing legislation and asylum building that moves began to form a body to represent those in charge of the running of asylums and hospitals for the insane.

Further reading

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