

PROVISION FOR PAUPER LUNATICS 1834–1871¹

by

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IN England attention given to the problem of the insane was reluctant and spasmodic, and scandals of the eighteenth century were left to flourish almost unchecked until 1827, when a prominent parliamentary Committee of Inquiry revealed the disgusting and cruel state of affairs.² As a result of subsequent agitation two Acts were passed in 1828, one to regulate the care and treatment of the insane in England, and the other dealing with the erection of County Asylums and the care of pauper and criminal lunatics. By these two measures Justices of the Peace were empowered to take the initiative in building County Asylums, in engaging managers and in levying a rate. Fifteen Commissioners in Lunacy were appointed for the London area, five of whom were to be physicians receiving £1 an hour and travelling expenses (a high rate at this time); the remainder were unremunerated. In the provinces, Justices of the Peace were entrusted with powers and duties similar to those of the Commissioners and were also to appoint Visitors. The County Asylums and public hospitals were exempted from inspection and solitary lunatics were also left unprotected. A great amount of arduous and disagreeable work fell on the Commissioners but they plodded slowly and doggedly to accumulate facts with which to rouse public opinion and overcome opposition. From 1834, when he became Chairman of the Metropolitan Commissioners until his death in 1885, Lord Shaftesbury, the great social reformer and philanthropist, devoted himself unsparingly to the cause of reform.

Progress was slow and public awareness of existing evils awakened only gradually. As 75% of all persons of unsound mind came under the Poor Law authorities the problems of lunacy were closely connected with those of pauperism. It was to a high degree, although often indirectly, through the investigations and reports of the Poor Law officers and administrators, that the urgency for improvement was made patent. The Commissioners in Lunacy, and the Visitors and Inspectors for their part, from time to time uncovered the horrors existing in pauper institutions, and in turn the destitution authorities revealed by the explanations furnished, how much, and on what lines, redress was necessary. In its Assistant Commissioners, the central Poor Law authority possessed an inspectorate which reported on conditions in its establishments and they therefore also covered the treatment of lunatics. One of these officers

¹ This essay begins with the New Poor Law of 1834. The Poor Law Commission was created and was succeeded in 1847 by the Poor Law Board, which survived until 1871 when it was absorbed into the Local Government Board. It is during the period under review that the magnitude and relevance of the problem of sickness among the poor and destitute was recognised. Both central and local authorities, themselves still to be developed as an administrative force, were compelled to cope with an evergrowing emergency demanding new thinking and new methods. Paupers constituted by far the largest group of mentally sick, yet they remained the neglected and forgotten section of the community.

² A permissive Act had been passed in 1808 for the erection of County Asylums, but only nine were built in the following twenty years and these did not come under the inspection of the Commissioners in Lunacy appointed under the Act of 1774. Parliamentary Inquiries were held in 1815 and 1816 and several Bills passed the House of Commons between 1814 and 1819, but all save a short Act of 1819 were rejected by the Lords.

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almost immediately after the passing of the Act described the type of existence a lunatic led before 1834. In Bristol he discovered:

the workhouse was filthy in the extreme, the appearance of the inmates dirty and wretched . . . There was no classification whatever, men, women and children were promiscuously huddled together . . . In one corner of the building I discovered the most filthy, dismal looking room, which altogether presented such a sombre, wretched appearance, that curiosity prompted me to explore it. I entered it, and the scene which I witnessed, it is impossible to forget . . . it reminded me of a coal cellar, or of any place rather than the residence of a human being. The sole tenant of this abode was a poor distressed lunatic. His appearance was pitiable in the extreme; his clothing was extremely ragged; his flesh literally as dirty as the floor; his head and face were much bruised, apparently from repeated falls. . . . He sat listless and alone, without any human being to attend upon or take care of him, staring vacantly around, insensible even to the calls of nature . . . He was endeavouring to avail himself of the only comfort allowed him from the few embers which were yet burning in the grate, for he had thrust his arms through an iron grating, which was placed before the fire . . . his hands just reached the embers . . . To the very great shame of the parish officers, I found he had been in this disgusting state for years.³

The Assistant Poor Law Commissioner complained of the case to the magistrates who ordered a strict investigation, but he found similarly wretched treatment had been meted out to other lunatics in the same workhouse.

Reform necessitated the combination of areas. Nobody suffered so much under the imperfect accommodation and in the relief given by single parishes as pauper lunatics.⁴ A Poor Law Medical Officer discovered in one place that a destitute woman had for five years been boarded out on an aged poor woman of seventy. For security the officers had provided a wooden cage in which the lunatic was confined for weeks at a time although she could neither sit nor lie down in it. As soon as the doctor reported this to the new Guardians she was promptly removed to an asylum. Many inmates of the old workhouses appeared insane but governors uniformly maintained they were harmless. Even when they were seriously dangerous to other inmates, the governors refused to send them to an asylum because of the expense. The complaint of the cost of maintaining a lunatic was universal and therefore the Assistant Poor Law Commissioners advocated that several Unions should subscribe towards a joint house for hopeless cases. Many Boards of Guardians passed resolutions earnestly demanding facilities to put this proposal into practice, but parsimonious ratepayers generally registered their objection.

Many Assistant Commissioners revealed the scandals of the incoordinate system which existed where the new Poor Law was not in operation, and the improvement achieved through the formation of Unions.⁵ At Tiverton, a woman had been confined in a workhouse for twenty-eight years in a small room devoid of furniture and fire. She slept on straw and had no clothing winter or summer. On the formation of the Union she was immediately removed to an asylum. In another village a male lunatic had lived naked and in total darkness in a miserable outhouse for eight years. He

³ Report of Charles Mott, Assistant Commissioner, in 1st Annual Report of Poor Law Commissioners, P.L.C. 1835.

⁴ Report by Robert Weale, Assistant Commissioner for Worcester and Somerset, Second Annual Report, P.L.C., 1836.

⁵ By the Poor Law Amendment Act of 1834 several parishes were linked for Poor Law purposes into larger units called Unions. They were under the management of Guardians elected by the local ratepayers.

had been fastened to the wall by his leg with a chain not a foot long. The Assistant Commissioner insisted on his instant removal to an asylum. Elsewhere he found male and female lunatics confined in dens like wild beasts. The woman he had sent to an asylum, where she was expected to recover, and the man was released and employed in the workhouse. Poor Law Medical Officers told many stories of cruelty and 'there were few or no poor houses where (there were) not some objects for whose welfare a lunatic asylum (was) wanted.' The Assistant Commissioner therefore supported the Guardians in their request for the government to advance the sum necessary for their erection, in the same manner as loans were given for the building of workhouses. Each Union acting under the joint scheme would pay a proportion for the number of pauper lunatics accommodated. . . . 'At the moment we do not know what to do with the pauper lunatic . . . the expense of sending them to the asylum is so great that they have been kept in the workhouse until they become troublesome and . . . until the disease has become inveterate and recovery hopeless.'⁶

The Select Committee of Inquiry into the operation of the Poor Law of 1838 heard further evidence on the scandalous conditions tolerated for destitute lunatics and recommended that the Poor Law Commissioners or the Home Secretary should have the power to unite several Unions for the purpose of maintaining a common lunatic asylum distinct from the County Asylums. Witnesses drew attention to the 47th clause of the 1834 Poor Act, whereby lunatics and idiots were not to be detained in workhouses for longer than fourteen days. But this provision was not adhered to, indeed it was difficult to obey, in the face of the Commissioners' recommendation that asylums for pauper lunatics could be most suitably combined with a large workhouse. The Poor Law Commission maintained that this latter expedient was preferable to 'sending these unfortunate persons to private institutions, in which it is in the interest of the proprietors that they should remain.' It would also be more economical as the price paid to asylums was more than twice what it would cost to keep them in workhouses. But there is no doubt that there was an increasing if slow tendency to remove the destitute to special institutions, partly because workhouses were becoming overcrowded and partly because of a growing humaneness which was offended by the anomaly and injustice of maintaining lunatics with ordinary paupers. Where separate district asylums had been, or were established, results were salutary both socially and economically, and the mentally infirm received, so it was maintained, superior medical attention that afforded them a greater chance of recovery.⁷ London was well provided for, probably because of the activity of the Lunacy Commissioners, and between three and four thousand persons were confined in public institutions. That the city was foremost in sending paupers away is evident from a study of the Minutes of the Boards of Guardians and Select Vestries in which there is constant

⁶ W. J. Gilbert, Assistant Poor Law Commissioner, Report on Devonshire included in 2nd Annual Report, P.L.C., 1836.

⁷ No attempt is made to criticise nineteenth century treatment in the light of modern medical knowledge. Lord Shaftesbury did not have too high an opinion of the medical profession. From his experience on the Commission of Lunacy, he told the House of Lords on 11 March 1862, 'he could affirm that medical men who had not made the subject a special study, were as ignorant of mental disease as any who observed it for the first time.' Yet he dreaded specialists: 'You may depend upon this; if ever you have special doctors they will shut up people by the score.' (Evidence to Select Committee of Inquiry into Lunacy Law, 1877).

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reference to the lunacy problem. Unions also periodically sent their Medical Officers to report on the condition of their patients in the County Asylums and extra fees were paid for this service.

Attempt at Reform

In 1839 a clause was inserted in the abortive Poor Law Bill in which the Poor Law Commissioners suggested that County Asylums should be controlled in part by themselves and the Boards of Guardians, or alternatively, that power should be vested in the central destitution authority to combine a number of Unions so that asylums, solely for paupers, would be an economic proposition. The Provincial Medical and Surgical Association (later the British Medical Association) vigorously opposed this interference and protested against 'depriving the most unfortunate class of mental sufferers of the generous and humane protection which they now enjoy under a superior order of managers.'⁸ Actually, the managers were not always as superior to the Poor Law officers as the Association tried to make out, for conditions in many County Asylums left much to be desired, although they were the best institutions at the time. Many of the provincial Justices of the Peace were negligent in their inspection and in using the powers conferred upon them in 1828 for establishing new asylums. Therefore an Act was passed in 1842—through the exertions of Lord Shaftesbury and Thomas Wakley, founder of the *Lancet* and an authority on this subject—whereby two itinerant Lunacy Commissioners were appointed to inspect provincial institutions. The effect of the Act respecting the lunatic poor, was to ensure that the Poor Law Commissioners received statistics from the Unions as to the number of paupers of unsound mind. This enabled them to inquire into cases retained in the workhouses. Also, the quality of the information obtained from the Guardians and their disposition to deal efficiently with patients became more satisfactory when they and their paid officers were invested with these powers instead of overseers of single parishes. Therefore, on receiving a list of lunatics in the autumn of 1843, the Commissioners, themselves having undergone some enlightenment, called the attention of all Boards of Guardians 'to the extreme importance of suffering no motive of economy to deter the Guardians from sending pauper patients to an asylum where they might receive proper treatment as early as possible.' Medical Officers were also to inform Guardians of any paupers of unsound mind who might be cured if treatment were offered in an asylum and such cases were to be sent away. When the Commissioners doubted whether patients were being effectively dealt with, they addressed inquiries to the particular Boards of Guardians. In 1842 the number of individual cases brought to the special notice of the Guardians was 115, in 1843 it was 137. The Commissioners in the early 'forties expressed their opinion that the number of County Asylums was too small in proportion to requirements—there were sixteen of these in 1842. But besides regretting this deficiency, neither the central Poor Law authority nor the local lunacy authorities effected many tangible remedies. The provision of institutions was left to lag behind the demand. A few figures were given in 1837 as follows:⁹

⁸ Report of the Poor Law Committee of the Provincial Medical and Surgical Association, 1840.

⁹ From Appendix C, no. 8. 3rd Annual Report, P.L.C., 1837.

Numbers of pauper lunatics confined in

a) County Asylums;	Lunatics	2,610
	Idiots	170
b) Private Asylums:	Lunatics	1,403
	Idiots	88
c) Workhouses or as outdoor paupers	Lunatics	2,389
	Idiots	7,007
		13,667

Of these nearly 4,000 were believed incurable and almost 3,000 were congenital idiots. In 1841 the total cost of maintaining lunatics was revealed for the first time and amounted to nearly £120,000.¹⁰ In the following year it had risen by £2,000. By 1842 in England, over 6,000 or 42 % of lunatics were receiving medical treatment in County Asylums of licensed houses, but nearly 4,000 were living with friends or elsewhere whilst the same number were accommodated in workhouses. The two latter groups contained the largest proportion of incurable cases and mere idiots. In Wales there were over 1,000 lunatics chargeable to the poor rates of whom only 8.4% were in asylums. Nearly all the remainder were supported elsewhere and without permanent or regular medical superintendence.

William Farr gave a romantic picture of the situation in Wales when he described the village idiot lodging in a cottage, supported by the parish, the butt and favourite of the neighbourhood. He recounted the story of Jack of Pool in Montgomeryshire, who died aged 109, clothed and maintained by the neighbouring lord to secure his vote at every election.¹¹ Treatment of the village idiot was however seldom so kind and the Poor Law Commissioners had as hard a struggle to introduce some form of asylum in Wales, as they had to get the new Poor Law adopted there. They threatened however, that if the erection of one asylum (or more) was not speedily undertaken they would press for further legislation. Some lunatics were sent out of Wales, to such places as Bristol, but the numbers were few as the expense was prohibitive.

A significant fact is that in both England and Wales the number of mentally infirm amounted to one in a hundred of the pauper population and the ratio was constant through the years until it became four in a hundred in the eighteen-sixties.¹² The Poor Law Commissioners therefore came to realise that this was yet another problem of growing magnitude which would warrant specialised attention. Farr had shown that seven of every ten lunatics in London institutions were paupers and that for the labouring classes insanity in the head of the family reduced its members to destitution. Many middle class families were also ruined, because the affliction seemed to attack men and women at an age when their family commitments were highest. This was borne out by an Abstract of Returns of 1845 which gave the incidence of insanity for various age groups:¹³

¹⁰ The total expenditure on Poor Relief in 1841 was £4,760,929. The total expenditure on Medical Relief was £154,054.

¹¹ Farr's chapter 'Vital Statistics' in J. R. McCulloch's *Statistics of the British Empire*, London, 1837.

¹² Total population for England and Wales in 1841 was nearly 16,000,000. The total number of paupers relieved in England and Wales in 1841 was nearly 1,500,000. Total number of lunatics of all classes relieved in 1842 was nearly 16,000.

¹³ British Parliamentary Papers (B.P.P.) no. 38, February 1845.

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0—5	6
5—10	40
10—20	818
20—30	2,828
30—40	3,117
40—50	3,046
50—60	2,272
60—70	1,430
70+	596

Farr also maintained that, if congenital idiots were excluded, it was probable that the tendency to insanity would be found to be greater in the towns than in the country, and greater in England than in Wales and Scotland. Further, if lunatics received more humane treatment, as was becoming the case, their lives would be prolonged, so that their numbers would increase relatively to the population. The problem was becoming an important social and economic question. Therefore, before they relinquished office in 1847 the Poor Law Commissioners affirmed:

It will be our endeavour to impress, as we have hitherto done, on the minds of Guardians, the expediency of affording medical treatment to lunatics, and at as early a stage as possible of their disease, and to discourage the improper retention of any patients of unsound mind in the workhouse.¹⁴

In 1844 the Commissioners in Lunacy published a report which revealed that 9,000 or 75% of the total number of lunatics were still in workhouses, farmed out, or in private asylums where their condition was often pitiable. Shaftesbury gave illustrations of the foul and disgusting state of many institutions.¹⁵ Up to this date twenty-one counties had made no provision for an asylum on the grounds of the expense. The average cost per head in a workhouse was £40 whereas in a County Asylum it varied from £100 to £350.

'Shaftesbury's Act,' on which subsequent legislation was based, was passed in 1845. By it the Lunacy Commission was reformed on a permanent basis and a definite order and certificates were required for the confinement of a lunatic. In Asylums case-books and records were to be rigidly kept, and all destitute lunatics were to be removed from the workhouse. The Poor Law Commissioners circularised the Medical Officers with the clauses relevant to their office, and Guardians were advised to keep these new duties of the doctors in mind when making future appointments and contracts. The Act also stipulated that when an asylum was full and paupers had to be maintained in the workhouse or be farmed out, they were to receive medical attention every three months. The Poor Law Medical Officers were

¹⁴ The advocacy of early treatment or the belief in 'cures' may be considered as a pious-hope. According to Hooper's Medical Dictionary the recognised 'treatment' included blood-letting ('a powerful means of lessening excitement'), purging, calomel ('it may evacuate bile more freely'), application of cold to the head, emetics, digitalis (for its sedative powers), narcotics, camphor and blistering. For the melancholic patient a generous diet, alcohol, tonics, attention to bowels, and exercise was recommended. Insane patients were considered to be capable of 'resisting the usual morbid effects of cold, hunger and watching and being likewise less susceptible of other diseases than before.'

¹⁵ Speech to the House of Commons, 6 June 1845.

expected to compile a list of such cases, copies of which were to be sent to the Visitors of Asylums and the Commissioners in Lunacy. A doctor was liable to a heavy fine for any misstatement regarding the fitness of a person of unsound mind to be at large. The Guardians also received letters of information and instruction from the Poor Law Commissioners. Each year a physician or surgeon and one barrister were to visit every Union workhouse in which any lunatics were maintained. These Lunacy Commissioners and Visitors would supervise diet, accommodation and treatment in the workhouses and then report to the Poor Law Commission. Every pauper detained had to be certified by a Justice of the Peace or clergyman as well as by the Relieving Officer of the Union. A medical certificate had also to be supplied by a Union doctor and an independent practitioner. No pauper could in future be admitted to an asylum, licensed house or workhouse insane ward without these formalities. Guardians similarly could not discharge a patient on the grounds of expense without a medical certificate, and any two visiting Justices could direct the Relieving Officer of a Union to remove a pauper from an asylum if a Medical Officer certified to his sanity. The Act further provided for the compulsory erection of pauper lunatic asylums out of local rates in counties and boroughs, and for the appointment of committees of Visitors to regulate and superintend them and scrutinise all records. As soon as these new asylums were built, all lunatic paupers were to be transferred to them so that ultimately none would remain in the workhouses or hospitals.¹⁶ The Act was amended in 1853 but in substance its provisions lasted until 1889. It was not so much of a dead letter as many of the regulations dealing with paupers and lunatics, but there was an exasperating delay in putting its stipulations into practice, so that a uniform system never existed in the country.

The Lunacy Question after 1850

Progress in the treatment of the insane in the second half of the nineteenth century, although slow, was made at an increasing speed. It falls into three broad categories: segregation of the insane from the rest of the workhouse inmates; separation of the dangerous lunatic from the harmless imbecile with the consequent removal of the former into an asylum; and thirdly, more humane treatment. The recognition of the difference between dangerous and harmless cases only came at the end of the 'forties and no real differentiating definition was made until 1875. However inadequate the distinction remained, it became the recognised policy by the end of the period under review, to send the dangerous away and retain the harmless in the workhouse.

Developments were fostered by the previous public apathy undergoing a complete reversal. Scandals in the 'fifties and 'sixties roused widespread indignation and often led to important official inquiries. Public awareness and interest in the problems involved in the care of the mentally unsound were awakened by the active intervention and inspection of the Lunacy Commissioners. The Poor Law Board, which had replaced the Poor Law Commission in 1847, and the Commissioners in Lunacy re-

¹⁶ The Minutes of the Manchester Board of Guardians, October 1846, had an entry which showed foresight in withdrawing defectives from the sane, but it also revealed the need for specialising institutions, as there was only the one all-purpose workhouse to which to send the children: 'All boys of weak intellect at schools in Swinton, being certified, to be removed forthwith to the workhouse, and in future no such boys are to be sent to the (Poor Law) schools.'

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mained close associates on the lunacy question, and continual prodding by the latter induced the destitution authorities to keep close watch on the condition of the insane in regard to the provision of separate wards, dietaries, nursing and treatment. From the inception of the Poor Law Board, the Commissioners in Lunacy made reports to them on the treatment of lunatic inmates of workhouses. No Poor Law Inspector had ever visited the institution of one of the wealthiest parishes of London until a Lunacy Inspector called in 1854 and impressed on the Boards of Guardians—peers, baronets and clergymen—the need for better accommodation and treatment of the mentally infirm. Very efficient reports on this parish were made for the next three years until at last a Poor Law Inspector went to the workhouse, and his first visit was in connection with the insane ward.¹⁷ The penetrating annual reports made by the Commissioners in Lunacy to the Lord Chancellor revealed the conditions and the improvements necessary in the workhouses. They pointed out buildings unfit for the insane, defects in the lunatic wards, lack of open grounds, bad drainage and negligent classification and segregation. In one respect pauper lunatics were in a superior position to the more wealthy, for the Commissioners in Lunacy pressed for the transfer of the former to the County Asylums, which were now subject to constant inspection. But difficulty was experienced in introducing improvements in the several lunatic hospitals of charitable institutions, which were chiefly for the upper and middle classes, and for this reason all insane paupers were gradually withdrawn from London hospitals.

Conditions and treatment in licensed houses were still not good and a scandal was revealed in 1853 in Gateshead, where a pauper patient bit the arm of a licensed proprietor. For this he was put in a strait-jacket and flogged; the Medical Officer then removed two front teeth and a long-term confinement was ordered. At the inquiry it was stated that the lunatic was dangerous and was in the habit of biting, but evidence revealed that he had not bitten anyone before, and on this occasion had not drawn blood. Cases of extreme cruelty were also perpetrated by the more affluent, who might lock up an insane member of the family at home. The argument in favour of public asylums was well-illustrated when the cholera came in 1853. On that occasion the Commissioners in Lunacy received the power to direct officers and the following circular was issued to Superintendents and Medical Officers of Lunatic Asylums: dietaries were to be liberal, nutritious and of good quality, there were to be more solids, well cooked and well served; the institutions were to assure themselves of a good water supply; personal cleanliness was to be strictly attended to; there was to be an abundant supply of warm, dry clothing and bedding which was to be changed frequently; sufficient exercise was to be given out-of-doors; the aged and infirm were to be placed in warm, airy rooms, suitably furnished and with comforts; physical exhaustion and exposure to dampness was to be avoided; exposure to noxious effluvia or exhalations was to be prevented; the physical condition of all patients was to be vigilantly watched and every case of diarrhoea, cramp or vomiting was to be instantly reported to the Medical Officer; cleanliness, dryness, warmth and ventilation of rooms were to be objects of constant attention, any dampness was to be remedied, and floors were to be cleaned by dry scrubbing—if water were used, fires

¹⁷ Minutes of the Directors of the Poor, St. Georges, Hanover Square, London, 1854–57.

were to be lit; overcrowding was to be prevented as far as possible; waterclosets, sinks, sloprooms, and lavatories were to be examined daily; there was to be frequent lime-washing and no rubbish was to be left to decay; and finally—one room was to be set apart as a probationary ward, in case a patient was brought in from an area where cholera was prevalent. The number of pauper lunatics who came under the salutary attention of the Commissioners in Lunacy was 14,000 but a great proportion of the remaining 4,500 insane, which included workhouse inmates and the wealthier people in private institutions, were left to the mercy of Guardians and Keepers to protect them against cholera as they would.

The condition of lunatics in workhouses

The Lunacy Commissioners complained constantly that they had no power to enforce their proposals for improvement and that because the Poor Law Board also possessed insufficient authority, recommendations were ignored. They demanded legislation. They pointed out in 1859 that workhouses had not been built to accommodate lunatics, and there was no room for efficient segregation or exercise. As workhouses were conducted by officers for the ordinary paupers, there was no one to give specialised care or discipline to the mentally infirm. Punishment for violence or excitement was severe, when these were really the symptoms of disease requiring medical care.¹⁸ The proportion of lunatics in workhouses differed greatly throughout the country. It was larger in rural areas where there were also more congenital idiots and imbeciles, whereas in towns epilepsy and paralysis were more frequent. Although so many of the insane were sent away from London, the greater pauper population meant that the overcrowding of lunatics in workhouses was particularly heavy and they were often housed in an attic or basement with no facilities for exercise. In most large industrial towns only a tiny yard was provided for hundreds of people. In 1852 and 1853 the Commissioners in Lunacy visited 323 provincial workhouses and here discovered a vast number of insane crowded into workhouses—Lancashire had the most. Of the 655 workhouses in England and Wales, 10% in 1859 provided separate insane wards.¹⁹ By 1862 only three Unions in Wales and 113 in England provided special wards and most of these were in London.²⁰ But half the Unions who recorded no segregation stated that only harmless imbeciles were mixed with the sane.

But conditions were not very salutary even where the insane were segregated. In Plymouth, for example, destitute lunatics were kept in rooms in the workhouse three feet wide and seven feet long. The attendants were paupers paid a shilling a week. A new workhouse was built in the late 'fifties, but again separate wards and cells intended for lunatics were badly constructed. Also because of the new building, patients had not been removed to an asylum. The deficiency in attendants, facilities for exercise, comforts and decent quarters, were typical of the arrangements in all other large towns. In Stepney (London) the female imbecile ward had no windows until 1862.²¹ Dr. Henry Bence Jones in his famous report of 1856 on the St. Pancras

¹⁸ 12th Annual Report, Commissioners in Lunacy, 1859.

¹⁹ *Ibid.*

²⁰ Accounts and Papers (House of Commons), 1863, lii.

²¹ Minutes of the Board of Guardians, St. George in the East, Stepney, London.

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(London) workhouse gave a horrible description of the insane wards. Some were underground and were made even more objectionable because of their contact with an offensive drain from the adjoining cemetery. Another had only a grating to permit ventilation, and this opened into a privy. All lunatic wards, he stated, were ill-adapted for the insane, they were not only unwholesome but also unsafe.²² It was usual for insane wards to be deficient in furniture and eating utensils. The bedding was dirty and insufficient, and some workhouses slept two lunatics in one bed. Little water was provided for washing, and clothing was scanty, often no underclothing being supplied at all. Food was always poor and inadequate.

The Commissioners in Lunacy objected to the erection of separate wards in workhouses and the conversion of old ones, because this induced Guardians to regard them as lunatic asylums and to refuse the transfer of patients to proper institutions. In some towns there was even a matron and special staff separate from the other workhouse officers, but attendants were never adequately remunerated and supervision was defective. The want of trained nurses and kind superintendence was felt as much in the insane wards as in the workhouse infirmary. In most workhouses pauper inmates, for an extra allowance of beer, were entrusted with the sole charge of lunatics. Sometimes nurses were themselves of unsound mind or enfeebled by extreme age. The incapacity of the patients to speak for themselves and complain of their grievances was a terrible temptation to tyranny and harshness on the part of their attendants. It was to these ignorant folk that the use of strait-jackets, straps and shackles and other means of restraint were often entrusted, and punishment could be meted out at any time. Mechanical restraints were still widely used in the 'fifties; chains and handcuffs were the most usual. Mortuaries and cells ('dog holes') were also used for secluding lunatics. Many asylum authorities complained to Guardians of the condition in which lunatics were sent to them from the workhouse. Because of a growing interest in the problem of insanity, the Commissioners in Lunacy in 1853 collected material from all Medical Officers and asylum proprietors on their methods of treatment and recourse to instrumental restraint. Long and efficient reports were forwarded from all over the country. In Middlesex, where John Conolly at Hanwell had introduced non-restraint methods no coercion had been used since September 1839, but in general, the misuse of mechanical devices led to their being forbidden by the Lunacy authorities. Because the workhouse staffs could not manage without them the Commissioners' hands were strengthened in their attempt to get all pauper lunatics transferred to County Asylums.

The defects radically incident to the workhouse system carry with them the almost necessary large adherence to mechanical coercion, in itself a sure and certain test of utter neglect or of the most inadequate means of treatment.²³

Lunatics could also still be punished as criminals in the late 'fifties. These were often epileptics who committed some injury during a seizure. In Westminster two men and a woman classed of unsound mind were imprisoned, two for tearing their clothes and the third for refusing to work. Three idiots in Southampton were imprisoned

²² Report on the accommodation in St. Pancras Workhouse, 1856, by Henry Bence Jones, M.D., F.R.S.

²³ 12th Annual Report of the Commissioners in Lunacy, 1859.

for running away from the workhouse, and elsewhere a woman was sent to prison because she suffered from violent epileptic fits and the vicar had refused to sign an order to have her removed to an asylum. The *Lancet* regarded this system as extremely reprehensible: 'The rules in force to check disorderly conduct in common paupers are most improperly extended to the insane, who are in effect, prisoners in the "Bastilles" for life, incapable of asserting their own rights, yet amenable to as much punishment as if they were quite sane.'²⁴

There was an entire absence of written records on lunatic inmates of workhouses as were required in County Asylums and Licensed houses, so no means existed of ascertaining treatment. By the Lunacy Act of 1853 the duty of visiting and reporting on the state of pauper lunatics was imposed on the Medical Officer. A circular was issued by the Poor Law Board to Guardians requesting the doctor to pay quarterly visits to lunatic inmates of workhouses and also to attend any outdoor pauper lunatic for which he was to be paid a small fee. His report had to state whether he thought the mentally sick were well cared for and whether they were fit to remain outside an asylum. A penalty of £2 to £20 could be imposed on him for non-compliance and he was liable for punishment if he failed to report any suspected lunatic within three days to the Relieving Officer. The restriction of the 1845 Act which prevented a Union doctor from certifying to the insanity of a pauper brought before a Justice was repealed by the new Act and Medical Officers were to receive a fee for this service. But information remained scanty. There was no register from which accidents, wounds, misuse or death could be ascertained. If lunatics were deprived of food or otherwise ill-treated it could only be discovered by chance. Further, there was no efficient or authoritative regular official inspection. Visiting Justices never examined lunatic wards of workhouses and the visits of Lunacy Commissioners were almost useless save for enabling them to detect evils which they had no powers to remove. In the workhouse at Bath the frauds and thefts of some of the attendants had for a long time systematically deprived the patients of half their food. Yet the only complaint made by the workhouse Visiting Committee was on the wasted look of the inmates. In Bristol a dangerous lunatic committed suicide by cutting her throat in the water-closet. No inquest was called and subsequently a great deal of futile correspondence took place over the incident between the Poor Law Board, Guardians and Lunacy Commissioners.²⁵

In 1859 the lunacy authorities recommended that the Medical Officers of workhouses should keep a list of all people of unsound mind, which should be accessible to itinerant Commissioners. The latter and the Poor Law Inspector, they further proposed, should be empowered to direct the Relieving Officer to take any insane inmates before a Justice, who, under the Lunacy Act of 1853 might order removal to an asylum. In 1862 the Commissioners in Lunacy were granted the power of compulsory transfer of the insane from workhouses to an asylum if they regarded the person unfit for retention in the workhouse. Lord Shaftesbury, as Chairman of the Metropolitan Lunacy Commissioners for over half a century, carried on an untiring campaign for the transfer of all mental patients to public asylums.

²⁴ *Lancet*, 1859, i, 497.

²⁵ Correspondence between Poor Law Board and Guardians of Bristol regarding the death of a pauper, 1856.

Workhouse Reform

A proportion of inmates who should never have been retained in Poor Law institutions were those who could have been trained in an asylum to perform useful work, whereas in the workhouse they were just neglected and kept quiet without means of amusement or occupation. Moreover until the late 'sixties there was no competent officer independent of the parish, with the authority to prevent detention when it was no longer warranted, or to control those who would be most likely to suffer injury if they discharged themselves. The Lunacy Commissioners in the 'fifties and 'sixties suggested that the difficult class on the borderline of imbecility should be left entirely to the Medical Officer's care, without the interference of the Workhouse Master or the Guardians. He should have full power regarding classification, diet, employment and medical and ordinary treatment. Further, only on his authority should there be any discharge of such cases. This was particularly important with regard to imbecile women, who came to the workhouse for their confinements, were allowed out afterwards, only to return pregnant, and with each successive illegitimate child weak-minded. In such cases disease itself was promoted and perpetuated and the incidence, not only of lunacy, but also of pauperism, was greatly increased. The Lunacy Act of 1862 shortened and simplified the legal procedure whereby people could prove their sanity, but litigation did not affect paupers. Only in 1867, by the Poor Law Amendment Act, were destitute lunatics allowed to be removed from the workhouse to an asylum, registered hospital—or home if certified sane—if relatives so wished it and undertook to provide for the removal and maintenance of the person. Again reiterating former neglected measures, nobody was to be permitted to leave the workhouse without a Medical Officer's certificate.

Medical attention offered to lunatic paupers was entirely inadequate, for it seems that Union doctors visited the workhouse insane only every three months, as was required under the 1853 Act. No rule was ever laid down by the Poor Law authorities that the routine attendance of the Medical Officer at the workhouse should be extended to the lunatic wards. However, from the doctors' reports to the Guardians in the London area in the 'sixties, it does appear that the practice there was becoming more frequent of including lunatics among the sick patients, who were seen at least twice weekly. Inadequate medical attention was another factor influencing the Lunacy Commissioners' demand for the removal of pauper lunatics to public asylums.

In the establishment of County and Borough Lunatic Asylums provision was made to take patients in the early stages of the disease so that they might have a chance of ultimate cure through treatment. But where there were large workhouses and where insane wards were provided, lunatics were generally not removed. In the large cities and in many London districts this practice increased in the early 'sixties and was in direct contravention of all provisions of the law applicable to the efficient administration of asylums. The excuse, when a Commissioner in Lunacy inspected the workhouse, was that the lunatic was only being retained temporarily, but very often the insane were not transferred after the maximum time allowed of fourteen days. Medical Officers constantly pressed the Guardians to have them removed, particularly the dangerous who were often concealed among the imbecile. The motive which lay behind the retention of lunatics was economy. In one London Union

for example, the accounts showed that nearly £230 was spent quarterly in 1857 on the maintenance of lunatics in County Asylums and this had increased fivefold by 1861, when 510 of its lunatic paupers were in these asylums.²⁶

Where Guardians wished to cooperate in having their insane paupers removed, they were hindered by the insufficient number of County Asylums. In the 'fifties the northern counties, some in the east and four in Wales, still had no Asylum. Many new institutions were erected in the middle of the century but the demand always exceeded the supply. Although the provision of accommodation in asylums increased continuously so that Guardians were enabled to withdraw paupers from the workhouses and licensed houses, another serious obstacle prevented the diminution of lunatic pauper inmates in these. This was the congregation and detention of large numbers of chronic cases in the County Asylums, converting them into refuges for incurables instead of hospitals for the treatment of disease.²⁷ But no remedy for obviating the enormous evils, which the *Lancet* had called 'disgraceful to a civilised and professedly Christian country'²⁸ was possible as long as insane patients were detained in the workhouse. Stringent measures were absolutely necessary. The Lunacy Commissioners suggested the building of auxiliary asylums, which were to be intermediate between the Union workhouse and the curative asylums. These were to house those mental defectives who should really not have been admitted to the asylums—the idiotic, the chronic and the harmless. The buildings, it was suggested, should be inexpensive and in direct connection with, or at a convenient distance from the existing institutions. If this scheme had been put into effect the difficulty of classification would have arisen, for chronic dementia, melancholia and epilepsy comprise many who are idiotic and imbecile, and include none completely able to take care of themselves. The fall in the number of lunatic pauper inmates of workhouses in the late 'forties and their gradual disproportionate rise in the late 'fifties, was no doubt caused to a great extent by the considerable emptying of workhouses when the asylums were first built, and then, as these were filled, the workhouse had to receive back many of their harmless patients. Because the asylums were becoming inundated with the chronic insane, the stipulation was made that these cases were to be maintained in the workhouses—and they formed by far the largest category of the mentally unsound. The effect of moving a patient back to the workhouse was often bad, for diet and environment were so different. The food of lunatics in the Poor Law institutions was far inferior to what was offered in the asylums. The Commissioners in Lunacy pointed out that the doctors of the destitute severely neglected their duty if they did not exercise the powers given to them of ordering a more nutritious diet to pauper inmates of this class.

The Lunacy Act of 1862 not only granted the Commissioners the authority of transferring lunatics from the workhouse to an asylum, but also made it legal for Visitors of any asylum, and Guardians of Unions in districts where an asylum had been provided, to make arrangements for the reception and care of a limited number

²⁶ Quarterly Estimate for Poor Rates, Shoreditch Board of Guardians.

²⁷ For the majority of patients, then as now, asylums could only be custodial rather than therapeutic.

²⁸ *Lancet*, 1859, i, 497.

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of chronic lunatics in the workhouses. The Poor Law Board sent an explanatory circular to the Guardians in which they pointed out that:

the crowded state of some of the County Asylums may render it expedient that when proper accommodation is provided in the workhouse for cases of imbecile and harmless chronic lunatics . . . they should be removed from the asylum to the workhouse . . . to make room for acute cases in which the treatment provided in the lunatic asylum is more important and necessary.

The proposals, it was stressed, did not authorise the detention in the insane wards of a workhouse of any dangerous or violent lunatic. In 1863 the Poor Law Board found it necessary to inform the Guardians that it had not been contemplated that chronic patients should be generally received into workhouses, thereby constituting them all small lunatic establishments. The principle involved was the selection by the Visitors of one or more workhouses in which adequate accommodation, care and attendance was provided. Therefore all applications for the approval of the Commissioners had to originate with Asylum Visitors and not Union destitution officials. The Poor Law Board emphasized that the indispensable conditions were: separate wards, properly constructed, arranged and furnished; dormitories distinct from day rooms, the former to allow 500 cubic feet of space per patient and the latter 400; a liberal dietary analogous to that in asylums; ample means of exercise and recreation; due medical visits, properly qualified attendants; medical registers and other registers for providing records similar to licensed institutions. Many Guardians began the alteration of wards in workhouses because it was far cheaper than making maintenance payments to an asylum. Several Unions erected small new buildings or converted old houses near the workhouse. As separate institutional relief was preferred by the Commissioners in Lunacy, they tried to foster these latter schemes. The chronic imbeciles who remained in the workhouse helped to swell the enormous proportion of the category of inmates designated as 'aged and infirm' and it was as much for the general sick, that the reforms of the late 'sixties were demanded. Nearly every workhouse, and all the larger urban institutions, had by this time begun to have their separate insane wards, though again classification between the imbecile and those of inherently low mentality was difficult. Some of the new workhouse insane wards were passed as good by the Lunacy Visitors, but the majority were terrible. This was confirmed by Dr. Anstie in his preliminary general report of the *Lancet* Inquiry into London workhouses in July 1865. He gave a more detailed account after he had made a special study, in the *Journal of Mental Science* for October 1865. After the *Lancet* investigators had completed their inquiry in 1867, the removal of all lunatics from 'their highly improper surroundings in the workhouses' was demanded.²⁹

The Metropolitan Poor Act of 1867 ensured the transfer of imbeciles and chronic insane from the London workhouses. The proposed establishment by the newly formed Metropolitan Asylums Board of two asylums, Leavesden and Caterham, each to accommodate 1,500 patients meant that, not only would the overcrowding of workhouses be alleviated, but also that this class of pauper would have more salubrious living conditions. One result of the Act was not contemplated. Because the cost of

²⁹ *Lancet*, 1867, i, 215.

lunatics not retained in workhouses was to be paid out of the new Common Poor Fund, Guardians transferred every lunatic, for whom they could get a Medical Officer to certify, without thought of expense or propriety. When the London asylums were filled, the local Poor Law authorities sent their cases to other towns often very far away, so that the cost of removal was great. Injustice was inflicted on Poor Law Unions which had provided special accommodation for imbeciles and were keeping them at their own expense. The Poor Law Board realised that the metropolitan cases were being sent into other counties and that real supervision was out of the question. Legally however, the Board could do nothing to control or prohibit the development. They hoped that the completion of the two new asylums would enable lunatics to be brought back to the London neighbourhood so that costs might be reduced and the patients be more accessible to their relatives and friends. In May 1871 there were 1,600 patients at Leavesden and nearly 1,400 at Caterham. Not only did this ease the strain on workhouse accommodation but a great number of incurable and harmless cases were able to be removed from the two large Middlesex County Asylums. Nevertheless the County Asylums around London remained overcrowded and the Home Secretary had to ask Middlesex to build another.

Change in attitude of the Poor Law authorities

By the time its term of office came to a close in 1871 the Poor Law Board was recognising the pauper lunatic not only as a distinct class requiring special consideration, but also, because destitution was no fault of his own and deterrent principles were inapplicable, kinder treatment could and had to be afforded him. In 1862 a Poor Law Inspector had attributed the increase in the lunatic poor to the dissolute and intemperate habits of parents. Venereal disease and alcoholism produced mental infirmity, but low mental ability was also the result of generations of malnutrition and the sordid squalor in which the poor lived. The workhouse itself blunted the intelligence of its inmates. Social reformers had by the 'sixties and 'seventies convinced the central authorities of this, and many regulations issued from the Poor Law Board making conditions for the lunatics in workhouses superior to those which obtained in their homes. For example, the Lunacy Commissioners had directed the attention of the Poor Law Board to the subject of the arrangements in workhouses for the bathing of idiots or others of unsound mind and the Guardians were circularised with this as an Order. The rules were extremely long and provided for instance, that a patient should be bathed immediately after admission to the workhouse and once a week afterwards. The Medical Officer had to be informed of any sickness, enfeeblement or excitement. In preparing a bath, cold water had always to be turned on first, and before the patient entered it the temperature had to be ascertained—it had to be between 88–98 degrees. If the thermometer was out of order, bathing operations had to be suspended. Only one patient was to be bathed in the same water and under no circumstances whatever were two patients to occupy the bath at the same time. No patient had to be put under water. He had to be cleaned well with soap, dried properly and clothed as rapidly as possible. Bruises and sores noticed had to be reported.³⁰ A circular issued in 1867 said that Justices of the Peace were to

³⁰ Circular issued by Poor Law Board, 21 March 1870.

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visit homes or the workhouse for the order of removal, instead of the sufferer having to attend an open police court, for it was believed this increased the malady and caused unnecessary hardship. Great care had also to be taken to obtain efficient medical assistance.³¹ Another circular ordered that no female patient was to be transferred from the workhouse to an asylum without a companion of her own sex, and the Poor Law Amendment Act of 1867 contained a provision that a Medical Officer had to certify the fitness of a person to be moved. Before this time it frequently occurred that lunatics were removed from the workhouse whilst they were too ill for a journey or sick with some other disease.³²

Some history of the mentally ill under the care of the Poor Law Board can be told statistically. In 1850 there were 14,296 pauper lunatics, in 1860, 31,543 and in 1870, 46,548. In the former year there were about 12,000 of these in asylums and in the last year 27,000, whilst the number of those not in recognised institutions increased only slightly.³³ There were just over 4,000 lunatics not in licensed places or asylums in the first years of the 'fifties and then in the 'sixties the agitation for their removal was earnestly begun. The following table illustrates this trend:

<i>Pauper Lunatics</i>	<i>1861</i>	<i>1869</i>
In County Asylums	17,373	25,460
In Registered Hospitals	889	1,541
In Workhouses	8,543	11,103
Lodged or Boarded Out	758	938
Residing with relatives	5,357	6,631
	<hr/>	<hr/>
	32,920	45,673
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From 1859 to 1869 expenditure rose from £482,425 to £722,613, an increase of 47% and there was a 100% increase in the 1869 expenditure over that of the early 'fifties. The Poor Law Board attributed this to 'the anxiety in late years to afford the protection and scientific treatment of asylums to poor persons of this [lunatic] class, who would formerly have been kept in workhouses or left in the care of relatives as outdoor paupers.'³⁴ This had therefore become a heavy item in the relief of the

³¹ Circular issued by Poor Law Board, 26 November 1867.

³² *Other defectives*. This period also saw attention being paid to another category of defectives—the blind, deaf and dumb. It was a new class for the Poor Law authorities, which was only briefly mentioned in the Report and Act of 1834. The new Poor Law had implicitly sanctioned the granting of outdoor relief to such of these physically defective as were either wives or children. In 1842 the central destitution authorities issued an instructional letter that institutional treatment was to be offered them where such existed, even if it were outside the Union—This was the only class of 'sick' which was specifically recognised in the early period as needing institutional treatment—Little more was heard of these people until the Poor Law Amendment Act of 1867 (s.21) which authorised Guardians to provide for the reception, maintenance and instruction of any adult blind, deaf and dumb pauper in any hospital or institution established for such purposes. (An Act of 1862 had provided similarly for children). The development of this category of relief falls into the later period however, and although the Poor Law Board initiated so many supplementary policies, nothing was done for diseased incapacitated children of the poor, who, unable to earn a living, spent all their lives in the workhouse.

³³ 22nd Annual Report of the Poor Law Board, 1869–70.

³⁴ Some of the increase in expenditure was accounted for by the rise in the cost of maintenance and was therefore not due solely to the increase in numbers. 22nd Annual Report of the Poor Law Board, 1869–70.

destitute,³⁵ 'an expense which stands on a different footing altogether from other items of Poor Law expenditure.' It also showed the development of the Poor Law and its ever-widening scope.

The Poor Act of 1834 had established the rule for the formation of Unions, which made large scale and joint activity possible. It had instituted Assistant Commissioners who were responsible for the inspection of workhouses and investigations into Union malpractices. For the first time responsible Medical Officers were appointed, whose work generally led to improvement in the treatment of paupers. Lastly, the reports and interest of first the Poor Law Commissioners and then the Poor Law Board, were useful, even if the constructive policy was vacillating and timid. All these factors made it possible for the destitution authorities to tackle the lunacy problem on a national level, and aided by the awakening of the social conscience, influenced the legislature to entertain the more humane treatment of lunatics which developed in the later part of the nineteenth century. The Commissioners in Lunacy could justifiably point to the tardiness in redressing the cruelties and anomalies regarding the insane (and over 75% of these were paupers), but indirectly they also had able and useful allies in the Poor Law administration.

³⁵ The total expenditure on Poor Relief in 1871 was £7,886,724. Total expenditure on Medical Relief alone in 1871 was £290,249.

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