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To what extent did 'medical evaluations' influence the journey of the pauper insane? An appraisal of the roles of the poor law medical officer and the medical superintendent at the Hailsham Union and the Sussex County Lunatic Asylum, (1859-1882)

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Abstract

This study will consider the extent medical evaluations influenced the journey of pauper lunatics from the Hailsham Union Workhouse in East Sussex to the Sussex County Lunatic Asylum which opened in 1859 by appraising the relationships between the key medical officers involved in the process between 1859-1882. The rise of the lunatic asylum in the nineteenth century was seen as the beginning of specialized treatment of mental disorders in organized institutions. The 1845 Asylum Act made the erection of county asylums compulsory and was funded under the New Poor Law legislation. Asylums have now been replaced with Psychiatric Hospitals specializing in mental health. This research will use the terms in context of the time period written. Existing research has concluded that while the asylum has been seen as the domain of the asylum doctor in reality, he held little authority. Historians have also reasoned that the Poor Law Relieving Officer held more responsibility than the Poor Law Medical Officer in dispatching the poor insane from the Union to the asylum while others have concluded the importance of family influence in the admission and discharge of the poor insane.

This research has tested this argument by considering primary sources involved in the journey of the pauper insane providing an insight to the medical autonomy each enjoyed within these institutions under the Poor Law which shaped the administrative infrastructure of the nineteenth century asylum system led by the Poor Law Officials and Commissioners in Lunacy. It will conclude that it was a combination of negotiations between family networks, Poor Law Officials and doctors which determined the journey of the poor insane rather than by an imposed medical solution.

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I declare this this dissertation is my own independent work and has not been submitted for a degree at the OU or at any other university or institution. Some of the work builds on a small part of the material submitted from part 1 of A825 during the first year of the M.A in history and is referenced.

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To what extent did 'medical evaluations' influence the journey of the pauper insane? An appraisal of the roles of the poor law medical officer and the medical superintendent at the Hailsham Union and the Sussex County Lunatic Asylum, (1859-1882)

Introduction

This research will discuss nineteenth century medical provision in England and Wales for pauper lunatics at the local level and, to what extent the medical officers influenced the admission and discharge process between the workhouse and the asylum under the New Poor Law Act and in particular, its subsequent medical reform under the 1845 Lunacy and County Asylum Acts. Previous research at the local level have reasoned that the 'journey to the county asylum' was reliant on the relationship between the 'Guardians of the Local Unions and the Superintendents of the new institution'.¹ The Guardians were under the control of the Poor Law Officials while the Superintendents were the domain of the local Justices of the Peace, (JPs) or County Magistrates made up of lay people appointed from the local community to oversee the judicial decision making process.

Prior to the 1845 Asylums Act, there existed a 'mixed economy of care', for lunatics consisting of public subscription, private and voluntary 'madhouses'.² These institutions of care were still outside the realm of the poorer classes as the voluntary and subscription hospitals were primarily aimed at the 'lower professional classes'. While those not initially 'regarded as insane' may have been categorized by the Justices of Peace as 'vagrants' or 'criminal lunatics'

¹ Richard Adair, Bill Forsythe and Joseph Melling,, 'A Danger to the Public?' Disposing of Pauper Lunatics in late Victorian and Edwardian England: Plympton St Mary Union and the Devon County Asylum, 1867-1914', *Medical History*, 42, 1998, 1-25, (p.3)

² Leonard D. Smith, 'The County Asylum in the Mixed Economy of Care', 1808-1845' in *Insanity, Institutions and Society*, ed. by Joseph Melling and Bill Forsythe (Routledge: London and New York, 1999), pp.33-44 (p.34).

and sent to the local gaol.³ Thus, institutional care of the pauper insane was limited and those who did find their way into the private madhouses through negotiations with 'desperate' parish authorities were often exploited with 'comparable differences in the nature of care and accommodation provided'.⁴

The growing awareness and need for county asylums was established through the 1808 County Asylums Act and 'permitted' the establishment of asylums although it did not 'insist' on the local Justices of the Peace (aka magistrates) to provide county asylums and thus, by 1827 only nine were in operation with the majority of the poor insane still being retained in the workhouse or prisons. It was not until the passing of the 1845 County Asylum Act did the provision of county asylums become compulsory under the new central Lunacy Commission to regulate the legislation.

The 1834 New Poor Law had changed parishes into Unions and the overseers were replaced with elected Guardians although the financial responsibility continued under the individual parishes until 1865 when the poor law rate was transferred to a 'union common fund'.⁵ By the late nineteenth century, the majority of the insane were recognized as members of the pauper insane in England and Wales (one in four by 1867) and it was the local Poor Law officials and Justices of the Peace who decided what happened to them. While the majority of lunatics were sent to the asylum, a significant number would be

³ John Walton, 'Casting Out and Bringing Back in Victorian England: Pauper Lunatics, 1840-70', in W.F. Brynum, Roy Porter and Michael Shepherd (eds), *The Anatomy of Madness. Essays in the History of Psychiatry*, Vol.2, Institutions and Society (London, Tavistock Press, 1985), pp.135-46

⁴ Leonard Smith, *The County Asylum in the Mixed Economy*, p.35

⁵ David Wright, 'The Discharge of Pauper Lunatics from County Asylums in Mid-Victorian England, The case of Buckinghamshire, 1853-1872,' in *Insanity, Institutions and Society*, ed. by Joseph Melling and Bill Forsythe (Routledge: London and New York, 1999), pp. 93-108 (p.96).

retained in the workhouse. For instance, out of a total of 21,135,515 in 1867, 10,307 were kept in the workhouse ⁶.

It is the intention of this study to consider the factors that influenced the poor law authorities and the magistrates representing the Lunacy Commission and compare those relationships by researching the Hailsham Union Workhouse in the County of Sussex and the Sussex County Lunatic Asylum (SCLA) (or Sussex Asylum). By reviewing key primary resources for Hailsham's workhouse and the SCLA and by drawing on previous research by social historians, comparisons will be made. By analyzing the relationship between its key medical officers within these two institutions and the 'administrative machinery', this research will evaluate the extent to which 'medical evaluations' influenced the movement of the pauper insane in and out of the workhouse and asylum at the local level.

Research carried out by Adair, Forsythe and Melling (1998) concluded that the 'Union workhouse was an important filtering stage in the assessment' of pauper lunatics and thus the asylum and the workhouse were 'operating in tandem'.⁷ While the workhouse system and county asylums were governed by different organizations, the two institutions were interdependent. As Peter Bartlett explains, this is because the focus was on those patients who were 'categorized as paupers' and who by 1890, 'represented 98 per cent of those in the county

⁶ Charles Lockhart Robertson, M.D. 'The Care and Treatment of the Insane Poor', *The Journal of Mental Science*, 63, Vol.13,1867, 289-306, (p.291)

⁷ Peter Bartlett, 'The Asylum and the Poor Law', in *Insanity, Institutions and Society*, ed. by Melling and Forsythe, (Routledge: London and New York,1999) pp.48-65 (p.53)

asylum system'.⁸ Thus relationships between the Poor Law Officials and Commissioners in Lunacy depended on the 'local poor law machinery' in negotiating admissions and discharges by medical prognosis in the union workhouse and the county asylum.⁹

In assessing the journey of the poor insane between the two institutions in the nineteenth century, historians have challenged the extent to which medical evaluations influenced the admission and discharge process of the poor insane. For example, Andrew Scull was of the view that the asylum doctor remained 'remote' from his patient and had very little influence on the poor insane because asylums had become overcrowded with the overwhelming majority of the poor insane being maintained in county asylums by the late 1860s with the 'mad doctors' leaving the day-to-day care of the patients to their medical assistants.¹⁰ Moreover, the difficulty of obtaining admission to crowded asylums 'diminished' their recovery. This, argues Scull provided them with a 'scape goat' to justify the high mortality and low cure rate because they could not be 'expected to employ the full resources of their healing art' but, neither did they insist on securing adequate 'lay' staff to take on the administrative tasks freeing the asylum doctor to care for his patients. Scull therefore concluded that the rising psychiatric profession was more determined in 'securing a monopolistic control over lunatics than to cure them'.¹¹ However, while this study will demonstrate that the Sussex Asylum's Medical Superintendent maintained little

⁸ Bartlett, *The Asylum and the Poor Law*, p.50

⁹ Adair, Forsythe and Melling, *A Danger to the Public?*, p.3

¹⁰ Andrew T. Scull, *Museums of Madness, The Social Organization of Insanity in 19th Century England*, (Allen Lane Penguin Books Ltd: London, 1979), p.182

¹¹ *Ibid*

contact with his patients, his daily journal reveals his consistent 'presence' in the asylum.

Peter Bartlett's work on the movement of the poor insane process between the two state institutions concluded that the introduction of 'professional Poor Law relieving officers and medical officers' responsible for organizing admissions to the asylum of the pauper insane played more of a part than the asylum medical superintendents who were 'precluded' from the responsibility of admissions.¹²

While David Wright's research of Buckinghamshire Asylum, found the importance of family relations in the dispatch of the poor insane and the local Poor Law and economics were more significant than 'medical evaluations'.¹³

Lastly, and mindful of the restraints of this research, some contrasts may be made with the Devonian research by Adair, Forsythe and Melling, who question the insane coming from the 'poorest sections of the community'.¹⁴ Whereas this study suggests from primary sources including the Hailsham Union and SCLA admission and discharge register, that family relations may have played a small part in influencing the admission of pauper lunatics, there seemed to be a preponderance of pauper lunatics admitted to the Sussex Asylum through 'contact with the union workhouse' and not through family network referral as Adair et al contend but rather, through destitution.

¹² Bartlett, *The Asylum and the Poor Law*, p.51

¹³ Wright, *The Discharge of Pauper Lunatics from County Asylums*, p.95

¹⁴ Adair, Forsythe and Melling, *A Danger to the Public*, p.4

While Andrew Scull argued that the county asylum was led by a magistrate state more concerned with 'social, and economic forces',¹⁵ Bartlett's research on the Asylum and the Poor Law concluded that it was not without 'humanitarian resonances' because one of the goals of the New Poor Law was to 'terminate pauperism' and encourage self support. Thus, for Bartlett whether born out of economics or theology, it is still consistent with a humane set of values and therefore the institution must be approached in this way.¹⁶ Indeed, this study will show that by referring to the SCLA's Medical Superintendent's Journal and the Annual Reports for the Sussex Asylum, it will demonstrate the medical officer's humane approach and challenge Scull's view that the asylum doctors 'foster[...] a dull protective environment.'¹⁷

The time frame of 1859-1882 reflects the opening of the SCLA until 1882 when the newly formed Local Government Board (1871) in its 'crusade against outdoor relief', set up an Inspectorate to ensure guardians 'limit the range and diversity of outdoor relief'.¹⁸ By evaluating Medical Relief and Workhouse Visiting Committee reports, this study will demonstrate, that district inspectors played an 'influential' role at Hailsham Union in the movement of pauper insane to the Sussex Lunatic Asylum.

Lastly, this study will consider the status of the medical profession and its reformers dedicated to raising standards of care whilst paradoxically, restricting

¹⁵ Andrew Scull, *The Most Solitary of Afflictions, Madness and Society in Britain 1700-1900* (Yale University Press: New Haven and London, 1993)

¹⁶ Bartlett, *The Asylum and the Poor Law*, p.63

¹⁷ Scull, *The Most Solitary of Afflictions*, p.306

¹⁸ Kim Price, *Medical Negligence in Victorian Britain, The Crisis of Care under the English Poor Law, 1834-1900*, (Bloomsbury Publishing: London, New York, 2015), p.111

the medical officers since it would have affected the medical prognosis for lunatic paupers.¹⁹ The years studied here are an important transitional period for medicine and the rise of the medical profession's attempts to establish 'greater uniformity in administering relief' in practice was not achieved', despite the Metropolitan Poor Act of 1867 and the Metropolitan Asylums Board (MAB), stipulating separate infirmaries for the infectious and lunatics and specialist nursing staff. In reality, workhouse infirmaries varied from area to area in its practice with enormous discrepancies between Unions resulting in 'incapacitating' the poor law doctor.²⁰ For example, the returns for Hailsham workhouse infirmary will show the absence of a separate lunatic ward and a trained nurse until 1893 despite the establishment of MAB.²¹

Chapter one will present a brief outline of medical reform under the 1834 New Poor Law which had sought to establish greater uniformity of medical provision. In addition, it will discuss the Medical Act of 1858 which was an act to regulate the qualifications of medical practitioners in England. Lastly, this chapter will explore the Poor Laws of Lunacy including the 1845 Lunacy Legislation, which established the compulsory erection of county asylums and how they impacted on the poor insane.

Chapter two will examine the extent to which medical evaluations influenced the admission and discharge of the poor insane at the Hailsham Union Workhouse by looking at the roles of the key figures involved. By referring to a range of primary sources such as the *Sussex Advertiser*; Annual Reports for both the

¹⁹ Ruth G. Hodgkinson, 'The Poor Law Medical Officers, 1847-1871', in *The Origins of the National Health Service*, (London: Wellcome Historical Medical Library, 1967) pp.335-428

²⁰ Ibid

²¹ HCPP, Returns of Commissioners in Lunacy, 1877

Hailsham Union and the SCLA; Admission and Discharge registers; Medical Relief books; Guardian Accounts; Reception and Certificates of Lunacy, the key figures involved in the intake and discharge process may be appraised. It will assess the view that the 1860s witnessed a 'successful' measure of medical reform in contrast to the view that most initiatives were 'ignored'.²² In spite of Bartlett's conclusions from his research on English asylums that the Poor Law doctors played more of a significant role than asylum medical officers in the process of admissions and transfer between the workhouse and asylum, primary sources from Hailsham Union suggests that despite reform, the medical officers for the union and the asylum medical superintendent, were both 'cogs' in the wheel of the Poor Law Machinery.²³ This did affect 'adequate' and 'efficient' medical provision for the lunatic poor restricting both the autonomy of the Poor Law Doctor and the Medical Superintendent.

Chapter three will analyse the journey of pauper lunatics from the Union workhouse to the SCLA under the 1845 Lunacy Act which provided for a *national* provision of 'inspection, certification and licensing', whereas in reality, there were regional variations and economics and overcrowding impacted on the asylum.²⁴ Evaluation will be given to the asylum's primary sources including the Medical Superintendent's Journal and the annual reports to evaluate the extent his authority 'remained in the hands of the[se] magistrates',²⁵

²² Price, *Medical Negligence*, p.31

²³ Peter Bartlett, *The Poor Law of Lunacy, The Administration of Pauper Lunatics in Mid-nineteenth-Century England*, (Leicester University Press: London and Washington, 1999), p.310

²⁴ Michael W. Flinn, 'Medical Services under the New Poor Law', in *The New Poor Law in the Nineteenth Century*, ed. by Derek Fraser (Macmillan Press: London and Basingstoke, 1976), pp.45-66

²⁵ Wright, *The Discharge of Pauper Lunatics*, p.106

with particular focus being given to the demographics which will consider the 'Length of Residence' reports which will provide a statistical breakdown of those pauper inmates who 'Recovered, Discharged or 'Died'.²⁶

Chapter four by following the relationship between the two institutions in the admission and discharging process, the findings will be discussed as to the extent 'medical evaluations' influenced the movement of the pauper insane under the control of the Poor Law Officials and the Lunacy Commission.

²⁶ ESCRO, Sussex County Lunatic Asylum, Haywards Heath, Annual Reports, (1859-1890) ref: 10624/1-2

1. Medical reform under the New Poor Law and the 1845 Lunacy and County Asylum Acts

The New Poor Law

This chapter will consider medical reform under the 1834 New Poor Law Act and, in particular the affect it had on the pauper insane and will also consider the 1845 Lunacy and County Asylum Acts which led to the compulsory erection of county asylums under the control of the Lunacy Commission to supervise the treatment of lunatics in England and Wales. At the local level a Committee of Visitors composed of locally appointed Justices of the Peace, would monitor the county asylum.

The Poor Law Act of 1834 was to improve the poverty relief system in England and Wales to reduce the cost of pauper relief by imposing a uniform system in which parishes became unions to provide the principle of 'less eligibility' to its abled bodied poor in the workhouse. However, the New Poor Law had made no adequate provision for its 'non abled' insane and 'the deterrence principle could not be enforced'.¹ Indeed, rather than the abled bodied occupying the workhouse, more than '80 per cent of the workhouse population [...] included 'significant numbers of lunatics, idiots and persons of unsound mind' was maintained in the workhouse.² By the mid nineteenth century, increasing recognition of 'persons of unsound mind' receiving inadequate and inhumane

¹ Ruth Hodgkinson, 'Provision for Lunatics 1847-71' in *The Origins of the National Health Service*, (London: Wellcome Historical Medical Library, 1967), pp.575-591, p.575.

² David Wright, 'The Discharge of Pauper Lunatics from County Asylums in Mid-Victorian England, The case of Buckinghamshire, 1853-1872,' in *Insanity, Institutions and Society*, ed. by Joseph Melling and Bill Forsythe (Routledge: London and New York, 1999), pp. 93-108, (p.96).

treatment, became recognized as a 'distinct class' and the prohibition of outdoor relief could not be imposed on the poor insane.³

The compulsory national erection of county asylums under the Lunacy and County Asylum Acts in 1845 was controlled by the Lunacy Commission and supervised by the local Justices of the Peace to 'regulate admissions and discharges'.⁴ While the 1845 Lunacy and County Asylums Act were interdependent providing the functions for the monitoring and regulation of the pauper insane by commissioners in Lunacy by visiting the outdoor and workhouse poor insane, in practice there were regional deviations from compliance. In 1859, less than seventy workhouses out of 655 provided separate wards for the pauper insane in England and Wales. The returns for 1862 reported 195 workhouses in England and six in Wales provided special wards for lunatics with the majority in the Metropolis not providing separate lunatic wards. Thus the insane was mixed in with those inmates not requiring specialist care.⁵

Moreover, legislation ruled that dangerous lunatics were to be kept no longer than fourteen days at a workhouse and to be sent to the county asylum although in reality, as workhouses were run by lay persons with no specialized knowledge, dangerous lunatics were found exceeding the fourteen day period. The practice of retaining dangerous lunatics in workhouse infirmaries was more prevalent in the Metropolis where the demand for asylum places 'exceeded the

³ Hodgkinson, *Provision for Lunatics*, p.575.

⁴ Peter Bartlett, 'The Asylum and the Poor Law', in *Insanity Institutions and Society*, ed. by Melling and Forsythe, pp.48-65, p.97.

⁵ Hodgkinson, p.578.

supply' and more likely to be maintained in those workhouses which did have insane wards. Retaining the dangerous insane in the workhouse infirmaries was more cost effective than sending them to the asylum.⁶ Despite consistent reports and appeals from medical officers for the removal of violent lunatics, they were still not being directed to the county asylum well into the nineteenth century. For instance, in the South West of England, on the 11 October 1890, it was reported that:

A madman named Daley escaped from the Union Workhouse and made his way to the house of his mother. He attacked the poor woman with a hatchet inflicting serious wounds. [...]. He [then] took himself to the roof where he began to demolish the chimney stacks. The police had [to] chase him over the house tops before [he] was captured. The propriety of sending persons who are certified insane to Union workhouses has been raised by recent occurrences in Bristol. Probably, it cost less to send a man to the workhouse as an imbecile than it would be to send him to the asylum as a lunatic.⁷

In addition, as will be discussed in chapter two, Hailsham Union also retained dangerous lunatics suffice to say, the problem of deciding who was a threat was problematic and if the history of the poor inmate was unknown their 'dangerousness' would not be apparent at the time of being admitted into the workhouse. Definitions were generally referred to as lunatics, imbecile or idiot with the latter two thought of as less of a threat by the Poor Law Board and the Lunacy Commission. Further, as county asylums nationally become increasingly overcrowded, the 'harmless' imbecile and idiot lunatic would be provided for in the workhouse and used for 'household labour'.⁸ Indeed, the Metropolitan Commissioners in Lunacy recommended in its penultimate report in 1844 that where it is evident the patient:

⁶ Hodgkinson, p,585

⁷ *Chard and Ilminster News*, 'General News', 11 October 1890, p.2

⁸ Joseph Melling and Bill Forsythe, *The Politics of Madness: The State, Insanity and Society in England, 1845-1914*, (Routledge: London and New York, 2006) , p.26,

remains an incurable lunatic [and] his disease being beyond the reach of medical skill it is quite evident that he should be removed from Asylums [...] in order to make room for others who cases have not yet become hopeless.⁹

While the Lunacy Commissioners suggested that county authorities may wish to build separate 'auxiliary asylums', such buildings did not materialize since removing the 'harmless' incurables to the workhouse could be 'maintained at half the cost'.¹⁰ In addition, while building 'separate receptacles' for the chronic was recommended, the asylum doctors argued that it would defeat the object of the exercise 'the pauper lunatic is not merely to be secured; he is, if possible, to be restored to reason'.¹¹

Certainly, the tensions between the Visiting Committee and the Poor Law Officials in the former's campaign for better quality for lunatics in the 'absence of legal safeguards for patients, lack of qualified staff, [and] inadequate medical treatment', inevitably impacted upon the medical services to the pauper lunatic.¹² For example, removing the poor insane from the asylum and transferring them to the workhouse could often have detrimental effect since the 'diet and environment' were inferior. However, the responsibility was with the medical officer to ensure the 'harmless' lunatic was provided with an adequate and nutritious diet or risk charges of negligence. This was no small achievement since the poor law medical officer held very little authority because the New Poor Law Act had given central authority to local boards of guardians who had freedom of action often ignoring advice of the medical officer who was viewed as 'subservient'.

⁹ Andrew T. Scull, *Museums of Madness, The Social Organization of Insanity in 19th Century England*, (Allen Lane Penguin Books Ltd: London, 1979), p.188

¹⁰ Hodgkinson, p.585.

¹¹ Scull, *Museums of Madness*, p.189.

¹² Peter Bartlett, 'The Asylum, the Workhouse and the Voice of the Insane Poor in 19th-Century England', *International Journal of Law and Psychiatry*, 4, 21, 1998, 421-432, p.423.

Because of increasing demand and workhouse infirmaries being occupied not only by the chronic 'incurable' insane but also the infirm and aged, quality of care was compromised both nationally and locally. Indeed, the medical officers conditions of employment were also at the mercy of the guardians subsequently leading to a series of reforms such as the 1842 and 1847 Medical Orders, which had sought to establish greater uniformity of medical provision. Medical officers were to be qualified according to the new legislation and to be offered permanent contracts of employment with manageable districts and population. They were to receive extras for midwifery and vaccinations and guardians were no longer able to 'tender' for the cheapest workhouse medical officer, although in reality the control of medical officers lay with the guardians. For example, while the 1847 General Medical Order called for the 'medical man to be qualified for the office of medical officer,' he:

must possess one of [...] four double medical qualification, [but] the medical officer not possessing a double qualification may with the consent of the poor law commissioners be continued in his office by the board of guardians¹³

As Flinn acknowledged (1976), the two main orders made little provision for 'standardization'.¹⁴ In this respect, Guardians could and did manipulate the poor law officer whose conditions of employment were often 'unattractive' with low salaries and the left over 'relic of the Old Poor Law' requiring the officer to provide for his own drugs. On the 18 March 1854, the *Leeds Times* reported the discrepancies of 351 Poor Law Medical Officers in the Unions of England and Wales in which significant discrepancies were apparent:

¹³ *Shaw's Union Officers Manual*, General Medical Order 1847, (London, Shaw and Sons, Peter Lane, 1847), p.135

¹⁴ Michael W. Flinn, 'Medical Services under the New Poor Law', in *The New Poor Law in the Nineteenth Century*, ed. by Derek Fraser (Macmillan Press: London and Basingstoke, 1976), pp.45-66, (p.61).

There is one salary as high as £270; it is that of the medical officer of the Leighton Buzzard Union [...] with a population of 17,141 compared to Todmorden, [where] a gentleman, who is paid *per case*, received only £7 12s last year upon a district containing a population of 11,428.¹⁵

In addition, there was support from the *London Daily News* who printed an article on the '250 petitions in favor of the proposed Superannuation of English Medical Officers' and that the 'guardians of the poor' should encourage rather than oppose the medical officer in the 'performance of his duty'. The report concluded that the sick were wholly dependent on the 'parish doctor who had to keep a horse and supply all drugs and appliances from a stipend not sufficient to pay for either.'¹⁶ Indeed, universally, the guardians were not obliged to supply any drugs and 'most considered it enough if they paid for quinine and cod-liver oil'.¹⁷ The practice of supplying the medical officer with the minimal of drugs also occurred at the local level as will be demonstrated by the 1877 Poor Law Return for Hailsham Union in chapter two.

Thus, the medical profession was 'hampered' by its low status by Poor Law Officials centrally and at the local level. In spite of increasing reform such as the 1853 Lunacy Act providing for the medical officer to visit and report on pauper lunatics in and out of the workhouse and the signing of certificates of lunacy, the power to grant 'medical relief' was almost always in the hands of the [Union] 'relieving officer'.¹⁸

¹⁵ *Leeds Times*, 'Salaries of Poor Law Medical Officers', 18 March 1854, p.6.

¹⁶ *London Daily News*, 'Poor Law Medical Officer', 28 April 1870, p.5.

¹⁷ Margaret A. Crowther, 'Paupers or Patients? Obstacles to Professionalization in the Poor Law Medical Service Before 1914', *The Journal of the History of Medicine and Allied Science*, Vol.39, pages 33-54, 1984, (p.37).

¹⁸ Flinn, p.49

Universally, the Medical Act of 1858 was an act to regulate the qualifications of practitioners in England in which the poor law doctor had to be registered which assisted in outlawing 'quacks' while slowly laying the 'foundations for a professional body' and leading to the establishment of the General Medical Council.¹⁹ However, nationally and locally, Unions continued to adopt pre 1834 Poor Law practices in a bid to cut cost despite 'hiring for the lowest fee' being outlawed in 1841. These diversions from following the New Poor Law resulted in Unions restricting medical relief and provision for both pauper and the poor law doctor and increased competition for the 'alternative' practitioner as will be discussed further in chapter two

The 'Outdoor Crusade' is relevant to this study of Sussex because it will demonstrate that the Poor Law Inspectorate formed to oversee the restrictions of the outdoor poor relief under the 1871 Poor Law Government influenced the movement of the poor insane from the workhouse to the asylum despite Jeanne Brand (1961) claiming they were 'largely ineffectual' because they were small in number.²⁰ The effects of the inspectors' valuations in the workhouse retaining the insane poor at Hailsham Union will be further discussed in chapter two. Conditions in the workhouse had attracted social reformers like Louisa Twining (1820-1912) who set up the Workhouse Visiting Society Committee in 1857. The workhouse infirmary held large numbers of the vulnerable poor being treated by the unqualified including pauper nurses particularly in the Metropolis where the exposure of unsanitary and inadequate conditions resulted in reports

¹⁹ Margaret A. Crowther, *The Workhouse System, 1834-1929: The History of an English Social Institution*, (Methuen: London, 1983), p.157.

²⁰ Jeanne, L. Brand, 'The Parish Doctor: England's Poor Law Medical Officers and Medical Reform, 1870-1900', *Bulletin of the History of Medicine*, 2, Vol.35, 1861, 97-106, (p.103).

into a number of workhouse infirmaries in 1865-1866. A self-appointed commission representing the medical journal, the *Lancet*, reported that:

The inspector found ill-ventilated workhouse wards, with no soap, one shared comb, no baths, shared towels, thin mattresses on iron slats, no washing facilities, not a cushion, no reading matter, fever cases dispersed through wards to infect the other sick inmates, and "lunatic" wards with no medical oversight.²¹

These reports led to the Metropolitan Poor Act 1867 requesting workhouses to run separate infirmaries and by 1868, Metropolis workhouse doctor Joseph Rogers had formed the Poor Law Medical Officers' Association in 1868 (PLMOA) to represent the officers.²² Nonetheless, in spite of increasing unity and legislation, the Poor Law Doctor was still deprived of 'strength and power' because they had to appease their medical obligations with the 'Poor Law's obstruction of deterring paupers from seeking relief', which will be further discussed in chapter two.²³

In summary, despite the 1834 Poor Law Act, the workhouse became a refuge for the old, sick and mentally unsound and its intention to eradicate outdoor relief only served to increase the cost of the 'outdoor' poor because it had replaced it with the more costly 'institutional care'. Indeed, expenditure per indoor pauper was at least fifty percent higher than outdoor relief per pauper in the 1860s averaging per annum £5.5 for out relief compared to in relief at £20 per annum.²⁴ In spite of medical reform, there were regional variations which would continue to impede the medical profession.

²¹ Ruth Richardson, 'A dismal Prospect', *The Lancet*, No. 9886, Vol.382, (2014), 20-21, (p.1-2)

²² Flinn p.60.

²³ Crowther, *Paupers or Patients*, p.35.

²⁴ Mary Mackinnon, 'English Poor Law Policy and the Crusade Against Out relief', *The Journal of Economic History*, Vol. 47, 3,1987, p.608.

The 1845 Lunacy and Asylum Acts

The 1845 Lunacy Legislation established the compulsory erection of county asylums. Prior to this act, the County Asylums Act of 1808 established the asylum institutions for the insane poor to encourage Justices of the Peace to provide county asylums. However, by 1827 only nine were in operation the majority of the poor insane being retained in the workhouse or prisons hence the new 1845 act created the Lunacy Commission to focus on its legislation.²⁵ Before the monopolization of the State public asylum, private madhouses and voluntary institutions existed as an alternative to the Bethlem Hospital financed by public subscriptions and legacies while the pauper insane was financed by the Old Poor Law under the 'Parish of Settlement Laws'. In 1744, Bethlem was the only public hospital in England for the insane although it dates back to 1247. There was no special 'administrative practice' nor clear definition of insanity and the majority of the insane were held responsible depending on the type of behavior displayed by their 'mental condition' either by the Poor Law, vagrancy or penal laws. It was not until the Act of 1744 that private 'madhouse' proprietors were required to be licensed by the College of Physicians or Justices of the Peace (if outside the Metropolis) to be inspected and monitored. By 1828, the Metropolitan Commissioners in Lunacy was to set the pattern for the remainder of the nineteenth century in England and Wales by.²⁶ The medical profession was 'unstandardized' and medical knowledge was extremely limited. Even by the late eighteenth century, medical men held beliefs that 'mental and moral defect' were closely related, caused by the 'Fall of Man'.

²⁵Clive Unsworth, 'Law and Lunacy in Psychiatry's Golden Age', *Oxford Journal of Legal Studies*, Vol.13, 4, 1993, (p.482).

²⁶ Bartlett, *The Poor Law of Lunacy*, p.9.

These beliefs were dominated by treating the 'mental disturbance' by clearing the body of the 'four humors' of blood, choler, bile and phlegm through purging and blood-letting.²⁷

The growth of public concern to the inhumane and inadequate care received in these alternative institutions and the awareness of the 'illness' of King George III (1760-1820) begun to reduce attitudes of 'moral condemnation' since the King of England could not be seen to be 'mad' by his people, which would suggest he was being punished for his sins.²⁸ Moreover, with a 'Tory' political philosophy, parliament needed to protect its Crown. Thus, growing awareness that insanity could 'befall' anyone even the King of England had assisted in movements for national lunacy reform and the establishments of county asylums. In addition, population growth and changes in the economy further precipitated state intervention and 'social engineering'.²⁹ The effects of industrialization and capitalism led to movements such as Evangelicalism and Radicalism in which social reform was aimed at promoting a 'conception of the community's responsibility for the well being of its members', while also promoting their moral and spiritual improvement. The 'insane', were in fact the first of those 'handicapped classes' to receive legislative proposals.³⁰ Indeed, this was the age of Victorian philanthropy movements when the approach was

²⁷ Kathleen Jones, *Lunacy, Law and Conscience, 1744-1845, The Social History of the Care of the Insane*, (Routledge and kegan Paul: London), 1955, p.11-18.

²⁸ Ibid

²⁹ Leonard D. Smith, 'The County Asylum in the Mixed Economy of Care,' 1808-1845' in *Insanity, Institutions and Society*, ed. by Joseph Melling and Bill Forsythe (Routledge: London and New York, 1999), pp.33-44, p.34.

³⁰ Jones, p.ix.

to reward those worthy of salvation while encouraging self-help influencing the social issues of Victorian England revealing a 'new spirit of humanity'.³¹

Therefore, the nineteenth century saw a dramatic change in the treatment of the insane in which moral therapy replaced the traditional methods of punishment and incarceration. Pioneers of moral management believed it was the 'vanguard of [...] humanitarians'.³² Social reformers Samuel Tuke (1784-1857) and John Conolly (1794-1866) were responsible for replacing brutality and believed the way to progress treatment was to dispense with restraint and incomprehension to medical science. These reformers' objections were to provide treatment for the insane utilizing moral and medical specialism, which would later become the forerunner for psychiatry. This new 'humanitarian' approach used 'proper moral and medical treatment of insanity' which further served to promote and justify the new public asylums and was embraced by the Commissioners in Lunacy to persuade the counties to create county asylums as by 1847 only thirty six out of fifty two had built their own. § Thus, if all of the counties provided a purpose built asylum and adopted 'moral management' where 'recent cases of insanity' could receive immediate and early intervention the high 'prospect of cure' justified the new public asylums.³³

The lunacy reform did not become a 'major' parliamentary issue until Lord Shaftesbury intervened. Shaftesbury sponsored for the regulation of lunatic asylums and for the better care and treatment in 1845 and was a key figure in the Evangelical movement whose beliefs sprung from a compassion for the

³¹ Ibid

³² Matt Cook and Daniel Pick, 'Madness' in *Deviance, Disorder and the Self*, <http://www.bbk.ac.uk/deviance/madness/intro.htm>, [accessed 26 August 2019].

³³ Scull, *Museums*, p.187

oppressed poor.³⁴ Shaftesbury concerns were theological which would 'advance human happiness' by framing and organising reform laws to benefit the poor insane in accordance with God's will.³⁵ By providing county asylums and poor relief, the poor would benefit by these acts and in the long run, would help them become 'self supporting' and encourage the poor to seek labour to increase their quality of life. However, the fact that the insane could not be held responsible for their actions or there may not be any labour was disregarded. Indeed critiques of the county asylum institution system under the 'ideological' whig school of thought argued the asylums were designed *not* out of humanitarianism and 'moral enlightenment' but, rather, to control society's most troublesome deviants.³⁶

Indeed, Scull argued that architecturally, the county asylum was purposely designed as a 'mere refuge or house of detention'. He was influenced by Michael Foucault's 'panoptic' concept in which the design of the asylum and all institutions in which 'inmates were under surveillance [...] under the 'all seeing eye' of central government'³⁷. Thus, socially controlled' institutions [...] in which the soul rather than the body is 'incarcerated', is the most efficient means in order to govern people to make them behave in a certain way to transform the lunatic, to remodel him into something approximating the bourgeois ideal of the rational individual.³⁸ However, despite Scull's arguments of the asylum being an institution of social control, the pauper insane were 'incarcerated' for *short*

³⁴ Jones, p.67.

³⁵ Ibid

³⁶ Andrew, T. Scull, *The Insanity of Place/The Place of Insanity: Essays on the history of Psychiatry* (Routledge, London and New York, 2006)

³⁷ Scull, *Museums*, p.194

³⁸ Michael Foucault, *Discipline and Punish: The Birth of the Prison*, 2nd edn. (New York, Vintage Books, 1995), p,195.

periods of time. Table 2 in chapter three will record the estimated number of *curable* patients and, as such large numbers of the poor insane was discharged back into society or the workhouse sooner rather than later with significant numbers not 'remodeled' to society's standards.

While the 1845 Lunacy Act 'provided the legal authority for the close policing of the insane poor', there was opposition from County Magistrates in several counties reluctant to incur 'large capital expenditure' including the Sussex County Asylum who did not open until 1859.³⁹ Local union guardians in Sussex were also mindful of the higher cost involved in maintaining their pauper insane at the asylum compared to the workhouse which prior to the 1845 Asylum Act would average around 8s.6d in Public Asylums compared to 3s.6d in the workhouse.⁴⁰ Indeed, at the central level in 1874, a 'grant-in-aid' was introduced from which four shillings would be paid towards the keep of every pauper maintained in the asylum boasting county and local subscriptions payments. This would, ostensibly, provide the union guardians with a financial incentive to send their poor insane to their county asylum encouraging earlier treatment but in reality this was not always the case.⁴¹

By necessity, the county asylum had formed close relations with the Union workhouse. As Bartlett contends the relationship between the lunacy and poor law administration machinery is to be found in the old poor law because the county asylum was 'legally based in the Poor Law and run by the 'justices of the Peace' and was dependant on Poor law Officials to control and process the

³⁹ Scull, *Museums*, p.187.

⁴⁰ James Gardner, *Sweet Bells Jangled out of Tune*, (James Gardner: Brighton, 1999), p.22.

⁴¹ Jones, p.197.

poor insane. This enabled the admission and discharge of the poor insane to be negotiated between county asylums and local poor law officials which impacted upon some '6500 people in England and Wales'.⁴² Thus, while Tuke and Conolly were revolutionary in their ideas of self discipline being central to moral management and the 1845 Lunacy Act established the county asylum system which relied on the local Poor Law Machinery, asylums become overcrowded, understaffed and full of inmates not benefitting from the treatment as will be further discussed in chapter three when the Sussex County Lunatic Asylum and its Medical Superintendent will be assessed.

⁴² Wright, *Discharge of Pauper Lunatics*, p.94.

2. The Hailsham Union

Hailsham's Poor Law Union was chosen as an example of a smaller provincial infirmary with a history of agriculture. Rope making started in 1807 and had established a factory employing 110 persons with the addition of two other factories. By 1881, Hailsham had increased its factory workforce to 150 men and the impact of its new railway service brought more people into the town boasting its population to just under 3,000 in 1881 from 807 in 1801 giving Hailsham the title of 'String Town'.¹

The Parishes of Hailsham had become Unions under the New Poor Law of 1834. Appendix A shows its workhouse and infirmary. By 1870, Hailsham had extended its workhouse and infirmary based in Hellingly for an intake of 300 inmates but It did not include a separate lunatic ward despite complaints made to the Poor Law Inspector in 1866 that 'the idiots [...] are noisy and troublesome and should be 'sent to an asylum, or removed into a separate room'.² In fact, very few workhouses provided separate lunatic wards outside the Metropolis and thus, the majority of the insane were 'mixed with the sane'.³

The Union was divided into six districts and assigned a medical officer. District six contained one district and the workhouse infirmary. There were significant differences between the size of the unions and this would reflect on the medical

¹ ESCRO, *The String Town, Hailsham, 1870-1914*, ed. by Brian Short, (University of Sussex: Centre for Continuing Education, 1980), ref: 2951

² HCPP, Edward Smith, MD, Poor Law Inspector and Poor Law Medical Officer, *Reports of Poor Law Inspectors*, 16 October 1866.

³ Ruth Hodgkinson, 'Provision for Lunatics 1847-71' in *The Origins of the National Health Service*, (London: Wellcome Historical Library, 1967), pp.575-591, (p.578).

officer's salary. 'Extras' could include vaccination and midwifery fees with drugs at the Guardians discretion. However, while the availability of medical officers varied area to area with the disparity between the populations 'outstripping' the number of doctors between 1851-1881 in urban areas, Hailsham Union had an above average ratio of practioners to the population. This higher ratio is due likely to Hailsham being a relatively prosperous market town with 'fewer patients per regular practioner' than the Metropolis and the north of England who had ratios of upwards 1:2500.⁴

The Medical and Relieving Officers 1861-1882

The salaries, distance, population and names for the medical officers are set out in Appendix B and will show that rates of pay and conditions varied and 'depended entirely on local circumstances'.⁵ The data displays relieving officers receiving higher salaries despite their lack of medical qualifications but who were nonetheless given authority over the medical officer in summoning a doctor and in spite of the disapproval of the Provincial Medical and Surgical Association, (who would become the BMA) 'objected to the authority of the laymen'.⁶ Indeed, the report for the Administration of Medical Relief wrote in support of the amendment of the Poor Law Act for Public Health:

It may be doubted whether the relieving officer[s] [...] should, [...] have the sole discretionary power to order medical relief merely upon their view of the urgency and necessity of the case, because, however competent these persons may be to decide on the necessity of any other species of relief, they are clearly unable to judge of the necessity for medical attendance.⁷

⁴ Anne Digby, *Making a Medical Living: Doctors and patients in the English market for medicine, 1720-1911*, (Cambridge Publishing Press, New York, 1994), p.20-21.

⁵ Margaret A Crowther, 'Paupers or Patients? Obstacles to Professionalization in the Poor Law Medical Service Before 1914', *The Journal of the History of Medicine and Allied Science*, Vol.39, pages 33-54, 1984, p.40.

⁶ Crowther, *Paupers or Patients*, p.36.

⁷ The Administration of Medical Relief to the Poor, under the Poor Law Amendment Act and other legislative provisions for the Public Health, (Sherwood, Gilbert and Piper, London, 1842), p.67, Google ebook.

Thus the report clearly states its disapproval over the lack of medical knowledge held by the relieving officers stating that if unavoidable, the 'relieving officer should provide medical attendance at a smaller cost'.⁸ In contrast, while the relieving officers were dealing with larger populations and districts, they received consistent salaries of £90 per annum despite disparities in their districts and populations. The same cannot be said for the medical officers. While both medical and relieving officers received medical extras which, for the medical doctor, subsidized a salary which although higher than the national norm of £50 per annum, it was still below the average private medical post in a Metropolis Hospital.⁹ In addition, long Hours, the supply of one's own medicine, large populations covering wide districts inevitably led to some poor law doctors pursuing 'dual' positions in private practice and consequently, the 'divided time and limited funds' have led to stories of neglect and abuse.¹⁰ All of these factors potentially impacted on medical evaluations and, while Hailsham does not show records of complaint for their medical officers, it does suggest moral judgments had been compromised by these restraints.

⁸ Ibid

⁹ Margaret A. Crowther, *The Workhouse System, 1834-1929: The History of an English Social Institution*, (Methuen: London, 1983), p.157.

¹⁰ Kim Price, *Medical Negligence in Victorian Britain, The Crisis of Care under the English Poor Law, 1834-1900*, (Bloomsbury Publishing: London, New York, 2015), p.35

The role of the Poor Law Medical Officer

The 1842 and 1847 Medical Orders had sought to establish greater uniformity of medical provision. Medical officers were to be qualified according to the new legislation and to reside in the district he served. Working in a rural area was not as sought after as working in an urban district and could cause the guardians to compromise on the extent of medical knowledge. Indeed, it was not uncommon to hire unqualified doctors and while in 1841 there were 33,339 medical practitioners nationally, by 1853 only 11,808 were qualified.¹¹ On 29 October 1858, the Medical Journal reported the contents of a 'Quack' doctor's letter (which had been misdirected) in which the 'Quack' had hoped to find business in York and was informing his 'medicine' supplier:

The Health of the inhabitants [in York] I learn is good [...] but with perseverance they may be persuaded into sickness. Money must be made and that being our object, at it I go; kill or cure needs not to me [...] I see a good dodge here, called sugar coated pills but ours must be all sugar to outstrip them. I would have you prepare at least three tons of pills, [...] I feel persuaded that they will be swallowed up greedily enough.¹²

The Medical Journal printed this letter as a warning to 'any person who shall willfully and falsely pretend' to be a man of medicine and while the new act 'will strike at the root of such quackery' in reality, it did not erase it. However, the 1847 Medical Order was important as it did establish the 'rules and regulations' while the 1858 Medical Act created a 'register' of recognized medical professionals. For the purposes of this study, a search was conducted by researching the UK Medical Register to check the Medical Officers qualifications listed in Appendix B in which all officers were duly qualified in accordance with the 1842 Medical Order and to be residing in the district they

¹¹ Price, p.26

¹² *Lloyds Weekly Newspaper*, 'A Quack Doctor's Letter', 31 October 1858, p.9.

served.¹³ Thus despite the critique that ‘centrally the poor law Officials did not recognize the need for ‘mentally sick paupers’ specialist care’,¹⁴ at the local level, Hailsham Union Guardian records suggested their poor insane at least had access to the ‘most capable medical practioners’ in theory at least.¹⁵

The role of workhouse medical officer was not limited to the workhouse infirmary as Appendix B will show as Medical Officer Fletcher ‘s role also included a population of 1,606 covering 6,016 acres which was sanctioned in the Union’s Officers Manuel of 1846 and reinforced by the Poor Law Commissioners through the 1842 Medical Order limiting district size. However, Hailsham’s district were a long way off from the limit imposed by the Medical Order of 1842 of 15,000 acres and a population of 15,000¹⁶ Indeed, the report goes on to state that in England the medical officer did not always reside in the county and cites example, the county of Ledbury in Herefordshire, in which the medical officer had to travel ‘eleven miles in one direction and ten miles in another’ which was typical of several unions. Moreover, the medical officer would require the authority of the relieving officer, who would then send, if appropriate, for ‘the surgeon [and pay] for medicine’ further delaying treatment for the sick pauper and ‘incurring expenses for the doctor’ as he would have to pay for the cost of the medicine and his ‘expenditure of time and labour’.¹⁷

Therefore, while the Medical Act of 1858 did lay the ‘foundations for a professional body’, nationally, many unions continued to adopt pre 1834 Poor

¹³ UK Medical Registers, 1859-1959, ancestry.co.uk, [accessed November 2019].

¹⁴ Anne Digby, *Pauper Palaces*, (Routledge: London and Boston, 1978), p.172.

¹⁵ Price, p.30

¹⁶ First Annual Report of the Poor Law Commissioners for England and Wales, (Clowes & Sons: London, 1842), p.105, google ebook.

¹⁷The Administration of Medical Relief to the Poor, p.42

Law practices, which compromised the medical profession and impeded the medical officer's status.¹⁸

Variation in practices continued at the local level and the Hailsham Union supports these unfair practices. For example, the Poor Law return for Hailsham Union reported that its guardians supplied only 'cod-liver oil,' and no other 'Expensive Medicines'.¹⁹ In addition, despite the 'lowest fee' for a medical officer being outlawed in 1842 and a Parliamentary report in 1854 recommending that 'attention be given to the salaries of the medical officers which, [...] appear to be inadequate to the duties they are required to perform',²⁰ *The Sussex Agricultural Express* advertised on behalf of Hailsham Union Guardians in 1877 for a medical officer at a salary its predecessor had been paid in 1861 and therefore not in line with increases in the economy.²¹ As Crowther puts it 'guardians were not prevented from advertising at a rate so low [...] only a struggling doctor, would accept it.'²²

Therefore, in spite of the 1868 Poor Law Medical Officer's Association (PLMOA) representing their interests, the association only benefitted the medical officer in negotiating disputes not necessarily in resolving them and after the reform of the poor law infirmaries in the 1860s, poor law medical officers had limited success. This, argues Crowther is because the improvements they demanded through the PLMOA had a 'self interested ring' in that the poor law doctors

¹⁸ Anne Digby, *Making a Medical Living*, p.18.

¹⁹ HCPP, Return from the Unions and Parishes under separate boards of guardians in England and Wales, excluding the Metropolis, showing whether the guardians supply cod-liver oil, quinine, and other expensive medicines, 6 April 1877.

²⁰ HCPP, Select Committee Report, The Administration of Medical Relief, 6 July 1854

²¹ *Sussex Agricultural Express*, 11 May 1877.

²² Crowther, *Paupers or Patients*, p.41-42

devoted more time on attempting to develop their own status rather than the medical welfare of their patients.²³ For example, poor law doctors could not live on a 'meagre stipend' under the poor law medical service and thus the poor law doctor often combined his role with a private practice and were 'part time employees' of the Union.²⁴ This was the situation with Dr Cunningham who held the role of assistant surgeon to the Sussex Volunteer Artillery outside of his part time role of 'parish doctor' and was a leading member of the Masons and Chairman of the Hailsham Gas Company. Cunningham featured regularly in the local news often in the company of esteem members of Sussex including the Mayor of Brighton. Indeed, his funeral was reported in several leading newspapers which attracted 'a very large number of spectators'.²⁵ In contrast, Poor Law Doctor Fletcher had to be on call for the workhouse and pay for the majority of his drugs and whilst he was paid a 'higher than average salary' at £73.00 in the 1860s, he would supplement his earnings and have little time for private work.²⁶

In addition, Hailsham did not have a trained nurse until 1893 despite the recommendations of the Poor Law Inspector in 1866 reporting: 'A paid nurse is, I think, required'.²⁷ Fletcher did not have a trained assistant in the infirmary to corroborate with medically. Rather, those inmates categorized as imbeciles and idiots would be used to assist with patients and thus be a source of cheap labour. This was also practiced nationwide and inevitably, could be a disadvantage to both patient and pauper 'nurse'. For example, in 1846,

²³ Ibid

²⁴ Michael W. Flinn, 'Medical Services under the New Poor Law', in *The New Poor Law in the Nineteenth Century*, ed. by Derek Fraser (Macmillan Press: London and Basingstoke, 1976), pp.45-66, (p.50).

²⁵ *Hastings and St Leonards Observer*, 'The Funeral of Dr. Cunningham of Hailsham', 4 May 1878.

²⁶ Crowther, *Pauper or Patients*, p.39.

²⁷ HCPP, Edward Smith, Reports of Poor Law Inspectors, 16 October 1866.

complaints were made by the medical officer in the Lambeth Workhouse infirmary where an 'illiterate night nurse had not [informed] him when a patient was dying' ²⁸

The Union Officers Manual stipulated the duties of the 'workhouse' doctor, would be to attend the workhouse at the 'times fixed by the Boards of Guardians' and examine those when 'sent for by the Master [and] Matron and classify into 'able' or 'non abled' paupers and upon his judgment, the type of work and diet suitable for the pauper insane. The poor law doctor would also be seen as part of the workhouse disciplinary system since he had to classify those fit for punishment.²⁹ The role of district poor law doctor required him to attend and 'classify' the pauper patient while on his outdoor rounds requiring him to decide on who required medical assistance or commit to an asylum or workhouse depending on who he thought to be dangerous subject to written authority from the guardians or relieving officer.³⁰

While the Master and Matron of the workhouse have also been identified as 'key figures' along with the relieving officer by Adair, Melling and Forsythe's (1998) in influencing the role of the medical officer in deciding who was mentally fit, he 'was [also] answerable to the Guardians'.³¹ However, Hailsham Union challenged this view when Doctor Billings, (Fletcher's replacement) persuaded the Master of the House and the Relieving Officer not to move a dangerous lunatic to the asylum. The following case study illustrates this point when

²⁸ Crowther, *The Workhouse System*, p.160.

²⁹ Shaws Union Officers Manual, *Duties for the Workhouse Medical Officer*, (Shaws & Sons, Fetter Lane, London, 1847), p.120.

³⁰ *Shaws Union Officers Manual*, p.118.

³¹ Richard Adair, Bill Forsythe and Joseph Melling., 'A Danger to the Public?' Disposing of Pauper Lunatics in late Victorian and Edwardian England: Plympton St Mary Union and the Devon County Asylum, 1867-1914', *Medical History*, 42, 1998, 1-25, (p.7)

Charlotte B, aged 76, habitual workhouse and asylum inmate was charged at Hailsham's Petty Sessions in 1882 for 'assaulting [pauper nurse] Martha C 'with a broom' in spite of Charlotte being diagnosed with 'chronic mania' and being readmitted to the Sussex Asylum in 1860 and 1885 where she subsequently died:

Mr. W. Baum (master of the Workhouse) stated defendant had been an inmate for five or six years. She was often very troublesome, he being of opinion she was out of her mind. Dr. J. P. Billing (medical-officer to the workhouse) gave it his opinion that although defendant was frequently very violent, there was no indication of *mental* derangement. The Bench decided to send defendant to the House Correction for one week with hard labour.³²

This offers support for Bartlett whose own study concluded that the influence of the medical officer played a significant role in the admission process of the poor insane to the asylum and does challenge the view that the master would invariably influence the medical officer since his opinion did not lead to Charlotte being sent back to the asylum.³³ While the news report does not speak of the relieving officer, it may be assumed that the cost of asylum 'costing three times' as much as the workhouse and 'five times as much outdoor relief' did effect decision making and thus, the cost of the House of Correction was more cost effective. Overcrowding in the county asylums was another reason for reducing intake.³⁴

³² Sussex Advertiser, 'workhouse assault', 14 March 1882

³³ Peter Bartlett, 'The Asylum and the Poor Law', in *Insanity, Institutions and Society*, ed. by Melling and Forsythe, pp.48-65, (p.51)

³⁴ David Wright, 'The Discharge of Pauper Lunatics from County Asylums in Mid-Victorian England, The case of Buckinghamshire, 1853-1872,' in *Insanity, Institutions and Society*, ed. by Joseph Melling and Bill Forsythe (Routledge: London and New York, 1999), pp. 93-108, (p.103)

The role of the Poor Law Relieving Officer

While the Lunacy Commissioners constantly strived to remove the poor insane to the county asylum from the workhouse, views changed with county asylums 'nearing capacity' stipulating the workhouse should be 'restricted to those insane persons who had no prospect of cure' and these evaluations were at the discretion of the relieving officers through the guardians.³⁵

Certainly, the Poor Law Guardians would directly exercise 'considerable influence' over the admission and discharge of pauper lunatics and while the Guardians were being 'elected by the rate payer,' and the Board of Visitors for Lunacy selected by the Magistrates, there was often an overlap. For example, the first audited accounts for the formation of the SCLA record three members of Hailsham's Board of Guardians as Ex officio.³⁶ The Guardians were not necessarily elected or appointed, rather they were approached to serve in a position because the Poor Law structure required their expertise or influence. This was another by product of the New Poor Law albeit 'fortified since the Old Poor Law was staffed with parish volunteers'.³⁷

Bartlett argued that the poor law and county asylums were often 'administered by the same people' and was essentially a Poor Law Institution. The following account (while a little over this study's time span) supports and the power of the Guardians at the local level. In 1890, Herbert C (JP) a senior member of Hailsham's Board of Guardians and a Justice of the Peace recommended the

³⁵ Joseph Melling and Bill Forsythe, *The Politics of Madness: The State, Insanity and Society in England, 1845-1914*, (Routledge, London and New York, 2006) , p.26,

³⁶ Hailsham Union Printed Statement of Accounts, with lists of guardians, medical , relieving and workhouse officers, 1860-1861, ref: AMS 6507/4/1/6.

³⁷ Bartlett, *The Asylum and the Poor Law*, p.51.

removal of Jane H from the asylum despite being diagnosed with chronic mania. At the fortnightly meeting of the Poor Law Union Guardians:

The Chairman informed the Board he had recently visited the Hayward's Heath Asylum, and was of opinion that Jane Hoad, who is now in asylum chargeable to the Hailsham Union, is sufficiently recovered to be returned to the Hailsham Workhouse, when she could be of some assistance to the inmates.³⁸

Jane had been an inmate at the asylum on and off since 1882 and would return to the workhouse despite having a daughter in Hastings (not relieving her for reasons unknown). While there is no recommendation from the Medical Superintendent to detain Jane, a 'Discharge On Trial' was signed by the asylum perhaps in trepidation of Jane's condition, although it would not be until 1887 that Jane would return to the asylum.³⁹ Many of those viewed as 'harmless' and not dangerous would be retained at the workhouse since it freed up space at the asylum, provided free 'household labour' and kept ratepayers costs down.⁴⁰ Indeed, Poor Law Doctor Billings' medical evaluation for Jane read on the Reception document the following:

The Master of the workhouse informs me that she puts her food on the fire; the other inmates talk of her threats of personal injury and she is altogether a terror to those around her.⁴¹

The case of Jane does support the Poor Law medical officer having less power over the dispatch of the poor insane than the Justices of the Peace. However, what is apparent is the inconsistency of medical evaluations as Dr Billings had recommended the House of Correction for Charlotte. While this study can only speculate on the reasons for the medical inconsistencies, these contradictions

³⁸ *Sussex Advertiser*, 'A meeting of the Hailsham Board of Guardians', 5 December 1890.

³⁹ Sussex County Lunatic Asylum, Registers of Discharges, 1859-1903, Ref: HC/1/1/2/32/2

⁴⁰ Melling and Forsythe, *The Politics of Madness*, p.26,

⁴¹ Sussex County Lunatic Asylum, Order for the Reception of a Pauper Patient, Sch.3 Medical Certificate, for Jane Hoad, 16 December 1884, ref: HC/1/2/2/24/5949

may be as a result of the lack of differentiation between imbecile and dangerous lunatic. Moreover, additional 'agents' were also involved in influencing the movement of pauper lunatics at times when universal financial concerns of relief for the poor during the 1870s and 1880s led to a crusade. When national expenditure on poor relief rose to £8,007,403 in 1871-1872 justice was given to restricting out relief. These concerns led to stricter controls on providing medical relief and drugs which impacted on the poor and the medical officer potentially 'exacerbating negligent practice'.⁴²

The Crusade against Outdoor Relief

Out relief was intended under the Local Government Board (LGB) in 1871 to supplement whatever income the poor received while the Unions as ratepayer would pay for their indoor poor. Outdoor policies were implemented through a new Inspectorate body on behalf of the LGB during the 1870s and 1880s. While the inspectors were not medically trained, they were to 'invigilate' and ensure guardians 'limit the range and diversity of outdoor relief' in their districts.⁴³ In so doing, this study found these inspectors influenced the movement of the poor insane from the Hailsham workhouse to the Sussex Asylum who would not have received adequate provision if it were not for their intervention.

Indeed, at least, *three* unrelated pauper lunatics came to the attention of Edmund Wodehouse, the Local Government Inspector for Hailsham Union from 1876 to 1883. His role was to visit weekly and record the inmates well being. The following records his response to an entry on 28 April, 1882 reported in the

⁴² Price, pp.107-109

⁴³ Ibid

Visitors Book. 'Is regular attendance given by the medical Officer and are the inmates of the sick wards properly tended?'

I have today inspected the workhouse and found it in good order; [but], the [guardians] must call the attention of the medical officer to the case of Charlotte Pilbeam being discharged from Haywards Heath Asylum [recovered]. She evidently requires watching and if she gets worse should not be retained in the workhouse.⁴⁴

On another inspection, Inspector Wodehouse identified Frederick Reed in the workhouse who:

Was not on the imbecile list but I could get no answer out of him and I am informed that sometimes he gets out of bed and disturbs the other inmates at night. I think the attention of the Medical Officer should be directed to this case⁴⁵

While Jeanne Brand argues 'there was little in either the inspector's duties or social position which qualified him to judge professionally',⁴⁶ Charlotte was removed from the workhouse to the SCLA five days after Wodehouse's recommendation on the 3 May, 1888 although no records could be located for Frederick. While the study of the Devon Unions and its county asylum in Exminster does not discuss visitations of the LGB Inspector, it identifies the 'continuities and consistencies' which contributed to better standards of care for the pauper insane.⁴⁷

These continuities came in the shape of the key figures involved in the movement of the pauper insane. Appendix C will show the consistency of the same relieving and medical officers involved in the admission process of the

⁴⁴ ESRO, The Workhouse Visiting Committee Report Books, Hailsham Union, 1876-1921, ref: G/5/36a

⁴⁵ Ibid

⁴⁶ Brand, *The Parish Doctor*, p.101.

⁴⁷ Adair, Forsythe, Melling, *A Danger to the Public*, p.6

poor insane. The data was selected for this research from the Sussex Asylum Admission Register by selecting those inmates who were chargeable to the Hailsham Union from 1862 -1882 which revealed the officers involved and next of kin. ⁴⁸A total of fourteen patients was revealed since the rest were out County or private patients. While this data is clearly not large enough to be representative of the population, it does offer a qualitative insight into the long term relationships between the officers in spite of new officers through death and change of district. The majority of officers listed are seen to be consistent over the 20 year period and this may make for more subjective evaluations than objective as there would be a degree of familiarity at the local level. Moreover, Melling and Forsythe argue that certain preconceptions by the poor law officials and the medical officers would have been based on the 'micro politics' of the patient's household. For example, in the case of Henry G Barton and Hannah Hoad listed on Appendix C, their next of kin is reported as unknown. The Home office had referred both Henry and Hannah for the Lewes Gaol and both were 'identified, labeled and dispatched' as 'criminals suffering with mania'. ⁴⁹

These 'representations to the Poor Law Officials' would have influenced the 'dispatch' to the asylum and would have been a 'decisive influence' in becoming or staying an inmate of the workhouse or 'retrieval to the family residence'. By way of (albeit tentatively) testing this hypothesis, consideration will be given to Appendix D using the same sample of inmates. The number of insane

⁴⁸ESCRO, The Register of Admissions and Discharges, ref: (1859-1903) HC/32

⁴⁹ Adair, Forsythe, Melling, *A Danger to the Public*, p. 8

paupers chargeable to Hailsham Union and where maintained is displayed. This data, despite some gaps, provides a snap shot over the twenty-year period and suggests that the county asylum was the largest provider of care. Interestingly, the workhouse was the second largest provider of care up until the beginning of the 1870s when the gap begins to narrow with friends and relatives being the second largest provider. From the mid 1870s to the early 1900s, the maintenance of the poor insane at the workhouse *decreased* while by mid 1870s to early 1880s, the maintenance of the pauper insane by family and friends increased by nearly fifty percent over the twenty-year period.

This may be explained by the outdoor crusade and the impact local government inspectors had on the movement of the poor insane from the workhouse to the asylum placing more pressure on families to take in their loved ones. However, the number of insane maintained in the asylum was significantly higher than those in the workhouse. Scull would argue that the growth of industrialization led to the 'fragmentation of family relations' encouraging more support from the poor law institutions' while Adair et al would argue the poor law officials and the medical officers relationships determined the outcome of the poor insane rather than being 'prescribed in the structures of the institution itself'.⁵⁰ Thus, these consistent representations to the poor law officials and familiarity with the household dynamics at the local level may have influenced the outcome of the poor insane between the Hailsham Union and its county asylum.

⁵⁰ Adair, Forsythe and Melling, *A Danger to the Public*, p.1

In summary, this chapter has considered the importance of the poor law in its negotiation in the movement of the pauper lunatic transactions between the Poor Law Officials and the Union workhouse being a 'filtering stage in the assessment' as were the 'micro politics' of the household.⁵¹

Furthermore, the Union Guardians, the Justices of the Peace, and the Local Government Inspectorate, all participated in the movement of the poor insane to the asylum and, as Bartlett has argued, the poor law and county asylums were connected in that they were often 'administered by the same people'.⁵²

Additionally, consideration has been given to the movement of the poor insane which have been the outcome of interpretations, economics, and the conflicting relationship between the local and central state especially after the 1870s where there 'was less room for local initiatives and preferences' because of greater pressures for a 'uniformed' approach at the local level and the outdoor crusade supports this.⁵³

⁵¹ Ibid

⁵² Bartlett, *The Asylum and the Poor Law*, p,51

⁵³ Mary Mackinnon, , 'English Poor Law Policy and the Crusade Against Out relief', *The Journal of Economic History*, Vol. 47, 3,1987, p.608-609.

3. The Sussex County Lunatic Asylum

On the 25 July 1859, the Sussex County Lunatic Asylum opened fourteen years after the 1845 Act in the West of Sussex. This was because of local opposition between the surrounding counties on financial grounds who did not want the expense of a county asylum. Most surrounding Unions in Sussex including Rodmell and Ringmer, opposed the 1845 County Asylums Act petitioning to the local magistrates that there were not enough poor insane to justify the anticipated £44,000 for the cost of the asylum and spaces could be found outside Sussex in neighbouring licensed houses or other county asylums. While nationally, the number of pauper lunatics had 'almost doubled', East Sussex claimed its numbers had gone down from 117 in 1831 to 106 in 1845 although there was no evidence to support this figure and may have been a result of 'lack of disclosure' of the true figures in an effort to justify not entering into the expense of a county asylum.¹ What is true is that the SCLA opened with a capacity of 400 inmates doubling in number by 1864.²

The parish of Brighton had expanded its population from 2,000 in 1750 to 154,800 in 1848 and had the highest number of poor insane in Sussex and had initially petitioned for a county asylum arguing that the absence of a county asylum meant its poor insane were being sent to London at great expense and that a local asylum would be cost effective.³ However, Brighton Magistrates withdrew its petition to participate in the Sussex Asylum scheme preferring to erect its own but did not do so and by 1854, forty five per cent of Sussex's

¹ James Gardner, *Sussex Bells Jangled out of Tune*, (James Gardner: Brighton, 1999), p.44

² Adam Tringham, 'St Francis Hospital' (formerly the Sussex County Lunatic Asylum) in *Out of the Shadows: A History of the Mental Health Care System*, (formerly the Sussex County Lunatic Asylum,) (Pomegranate Press, Lewes, 2008), pp.87-104, (p.89).

³ E.W. Gilbert, 'The Growth of Brighton', *The Geographical Journal*, Vol.114, 1949, 30-32, (p.30).

pauper lunatics were still being maintained outside the county. The rise of the poor insane in Sussex brought increased pressure from the Lunacy Commission who protested to the West Sussex Committee of Visitors about the 'total want of pauper accommodation in the county' which led to the East and West Divisions joining together as the Act had allowed in sharing the expenditure.⁴ Each county and borough were expected to contribute according to the number of pauper lunatics within each division and Brighton was attached to East Sussex in building the asylum. The Sussex Asylum was 12 miles from Brighton and would serve both East and West Counties. Appendix E shows its position in relation to the Hailsham Union in the East.⁵ It was self-supporting with a farm, a bakery and shoe repairers, and where inmates who were 'harmless and able bodied [...] might be usefully employed'. Indeed, this paper will discuss the employment of the asylum inmates further on in this chapter.⁶

The Sussex Asylum specifically identified the pauper lunatic as its main patient supporting Bartlett's findings that the county asylum 'legally categorised' pauper lunatics. Indeed, the Sussex Asylum maintained very few private patients and then 'conditional on there being excess space'. Thus it was directed at the poor insane to the exclusion of private patients.⁷

Table 1 below will show the poor lunatics chargeable to 'Out County' Unions and boroughs within Sussex and, while receiving a higher rate *per patient* resulted in less space for private patients. This had the effect of the Sussex Asylum having to satisfy their average intake of approximately 700 inmates and

⁴ Gardner, p.27

⁵ ESCRO, West Sussex and East Sussex map showing location of Haywards Heath and Hailsham.

⁶ ESCRO Lunacy Commission recommendation letter, 29 April 1859, ref HC/4C

⁷ Peter Bartlett, 'The Asylum and the Poor Law', in *Insanity, Institutions and Society*, ed. by Melling and Forsythe, pp.48-65, (p.50).

contracts would be entered into with Out County Unions at a higher rate although not as lucrative as maintaining private patients.

Table 1 The Sussex County Asylum, Report by the Visiting Commissioners in Lunacy, showing inmate classification and weekly charges, (1873)⁸

Inmate Classification	Total inmate	Weekly Charge
Paupers chargeable to Sussex Unions including Hailsham Union	638	9s.6d
Out County Unions	80	14s
Private Patients	12	16s

This meant that the Sussex Asylum were contracted to board its patient intake outside the county when appropriate. The Fifteenth Medical Superintendent's report for the asylum confirms that this often led to a deficit since the maintenance rate was inadequate which could be improved with private patients but, at times of overcrowding, the asylum was unable to 'admit 'Private Patients'.⁹ This is important since the pressure of cost and overcrowding would influence the effectiveness of the Medical Superintendent's evaluation subsequently, affecting the asylum inmates.

The Medical Superintendent

Charles Lockhart Alexander Robertson was appointed as the asylum's medical superintendent and was the Honorary Secretary of the Medico Psychological Association, aimed at asylum medical officers and regularly contributed towards the Journal of Mental Science.¹⁰ From the beginning Robertson was a progressive thinker and frequently made his opinions and ideas known to the

⁸ ESRO, Sussex County Lunatic Asylum, Haywards Heath, Fifteenth Annual Report for the Year 1873 by the Visiting Commissioners in Lunacy, ref, HC/2

⁹ *Fifteenth Annual Report*

¹⁰ Gardner, *Sweet Bells Jangled out of Tune*, p.39.

Visiting Committee. They in turn acknowledged their approval of Robertson two years after his appointment in 1861, that the 'general state and condition of the asylum reflect[ed] great credit on the Superintendent', and increased his £450 per annum salary to £550.00.¹¹ Robertson believed passionately in John Conelly's mantra of enlightenment and in 'freeing the insane from their restraint' and believed in the 'incontestable superiority of public asylums'.¹² When he first saw the Sussex Asylum he was impressed with its 'moral architecture', which had been advocated by the new asylum architects thereby aiding recuperation:

Sufficient character is given to its exterior by picturesque treatment and outline, and varied coloured brickworks to render it cheerful and effective, such character having a beneficial effect on the patients in a curative point of view [...]¹³

In contrast to Scull's comparable view of asylums being 'prison' like institutions, Robertson's vision was that surrounding the patients with small comforts, 'making their dormitories more homelike' and 'sufficiency of food' would offer a better quality of life which their own homes lacked.¹⁴ This view is shared by Bartlett's work that opportunities for the poor insane of 'three square meals a day' clean clothes and access to farm work may have been viewed as more appealing than the workhouse infirmary and thus, 'little reluctance felt by the poor' in entering them.¹⁵ This 'homely feel' reflected the way Robertson believed the Sussex Asylum should be viewed prompting the notion that cheerful surroundings would make for quicker recoveries. However, with the overcrowding of asylums nationwide the Lunacy commission had become

¹¹ ESCRP, Sussex County Lunatic Asylum, , Annual Report for the Year 1861, p.6-7, ref: 10624/1-2

¹² Charles Lockhart Robertson, M.D, 'The Care and Treatment of the Insane Poor', *The Journal Of Mental Science*, No. 63, Vol.13, 1867, p.293

¹³ Ibid

¹⁴ ESCRO, C L. Robertson, 'Asylum Journal,' 1859-1870, ref: HC7/1

¹⁵ Peter Bartlett, 'The Asylum, the Workhouse, and the Voice of the Insane Poor in 19th-Century England', *International Journal of Law and Psychiatry*, 4, 21, 1998, 421-432, (p.428).

conscience of 'careful budgeting' and the initial sense of optimism felt by Robertson soon turned to pessimism, which led to conflict with the Visiting Committee and the Poor law Officials.¹⁶

Centrally, the Lunacy Commission had encouraged the transfer of the insane from the county asylums to the workhouse when the 'asylums were nearing capacity' and those with little hope of cure should be retained in the workhouse infirmary.¹⁷ At a time when psychiatry was in its infancy, diagnosis of insanity was tentative and first port of call was the relieving officer who had no medical training. Medical Superintendents blamed low rates of recoveries and the high rate of mortality on the late admissions of the insane as county asylums were being 'swamped with hopeless cases'. Table 2 displays the number deemed curable in 1860 out of an admission figure of 17,432 was 1,952 in England and Wales while in 1870 only 2,149 were judged to be curable out of 27,890 patients by the County and Borough Asylums.

Table 2 Number of Curable patients in County and Borough Asylums in England and Wales 1860 -1870 ¹⁸

1860	Number of Patients	Number Curable
	17,432	1,952
1870	Number of Patients	Number of Curable
	27,890	2,149

¹⁶ Gardner, p.43.

¹⁷ Andrew T. Scull, *Museums of Madness, The Social Organization of Insanity in 19th Century England*, (Allen Lane Penguin Books Ltd: London, 1979) , p.187.

¹⁸ Scull, p.192

This means that for both the years 1860 and 1870, out of an admission figure of 45,322 patients, 4,101 were deemed curable. While the number of patients increased by nearly sixty per cent, the number of curable had increased by only 10 per cent and moreover, the increase had occurred among the poor insane while the number of private insane patients had remained static suggesting the national county asylum system was not working. Thus, asylum doctors were under pressure to increase the cure rate while keeping costs down despite the increasing large numbers of poor insane still being maintained in workhouses when they should have been receiving 'sooner than later' treatment.¹⁹ Indeed, Robertson On the 31 December, 1877, recorded his concern of 'parochial authorities' that not sending patients early enough to the asylum was a false economy which would lead to increased costs:

The Asylum is slowly but gradually filling up, and if the system adopted of late of sending all the chronic cases from the Workhouse into the Asylum is continued, it will, within two or three years, be quite full, and the representatives of the ratepayers will have to face the question so long staved off, of how best to provide increased accommodation for their lunatic poor.²⁰

In 1874, a 'Grant in Aid' was provided by the state to the Poor Law Officials to encourage the quick transfer of the chronic insane to the asylum from the workhouse which would, (in theory), provide the Unions with a financial incentive and encourage quicker admissions of the chronic. However, while Kathleen Jones' research (1955) suggests this marks the first assumption of state financial responsibility, the situation did not improve neither nationally nor locally, as evidenced by Peter Bartlett who, drawing on Commissioners in Lunacy returns, estimated that nationally out of the total number of 52,931

¹⁹ Bartlett, *The Asylum, the Workhouse, and the Voice of the Insane Poor*, p.422.

²⁰ ESCRO, Sussex County Lunatic Asylum Annual Reports, (1859-1890) ref: 10624/1-2

pauper insane in 1890, approximately 13,233 were still being kept in the workhouse.²¹ Neither did this funding lead to a diminished number of chronic cases at the Sussex Asylum but rather led to a 'large increase in the admission of 49 chronic, feeble, helpless, incurable cases from Union Workhouses' with Hailsham being the third largest provider after Brighton and Horsham in the admission process.²² The Medical Superintendent had predicted in his annual report to the Visiting Committee that the 'provisions of the Budget allowing to the unions of four shillings a week per patient would [...] tend to a large increase in the admission of chronic and helpless cases'. What this means is that those chronic and incurable who had been maintained in the Unions prior to the grant would capitalise on the 4s per patient hence the large increase. Indeed, the Sussex Asylum's intake increased during the twelve months of 1874, 'more than during the whole previous five years'.²³ However, the Visiting Committee disagreed that the Budget was responsible as insanity had increased generally in Sussex and can 'hardly be accounted for by the yearly increasing residuum of old and chronic cases'.²⁴

Opposing views and conflicts about late admissions would affect the medical superintendent's relationship with the Lunacy Commission and the Poor Law Officials and would be a familiar grievance of Robertson. He also disapproved of receiving idiots and imbeciles since many of these patients suffered with epilepsy and meant implementing a 'non-restraint policy' which was against his moral therapy approach. Indeed, only 6 per cent of those categorized as idiots

²¹ Bartlett, *The Asylum, the Workhouse, and the Voice of the Insane Poor*, p.422.

²² ESCRO, Sussex County Lunatic Asylum, Sixteenth Annual Reports for the Year 1874.

²³ *Ibid*

²⁴ Sixteenth Annual Report for the Year 1874.

and imbeciles were admitted to the Sussex Asylum in the early years and as the asylum had by necessity formed close links with the Brighton Workhouse, there would be consistent transfers from this workhouse of imbeciles and idiots which further incited resentment. On the 10 September 1859, Robertson records the transfer of a ten year 'idiot' boy from Brighton:

He's not a fit case for this Asylum... [it would be] better to get old women from the union house to look after him. This Asylum is not adapted for the treatment of idiocy and the presence of idiots in such as house is a great injury to other patients.²⁵

The request not to receive the boy was turned down by the Brighton Guardians until he sought the authority of the Visiting Committee who transferred the boy some six weeks later. Unquestionably, conflicts existed between Robertson and, his successor Samuel Williams (1870-1888) who were under pressure to the Visiting Committee to cure or relieve the patients and especially the incurable and chronic.

Indeed, the criteria for success at the Sussex Asylum would be gauged by how many patients were discharged in comparison to the number admitted irrespective of cure or death by the Visiting Committee. Therefore, while the discharge of pauper lunatics by county and borough asylums was an 'important dimension [...] to the Victorian asylum system', many would not be recovered and would return to the asylum, workhouse or taken in by relatives.²⁶ Moreover, Laurence Ray revealed the practice of short stays in county asylums from his research on the Brookwood and Lancaster Asylums concluding that the average length of stay before discharge 'would occur within the first year after

²⁵ Robertson, Asylum Journal, 17 August 1859.

²⁶ David Wright, 'The Discharge of Pauper Lunatics from County Asylums in Mid-Victorian England, The case of Buckinghamshire, 1853-1872,' in *Insanity, Institutions and Society*, ed. by Joseph Melling and Bill Forsythe (Routledge: London and New York, 1999), pp. 93-108, (p.99).

admission'.²⁷ Inevitably, the consistent practice of county asylum short stays suggested that recovery rates were notoriously low as Wright also concluded from his work on Buckinghamshire that the average length of stay before discharge was between 12 to 15 months *irrespective* of recovery.²⁸

While parallels may be drawn with the Sussex Asylum from its Annual Reports (1859-1873) indicating the average length of stay for the fifteen year period was *three to six months* with 12.6 per cent having *not recovered* and 64.6 per cent having *died* out of a 2,523.²⁹ However, while the practice of short stay both nationally and locally may be explained through shortage of accommodation, short stays before discharge may have been 'manipulated' to suggest a sign of 'positive institutional treatment' on the part of the Medical Superintendent who was ultimately answerable to the Visiting Committee.³⁰ In spite of this, not all inmates were short stay as those deemed more capable were kept on for the work economy, which 'afforded valuable employment for insane patients' and, 'may [be] carr[ied] out at much smaller expense'.³¹ Thus, 'work therapy' was a potential liability and could and did 'degenerate[...] into open exploitation'.³² For example, in 1873 a patient who had been working in the SCLA's shoemaker's shop since 1859 (fourteen years), was diagnosed with mania but considered not to be dangerous, attacked the master attendant with a knife causing a 'long gash' on his forearm.³³ While all injurious incidents were investigated by the Commissioners in Lunacy both centrally and locally

²⁷ Laurence J. Ray, 'Models of Madness in Victorian asylum', *European Journal of Sociology*, 22, 2, 1981, 229-264, (p.234).

²⁸ Wright, p.101.

²⁹Sussex County Lunatic Asylum, Annual Reports for the Year 1859-1873, ref: 10624/1-2

³⁰ Wright, p.104.

³¹ HCPP, Commissioners In Lunacy Return, No. 7 (1853), p.7.

³²Margaret A. Crowther, *The Workhouse System, 1834-1929: The History of an English Social Institution*, (Methuen: London, 1983), p.201.

³³ ESCRO, Report by the Visiting Commissioners in Lunacy, 1873

conveying an humane caring approach, Scull argues this policy of investigation by the Visitors only served to 'stifle initiative and innovation' on the part of the asylum doctor.

Indeed, for Scull the pressures of economy and overcrowding of the chronic for the 'mad doctors' meant that, 'keeping the patient alive became an end in itself'. Moreover, he argued, heavy workloads and increasing administration, the asylum doctors become increasingly remote from their patients leaving the care to their medical assistants who were expected to see the patients twice daily, update case records and prepare medicines and thus, 'Asylum superintendents are [...] driven to a system of routine and general discipline as the only one whereby the huge machine in their charge can work'.³⁴ Put simply, for Scull the role of the medical superintendent was securing control over the asylum, which was just 'another custodial institution' with the needs of the institutional taking precedence over the needs of the patient.³⁵ While, both Robertson and Williams had medical assistants during their time at the Sussex Asylum, their journal and annual reports acknowledged the 'invariable support [...] received from the officers during the year'. In fact, rather than 'monopolizing the psychiatric profession' as Scull asserted the medical superintendent consistently praised and acknowledged 'the workings of the institution [...] carried on by the officers'.³⁶

Scull's view is not supported by this study as the asylum was not typical in its universal pattern of 'long stay' institutions and concurs with Wright's study that

³⁴ Scull, 'Museums of Madness', p.181.

³⁵ Andrew Scull, *The Most Solitary of Afflictions, Madness and Society in Britain 1700-1900* (Yale University Press: New Haven and London, 1993), p.312

³⁶ Sussex County Lunatic Asylum, Haywards Heath, Sixteenth Annual Reports, 1874

the Medical Superintendent did little to 'retard the discharge of patients' least of all because of the shortage of beds but rather there was an hierarchy of control over the asylum doctor restricting his monopoly. Wright further concluded that the Buckinghamshire discharges were dependent on local Poor Law and economics and the 'ability and willingness' of the family and medical opinions would play only a small part.³⁷ Indeed, the process of discharge rested upon the asylum doctors seeking the approval of the Visiting Committee who would liaise with the Poor Law Relieving Officer at the Union at which the patient would be chargeable whereupon he would make enquiries about the patient returning to his or her family or to the workhouse. What is more, Adair, Forsythe and Melling's research on Devon found that the majority of their 'Devonian' asylum insane did not have contact with the Union workhouse because they did not come necessarily from the 'poorest sections of the community' but instead was referred to the Devon Asylum through family networks.³⁸ In comparison, this study found from the asylum and Hailsham Union's Admission and Discharge Registers, there was a preponderance of pauper lunatics since referrals were through 'contact with the Union workhouse' and only a very small proportion of family referral or relief by family members as in the case of Jane Hoad in chapter two. Indeed, Only seven per cent of SCLA's intake came directly from home.³⁹

However, while Wright and Adair et al uphold the continuing role of family in the admission and discharge process of the insane in spite of Andrew Scull

³⁷ Wright, p.95

³⁸ Richard Adair, Bill Forsythe and Joseph Melling, 'A Danger to the Public?' Disposing of Pauper Lunatics in late Victorian and Edwardian England: Plympton St Mary Union and the Devon County Asylum, 1867-1914', *Medical History*, 42, 1998, 1-25, (p.4).

³⁹ Gardner, p.45.

suggesting that the breakdown of the family led to more families seeking institutional support which 'operated to reduce family [...]intolerance',⁴⁰ this research suggests support for Walton's work on pauper lunatics. If families were struggling to cope with their loved ones, the asylum may have acted as the 'final resource when all else had failed' and thus, those admitted were not as Scull states 'inconvenient people' but rather, 'impossible people', and therefore the asylum provided relief for 'desperate families'.⁴¹ The following testimonial is in support of a father who refers his son to the asylum. 'Will [iam] does not sleep; he tries to jump out of the window. He is always threatening to destroy himself. I have to watch him all the time as there's just the two of us'.⁴²

Therefore, admission to the Sussex Asylum predominately came from referrals from the Poor Law Officials at the Unions and while the Sussex admitted large numbers from out of county Unions making it difficult for this study to ascertain the original source of referral and their pauper status, this research focused on those admitted from Hailsham Union which was cross checked with the census who categorized them as paupers. Referring to Appendix D, the data displays the number of insane paupers chargeable to Hailsham Union and where maintained over the twenty-year period. The small sample offers a qualitative insight and demonstrates that the county asylum was the largest provider of care while the workhouse was the second largest provider of care with family and friends playing a small role.

⁴⁰ Scull, *Museums of Madness*, p240.

⁴¹ John K. Walton, 'Casting Out and Bringing Back in Victorian England: Pauper Lunatics, 1840-70', in W.F. Brynum, Roy Porter and Michael Shepherd (eds), *The Anatomy of Madness. Essays in the History of Psychiatry*, Vol.2, Institutions and Society (London, Tavistock Press, 1985), pp.135-46

⁴² ESCRO, Medical Certificate attached to the Reception Order for William James Carpenter, 20 January 1882, ref: 24/4151.

In summary, this chapter has discussed the role of the Medical Superintendent and his lack of authority over the admission and discharge of the poor insane and considered the journey of the insane was dependent on the poor law bureaucracy and the local magistrates.⁴³ The study of the Sussex Asylum supports existing research that the asylum doctor's medical evaluations played a very small part in negotiating the journey of the pauper insane. This is particularly evident when we consider his lack of authority over the admissions of the poor insane particularly with regard to the chronic and incurable admissions. Moreover, while the objective of the county asylums had been to intervene and treat the insane early encouraging quicker recoveries, the demands for asylum spaces and overcrowding led to the asylum doctor spending less time with the patient and more time delegating the 'medical role to his assistant.' The main points will now be reviewed in the conclusion in Chapter four.

⁴³ David Wright, *The Discharge of Pauper Lunatics from County Asylums in Mid-Victorian England*, p.106

4. Conclusion

Summary

This study set out to consider the extent medical evaluations influenced the journey of pauper lunatics from the Hailsham Union Workhouse in East Sussex to the Sussex County Lunatic Asylum (SCLA) aka Sussex Asylum, by assessing the relations between the key medical officers namely the poor law doctor in the Union workhouse and the Medical Superintendent of the SCLA by examining key primary sources relating to Hailsham Union and the Sussex Asylum which was used to test and compare the hypothesis with secondary literature.

Chapter One assessed the significance of the 1834 New Poor Law in the movement of the pauper insane to and from the workhouse. It assessed the way the New Poor Law Act impacted upon the pauper insane universally and locally at Hailsham Union which had provided little provision for the poor insane. Universally, the medical profession had a low status which saw a series of medical reforms to regulate and standardised medical provision. The findings of this chapter suggest there were significant variations which continued to impede the medical profession and the poor law doctor whose power to grant medical relief rested with the Poor Law Officials. This chapter also considered the Outdoor Policy conducted by a Local Government Inspectorate to oversee relief provided only for the 'abled bodied' in the workhouse. The findings in this chapter also suggested that the intervention of the Inspectorate played a part in the movement of the poor insane at Hailsham Union to the SCLA. This chapter further examined the 1845 Lunacy Act which made it compulsory for

magistrates to erect county asylums managed by the new 'mad doctors' and found that relationships between Poor Law Officials and Commissioners in Lunacy depended on the 'local poor law machinery' in the discharge and admission of the poor insane which restricted the medical superintendent's autonomy.

Chapter Two considered the Hailsham Union and the importance of the workhouse in categorizing and assessing the poor insane from and to its county asylum. This chapter also assessed existing secondary literature in which historians have suggested that continuous relationships involved in the journey of the poor insane contributed to better standards of care. Qualitative data was assessed from the Sussex County Lunatic Asylum Admissions Register focusing on those poor insane chargeable to Hailsham Union to test the critique. The data demonstrated the consistency of the relieving and medical officers involvement of the admission process of Hailsham's poor insane over a twenty-year period. Findings suggested that it is likely that preconceptions of the continuous involvement of the key officers would influence the evaluations based on the 'micro politics' of the patient's household as the level of familiarity would make for more subjective evaluations than objective. This chapter also found that the Union's Relieving and Medical Officer played more of an important role than the SCLA's medical Superintendent in the admission process. *Chapter Three* assessed the role of the Medical Superintendent at the SCLA and his role under the Visiting Committee on behalf of the Lunacy Commission. Examination of the Medical Officer's Journal and the Annual Reports found his authority was undermined not only by the Visiting Committee but also the Poor Law Officials. This was evidenced in his asylum journal in

which it became apparent that he held little control over the admission and discharge of the pauper insane. Since the objective of the county asylums had been to intervene and treat the insane earlier maximizing the potential for recovery, those who had little likelihood of cure should be maintained in the workhouse. This chapter assessed the way in which the Lunacy Commission had encouraged the transfer of the chronic insane since the county asylums had become overcrowded but many workhouses did not provide specialist infirmaries including Hailsham Union. Demands for asylum spaces led to short lengths of asylum stay and existing research has demonstrated the average length of stay before discharge was between 12 to 15 months irrespective of recovery. Examination of the SCLA annual reports tested this critique and found that the average length of stay was, in fact, less and was between three to six months with 12.6 per cent not recovered. Lastly, this chapter reflected and assessed the route in which the pauper insane was referred since existing literature suggested it was through family networks and not necessarily through a poor law institution and thus not all patients were paupers. However, in contrast, in assessing the Hailsham Union's Admission and Discharge Registers, it was evidenced that the majority of the referrals came through the Union workhouse and only a small number through family referrals.

Conclusion

This study considered the extent medical evaluations influenced the journey of pauper lunatics from the Hailsham Union Workhouse to the Sussex Asylum. It considered the importance of the poor law in its negotiation in the movement of the pauper lunatic between the Poor Law Officials and the Union workhouse

which was a 'filtering stage' in the assessment of the poor insane and thus, this relationship enabled the admission and discharge of the poor insane which as this study has demonstrated was an 'important dimension to the social history of madness.'¹

The Union Guardians, the Justices of the Peace and Local Government Inspectorate all participated in the movement of the poor insane from Hailsham to the asylum. As a result, the relieving officer was the 'first [...] gatekeeper of the County Asylum', as opposed to the asylum superintendent. In addition, this study assessed the view that the 1860s witnessed a 'successful' measure of medical reform, economics and moral ideology, but in reality, regional variations meant that some of those initiatives were 'ignored'.² The findings also suggest that while the asylum was seen as the domain of the Medical Superintendent, he held little authority under the administrative infrastructure of the nineteenth century county asylum system led by the Poor Law Officials and Commissioners in Lunacy. Thus, what emerged from this study is that the Local Poor Law Officials, local Magistrates and economics were all significant influences in determining the journey of the insane rather than enforced medical evaluations.

¹ Joseph Melling and Bill Forsythe, *The Politics of Madness, The State, Insanity and Society in England, 1845-1914*, (Routledge, London and New York, 2006) p.26,

² Kim Price, *Medical Negligence in Victorian Britain, The Crisis of Care under the English Poor Law, 1834-1900*, (Bloomsbury Publishing: London, New York, 2015), p.31

Appendix A Hailsham Union Workhouse and Infirmary ³

IMAGE REMOVED FOR COPYRIGHT REASONS

³ Hailsham Union Workhouse and Infirmary photograph, (1903)

Appendix B List of Medical and Relieving Officers' showing Distance, Population and Salary (1860/61) ⁴

Distric t	Med Officer	Acres	Populatio n	Salary without medica l extras	Qualifications and District of Residence
1	James M. Cunningham Arlington and Hailsham	10,27 2	2,721	£58	M.D. Univ Edin1824 Lic.Soc.Apoth.Lond.1824 Residence :Hailsham, Sussex
2	Henry Holman Chiddingly and Laughton	9,387	1,735	£44	Lic.Soc.Apoth.Lond.1823 Mem.R.Coll.Surg.Eng.1825 Residence : East Hoathly, Sussex
3	Gillies Calder Heathfield and Warbleton	13,73 3	3,323	£80	Lic.Soc.Apoth.Lond.1837 Mem.R.Coll.Surg.Eng.1838 Residence : Warbleton, Hurst Green, Sussex
4	Joseph A. Simons Herstmonceu x and Wartling	9,729	2,201	£60	Mem.R.Coll.Surg.Eng.1847 Lic.Soc.Apoth.Lond.1856 Residence Boreham, Nr Hailsham, Sussex
5	Frederick Wallis Hooe and Ninfield	4,939	1,083	£30	Mem.1842.Fell.1861.R.Coll.Surg.E ng Lic.Soc.Apoth.Lond.1842 Residence : Bexhill, Sussex
6	Richard T. Fletcher Hellingly, including Workhouse	6,016	1,606	£73	Mem.R.Coll.Surg.Eng.1845 Fell.R.Coll.Phys.Lond.1848. Residence : Hailsham, Sussex

Relieving Officers

District	Relieving Officer	Medical Qualifications	Acres	Population	Salary without medical extras
Arlington, Hailsham Herstmonceux, Hooe, Ninfield and Wartling	Henry Potter	None	24,940	6,005	£90
Chiddingly, Heathfield, Hellingly, Laughton and Warbleton	Isaac Wratten	None	29,136	6,664	£90

⁴ Hailsham Union Printed Statement of Accounts, with lists of guardians, medical , relieving and workhouse officers, March 1860-1861, ref: ESCRO, AMS 6507/4/1/6

Appendix C data showing the continuities of the Poor Law relieving officers and medical officers involved in the movement of the pauper insane from Hailsham Union to the Sussex Asylum 1862 - 1882⁵

Abbreviations : NK = not known

Year	Name & Occupation	Age	M	F	Relieving Officer	Medical Officer	Examined at	Next of Kin
1862	Hannah Wright (farmer's daughter)	60		1	.I. Wratten	Cunningham	Home	Mother
	Sarah Holloway (Dom Servant)	15		1	Henry Potter	Cunningham	House of employ	Mother and Father
1872	John Cane (Cattleman)	63	1		Henry Potter	J Billing	Home	Wife
	Amos Mab NK	35	1		Francis Child	J Billing	Sessions House	NK
	James Vine (Farmer)	63	1		Francis Child	J Billing	Session House	brother
	David Booth (Soldier)	55	1		Francis Child	J Billing	Workhouse	Brother
	Henry G Barton	NK	1		Sec of State for Home office	NK	Lewes Gaol	NK
	Hannah Hoad NK	NK		1	Ditto	Lewes Gaol	Lewes Gaol	NK
	Fanny Payne (Gardener wife)	27		1	Francis Child	H Holman	Home	husband
1882	William Carpenter (Carpenter)	18	1		S Burgess	Henry Holman	Home	Father
	Eliza Seymour (Carpenter's wife)	42		1	S Burgess	Henry Holman	Home	Husband
	Thomas Knight (Agrig. Labr)	55	1		S Burgess	J Billing	Home	Wife
	Charlotte Pilbeam (Dom Serv)	59		1	Thomas Guy	J Billing	Workhouse	Brother
	Annie Waters (Dairy maid)	23		1	indicipherable	A Barnes	Home	Brother

⁵ The SCLA, The Register of Admissions and Discharges, ref: (1859-1903) HC/32

Appendix D Statement of the number of Insane Paupers chargeable to Hailsham Union and where Maintained in the County of Sussex ⁶

Year	No of Insane Paupers	Male	Female	Total	In County Asylum	In the workhouse	In Lodgings or boarded out	Residing with family and friends
1862/63	37	15	22	37	17	14	-	6
1863/64	41	15	26	41	18	13	-	7
1866/67	35	16	19	35	21	11	-	3
1868/69	40	17	23	40	21	9	-	10
1870/71	41	15	26	41	22	9	-	10
1874/75	40	17	23	40	22	9	-	9
1875/76	39	12	8	39	20	9	-	10
1876/77	43	19	24	43	25	9	-	9
1879/80	47	20	27	47	28	8	-	11

⁶ HCPP, Annual Returns of the Pauper Lunatics chargeable to the Several Unions and places in the County of East Sussex, various 1863-1871

Appendix E

IMAGE REMOVED FOR COPYRIGHT REASONS

Appendix F - Report by the Visiting Commissioners in Lunacy, showing the Admissions, Discharges and Deaths and proportion of recoveries since the opening of the Sussex Asylum, 1859-1873⁷

Total Admission number	Male Total 1267	Female 1256
Recovered	255	371
Relieved/discharged	91	97
Not Improved	177	43
Died	462	354
Remaining in Asylum	282	391

⁷ ESCRO, Sussex Lunatic Asylum Annual Reports,, (1859-1890) ref: 10624/1-2

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