

**The Asylum as Utopia:
A Case Study of Worcester County and City Lunatic Asylum
from 1852 to 1885**

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ABSTRACT

W.A.F Browne published a series of lectures in 1837 entitled *What Asylums Were, Are and Ought To Be*. The lectures described a utopian vision for asylums in the nineteenth century. This dissertation assessed Worcester County and City Pauper Lunatic Asylum in the context of three of Browne's criteria; the buildings and location, a humane medical superintendent and a regime of 'kindness and occupation' in an attempt to determine whether this vision was achieved at Worcester.

Worcester County and City Pauper Lunatic Asylum opened in August 1852. It was built as a result of the Lunacy Act of 1845 which mandated that every borough should have its own asylum to care for lunatics. This dissertation reviewed primary data sources to try to establish the voice of the people who were admitted to the asylum together with those who cared for them. It also provided a comparative analysis of Worcester, Fife and Kinross Asylum and The North Riding Asylum to determine if the experience at Worcester was manifestly different to other asylums in the United Kingdom.

The analysis of the buildings and landscape showed that those responsible for the development of the asylum made decisions that they believed were in the best interests of the patients although this was tempered with their desire to protect public finances. The annual reports of the medical superintendent and the Committee of Visitors together with those of the Commissioners in Lunacy confirmed that Powick's ideology was one of 'moral treatment' and a good example of the requirements of a modern nineteenth century asylum. Finally, the assessment of extant records of the regime at Powick confirmed Browne's framework was implemented in terms of occupation and kindness. Occupation has been derived from the witting testimony of the asylum reports. Kindness has been determined from the actions of the superintendent and the attendants as reported in the annual reports. However, the voice of the pauper lunatics themselves was inevitably missing from the available data and the narratives. This is not surprising as Powick's records were written by those in control of the people who were patients there.

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DISCLAIMER

No part of this dissertation has previously been submitted for a degree or other qualification to the Open University or any other university or institution. I confirm that this dissertation is entirely my own work. Parts of this dissertation are built on work I submitted for assessment as part of A825.

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The Asylum as Utopia: A Case Study of Worcester County and City Lunatic Asylum from 1852 to 1885.

Introduction

This dissertation will examine W.A.F. Browne's 1837 vision of utopia for the 'modern' lunatic asylum in the mid to late nineteenth century and consider the extent to which his framework for asylum perfection and harmony was met at Worcester County and City Lunatic Asylum (hereafter referred to as Powick Asylum) in Powick, Worcestershire.¹ Specifically, this dissertation will assess Powick's pauper asylum provision against three of Browne's specifications; building and location, a humane medical superintendent and a daily regime of 'kindness and occupation'.² Browne was the medical superintendent for the Montrose Royal Lunatic Asylum and in 1837 he delivered a series of five lectures to the managers of that asylum entitled 'What Asylums Were, Are and Ought To Be'. He became a paragon of the 'mad doctor' profession and his lectures underpinned the construction and management of asylums for several decades.³

In the preface to his lectures Browne states his objective was to bring attention to the plight of those who "sit in darkness, and in the shadow of death: being fast bound in misery and iron".⁴

In the 1820s Browne had travelled to Europe in the company of a 'well-to-do lunatic' and was

¹ Andrew Scull, *The Asylum as Utopia, W.A.F. Browne and the Mid-Nineteenth Century Consolidation of Psychiatry*, (London: Routledge, 1991), preface.

² Scull, *Utopia*, p. xxxvi.

³ Scull, *Utopia*, p. vii-viii.

⁴ Scull, *Utopia*, Preface to Browne's lectures.

exposed to the treatment regimes of the countries he travelled through, particularly Paris where he observed the work of Phillippe Pinel on 'moral treatment'. On his return to the United Kingdom Browne publicised the work being done on 'moral management' by William Tuke and Robert Gardiner Hill at the York Retreat and Lincoln Asylum respectively. Moral treatment and moral management were interchangeable terms for a humane approach to the treatment of lunatics. Where before the 'treatment' included physical restraint and chemical suppression of more frenzied physical symptoms, moral treatment was concerned with the opposite: no physical restraint, no unnecessary sedatives and the idea of the patient being complicit in his restoration to sanity.⁵

Before proceeding further a note on terminology. This dissertation uses terms found in the reports themselves to describe mental health that are not acceptable today; lunatic, imbecile and idiocy. These terms had specific medical meanings in the nineteenth century and are used in their historical context. They are not used in a pejorative sense.⁶ This study will focus on pauper lunatics, those who were unable to pay fees for their care. Paupers were people entitled to Poor Relief under the New Poor Law of 1834.⁷

In the late eighteenth and early nineteenth centuries there had been a number of scandals involving both private and public asylums. Conditions were horrific with patients often found naked, chained and subject to ridicule. Not only this but the 'treatments' were, in some

⁵ Scull, *Utopia*, pp. xii-xiii

⁶ Imbecile and idiocy referred to hereditary states where the intellectual powers had not or were not developed. Lunatic referred to a person suffering from a temporary form of insanity, such as mania, or a degenerative form such as dementia. Taken from John Charles Bucknill and Daniel Hack Tuke, *A Manual of Psychological Medicine*, (Philadelphia, Lindsay and Blakiston, 1874), pp.54-60. www.googlebooks.co.uk [Accessed 22.12.19]

⁷ See for example, Peter Bartlett, *The Poor Law of Lunacy, The Administration of Pauper Lunatics in Mid-Nineteenth Century England with special Emphasis on Leicestershire and Rutland*, PhD thesis, 1993.

instances, barbaric even by the standards of the time. In 1814 one patient at Bedlam was found in an iron cage that had been moulded to his body to ensure he could not move and thus be a danger to himself and others. He had been in this cage for fourteen years. Physical restraint and beatings were the norm.⁸ The 1814 report into the asylum at York was particularly unsavoury and the resulting outcry amongst reformers called for something to be done to improve conditions, treatment and outcomes.⁹

In 1828 a new governance role was created in response to the 1828 Madhouse Act. These new Metropolitan Commissioners in Lunacy had authority to inspect and license private madhouses in the greater London area. The group comprised five lay members (professional gentlemen), five magistrates and five physicians. In 1848 their remit was expanded to include madhouses and county asylums throughout England and Wales. Once the 1845 Lunacy Act was passed they were renamed Commissioners in Lunacy and their role was enshrined in law. The constitution changed so there were three lawyers, three physicians and six professional inspectors.¹⁰ The Commissioners produced annual reports on the asylums they visited which were compiled from the annual reports of the asylums themselves, a significant administrative overhead. Mellett describes how by the 1870s these reports became a mechanism for statistical accounts of insanity from every possible permutation rather than the Lunacy Commissioners drawing any conclusions and reporting accordingly.¹¹ Their recommendations for improvement should have carried significant weight, coming as they did from a position of central government.

⁸ Mark Stevens, *Life in the Victorian Asylum; The World of Nineteenth Century Health Care*, (2013: Pen and Sword Books, Kindle Edition), Location 187.

⁹ The Borthwick Institute Blog. <http://borthwickinstitute.blogspot.com/2014/10/the-york-lunatic-asylum-scandal.html> [Accessed 03 December 2019]

¹⁰ D.J. Mellett, 'Bureaucracy and Mental Illness: The Commissioners in Lunacy 1845-90', *Medical History*, 1981,25: pp.221-250.

¹¹ Mellett, *Bureaucracy*, p. 235.

However, as will be seen throughout the dissertation they were frequently in conflict with local government in the shape of the Committee of Visitors who had a competing remit. Sarah Wise argues that the Lunacy Commissioners were bureaucratic and out of step with both popular opinion and the newspapers.¹² The Committee of Visitors at Powick was a subset of the Committee of Justices and in the first few years of the asylum comprised fifteen men of significant local standing (for example, the mayor, army generals, the local MP and landed gentry) and three reverends. Their remit was to purchase the land for the new asylum, oversee the building of it and then supervise all of the administrative functions, reporting back to the Commissioners in Lunacy on an annual basis.¹³

Lunacy was not a new phenomenon in the nineteenth century; people had suffered short term and lifelong issues with mental health issues as well as congenital issues such as imbecility and idiocy for centuries. What was new was the intervention of the state and the structure and governance that the Victorians brought to the handling and attempted recovery of people who were suffering from a variety of mental illnesses. Foucault referred to the seventeenth to early nineteenth centuries as the 'great incarceration' when those labelled insane were made invisible by successive governments removing them from society. On the face of it this was for rehabilitative purposes but Foucault maintained it was merely a way of hiding difficult people away whilst trying to make them conform to socially imposed mores.¹⁴

¹² Sarah Wise, *Inconvenient People: Lunacy, Liberty and the Mad Doctors in Victorian England*, (London: The Bodley Head, 2012), p. Preface.

¹³ Frank Compton, *Lunatics – The Mad Poor of Worcestershire in the Long Nineteenth Century*, (Worcester: The George Marshall Medical Museum, 2013), pp 11-17.

¹⁴ Michel Foucault, *Madness and Civilisation: A History of Insanity in the Age of Reason* [translated from the French by Richard Howard] (New York, 1973), chapter 2.

Before the establishment of lunatic asylums in the nineteenth century it fell to either families or the workhouse to care for those with what we would now call mental ill health. For those with the means, family members could be placed with private asylum keepers or even sent abroad to 'recuperate'. Such was the stigma attached to mental ill health that those with means would often go to any lengths to keep such matters private.¹⁵ Private madhouses had been in operation since the middle of the eighteenth century and were licensed by Justices of the Peace at a county level. They were subject to regular reviews of provision by successive government commissioners. Those not fortunate to have private means were cared for under the prevailing poor laws, vagrancy or criminal laws. They were, therefore, increasingly likely to fall under the jurisdiction of the workhouse, houses of correction or prisons. Very few of these institutions had appropriate resources or mechanisms to care for those judged to be insane.¹⁶ In *Museums of Madness*, Scull maintains that admissions to asylums were formed by influences from masters of the workhouse, the police and an assessment of the family's ability to manage the situation both financially and emotionally. Scull also argues the medical staff at the asylums were influential in patient admissions but the admissions process at Powick, as reviewed in chapter two, challenges this assertion by showing that asylum staff only became involved at the point of admission, not before.¹⁷

¹⁵ K.M. Burtinshaw & J.R.F. Burt, *Lunatics, Imbeciles and Idiots: A History of Insanity in Nineteenth Century Britain and Ireland*, (Barnsley: Pen and Sword Books, 2017) Kindle edition, location 84.

¹⁶ Frank Compton, *Dr. Sherlock's Casebook*, (Worcester: George Marshall Medical Museum, 2016) p.31.

¹⁷ Andrew Scull, 'Museums of Madness Revisited', *The Society for the Social History of Medicine*, Volume 6, Issue 1, 1 April 1993, pp., 3–23.

Powick Asylum was completed in 1852 after almost four years of planning, building and fitting out. It was built in response to the Lunacy Act of 1845 with the intention of housing the pauper lunatic patients of Worcester and the surrounding Poor Law Union districts.¹⁸

This study will review the provision of care during the years 1852 to 1885. These years were selected because the asylum was finally ready for its first patients in 1852 and the decisions that were made during the building phase were directly relevant to Browne's framework for the model asylum. The next two decades were important because the asylum was extended and remodelled several times and the reasons for the additions are pertinent. In addition, this was a period of stability in terms of the medical superintendents who were in charge.

Dr. James Sherlock was the medical superintendent from August 1854 to March 1881. He influenced the administration of Powick for nearly thirty years. This suggests a degree of satisfaction from the Committee of Visitors and is characterised by their decision to increase Dr Sherlock's salary without him having petitioned them to do so.¹⁹ Lastly, this period encompassed two decades in which contemporary debates shifted from an initial sense of hope that asylums could restore sanity to the vast majority of their inmates, to a more pessimistic view in the latter part of the century as expectations were not met.

Chapter one focuses on the physical buildings and grounds that made up Powick Asylum. It considers the early decisions that were made by examining the plans and communications between the Committee of Visitors and the Commissioners in Lunacy, comparing and contrasting Powick with Browne's recommendations. Chapter two is concerned with the care

¹⁸ Frank Compton, *Lunatics*, pp., 3-5.

¹⁹ *Thirteenth Annual Report of the Worcester County and City Pauper Lunatic Asylum*, pp.5-6. www.archive.org. [Accessed 30 December 2019].

regime at Powick and the extent to which 'moral treatment' was implemented. In order to provide a comparative view of other asylums, Chapter three is a quantitative comparison of Powick and two other asylums; the Fife and Kinross asylum in Scotland and the North Riding asylum in Yorkshire using two papers published in *Psychological Medicine*. This chapter uses patient data from 1880 to the end of 1884. This is to ensure the comparison is statistically sound by reproducing as near as possible the raw data used by the two studies.

There are six primary data sources for this study; the two reports noted above, the Powick Asylum annual reports, the Commissioners in Lunacy reports, the online admissions registers and the Powick archive maintained at the Hive library in Worcester. Each asylum was legally required to produce an annual report which included a report by the medical superintendent, a report by the Visitors and their responses to the Lunacy Commissioners report findings. These reports were lengthy and contained information such as the number of patients on the roll at the time of the report, their diagnoses, responses to any issues raised by the Lunacy Commissioners in their most recent report on the asylum and income and expenditure details. This dissertation will assess information from Dr Sherlock's reports in five year intervals from 1855 to 1880. Five year intervals were selected so as to be statistically meaningful yet manageable as each report averaged seventy pages. The patients' notes have been digitised by Dr. Compton and his team at Worcester Medical Museums and these primary source narratives together with the patient admissions registers offer an insight into the patients, the environment and the regime at Powick. The Lunacy Commissioners' reports provide insight into the national picture as well as details of their findings at Powick and the superintendents' reports have been used to glean information specific to Powick. The statutory requirement of 1837 to register all births, deaths and marriages means there is a substantial amount of data

available for Powick Asylum as records were meticulously kept. Unusually they were not destroyed when the hospital was demolished in the twentieth century.²⁰

Historiography

There is a significant amount of literature on the subject of the assessment and treatment of mental illness in the eighteenth and nineteenth centuries. Unsurprisingly, it is often linked with the growth and professionalization of the psychiatric profession. This literature has been broadly split into three categories by Sarah Hayley York in her 2010 thesis on insanity and suicide. York talks of the early Whig historians with backgrounds in the medical profession who maintained asylums and the treatment of mental illness were a natural progression of an increasingly industrialised and capitalist society.²¹ Whig historians were likely to be from the medical professions and were attempting to legitimise the work of the early proponents such as Tuke and Connell as these 'mad-doctors' sought to transform the lives of sufferers.²² The radicals of the 1970s and 1980s were social historians. One of the most prominent radicals is the sociologist and medical historian Andrew Scull who has written many critiques of the growth of asylums and the 'mad-doctors' in the nineteenth century. The basic tenet of his argument is that in spite of all the good intentions, asylums simply became 'warehouses for the insane' and were a mechanism for social control, ensuring undesirable influences were not allowed to infect their communities. Scull has revisited his early arguments to test if subsequent historians, such as Anne Digby and David Wright have produced persuasive

²⁰ K.M. Burtinshaw and J.R.F Burt, *Lunatics, Imbeciles, and Idiots*, location 139.

²¹ Sarah Hayley York, 'Suicide, lunacy and the asylum in nineteenth-century England.' PhD thesis, University of Birmingham, 2009, pp.1-8. [Accessed, 6 October 2019].

²² Paul Tobia, 'The patients of the Bristol lunatic asylum in the nineteenth century', Tobia. PhD Thesis, University of the West of England, 2017, pp.11-25. [Accessed 6 October 2019].

evidence to the contrary, but he still finds that 'asylumdom' largely failed in its intentions.

Writing a decade or so after Scull, the revisionists such as Anne Digby, David Wright and Dr Roy Porter have taken a view that considers the economic, social and political forces that were being brought to bear on the issue of insanity. Their conclusions are more nuanced than their forebears and are concerned with how responses to insanity sit within the wider context of changes to legislation, population growth and societal expectations.²³

²³ York, *Suicide, lunacy and the asylum in nineteenth-century England*. pp.1-8.

Chapter One: ‘An establishment properly placed and constructed.’²⁴

IMAGE REMOVED FOR COPYRIGHT REASONS

Plan 1: Worcester Lunatic Asylum plans. Source: Worcester Archive (WA) BA806/1

This chapter will consider the asylum buildings and the grounds and the associated decisions made by the Committee of Visitors during the building of the asylum and the laying out of the grounds. It will review the extant primary sources to analyse whether Browne’s ideals were taken into consideration during the build phase and subsequently as changes were made to both the buildings and the grounds.

Worcester County and City Pauper Lunatic Asylum was situated in the lee of the Malvern Hills about eight miles from the city of Worcester. It was built in response to the enactment of the 1845 Lunacy and County Asylum Acts (hereafter referred to as The Lunacy Act) which made it compulsory for each borough to provide asylum care for lunatics located within their region. In

²⁴ Scull, *Utopia*, p.181.

order to comply with The Lunacy Act and limit expenditure Worcester County Council initially sought an arrangement with one of the surrounding counties but Herefordshire and Gloucestershire were already in advanced discussions with other counties making it impossible to form a union. Worcestershire County Council and Worcester City Council eventually came to an arrangement that meant each would contribute to the costs of building and maintain the asylum according to the number of patients each would supply.²⁵ Once this was agreed the two councils created a Committee of Visitors (hereafter referred to as Visitors for the sake of brevity) which was accountable for the proper development of the asylum and its grounds. The Visitors carried out their duties assiduously, possibly from a sense of duty to their local communities to protect their ratepayers from the lack of morality allegedly displayed by people suffering from insanity. It is also possible their concern was in reducing the negative impact on the public purse, rather than any potential for therapeutic rehabilitation of their pauper inmates. In his book on the asylum, Dr. Frank Compton also questions whether the Visitors were capable of behaving altruistically towards the asylum inmates because their positions as the elite of local society meant they were too far removed from the pauper experience.²⁶

One of the Visitors' first roles was to request submissions for appropriate land that could be bought to house the asylum and secondly they arranged a competition for asylum architectural plans. The competition winners won a prize of fifty pounds and the contract to build the asylum. The Visitors then had to decide which parcel of land was most suitable and which of the architectural designs most appropriate.²⁷ Whilst the government had mandated the need

²⁵ Frank Compton, *Lunatics – The Mad Poor of Worcestershire in the Long Nineteenth Century*, (Worcester: The George Marshall Medical Museum, 2013), pp. 12-17.

²⁶ Compton, *Lunatics*, p.12.

²⁷ Compton, *Lunatics*, pp.14-15.

for asylums there was no official blueprint for how those asylums should be built. The Lunacy Commissioners' own guidance on such matters would not be produced for another decade.²⁸ What did exist was Browne's influential framework and Tuke's model of humanitarian treatment at The Retreat in York. In his lectures Browne used 'florid and emotional language' to describe the ideal landscape, buildings and fittings that would be most likely to restore a troubled mind to sanity.²⁹ These ideals were intended for all classes of patients but this analysis has focussed solely on the pauper experience.

Browne's first criterion was the 'proper placement and construction' of the building which he stated was 'rarely considered of importance'. Browne recommended a calm, rural location so as to remove patients from urban stresses which would delay their recovery and add to the 'excitement' of patients suffering from mania. There should be a good supply of water and cultivated soil to allow for the growing of crops with a view to self-sufficiency.³⁰

The site selected by the Visitors was on the edge of the Malvern Hills close to a large area of common land. It encompassed approximately thirty acres and comprised the kind of landscape Browne mandated most likely to be highly therapeutic. There was a bucolic view across agricultural land to the Malvern Hills and the land sloped gently from its highest point to the enclosing fences at the lowest. Browne suggested this view of nature would 'provide a tether to reminisces (sic) of freedom and family, to which the heart still clings'.³¹

²⁸ Commissioners in Lunacy, *Suggestions and Instructions in Reference to Sites: Construction and Arrangement of Buildings: Plans: of Lunatic Asylums* (London: HMSO, 1856, rev. edns 1887, 1898, 1911).

²⁹ Scull, *Utopia*, p.vii. and Tuke, S., *Description of the Retreat, an institution near York, for insane persons of the Society of friends*, Google Books, www.books.google.co.uk [Accessed 20 December 2019]

³⁰ Scull, *Utopia*, p.181.

³¹ Scull, *Utopia*, p.182.

Powick originally catered for 200 patients; 100 of each sex. All the rooms were very carefully designed to ensure full segregation of the sexes, not just their sleeping quarters. The only rooms where the patients could mingle were the recreation room and the chapel which was in keeping with Victorian sensibilities which demanded the sexes be kept apart to 'tame natural forces'.³² When Powick was first built the sleeping quarters were arranged as per the table below.

Table 1. Location of patients on both sides of Powick Asylum

Ground Floor	Single beds	Dormitories	Females	Males	Total
Ward A for tranquil curable and convalescent patients	5	16	21	21	42
Ward B for idiot, imbecile and epileptic patients	8	8	16	16	32
Violent and dirty patients	14	8	22	22	44
First Floor					
Tranquil curable and adolescent patients	5	16	21	21	42
Imbecile, idiot and epileptic patients	8	8	16	16	32
Second Floor					
Infirmery	2	4	6	6	12
Total			102	102	204

Browne recommended the segregation of violent or dirty patients or those believed to have dangerous characteristics and this was followed at Powick. This was to ensure patients displaying the 'correct' behaviours were not seduced into deviant behaviours by.³³ These patients were housed in a special gallery with two attendants between twenty two patients. This seems a significant amount of work for just two attendants (in the day and eventually one

³² Davidoff, Leonore. "Class and Gender in Victorian England: The Diaries of Arthur J. Munby and Hannah Cullwick." *Feminist Studies*, vol. 5, no. 1, 1979, pp. 87–141. *JSTOR*, www.jstor.org/stable/3177552.

³³ Scull, *Utopia*, p.184.

more at night) and raises the question of how much of a utopia the asylum was for the staff. Fourteen of these patients were to be housed in single rooms to make management of their symptoms easier and to avoid the potential problem of these patients negatively influencing each other in a dormitory. Whilst the asylum was in the planning stages the Visitors requested information from the Poor Law Board on the number of potential patients and their illnesses to ensure the building was appropriately designed. The information provided to the Visitors by the Poor Law Boards was patchy and some did not return any information at all. Those that did respond suggested the patients best suited for transfer had all been restrained by one or more mechanisms in their previous locations so assuming the patients had the mental faculty to appreciate their surroundings, a single room with no restraints must have been a significant improvement for them.³⁴

The provision of fuel for cooking, lighting and heating was vitally important for the asylum to function on a daily basis. The Visitors considered piping gas in from the Worcester City Gas Works but this was found to be uneconomical and the Visitors were not happy to be reliant on a company so far away from the asylum. The idea of a gas works on site was promoted but it was felt the works would spoil the view for the patients and create unpleasant smoke and other odours. In the event it was the most practical solution and it was built 500 feet away from the asylum buildings to ensure the patients were not adversely affected by any unpleasant odours. In order to preserve the bucolic view it was also screened by an existing heavily planted orchard.³⁵

³⁴ Compton, *Lunatics*, pp.12-13.

³⁵ Compton, *Lunatics*, p. 32.

The heating of the sleeping areas was thought to be important for a number of reasons. Firstly, many of the patients were physically quite feeble and the difference in temperature between the day rooms and bedrooms was thought to be damaging to their physical health. Browne recommended a method of economical heating should be found to ensure whole asylums were kept warm in the colder months and cool in the warmer ones. There is evidence the Visitors consulted exhaustively on this subject, delaying the build by several months. After seeking advice from several sources including the Lunacy Commissioners and other asylums they made a decision to purchase Haden's Patent System of heating alongside open fires that could be used when necessary. This decision was not wholly compassionate. It was important to have as many able patients in the asylum as possible that could work and therefore contribute to the daily running of the site.³⁶

The Visitors were keen to create a 'community of patients' who slept in the same dormitories and suffered from similar clinical characteristics, at least as far as being either 'tranquil' or 'excited' and these patients were permitted to congregate together in their day rooms. These day rooms also had direct access to the airing courts so some freedom of movement and association was possible at least within the confines of their section of the asylum.³⁷ There were six airing courts comprising half an acre each. There is limited information available on the layout of the airing courts at Powick. They were a feature of most nineteenth century asylums and each asylum seems to have made its own design arrangements depending on the layout of the asylum and the space available. Browne comments they were usually 'nothing

³⁶ Compton, *Lunatics*, p.27.

³⁷ Compton, *Lunatics*, p.18.

more than narrow strips of sward or gravel surrounded by high walls' without a decent view except for 'his miserable companions'.³⁸ At half an acre each the airing courts at Powick were clearly more than this in terms of space at least. In further recommendations for airing courts, Browne states the addition of a monkey or two, some sheep or other social domestic animals would be of benefit although he does not specify why. There is nothing in the Powick records to suggest the purchase of such animals except for pigs which were kept on the farm and used for food for the asylum kitchens.³⁹ Lastly, it was important that attendants could observe their patients when they were in the airing courts to ensure deviant behaviour was avoided. In this way patients might be 'restored to the world while reaping the benefits of seclusion'.⁴⁰ The Powick annual report for 1865 illustrates two facts relating to the airing courts. Firstly, the Lunacy Commissioners' recommended the removal of some posts and wires from No.5 Airing Court to provide an additional walk for the patients. The Visitors' disagreed with the proposal but suggested a skittle alley might be more preferable for the patients. Secondly, the Lunacy Commissioners had identified deficiencies in provision in an earlier report that needed attention. They recommended that water closets and urinals be installed in the men's airing courts to provide improved conditions for those exercising outdoors. They also suggested a veranda should be built in one of the men's airing courts to protect patients from excessive heat or rain. Dr. Sherlock confirms that both changes were implemented at a cost of £63 10s. for the urinals and £69 10s. for the veranda.⁴¹ In 1870 the Lunacy Commissioners recommended the walls between the airing courts be removed so that patients could mix

³⁸ Scull, *Utopia*, pp.189-190.

³⁹ *Twelfth Annual Report of the County and City of Worcester Pauper Lunatic Asylum*, p70. www.archive.org. [Accessed 26 December 2019].

⁴⁰ Scull, *Utopia*, p191.

⁴¹ *Twelfth Annual Asylum Report*, pp.10-11, www.Archive.org

regardless of their ailment. The sexes were still segregated however. These recommendations illustrate the perceived importance of exercise for patients, the need to ensure the amenities were suitable to facilitate this and the responsiveness of the Visitors and the Medical Superintendent to make the necessary changes.

Observation was a fundamental aspect of asylum life. Bentham had recommended the 'Panopticon' as a mechanism for achieving this in prisons. It consisted of a central tower with cells radiating off where the prisoners could be seen but could not see into the watch tower. In this way prisoners would always wonder if they were being watched and their behaviour would thus be modified.⁴² At Powick, the Visitors eventually decided upon the corridor plan instead with the superintendent's block in the centre and wards leading off to the left and right. This had the benefit of allowing the medical superintendent to observe patients without having to leave the building and thus 'warn' patients and attendants of this arrival. The successful daily management of the asylum relied upon careful observation of the patients, particularly those who were suffering from epilepsy or suicidal tendencies to ensure they did not injure themselves. Scull argues this was just another example of coercive social control designed to ensure patients were obeying the prevailing rules of society. Browne saw it in a similar way but rather than originating from a sinister ideology, he believed it was the duty of a benevolent society to restore anguished minds to the sane community that existed beyond the asylum walls.⁴³

⁴² Compton, *Lunatics*, p.17.

⁴³ Andrew Scull, *The Most Solitary of Afflictions; Madness and Society in Britain, 1700-1900*, (New Haven and London: Yale University Press, 1993), p10 and Scull, *Utopia*, P.177-180.

The cleanliness of the patients was of vital importance according to Browne. He suggested that each gallery required at least one bathroom with water closets that did not need the patients to operate them because their illness meant they could not be relied upon to be hygienic. Browne also recommended bathrooms could be used for water treatments which would appear to be at odds with the nature of moral treatment. He commented that he often found a fevered mind could be calmed whilst the patient sat in a bath of warm water as cold water was poured over their head.⁴⁴ Each of the patient galleries had access to a bathroom for daily ablutions. Those patients who were habitually dirty or more challenging had access to a larger bathroom where attendants could assist them to ensure their cleanliness was maintained as far as possible. The Lunacy Commissioners commented on the physical cleanliness and appearance in each of their reports so this was clearly a matter of some importance, not only because it was a visible means of differentiating 'modern' asylums from the filthy ones of the previous century.⁴⁵

The recreation room was a place where the patients who were mobile and docile enough could mingle and enjoy music, a magic lantern show or a play put on by the attendants. Around 150-200 patients attended these activities on a weekly basis. Unfortunately, the demand for beds meant this room was temporarily given over to dormitory space in 1860 as the asylum awaited approval for a 40 bed infirmary for female patients. The Lunacy Commissioners noted this was a disappointing development as the recreation room and its attendant activities was much appreciated by those well enough to attend. Whilst they applauded the development of the

⁴⁴ Scull, *Utopia*, pp. 184-185.

⁴⁵ Compton, *Lunatics*, p.18.

infirmary they commented the resulting space would still be insufficient and more beds would still be required.⁴⁶

Unlike the workhouse which would be designed to be as plain as possible, asylums were based on the country estate model and many surviving buildings have been listed as a result. There is no evidence at Powick that the patients were concerned with the exterior design of the building or that it was a consideration for families before committing their relatives to such a place. The Visitors, however, determined that an Italianate design was more appropriate for Powick because it would meet aesthetic considerations whilst reducing costs.⁴⁷ The drawing above shows the addition of a second floor to the final design for the building. This went against Browne's recommendation that only one storey was beneficial so as to avoid the potential for accidents on stairs or suicides from upper floors. Powick had two floors with the potential for a third floor should it become necessary. The Visitors did ensure that windows were high enough that patients could not reach them easily but they would still provide sufficient light and ventilation. This decision shows the Visitors were content to ignore prevailing architectural ideas for asylums where they believed it was beneficial to the patients or the community.⁴⁸

The Superintendent's block in the centre of the building was originally planned to be three stories but the finished block was five stories high. This block included rooms for the key members of staff at the asylum: the superintendent and his family, the Assistant medical officer(s) and the Matron. The Lunacy Commissioners felt the provision for the Assistants and

⁴⁶ *Eighth Annual Report of the County and City of Worcester Pauper Lunatic Asylum*, 1860, pp.7-8.

www.archive.org. [Accessed 29 December 2019]

⁴⁷ Compton, *Lunatics*, p.20.

⁴⁸ Worcester Archive & Archaeology Service, BA 806/1.

the Matron was incompatible with their status and was smaller in size than those at other asylums. Not only did they recommend increasing the size of the rooms, they also thought it appropriate for each role to have a sitting room to receive visitors. The Visitors ignored these recommendations saying they were satisfied the accommodation was sufficient. As noted earlier, the Visitors appeared more inclined to make positive adjustments for the patients than they did for the staff.⁴⁹

One of the most important features of the site according to Browne was a good supply of water. At Powick, Carey's Brook ran through the grounds and was thought to be appropriate but it would need a pumping system to get it up the hill to where the asylum was located. A well had also been sunk but the water quality was a concern and the Visitors worried it might cause an outbreak of typhoid which would be serious for the patients and the public purse because of the additional medical and nursing costs. The water was also contaminated with unspecified 'organic matter' but after review the Visitors came to the conclusion that the patients would have some immunity because the water they were exposed to in their homes or the workhouse was even more impure.⁵⁰ The water source was recurring issue in the Lunacy Commissioners' reports for several years after the asylum was finished. The Visitors were forced to add a 100,000 gallon rainwater tank in 1855 to ensure there was always sufficient water for cooking and washing.⁵¹

As discussed earlier, the landscape was considered to be as important as the treatment. Clare Hickman argues that well designed landscaped gardens were a feature of most nineteenth

⁴⁹ Compton, *Lunatics*, p. 22.

⁵⁰ Compton, *Lunatics*, p.30.

⁵¹ *Third Annual report of the county and city of Worcester Pauper Lunatic Asylum*, p. 6. www.archive.org. [Accessed 29 December 2019]

century asylums.⁵² Where more affluent patients in private asylums could expect gardens merely for recreational purposes, pauper asylums also included areas where those who were able could labour outside and thus contribute to their keep. John Connolly, the medical superintendent for the Middlesex County Asylum, believed that this aspect of moral management meant that 'calmness will come, hope will revive'. Connolly also understood the landscape was not a panacea but he believed even the most challenging and ill-tempered patients' behaviour would be moderated by the 'cheerfulness and tranquillity' of an asylum landscape.⁵³ The extent to which this was applicable to pauper patients is arguable. Certainly the Lunacy Commissioners were interested in anything that would restore patients to sanity, and therefore release, as quickly as possible but they were equally interested in the open air as a means of labour. In 1847 the Lunacy Commissioners stated:

'employment in agricultural labour and gardening; and recreation in the open air, are most advantageous as they tend to not only to occupy the mind but to improve the bodily health and promote a healthy state of the natural functions'.⁵⁴

In *Landscapes for the Mind* Sarah Rutherford called asylums 'purpose built therapeutic estates' where patients could amble contentedly in the open air. Rutherford asserts these estates were based on the landscape parks of aristocrats. Certainly this was the case at Powick where the main building was situated on the highest part of the asylum site, facing south with the common land and the Malvern Hills in sight. As discussed earlier, this particular 'pauper palace'

⁵² Clare Hickman, 'Cheerfulness and Tranquillity; gardens in the Victorian asylum'. www.thelancet.com/psychiatry.Vol.1, December 2014. [Accessed 14 September 2019].

⁵³ Hickman, *Cheerfulness*, p.2.

⁵⁴ Hickman, *Cheerfulness*, pp.1-2

emulated the estates of the social elite which must have been particularly irksome for the Earl of Beauchamp who was very reluctant to have the asylum adjoining his land.⁵⁵

In order to protect the patients from harm, reduce the potential for escape and maintain patients' views of the hills it was proposed the land closest to the common land be enclosed by a haha rather than a visible wall or post and rails. This, the Visitors believed, would 'give the patients an uninterrupted view of the surrounding countryside with no appearance of restraint'.⁵⁶ Part of the proposed site also abutted agricultural land owned by Lord Coventry, who had refused a request from the Visitors to purchase an additional parcel of land for the asylum. It cannot have escaped Lord Coventry's notice that Capability Brown had built a haha on his own estate at Croome Park to stop the escape of livestock and protect the picturesque view for his family. Given the Victorian notion of societal hierarchies it must have been galling that pauper patients' needs were being considered on a par with that of his socially elite family at their country estate.⁵⁷

In conclusion, this chapter has shown that many of Browne's recommendations were introduced at Powick, both during the initial build phase and throughout the subsequent additions and changes. Certainly the site met his conditions for location and rural views. The building itself was laid out with great consideration as to light and space for patients, whilst being mindful of the need for segregation of the sexes and classification of mental illness. Recommendations for improvements made by the Lunacy Commissioners were, in the main, adopted by the Visitors and implemented although there is evidence they were not afraid to

⁵⁵ Sarah Rutherford, 'The Landscapes of Public Lunatic Asylums in England, 1808-1914'. Thesis submitted for the degree of Doctor of Philosophy, DeMontfort University, Leicester 2003 [Accessed 5 December 2019]

⁵⁶ Compton, *Lunatics*, p.17.

⁵⁷ Compton, *Lunatics*, p.12.

reject the Lunacy Commissioners suggestions where they were incompatible with the Visitors' goals. The asylum building provided a warm, dry, mostly safe environment for patients who would undoubtedly have benefitted from these features at a time when their mental health made life difficult for them.

Chapter Two: 'Kindness and occupation'.⁵⁸

This chapter will use primary data sources to establish whether 'kindness and occupation' was a dominant ideology at Powick. It will assess selected evidence to establish whether patients would have considered their stay at Powick to be utopian. The case notes will also be used to try to determine whether Browne's framework was adhered to in respect of the 'kindness' of the attendants and medical officers and the opportunity for 'occupation' for the inmates.⁵⁹

Browne interpreted 'kindness' in four ways. He described a medical superintendent who could feel empathy for the patients and was truly interested in the mentally ill with a view to finding ways to end their suffering. He suggested asylum superintendents needed to demonstrate a benevolence towards the lunatics, 'making them a companion' in a mutually beneficial relationship. Lastly, Browne stated that all of these qualities needed to be balanced with a sense of duty that took into consideration the moral rights of the lunatic with the civil rights of the non-lunatic.⁶⁰

As described in the chapter above, the opportunity for patients to labour outside was important, not just for their health but also to contribute to the self sufficiency of the asylum. One of Dr. Sherlock's recurring frustrations in his reports was the state patients were often in when transferred to Powick, particularly from the workhouse. The workhouse was a cheaper option than the asylum so keepers often retained patients until they were very weak and

⁵⁸ Andrew Scull, *The Asylum as Utopia, W.A.F. Browne and the Mid-Nineteenth Century Consolidation of Psychiatry*, (London: Routledge, 1991), p.177.

⁵⁹ Scull, *Utopia*, p.1x.

⁶⁰ Scull, *Utopia*, p.179.

malnourished. By the time they were transferred they had to be restored to health before they could be productive on the asylum estate.⁶¹

Browne cites the example of Hanwell Asylum as a positive occupational experience. The patients dug a reservoir 35 feet deep and 45 feet in circumference saving the asylum over £300 in the process.⁶² Compton describes how male patients were set to work on the driveways and the workshops at Powick as they were not fully completed at the time of opening. The plan was to have the male inmates instructed in new skills such as shoemaking and tailoring but this had to be set aside until the workshops were complete although this was another occupation the male patients could assist with. In addition, female patients were given domestic jobs inside the asylum working in the laundry or the kitchens, whilst some were responsible for keeping the wards clean and tidy and others repaired patients clothing and bedding.⁶³ In his annual reports, Dr Sherlock details the number of working hours obtained through patients' industry in a variety of functions.⁶⁴

⁶¹ Compton, *Dr. Sherlock's Casebook*, (Worcester: George Marshall medical Museum, 2016),p.28.

⁶² Scull, *Utopia*, p191.

⁶³ Compton, *Dr. Sherlock's Casebook*, p.29.

⁶⁴ Third, Eighth, Thirteenth, Eighteenth, Twenty Third, Twenty Eighth Annual Reports of Worcester County and City Pauper Lunatic Asylum. www.archive.org. [Accessed 29 December 2019]

Year	Days employed: Females	Days employed: Males	% occupied Females	% occupied Males
1855	24,768	20,887	65%	61%
1860	44,318	30,162	69%	58%
1865	55,265	34,327	56%	56%
1870	70,733	58,958	61%	68%
1875	65,942	75,223	55%	69%
1880	69,264	69,576	52%	65%

Table 2. Annual reports of patients employed during the year ending 31 December. Source: Annual reports of Worcester County and City Lunatic Asylum. <http://www.archive.org>. [Accessed 29 December 2019]

The table shows a statistically significant decrease in the percentage of females able to work during the years of this study. This is reflected in the admissions data which shows how the number of curable patients decreased steadily over the years from 22.7% in 1860 to just 8.7% in 1880. Conversely the percentage of work produced by males during this period increased.

The subject of reward for labour exercised the minds of the Visitors and Browne. Browne was convinced the reward for labour should not be monetary. After all, the patients were being clothed, fed and cared for within an environment far removed from their existence outside the asylum where they lived in difficult financial circumstances. However, he did recommend small luxuries might be made available, such as an ounce of tobacco for the men (he does not suggest any such benefit for the women).⁶⁵ The asylum records have not yielded any specific information to confirm or deny this approach. However, the 1855 superintendent's report lists asylum expenditure for the quarter which shows that an average of £8 7s. was spent per month

⁶⁵ Scull, *Utopia*, pp.196-198

on tobacco and snuff. The closest year available quoting a price for tobacco was 1862. The cost was approximately 6d. per week for one person's consumption. It therefore seems unlikely the amount purchased was for the sole use of the staff so it could be argued the male patients were the beneficiaries.⁶⁶ It is interesting to note that Miss Jones goes on to quote a Dr. Webster, 'a man who visited, perhaps, more lunatic asylums than any man in England', stating that '...in his opinion that tobacco smoking was one of the main causes of the increase of lunacy in the present day.' Having examined the causes of insanity in the admissions registers there was no mention of tobacco smoking as an underlying cause in any of the patients admitted between 1852 and 1884.⁶⁷

Turning to the concept of 'kindness' Browne describes the 'thousand moral impressions of pain and anxiety and offended delicacy which daily embittered the existence of the lunatic'. He further discusses the impact of the behaviour of attendants at the older asylums where their treatment of the patients was abhorrent, '...the ridicule, the irritating conversations. Under a rule of love there would be nothing to complain about...'.⁶⁸ The annual reports for Powick were reviewed to identify any complaints about attendants that were upheld by the Lunacy Commissioners or the Visitors. Not one was found. The reports make reference to occasional complaints about rough treatment by the attendants but no reprimands appear to have been meted out, no attendants were dismissed and Dr. Sherlock commends his staff for their benevolence in every report. These testimonies are all from those in charge, there is no voice provided for any of the patients and, after all, they were lunatics so it is unlikely their version of events would prevail.

⁶⁶ *Second Asylum Report*, www.Archive.org, p.48.

⁶⁷ Annie Jones, *A Prize Essay on Smoking*, 1862, www.Archive.org, pp.1-8, [Accessed 26 December 2019].

⁶⁸ Scull, *Utopia*, p.158-159.

Staffing at Powick comprised its own hierarchical strata, a microcosm of the community outside the walls. At the top of the hierarchy was the medical Superintendent. He was assisted by Assistant Medical Officers whose responsibilities included assessing patients upon committal to the asylum. The Matron was responsible for all the female patients and the attendants on the female wards. Anne Digby observes attendants were largely recruited by word of mouth and often moved through the asylum hierarchy during their tenure. For example, a kitchen maid might progress to assistant attendant and then attendant.⁶⁹ Prior to the Commissioners in Lunacy reports there was no way of monitoring staff movement between asylums. If an attendant was sacked at one asylum for inappropriate behaviour it was very easy for them to secure a similar role at an asylum elsewhere.⁷⁰ There had been a scandal at the First Middlesex Pauper Lunatic Asylum in the 1830s which was probably neither the first nor the last. The scandal uncovered cruelty, neglect and maladministration. In response Alexander Morison, a psychiatrist founded the Society for Improving the Conditions of the Insane.⁷¹ Morison hoped to professionalise a role that was considered the dregs of society by contemporaries. Unfortunately, his crusade to improve the perception of attendants came to nothing and significant change was not achieved until the end of the nineteenth century.

The Lunacy Commissioners maintained a central list of staff who had been dismissed so it would be possible for other asylums to check before they employed someone if they wanted to.⁷² Certainly the Lunacy Commissioners had no powers to prevent someone from working in an asylum again and even if a criminal act had been committed the perpetrator was not usually

⁶⁹ Anne Digby, 'From York Lunatic Asylum to Bootham Park Hospital'. *Borthwick Paper no.69*. University of York, 1986.

⁷⁰ Sarah Wise, 'Finding Keepers', *History Today*, Nov 1, 2018. pp66-67.

⁷¹ Wise, *Finding*, pp.66-67.

⁷² Wise, *Finding Keepers*, p.67.

charged if they had left their role. In addition, it must be remembered that the person at the centre of any allegations was a certified lunatic. The likelihood of them being allowed to testify was slim given the nature of their illness.⁷³ From 1853 onwards it was obligatory for asylum superintendents to list any dismissals for negligence or abuse in their reports. According to the annual reports reviewed not one attendant was removed from his/her duties at Powick during this time due to negligence or abuse. Dr Sherlock makes reference to minor issues that were resolved at the time but does not mention specific staff or examples which suggests any minor infringements were handled locally.⁷⁴

In the years before the moral treatment regime became the dominant ideology it was believed that physicality was the only attribute required of a good attendant. This was reflected in *Jane Eyre* where Charlotte Bronte commented that Grace Poole (who was employed to care for the mad Bertha Rochester) was 'hard featured and staid'.⁷⁵ Under the moral treatment regime from the 1850s attendants were expected to demonstrate empathy, kindness and the ability to converse with patients without causing distress. The Lunacy Commissioners commented specifically in their reports on the behaviour they observed. In the 1880 report, for example, they wrote that there was a 'general air of contentment' at Powick and there was 'evidence of proper care from the attendants'.⁷⁶ It is not clear from the reports how detailed the examination of care was. Mellett cites an example of one Lunacy Commissioners report that stated the 'case books are, as far as we had time to examine them, some evidence that proper attention is given to individuals.' With the number of asylums to be visited, the small number

⁷³ Wise, 'Finding Keepers', p.67.

⁷⁴ Annual reports, www.archive.org. [Accessed 30 December 2019]

⁷⁵ Quoted in Wise, *Finding Keepers*, p67.

⁷⁶ *Thirty Third Report of the Commissioners in Lunacy*, p312.

of commissioners and the volume of patients at some asylum sites it does not seem feasible the visits could be as vigorous as they should have been under the legislation.⁷⁷

Whilst the medical attendants appear to have been benign in their treatment of the patients, the Visitors occasionally demonstrated their lack of empathy for the patients in their care. In the 1860s Dr Sherlock recognised the need for a large new male ward. The aforementioned Earl Beauchamp had been nominated to the Committee of Visitors and saw an opportunity to save money. He suggested a count be taken of the men least physically able and 137 of them could be accommodated in this new ward. He further recommended these men could be fed the standard dietary of those in the workhouse. Beauchamp maintained this would have two benefits. Firstly, it would save money on the superior dietary (as it was perceived) normally provided to the patients and secondly, the reduced nutrients in the poorer diet would probably hasten the end of the most feeble patients, thus freeing up the beds for other patients. Dr Sherlock committed a significant amount of personal time and effort to disabuse the Visitors of this course of action. He managed to provide data that showed the economies of scale being achieved in the large asylum kitchens which together with the asylum inmate resource to prepare and cook the meals, meant the actual cost was approximately two thirds of the cost of the inferior dietary. In this example Dr Sherlock appears to epitomise Browne's criterion and Beauchamp solidifies the idea that those with power were too far removed from the circumstances of those in their care to be truly benevolent.⁷⁸

⁷⁷ Mellett, *Bureaucracy*, p223.

⁷⁸ Compton, *Lunatics*, pp.39-42

The Powick annual reports include notes on patients segregated or subject to restraint. Segregation was used infrequently and the Lunacy Commissioners appear content it was used with good cause. The reports analysed only show one instance of restraint. A man had attempted to slit his throat with a piece of tin and, following surgery to repair the cut, was restrained in his bed to prevent him from re-opening the wound.⁷⁹ These reports provide evidence that restraint and segregation were treatments of last resort and thus illustrate Powick's adherence to a moral treatment regime.

The following case study illustrates the process of a trial release for patients who were thought suitable to be restored to their families. It also shows the recall process where patients were not returned as agreed.⁸⁰ Mrs Mary M. was initially admitted in September 1859 suffering from mania with no discernible cause. Her husband, an agricultural labourer, said she had been suffering for several months. Her admission notes state she appeared confused and agitated in her mind, unable to control her thoughts or actions. She was also thought to be suicidal. During the course of her stay her mental health improved and she could often assist the attendants in the kitchen and the laundry. In March 1860 she was thought well enough to be released home for a trial period. The Visitors and Dr Sherlock provided her husband verbally with several conditions pertinent to her release and she was expected back at Powick five weeks later. Mrs M. was not returned to Powick on the expected date. Dr. Sherlock wrote to her husband requesting her return or a medical certificate confirming her return to sanity. Nothing was received so Dr. Sherlock wrote again. Mrs M. was still not returned to Powick. On 15th May two attendants were sent from Powick to Pershore, some ten miles away, to collect Mrs M. and

⁷⁹ *Twenty Eighth annual report*, p10.

⁸⁰ Patient notes, <http://theinfirmary.educationhost.co.uk.ac.uk/medicalmuseum>. pp.1-3. [Accessed 20 December 2019]

return her safely to Powick. Mrs M. was duly returned and her notes say she 'was in a distressed state; her dress was a foot deep in dirt, there were no laces in her boots and she looked as though she had not been washed for weeks'.⁸¹ There is no way of knowing if Mrs M.'s husband genuinely wanted his wife returned to the family for her own benefit or if her return was linked to gender roles. The woman was the heart of the home and was expected to perform all the domestic tasks such as cleaning, cooking and laundry. Perhaps Mr M. had no one to perform these duties for him and it would have been inconceivable for a married man, even a labourer, to perform these tasks but the risk his wife apparently posed to their community meant she should have been returned to the asylum at the agreed time.

The superintendent's report comments there was much coverage of this story in the local press as a wrongful return. The Secretary of State was appealed to by Mrs M.'s husband and he instructed the Commissioners in Lunacy to review the case. The Commissioners were satisfied the case had been handled correctly and Mrs M. should have been returned to the asylum.⁸² Mrs M.'s notes from June 1860 agree her return was necessary. It took three attendants to feed her and she was often found with string tied tightly round her neck in an effort to commit suicide. Mrs M. was released recovered in June 1861. Sadly, she was returned to the asylum twice more and eventually died there in 1886.⁸³ This case not only illustrates the trial release process it also offers insight into the way families could seek to overturn decisions made by those in positions of greater power than themselves. Of course, the review process could have been designed to ensure the outcome was in favour of the asylum as any other decision could

⁸¹ Patient notes, M Mumford, p.2.

⁸² *Eighth annual report* p. 8-9.

⁸³ Patients notes, M Mumford, 1886, p.1.

have been a catalyst for community dissent in Worcestershire with other families calling into question the continued incarceration of their loved ones.

The voice of the pauper patient is notably absent from this history often because this was simply a class that did not make the rules but was expected to adhere to them. The data shows that patients were clothed, fed a reasonable diet and received medical care when needed. Further, patients were able to learn new skills or practice those they already had familiarity with, to ensure they could return to productive employment once released from Powick, assuming employment was available to them. Their mental history may have made it difficult to secure employment outside the home even in times of strong employment markets. Lastly, the attendants appear to have practised a regime of moral treatment, looking after those in their care with compassion and benevolence.

Chapter 3

Who were the patients at Powick and what were their clinical outcomes? A comparative study of Powick, Fife and Kinross Asylum and the North Riding Asylum.

Introduction

This chapter is concerned with a quantitative comparative analysis of pauper patients at Powick Asylum, The North Riding Asylum in York and Fife and Kinross District Asylum in Scotland. It will use two articles as the basis for the comparison. Firstly, 'Poor and Mad: a study of patients admitted to the Fife and Kinross District Asylum between 1874 and 1889' by G.A Doody and others.⁸⁴ Secondly 'Mental Illness and the late Victorians: a study of patients admitted to three asylums in York, 1880-1884' by Edward Renvoize and Allan Beveridge.⁸⁵ As outlined in the introduction Powick Hospital was opened in 1852 as a result of the 1845 County Asylum Act. Upon opening Powick catered for 200 patients, 100 of each sex who were transferred to the asylum from various locations including local workhouses. Fife and Kinross was built in response to The Lunacy Act (Scotland) of 1857 which mandated that Scotland should also provide asylums for its pauper lunatics. It was completed in 1866, some 14 years after Powick. The North Riding Asylum in York was one of three asylums in the York area, each one serving a different sociodemographic group. The North Riding Asylum has been selected for comparison

⁸⁴ Doody, G. A., Beveridge, A. and Johnstone, E. C. (1996) "Poor and mad: a study of patients admitted to the Fife and Kinross District Asylum between 1874 and 1899," *Psychological Medicine*, Cambridge University Press, 26(5), pp. 887–897.

⁸⁵ Renvoize, Edward B., and Allan W. Beveridge. 1989. "Mental Illness and the Late Victorians: a Study of Patients Admitted to Three Asylums in York, 1880–1884," *Psychological Medicine*, 19.1 (Cambridge University Press): 19–28

because it catered for pauper lunatics. The analysis will seek to answer the following questions: firstly what were the characteristics, illnesses and outcomes of the patients admitted to Powick Asylum during the period 1880 to 1884? Secondly, how did those characteristics compare with those at Fife and Kinross and The North Riding Asylum? Lastly, was Powick representative of the national situation in relation to asylums?

Methodology

This analysis will directly compare the available sociodemographic and clinical data on patients at all three locations. The source data for Powick Asylum has been taken from Dr Compton's detailed study of the patient case books which has been published online via the George Marshall Medical Museum website. This is purely raw data and does not include any qualitative commentary. In addition, the Worcester archive has published a full list of all patients admitted to Powick between 1852 and 1906.⁸⁶ Sampling methodology for Powick was to access all patient data for the years commencing 1 January 1880 to 31 December 1884, list them chronologically and then abstract the details for one patient in every four starting with the first patient in the list. Any patients readmitted during this time were excluded from the analysis. Children were not excluded. This replicates the approach taken by Doody et.al for Fife and Kinross although their sample years were 1874 to 1899. Doody's review was the first to study a Scottish pauper asylum with the intention of discovering if the development and experience of the asylum mirrored that of English asylums or whether the Scottish experience was manifestly

⁸⁶ Powick Hospital Admissions Registers: <https://www.explorethepast.co.uk/2014/03/new-index-now-available-online-powick-hospital-admission-registers-1854-1906> [Accessed 26 December 2019] and Individual Patient Search: <http://theinfirmary.educationhost.co.uk/Search.php> [Accessed 26 December 2019].

different. Specifically, they sought to provide a detailed analysis of the social and clinical characteristics of patients admitted between 1874 and 1899.⁸⁷ Renvoize and Beveridge analysed every patient record at The North Riding Asylum for the years 1880 to 1884 and also excluded any readmissions from their final analysis. Their review had four aspects. Firstly they intended to uncover the psychopathology of the patients and the impact of religious, social and cultural factors on the nature of the mental illnesses managed at The North Riding Asylum. Secondly there was an attempt to retrospectively diagnose Retreat patients using current diagnostic methodology. Thirdly they assessed the efficacy of treatment regimes on Retreat patients and lastly they compared the causes of mental illness, treatment and outcomes of the patients at the Retreat with those at the York and North Riding asylums.⁸⁸ The volume of patients at Powick and the manual manipulation of data required precluded including more than five years data simply for processing purposes. However the sample size at 174 is considered to be statistically sound and comparable with York at 114. The sample size for Fife and Kinross is considerably larger at 528 but the analysis covers three times as many years.

Nineteenth century classification of mental illness

The major classifications such as mania, melancholia and dementia all had minor sub classifications depending on the specific nature of the illness. The descriptions used in this study are taken directly from a contemporary source, Bucknill and Tuke's *Manual of Psychological Medicine*.⁸⁹ It is important to note that classification changed and evolved during the nineteenth century. Browne provided his classification in his lectures. By the time Powick

⁸⁷ Doody, p.887.

⁸⁸ Renvoize, p20.

⁸⁹ John Charles Bucknill and Daniel Hack Tuke, *A Manual of Psychological Medicine*, (Philadelphia, Lindsay and Blakiston, 1874), www.googlebooks.co.uk [Accessed 22 December 2019].

was built, only some fifteen years later this classification was virtually obsolete except for the main categories of Mania, Melancholia and Dementia which persisted into the 1880s according to the patient admissions registers for Powick.⁹⁰ Classifications of mental disorders were important because they determined not only the appropriate treatment but, as described above, the location within the asylum. According to Scull classifications were extended to include social deviants and undesirables, such as unmarried mothers, alcoholics, the old and feeble. Scull argues these additions were intended to ensure undesirables could not infect the greater community in which they lived with their deviant behaviours. This case study will examine the data base to identify if this was the case at Powick.⁹¹

As noted in the introduction, imbecility and idiocy were illnesses where it was believed there was a 'congenital deficiency of the mental powers'. In the early days of 'mad doctoring' it was assumed patients afflicted in this way would never improve. In 1874 Bucknill and Tuke disagreed and stated there were cases where mental development did improve over time.⁹²

Dementia was understood in a similar way to today's diagnosis. The patient's faculties of understanding and sensibilities were severely diminished and the disease progressed over time enfeebling the patient physically as well as mentally.⁹³ Mania had two major sub categories, acute and chronic. In the acute form the patient could be raving and oblivious to everything around them. It was often referred to as 'excitement' and tended to last for a relatively short time. Chronic mania was similar but lasted for extended periods of time and was physically

⁹⁰ *Powick admissions registers.*

⁹¹ Scull. *The Most Solitary of Afflictions*, pp. 382-385.

⁹² Bucknill, *Manual*, p.162.

⁹³ Bucknill, *Manual*, p. 188.

exhausting for the patient.⁹⁴ Monomania was an illness where one belief led to a system of delusions requiring the patient to take action to avoid a catastrophic situation. The patient would be able to converse coherently on the subject but the conversation would be based on a total fallacy.⁹⁵ Melancholia was what we would probably know as low mood or depression today. The illness could be prompted by a loss of some sort or grief and was often ascribed to the female menopause. Symptoms would be the opposite of mania with the patient displaying misery, fear or despondency.⁹⁶

Background

The Fife and Kinross asylum was located in Cupar, a county town in Scotland. It served a mixed rural and urban area where the main industries included mining, fishing and agriculture. The census shows a fast growing population; 154,770 in 1861 and 218,840 by 1901, an increase of 41%.⁹⁷ In contrast, Worcestershire's main industries were centred in the county town and included predominantly, labourers, domestic servants and semi skilled industries such as glove making. In spite of the growth of industry in Worcestershire, there was still a significant proportion of people involved in agriculture and living conditions both in and outside the town were hard and unsanitary for the poor. The population of Worcestershire was 233,484 in 1841 and had risen to 380,291 by the 1881 census, an increase of 62%.⁹⁸ The North Riding Asylum was located in Clifton, two miles outside the county town of York and catered for 144 patients in its first year. It was intended to cater solely for the needs of the North Riding but as with

⁹⁴ Stevens, *Life in a Victorian Asylum*, location 747-748.

⁹⁵ Stevens, *Victorian Asylum*, location 856-857.

⁹⁶ Bucknill, *Manual*, p.223.

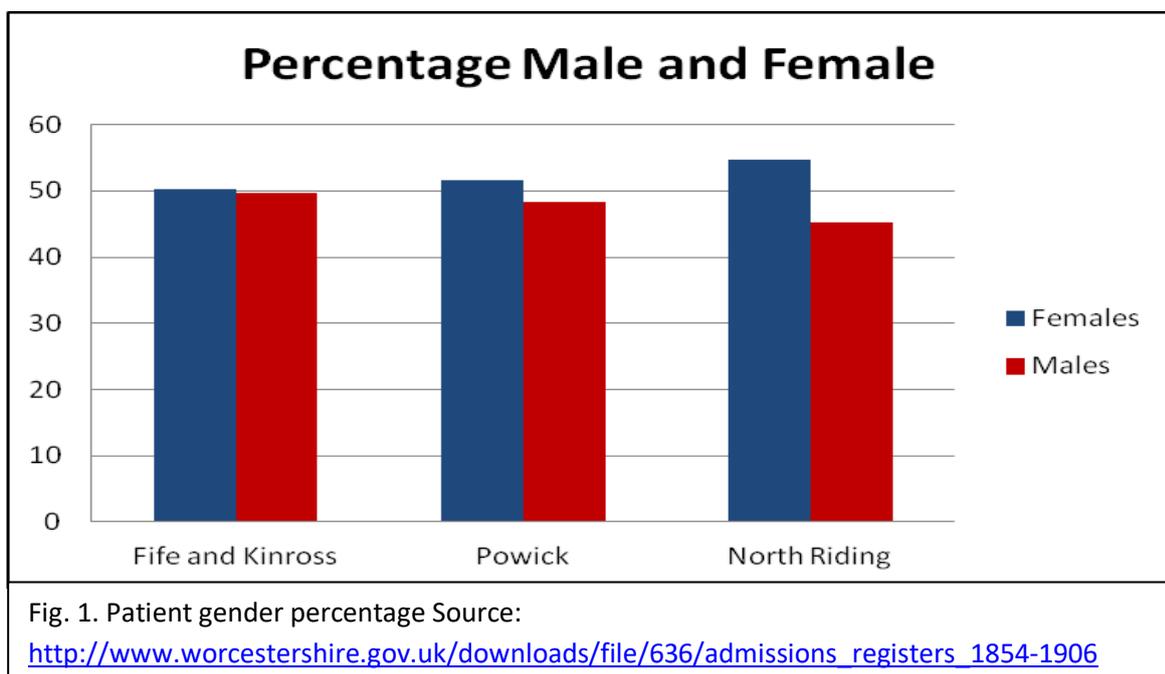
⁹⁷ Doody et. al., p888

⁹⁸ *Preliminary Report and Tables of Population, 1841 and 1881*, UK Parliamentary Papers: <https://parlipapers-proquest-com.libezproxy.open.ac.uk> [Accessed 28 October 2019]

Worcester and Fife and Kinross, demand for its services grew and it was soon looking after patients from the East Riding as well.⁹⁹ The population of the North Riding of Yorkshire had increased by 42% between 1841 and 1881, similar to Fife but substantially less than Worcestershire. The main occupations in this area were concerned with the wool trade, domestic service and agriculture. Two miles to the north of Clifton, York was also a centre for the railways with several being built between 1832 and 1865 leading to York becoming a centre for railway carriage building.¹⁰⁰ Data from the Commissioners in Lunacy report for 1880 showed the numbers of patients in county and borough asylums had risen from 16,849 in 1860 to 39,453 in 1880, an increase of 134% far outstripping the percentage of population growth.

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Comparative analysis



⁹⁹ Clifton Hospital. <https://borthcat.york.ac.uk/index.php/clifton-hospital> [Accessed 28 October 2019]

¹⁰⁰ Population and economic history of York. <https://www.british-history.ac.uk/vch/yorks/city-of-york/pp269-275> [Accessed 27 December 2019]

¹⁰¹ Commissioners in Lunacy Thirty Fourth Report, 1880 <https://parlipapers-proquest.co.uk> [Accessed 28 October 2019]

Starting with analysis of gender, the sample size for Fife and Kinross was 528 patients, 262 male and 266 female. Powick's sample size is 174, of whom 90 were female and 87 male. The North Riding's sample was 118 with the gender split 54 male and 64 female. Powick was initially built with two wings, one specifically for males and one for females with a maximum of 100 in each so the gender split is entirely as expected, even allowing for the growth in beds discussed in earlier chapters. The North Riding was built along similar lines and although the data is not available for Fife and Kinross it does seem probable this was the case there as well because Victorian morality required the genders to be kept separate in all circumstances.¹⁰² Statistics for 1880 show that the national percentage of females within the pauper asylum system was 54.7% so the graph above shows that Fife and Powick are slightly under represented compared to the national picture. Browne observed that women were more susceptible to insanity because of their 'delicacy of frame and weakness of brain'.¹⁰³ Several historians of gender insanity, notably Showalter have insisted that the causes of madness were considered a 'female malady' by those in charge of admissions, and often ascribed to the differences in female biology as illustrated by Browne's comment. If this were the case then one would expect a higher proportion of women to be committed to asylums than these numbers show.

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The average age on first admission to Powick was 41 for females and 44 for men. 7% of the female population was aged under 20 at time of admission and 11.5% of men. A further 25% of women were aged 60 or over and 11.5% of men. Ages ranged from 13 to 84 for women on admission and 10 to 72 for men. The disparity in these percentages could be due to women's

¹⁰² Dr. F. Compton, *Doctor Sherlock's Casebook: Patients admitted to the Worcester City and County Pauper Lunatic Asylum at Powick, August 1854 to March 1881*, (Worcester: Worcester Medical Museums, 2016), p15.

¹⁰³ Scull, *The Asylum as Utopia, W.A.F. Browne and the Mid-Nineteenth Century Consolidation of Psychiatry*, p.67.

¹⁰⁴ Elaine Showalter, *The Female Malady*, (London: Virago, 1987)

greater longevity. In the later years of the nineteenth century the average life expectancy for women was 6 years greater than it was for men.¹⁰⁵ The numbers at Kinross are comparable with an average of 43 years for women and 40 for men. In the early admissions years the proportion of men and women aged under 20 was 7.7% and 6.1% respectively. So again, the results from both asylums are comparable. Unfortunately, whilst Renvoize and Beveridge confirm the ages of patients on admission were similar across the three asylums of their review they do not state the actual numbers so a comparison is not possible in this category.¹⁰⁶

Turning to marital status, Browne noted that 'marriage may diminish the tendency to mental alienation because it regularises human behaviour and removed the individual from life's excesses'.¹⁰⁷ Renvoize and Beveridge note that unmarried patients were over represented with 43.2% at The North Riding Asylum compared with the general population where unmarried people accounted for 26.4% of the populace of England and Wales in 1881.¹⁰⁸ The figure at Fife and Kinross was even higher with 50.7% of men unmarried and 45.2% of women. At Powick 41% were unmarried; of those 56% were female and 44% male. This data does not appear to support Browne's theory as in two out of three of the asylums there were more married patients than single and in the third it was an even distribution. Perhaps in pauper families the dynamics were different with the stress of providing for a family in straightened circumstances just too demanding. Analysing Powick's data shows that of the single men, 6 had no occupation and were transferred from a workhouse to the asylum. There were a similar number of women in the same situation. The number of lunatics accounted for in the Worcestershire area

¹⁰⁵ How has life expectancy changed? <https://www.ons.gov.uk/peoplepopulationandcommunity> [Accessed 20 September 2019]

¹⁰⁶ Renvoize et. al., p. 19.

¹⁰⁷ Scull, *Utopia*, p.67.

¹⁰⁸ 1881 Census Report. <https://parlipapers-proquest-com>. [Accessed 20 September 2019]

according to the Commissioners in the 1880 report was 726 and it would be reasonable to expect a representative proportion within the asylum population.¹⁰⁹ In addition, the percentage of lunatics cared for by relatives decreased significantly between 1860 and 1880. In 1860 it was 18.13% and by 1880 this had decreased to 9.41%. Eking out a living for the poor was incredibly hard and every family member had to contribute to the family finances. A dependant who was mentally unwell could be seen as a liability and perhaps the family would, reluctantly, surrender them to the care of the asylum to reduce the burden on the family and also, hopefully, to provide the care the person needed.¹¹⁰ Where Andrew Scull argues asylums were a means of social control of undesirable people, David Wright stresses the role of families in the committal of their relatives to asylums. Wright separates the rise of psychiatry from the history of the asylum to demonstrate that committal was often a response to the rise of industrialisation and the stresses this placed on working families whose existence was often hand to mouth.¹¹¹

Place of residence data prior to admission for Fife and Kinross shows that most of the admissions were local to the asylum with a very small proportion from other areas. Powick shows similar data with the exception of 10 patients where they were admitted from London and its environs. Records show that these 'out county' patients were quickly discharged from Powick and returned to asylums within their own districts. Given the costs of looking after patients was borne by local government it is not surprising that asylums wanted to repatriate

¹⁰⁹ *Commissioners in Lunacy Thirty Fourth Report, 1880*. <https://parlipapers-proquest-com>. [Accessed 28 October 2019]

¹¹⁰ T.W.L Spence in Laverick, C. 'Pauper insanity within Victorian Leicester: the Experience of the Leicester Borough Lunatic Asylum, 1870 to 1890' Student dissertation for The Open University module A826 MA History part 2.

¹¹¹ David Wright, 'Getting out of the Asylum: Understanding the confinement of the insane in the nineteenth century'. *Society for the Social History of Medicine*, 1997, pp137-155.

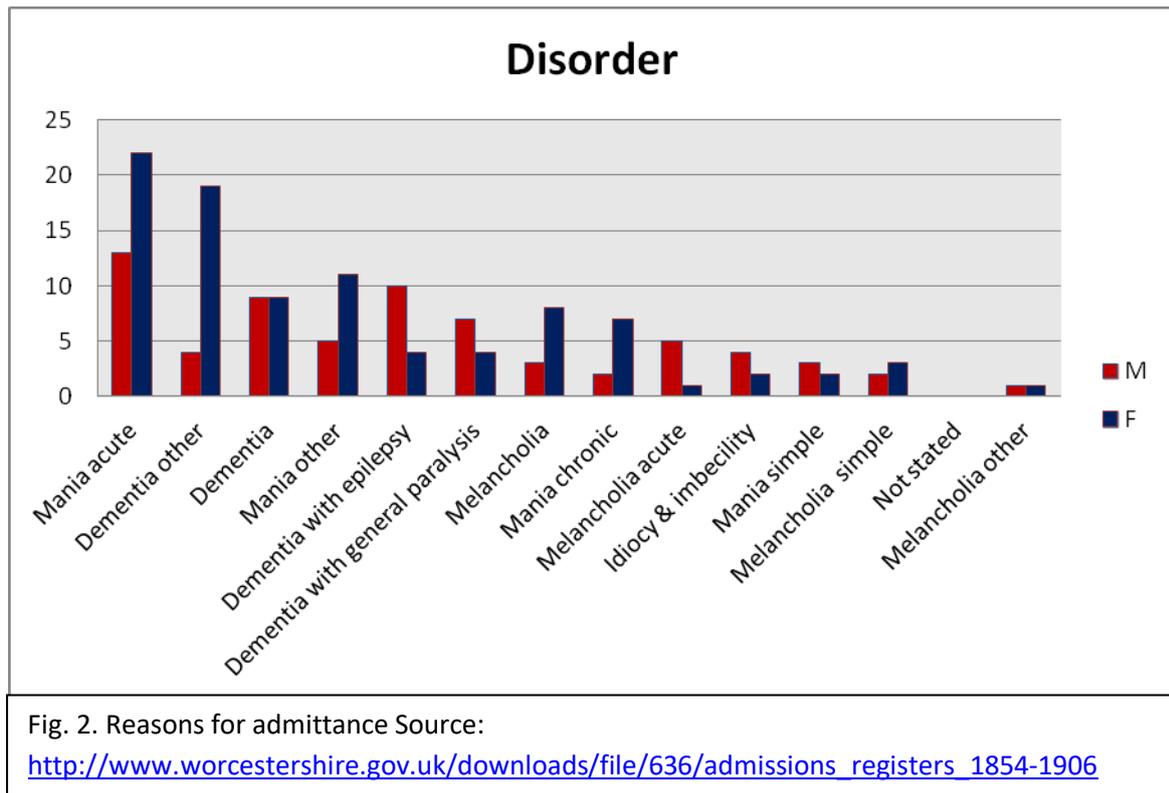
wherever possible. In addition, there was probably a waiting list of patients from the local area so freeing up bed space wherever possible was a priority.¹¹²

There were 94 different occupations identified amongst this sample of patients at Powick. The predominant categories were labourers, domestic servants and housewives which reflects the census data for 1881. It is noteworthy that 148 out of the 177 in the sample were recorded as having an occupation, nearly 84%. So regardless of the difficulties their mental illness may have presented these people were working at some date close to their admission and presumably trying to contribute to the Victorian value of hard work. Merely looking at the statistical data does not tell us how competent they were or whether they were considered a burden to their families or employers. Fife and Kinross recorded similar numbers and Doody comments that this is striking given that Scull had argued in 1979 and again in 1993 that the asylum populations were largely made up of the 'flotsam and discontended of society'.¹¹³ Renvoize et. al. do not analyse occupation in their report so no analysis can be made.

Turning to the causes of admission, the following graph illustrates the range of disorders presented at Powick Asylum for the five years from 1880 to the end of 1884.

¹¹² Compton, *Lunatics*, pp. 37-38.

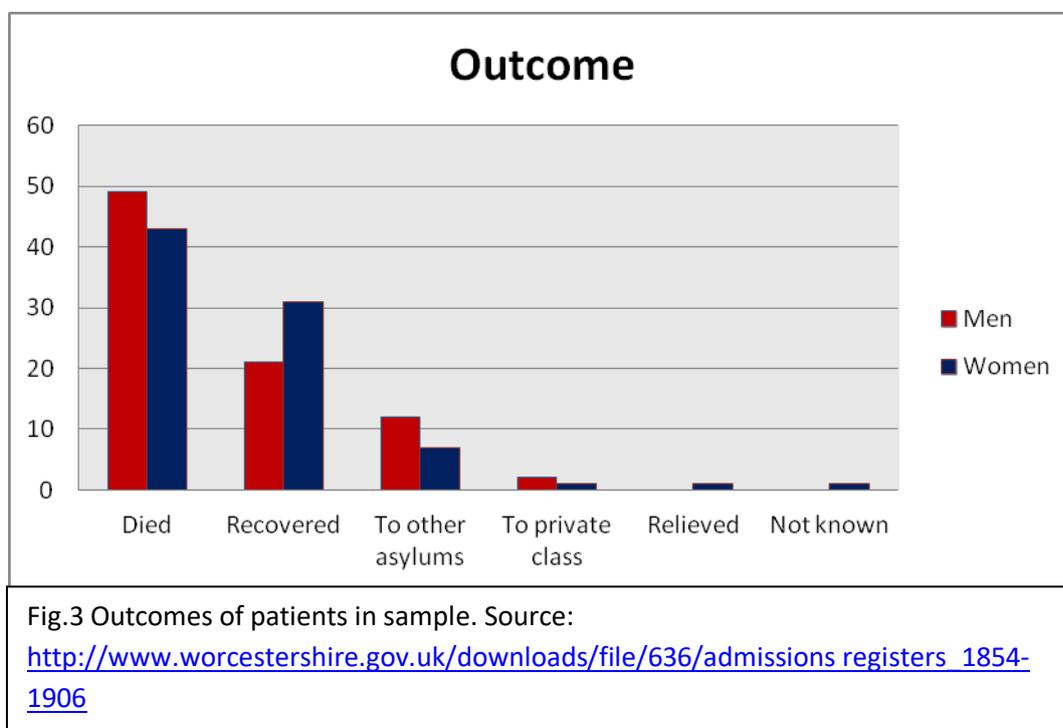
¹¹³ Doody et.al., p892



The recording officers were quite specific when identifying patient illness. This means where there were fewer than five patients with a particular type of illness they have been grouped together for simplicity of reporting. For example, Mania and dementia were statistically the highest causes of admission in the years under consideration, reflecting the patterns seen at other asylums. Epilepsy was a feature in 23 admissions and general paralysis occurred in only 1 case. Patients with mania were statistically the most likely to recover and some 18 from this sample recovered and were released from Powick. Four were recorded as not having improved and a further five were transferred to another asylum. Of the 35 with dementia 17 died and two were recorded as not having improved, three were relieved and a further three recovered and left the asylum. The average age of the patients that recovered was 26 and those relieved was 35. This contrasts starkly with an average age of 45 for those who died. The length of stay for these patients is also illuminating. Those patients who recovered or were relieved stayed

for an average of 10 months. Those who died stayed for an average of 50. Although not tested statistically, this suggests the older patients diagnosed with dementia were significantly more disabled than their younger counterparts for whom dementia seems to have been a transitory phase. The three patients indentified as having idiocy and/or imbecility all recovered or were relieved. Given that these illnesses were lifelong it seems curious that two patients were said to have recovered.

Total outcomes are illustrated in the graph below.



For Powick, women in this sample were less likely to die, more likely to recover and less likely to be sent to other asylums. One hypothesis, supported by Showalter and others, is that married women, who did not conform to the Victorian ‘tyranny’ of marriage, were committed to an asylum by their husbands in order to teach them to conform.¹¹⁴ However, only 13 records

¹¹⁴ See, for example, Showalter, *The Female Malady*.

in this sample meet those criteria; women, who were married, were diagnosed with mania of one form or another and recovered. In the same sample, eight men met the same criteria although their length of stay was an average of eight months compared to 10 for women.

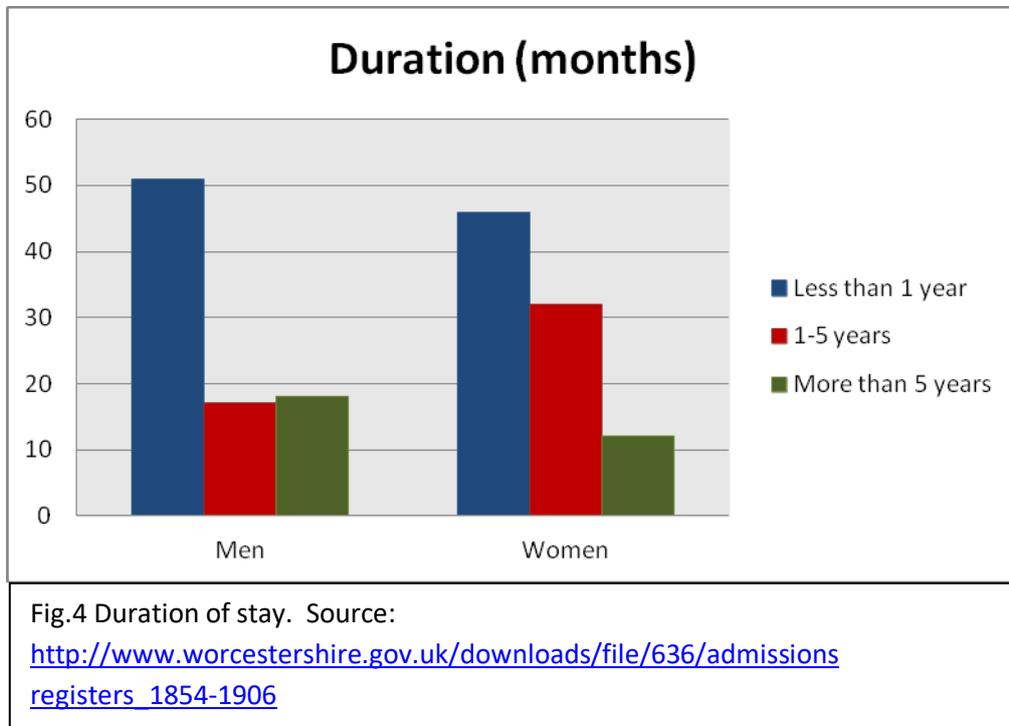
The situation at Fife and Kinross was markedly different with one third of patients dying compared to 24.2% at Powick. According to Doody, the causes of death were consistent with analysis of other asylums, namely tuberculosis, brain disease, general paralysis and senile decay.¹¹⁵ The reasons for such a significant difference in experience at Powick are not clear and cannot be deduced from the data available in the admittance registers. Qualitative analysis of the patient case records would be required together with physician's notes and visitors records (note: which will be done in earlier chapters and this paragraph will be revised accordingly).

Finally, turning to duration of stay the range at Powick asylum varied from less than 1 year to more than 30 years. The graph indicates that 97 patients or 54.8% of the sample spent less than one year in the asylum, by far the greatest proportion. 27.7% spent between 1 and 5 years there and 17% dwelt there for more than 5 years. Six patients spent more than 30 years in the asylum and two of them recovered and were released back to their families. The high proportion of patients spending less than one year at Powick directly conflicts with Scull's assertion that at Ticehurst the median length of stay fluctuated between 22 and 30 years between 1845 and 1895. It is more aligned with Gerald Grob's analysis that the average length of stay was between four and six months.¹¹⁶ Further it calls into question the notion that

¹¹⁵ Doody et.al., p896

¹¹⁶ Andrew Scull, 'Museums of Madness Revisited', *The Society for the Social History of Medicine*, Vol. 6, Issue 1, 1 April 1993, pp. 3-23.

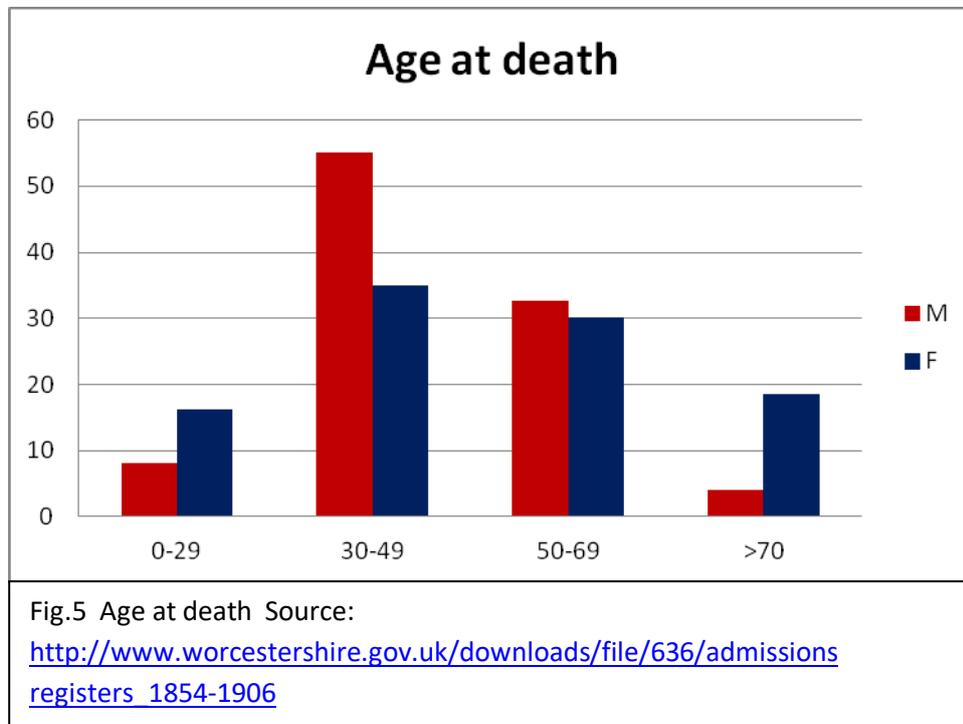
lunatic asylums, particularly for the poor, were 'warehouses for the unwanted'.¹¹⁷ And finally, it challenges the notion that recovery rates were falling as the century progressed.



It is in this analysis that Powick differs markedly from Fife and Kinross; there 61% of patients stayed for less than one year. 19% were resident for between 1 and 5 years and a further 16% remained for more than 5 years. The reasons for Powick's nearly 10% difference in duration as compared with Fife and other pauper asylums is not clear from the evidence available to this review. Certainly there are no obvious reasons from the data. The 'lunatic' population in Worcester was growing in much the same way as in other English cities and towns and demand was certainly not decreasing as can be seen from the table in chapter two. The Lunacy Commissioners regularly reported on the unacceptable level of overcrowding at Powick but the Visitors resisted expanding the asylum until the number of patients reached 790 which they

¹¹⁷ Scull, *Solitary*, p370.

saw as the maximum acceptable level.¹¹⁸ Eventually, at the end of the century another asylum had to be built in nearby Bromsgrove to handle the overspill as Powick had run out of available land to develop.¹¹⁹

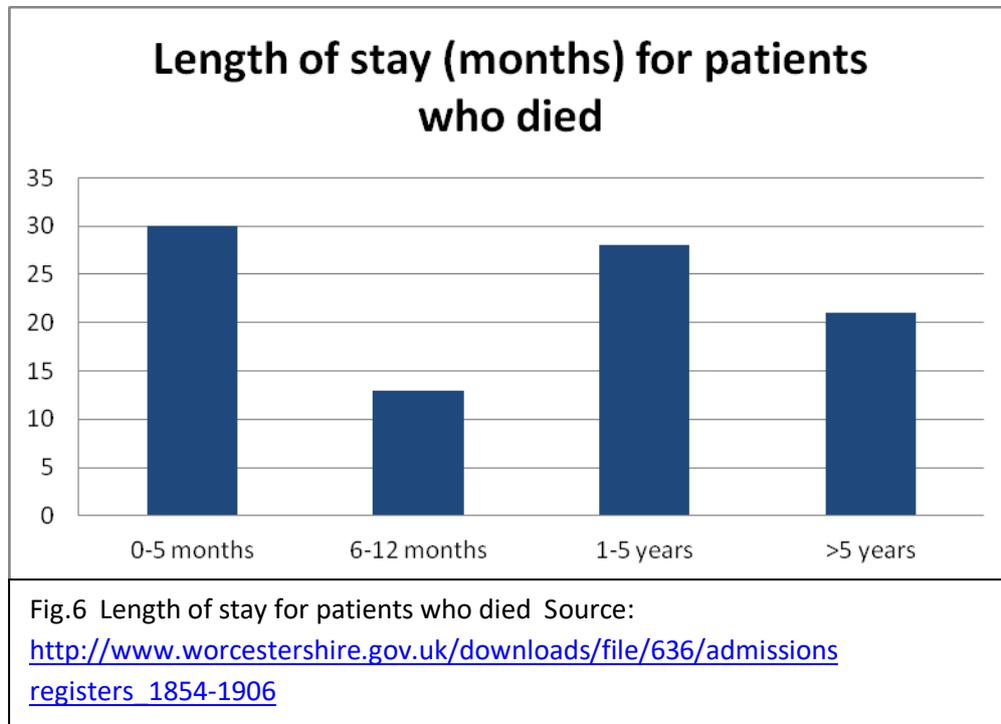


Male Powick patients were more likely to die in middle age than any other age grouping. For females there was little distinction between middle and older age although a greater proportion lived to an older age than men. As noted earlier in this chapter this is entirely commensurate with life expectancy rates at this time. The distribution at The North Riding Asylum was different in every category except the 30-49 age group. The percentage of patients

¹¹⁸ *Twenty eighth annual report of the Worcester County and Pauper Lunatic Asylum, December 1880.* www.archive.org [Accessed 22 December 19].

¹¹⁹ Barnsley Hall Hospital. <http://www.countyasylums.co.uk/barnsley-hall-bromsgrove> [Accessed 2 January 2018].

dying before their 50th year is in keeping with the age demographic of the time where four out of every five Englishmen were under the age of 45 in 1871.¹²⁰



At Powick death occurred within 5 months for 30 patients and within the first year for a further 13. This suggests that some patients were transferred to the asylum when their illnesses were so advanced there was little hope of a cure. Certainly, this is indicated in Dr. Sherlock's annual reports where each one reprimands the workhouse keepers for holding on to patients for too long. However, more than 50% were incarcerated for between five and thirty years before they died suggesting that whilst their mental health meant they could not be released back into society, their physical wellbeing continued to be maintained, potentially even improved due to the better dietary and surroundings experienced in the asylum. This percentage is similar to the

¹²⁰ Briggs quoted in Renvoize and Beveridge, p. 24.

findings at The North Riding Asylum where death occurred within the first six months in 30.3% of the sample population. The data for Fife and Kinross is not reported.

This chapter has analysed the sample data for Powick against ten separate characteristics. Data was not always available for all three asylums in each category but where it was available conclusions have been drawn. Two of the characteristics, gender and duration of stay at time of death were similar for the asylums that reported a value. In every other characteristic there were differences where attribution to a root cause could not be determined by quantitative data alone. Some of the findings also raised questions about how representative they were of the population as a whole. This was true in the case of female patients where the numbers were under represented and also unmarried patients where there was over representation. All asylums had two broad categories of illness at admission, mania and dementia. However, outcomes were markedly different at Fife and Kinross where more patients died than at Powick and those patients that recovered did so faster. Finally, age at death for patients at The North Riding Asylum was higher in every category than at Powick. The findings for these samples strongly challenge Andrew Scull's contention that asylums were a 'dumping ground for the discontented and disaffected in society'. If this were the case, the families and friends of these patients would have expected them to linger in the asylum until death whereas those capable of being cured were returned within 12 months at the most. ¹²¹

¹²¹ Scull in Doody et.al, p896.

Conclusion

This dissertation set out to review Powick asylum in the context of Browne's framework for asylum utopia. Powick was assessed against Browne's three criteria of the asylum buildings, a humane administration under the control of the medical superintendent and the concept of kindness and occupation.

Chapter one considered the asylum buildings and found that in the main the Visitors made decisions that were in the best interests of the patients and in keeping with Browne's framework. The selected location was close enough to the city of Worcester to enable the easy provision of goods and services but far enough away to limit the stresses of urban life that were thought to contribute to a frenzied state of mind. The building itself was on a site with uninterrupted views of the countryside and ample outdoor space for recreation and exercise. There were many opportunities for the physically able to work and to learn a new trade that would be of benefit to them once released from Powick. The superintendent's reports illustrated the many improvements that were made during the period under review. Changes were made to the airing courts to provide shelter and there was even a summerhouse erected. Inside the asylum two new bagatelle tables were made for the men's entertainment and pictures were bought to brighten up the wards. In 1865 several aquariums and fish were purchased as well as canaries and parrots to provide diversions for the patients who could not work or exercise outside. The Lunacy Commissioners and the Visitors were probably content that Powick asylum was architecturally a place of great comfort and care for the pauper patients of Worcestershire. As Browne described it here were 'miniature worlds, whence all the disagreeable alloys of modern life are as much as possible excluded, and the more pleasing

portions carefully cultivated.¹²² However, what is missing from these accounts is the voice of the patients. This is understandable given the nature of their illnesses and their position in society. It does mean that any evaluation of Powick is not impartial and can only be considered in terms of the groups of interested parties who controlled the asylum.

In chapter two the asylum was assessed in terms of the provision of 'kindness and occupation'. The data bases consulted demonstrated that much thought was given to the potential for occupation as a form of therapy for both men and women. Men were able to labour outside if they were physically able and they could also learn a new trade to provide them with new skills once released. Women could take on domestic roles in areas such as the kitchens and the laundry or cleaning the wards. All these occupations would have been commensurate with roles outside the asylum once the patients were restored to sanity. The data also showed that for women the percentage able to work decreased over the period reviewed but it increased for men. This could be attributable to increased longevity in women in spite of their condition being untreatable. In the absence of any extant patient voices, kindness was assessed by searching for negative indications in the annual reports. No instances of reprimands or dismissals were identified although it must be borne in mind the reports were written by those in charge of the asylum so any patient dissent may have been omitted.

The final chapter was concerned with a detailed quantitative analysis of patient outcomes at Powick by sampling patient data from the admissions registers available from the Worcester

¹²² Browne quoted in Scull, *'Museums of Madness Revisited'*, *Social History of Medicine*, Volume 6, Issue 1, 1 April 1993, Page11. <https://doi-org.libezproxy.open.ac.uk/10.1093/sochis/6.1.3>

Archive. The resulting analysis was then compared with two other asylums, one in York and one in Fife via two reports; the first by Doody, Beveridge and Johnstone and the second by Renvoize and Beveridge. The findings for Powick undermined several of Scull's assertions that asylums were only concerned with keeping undesirable people incarcerated to protect society. The data and the admissions processes suggest that families were responsible for the admission of their relatives, not the medical community. There was certainly an accretion of chronic cases between 1852 and 1884 but as Dr Sherlock stressed in many of his reports, it was never the intention that these cases should be admitted to asylums. Had the government adhered to the intentions laid out in the original Lunacy Act of 1845 then specific sites would have been built for those suffering incurable mental illnesses and Powick's data would have demonstrated a significant success rate. When patients were admitted early in their illnesses trajectory the data showed they were much more likely to recover and be released back to their families which was in alignment with the arguments of more recent historians such as Wright and Digby.

In summary, this dissertation has shown that the asylum at Powick met Browne's ideals in several areas, notably the grounds and the buildings and the administration in the person of Dr Sherlock. The treatment of patients exemplified the moral treatment approach. As there is little patient testimony beyond their outcomes it is less clear whether the patients or their families concurred with either Browne's framework or that Powick could be considered their utopia. In terms of the officers and staff it is also not clear whether Powick was a version of utopia. Certainly, Dr Sherlock's longevity in post would seem to indicate that he was content at Powick although some of his frustration at having to accept incurable patients and criminal lunatics is apparent in many of his annual reports.

Finally, whilst those in charge of asylum provision may have wanted to create a place of utopia for pauper patients there is evidence to suggest that Powick asylum was a place of last resort for many of its patients and their families. Admissions certainly increased in the period under consideration but as has been discussed this did not necessarily constitute a willing acceptance of it as a place of cure. It was more a case of necessity when pauper families could no longer care for their mentally ill relatives due to the privations these illnesses visited upon the family and the community.

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