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Mental Health Care in North Wales, 1840 – 1900
How did Wales Respond to the Age of the Asylum?

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Abbreviations and Terminology:

NWLA – North Wales Lunatic Asylum

This dissertation will use terms such as ‘lunatic’, ‘idiot’ and ‘insane’ in reference to people with mental illness. They were commonly used in the nineteenth century although they are now considered demeaning and offensive.

‘**Lunatic**’ was used to describe a person who was ‘sometimes of good and sound memory and understanding and sometimes not’.

‘**Idiot**’ described ‘natural fools from birth’. (The National Archives n.d).

‘**Insane**’ is a formal or old-fashioned term used to describe somebody suffering from a serious mental illness and unable to live in normal society’. (Oxford Learners Dictionaries, n.d)

Introduction.

Before institutions for the mentally ill were established in the nineteenth century, lunatics or idiots as they were referred to, were often detained in the workhouse or prison as the authorities did not know what to do with these individuals. In 1808, the County Asylums Act, also known as Wynn's Act in reference to Charles Watkin Williams Wynn, the Welsh politician who according to T.G. Davies, made a significant contribution to mental health in Wales, urged justices of the peace to build lunatic asylums. However, this was not mandatory and consequently, pauper lunatics were still being sent to jails and workhouses (1996, p. 43). The Madhouse Act followed in 1828 and was seen as a pivotal stage in the care of society's mentally ill. Its intention was to ensure that there 'should be proper houses of a proper character licensed for the reception of insane people' (Davies, 1996, p. 46-49). However, it was the Lunacy Act of 1845 and the County Asylums Act of the same year where counties were compelled to provide purpose-built asylums, that saw significant change. These acts in conjunction with the formation of the Lunacy Commission, began monitoring and regulating the institutions (The National Archives n.d) and in 1848 the North Wales Counties Lunatic Asylum in Denbigh was opened,

This dissertation seeks to explore the rise of the asylum in North Wales, how it was received and how mentally ill people were cared for in both the asylum and the community. The key questions to be addressed are; how were the insane treated in the community? Were there any benefits to being cared for in the community and was there a particular reason for the slow start to institutionalisation? The same questions will be asked of asylum care which will provide the basis for examining the further question of how did the communities of North Wales respond to the asylum at Denbigh? How supportive were the public and indeed the

local authorities? The answers to these questions will contribute to the understanding of mental health provision in North Wales in the Victorian period.

The studies that have been conducted by historians consider varying features of the topic, for example, Andrew Scull has explored the subject extensively and covered areas such as mental health care reform and psychiatry as a discipline of medicine (1993, p. 83 and p. 232-262). His book *The Most Solitary of Afflictions*, challenges what he calls the ‘naive whiggish’ view held by past historians, that the mental health reform of the mid nineteenth century and the rise of the asylum was a natural progression, along with the medicalisation of mental illness. Asylums were a means of controlling social order within a civilised society and what Scull attempts, is to move away from the philanthropic Victorian’s intentions and examine historical records to uncover the establishment and operations ‘for the social control of the mad’ (p.2-3). Others have investigated individual asylums in Wales as David Russell Davies has done. By narrowing down the focus, a comprehensive study of the asylum in Carmarthenshire has been undertaken to reveal a darker side to asylum care and he too challenges the Whig interpretation of the asylum system held by nineteenth century writers (2012, pp. 89-111). T.G Davies has studied the Poor Law and the beginnings of institutionalisation, and the role Wales played in its development. Davies acknowledges that the law concerning the management of the mentally ill is among the most important but least studied, fortifying the need for further explanation (1996, p.40). The law and acts related to asylums and care of the mentally ill can be seen as pivotal in the creation of the NWLA in Denbigh. Although calls were made early on for asylums in Wales, it can be said that it was the act of 1845 that was the push needed for their formation.

Domestic care or community care as it is also known, has been explored to a lesser extent, possibly because it is challenging to obtain the primary sources from formal documentation as David Hirst and Pamela Michael identify, which has also been a difficulty for this dissertation. Hirst and Michael relied on annual lunacy returns that were often incomplete or absent for their research into this area, that sees traditional care of the 'insane' falling to Welsh families and the community (1999, p. 66). Peter Bartlett and David Wright have produced an edited book *Outside the Walls of the Asylum* which discusses care in the community from 1750-2000. They recognise that research into the history of 'madness' has predominantly been aimed at institutions and the psychiatric profession, therefore there is a need to understand the community response during the modern period (1999, p. vii).

Pamela Michael and David Hirst investigate the drive for institutionalising the mentally ill of Wales after 1845, whose inhabitants were 'wedded to a pattern of domestic arrangements' (2014, p. 160). They also consider the role of language and how the language barrier impacted care within an institution and may well have had a role in the reluctance of families to send patients to English asylums which could have caused further distress to the individual (p. 168). The language issue is an interesting area that not many others have considered, but it does have a significant role in the foundations of the NWLA as it was stipulated that all staff be fluent in the Welsh language (Michael and Hirst, 2014, p. 169). Andrew Bartlett addresses pauper lunatics and asks questions about the patients themselves. He uses the case books of patient histories to explore the asylum versus the workhouse and which the lunatic preferred, Bartlett acknowledges that the case books are by no means objective, however, the alternative would be to say nothing at all, 'to condemn them to passivity through silence. Such a response may be methodologically pure, but it is not intellectually satisfying' (1998, p. 425).

Whilst there is plentiful research on English asylums in the mid nineteenth century and some on the more difficult to research area of community care, this dissertation will concentrate on North Wales, for which there is limited examination. In addition, this study will explore the contemporary view of the asylum thus avoiding modern ideals. North Wales has been chosen specifically in an attempt to avoid comparing areas that have regional differences, i.e., Welsh as a first language, whereas other areas may be more anglicised. Also, many of the primary source records for the North Wales asylum in Denbigh are digitised and available to view easily, which is essential as access to archives is restricted therefore limiting the availability of primary sources. In addition, because of the limited availability of primary sources to facilitate the study of community care, this dissertation will utilise previous studies by historians. Although, mentally ill people were cared for in other environments such as the Workhouse, limiting the study to the community and asylum allows for a more detailed exploration. The time frame of 1840, when the proposals for asylums started to accelerate is a suitable starting point as is 1900 as the stop point for this work, being the turn of a new century and the beginning of new ideas in psychiatry. Areas that will not be investigated because the research would be beyond the scope of this dissertation include as already outlined, the workhouse and ‘madhouse’ as care providers, other regions of Wales and the comparison of mental health provision to the rest of the United Kingdom.

In order to answer the question – how did Wales respond to the ‘age of the asylum’? Chapter one will explore the care and treatment given in the community and the asylum to draw some comparisons between the two, thus providing a solid background. Analysing primary sources such as hospital records, lunacy returns, and parliamentary reports will enable a balanced review of the care. Chapter two will then move on to what public perceptions were of the asylums and the authorities view, were they in favour? Or did they believe them to be a

costly eyesore? Newspaper reports, official communication between those in authority and commissioners' reports are the primary sources examined for this section of the study. A conclusion will surmise the findings and expose areas for further research.

Chapter One – Community Care v Asylum Care.

The Community.

The new asylums were set to be revolutionary, and the community care of mentally ill family members was no longer in favour. However, despite this rush of institutionalisation, 20 years after the 1845 Act, many insane individuals still resided in the community and ‘mental hospitals never *replaced* community care’ (Bartlett and Wright, 1999, p. 6 & p. viii). The continuation of community care appears to have been prevalent in Wales, for example, in 1860, 56% of cases in Wales were in the community compared to just 1% in Middlesex (Hirst and Michael, 1999, p. 67). This chapter will explore community care in further detail in an attempt to understand the living conditions and investigate the possible reasons behind the prolongation of community care.

In a letter to *The Times* in 1842, Samuel Hitch, the Superintendent of the Gloucester Asylum describes his visit to the Northern counties of Wales and recounts the conditions that insane people were exposed to in the community. Those that were considered a danger to themselves were often chained to the wall or floor, some were confined to a small room with just a small opening to pass through food and clothing and others relegated to an outhouse with farm animals. As the superintendent of an asylum himself, Hitch had a warranted interest in the lunacy matter in Wales (Hitch, 1842, p. 5). There are various newspaper reports that share his concerns, a report from the *South Wales Daily News*, in 1887 describes a ‘Painful scene in a Welsh village’, whereby a man who had ‘become insane’ was being taken to an asylum, but to the horror of the bystanders, ‘the poor creature bound hand and

foot, was carried through the streets in a dirty wheelbarrow'. There is no mention of who was removing him, and the witnesses are clearly appalled but as there is no mention of anyone questioning this conduct, it could imply that people had a degree of morbid fascination, particularly when the newspaper describes the scene as extraordinary indicating that this did not happen very often, therefore giving an entertainment element to the episode (South Wales Daily News, 1887, p. 3). This interpretation is endorsed by the one given by Scull (1993, p. 93), when he suggests that nineteenth century society no longer saw lunatics as animals, they were considered to still be humans, albeit, lacking in self-restraint and it was society's duty to restore him to his former self. It is possible there was some genuine sympathy for the man but also a level of ignorance from the bystanders, which meant they could only stop and stare.

Another example of cruelty within domestic arrangements, was a case held at the Guildhall in Leeds. Although this was reported in the *Leeds Intelligencer*, it was noteworthy enough to make the *North Wales Chronicle*. It documents the cruelty a farmer and his wife inflicted on their lunatic son. A superintendent had visited their home, but the wife would not allow him entry, it was only when he sought the assistance of the parochial constable to gain access, that the appalling condition the son was being kept in became apparent. 'In one corner of the room they saw an object crouching, his knees almost attached to his chin', his bed, clothes and his person was covered in food remnants and bodily waste, and he was no longer able to stand after being held in a restrictive posture for so long. The magistrate was disgusted by what he had heard and promptly ordered the young man be taken to an asylum (North Wales Chronicle, 1854, p. 2). What is notable about this report, is that the parents, being 'in good circumstances', were required to pay all expenses from the hearing and for the care of their son in the asylum, this then begs the question – if they were financially secure, why had they

not placed their son in an asylum sooner? There are several possibilities to explain this reluctance that will be discussed at different intervals during this dissertation, however one explanation that is pertinent to the above case is the shame and stigma that was (and still can be) associated with mental illness. Hiding their relative away avoided the prying eyes of neighbours and any embarrassment associated with the lunatic's erratic or socially unacceptable behaviour (Suzuki, 1999, p. 124). This notion is supplemented by a piece written in *The Times*, reporting on a recent meeting of the Council of the Charity Organization Society, discussing the education and care of idiots, imbeciles and harmless lunatics. The report discusses the difficulty in recording the number of cases in the community in England and Wales as people were not forthcoming with this information and attributing it to 'ignorance and the natural desire to conceal the existence of idiocy in families' (The Times, 1877, p. 6). The main carer for the mentally unwell in the community tended to be a female relative, using lunacy returns, Hirst and Michael were able to establish that between 1828 and 1858, care was given by a female, be that mother, wife or sister. This is most likely out of duty and as women were the predominant care givers in Victorian households, this is not necessarily unusual, they also add that 'obligation and reciprocity passed through the female line' (Hirst and Michael, 1999, p. 76-77).

The Supplemental Report was written in 1844 and was an extension of the report carried out by the Metropolitan Commissioners in Lunacy. It reveals much about the drive for institutionalising the mentally ill, claiming that 'an evil consequence of not having proper provision for insane poor is the detention of improper cases at workhouses' and blames the lack of institutions on low recovery rate and suicides (Supplemental Report, 1844, p, 13-14). An interesting point to note in the report, is the suggestion that Welsh people were reluctant to send their insane relatives away, regardless of how 'troublesome and dangerous and

however disgusting their habits' (1844, p. 16). This is in part due to the absence of a facility nearby, but also Hirst and Michael (1999, p. 84) provide other reasons for prolonged domestic care which generally came down to costs, small parishes simply could not afford English asylum rates. In addition, depending on the ability of the mentally ill individual, they were quite often needed for labour in an agriculturally based rural economy and contributed to the household income. There were also financial implications for those people who took in the mentally ill – the 'boarded out' people, whose small cash payments provided an income for people who had no alternative employment.

The Lunacy Commissioners were required to make visits to the homes of those recorded as insane. Often escorted by a Parish official or Union Surgeon, they provided 'the particulars of some of the cases which we personally visited and examined...' (Supplemental Report, 1844, p. 18). Notes were made on where the patient resided, their condition, whether they were dangerous, volatile, harmless etc, if restraint had been used and their suitability for asylum care. For example, Emma Jones aged 25 from Denbigh, was diagnosed with epilepsy and considered a danger to herself. She needed constant supervision for fear of injuring herself and was occasionally tied to a chair. From a modern viewpoint, the use of restraint is considered inhumane but for some families in the mid nineteenth century they quite possibly had no other option. It was not necessarily used as punishment or cruelty, rather they needed to ensure her safety if they had to attend to other business and the report does conclude that she is 'apparently treated with kindness' (1844, p. 19). The family of David Williams aged 44 from Llanrwst, treated with kindness by his mother, but prone to violent outbursts where even the neighbours had to get involved to protect the mother, his family were also keen to have him institutionalised (1844, p. 24). However, there were several families who loathed the idea of sending their loved ones away – Jane Jones aged 46 is described as an idiot from

Carnarvon and boarded with her sister, she was described as generally harmless but had episodes of violence when provoked, her sister said, 'her heart would break if she were taken away' (1844, p. 29). Another case was that of Hugh Roberts aged 24, described as an epileptic idiot living in Holywell with his father and sisters. Despite regular seizures, resulting in numerous injuries and 'filthy habits and insensible to the calls of nature' and the family were also very poor, but the father and sisters said, 'they would not part with him' (1844, p. 45). Aside from kinship, the family may have other reasons for continuing with community care, Hugh Roberts was evidently unable to provide labour, but it could be that the family received four shillings a week for his board which would have contributed to the household income. In addition to families' requests, the Supplemental Report also provides an opinion from a patient. William Griffith was described as 'maniacal' and had made several attempts at suicide and had tried to set his house alight. Not only was he recommended for the asylum by the Union Surgeon, Griffith, *wanted* to be sent to an asylum 'as well for his own cure as to relieve the misery of his wife and family' (1844, p. 31).

Not all cases have the same information documented, but ten cases out of 46 examined for this dissertation, were reported as being treated with kindness and seven being in cruel and distressing circumstances. In addition, 12 cases of the 46, were reported as using restraints, these were often used on patients described as being kindly treated, indicating that restraints were used on patients for their own safety as opposed to restraining them for convenience or punishment (Supplemental Report, 1844). But as Bartlett and Wright highlight, 'care within the household was not necessarily more humane than the asylum' (1999, p. 9).

The Asylum.

The notion of mental health asylums or ‘madhouses’ in history have often provoked a sense of fear and dread, however, it was during the nineteenth century, that calls were being made to institutionalise the ‘lunatics’ and ‘idiots’ that resided in Wales. A newspaper article from 1810, gave notice of a meeting to be held in Ruthin, to discuss ‘the expediency and propriety of providing a LUNATIC ASYLUM’ either in Denbighshire or creating a union of nearby counties for the same purpose (Jones, 1810, p. 3). But despite these requests, there continued to be a delay in Wales compared to the rest of the UK and it was not until the two acts of 1845 – the Lunatics Act and the Asylums Act, that paved the way for a thorough system of provision, inspection, certification and licensing of asylums and private houses (Wright, 2014, p. 96) and on the 14th of November 1848, the North Wales Lunatic Asylum in Denbigh opened. The 30-year delay can be attributed to costs, counties had competing demands on their outgoings and building an asylum was not considered a priority, it also explains why it was a joint venture which united five counties of North Wales (Michael and Hirst, 2014, p. 160). The drive for an institution was fuelled by medical men and the Lunacy Commissioner's opinion that the earlier the patient is placed in the asylum the better their outcome. Early moral and medical treatment were considered key to the patients' recovery and could prevent death in some individuals (Supplemental Report 1844, p. 27). The general consensus among the medical professionals and middle-class society was that the asylum was the proper place for the moral and medical management of lunatics. The asylum ensured, hard work, nutritional food and removal of the stresses of poverty, these were the main forms of treatment which sat well with the Victorian philanthropic reformers. However, Andrew Scull argues that the desire to incarcerate the mentally ill and remove them from society, fuelled the sensibilities of the reformers, their moral consciousness was pacified, but he reasons that this was a way for society to take control of the situation, ensuring that the insane

were out of sight and mind (Scull, 1993, p. 1-2). Other critics of the asylum include Kathleen Jones and Thomas Szasz, who suggest a policy that would have allowed the patient to remain at home would have been a better course of action rather than ‘custodialism’ (Davies, 2012, p. 95). Jones argues that fundamentally, asylums were a good idea, but they went badly wrong, perhaps attributed to by overcrowding and lack of staff which meant the tailored moral treatment became harder to administer (Houston, 2020, p. 354). Although despite these modern attitudes to institutionalisation, the evidence from Peter Bartlett’s study of Leicester and Rutland Lunatic Asylum, indicates that many patients enjoyed their time, There is no reason to assume the care and treatment available at Leicester and Rutland would be markedly different to that of the NWLA, therefore it is possible to understand that for pauper lunatics, this was a place of safety, they were fed regular, nourishing food and kept warm and dry, which is significantly more than they may have had in the community (Bartlett, 1998, p. 427).

One of the aims of the NWLA was to be self-sufficient, with the patients making up most of the workforce, there were farms to maintain, tailors, joiners, shoemakers, skilled work and domestic like the laundry and kitchens (The First Annual Report, 1849, p. 9). This work was viewed favourably by the Commissioners in Lunacy in their report to the Lord Chancellor in 1844, where they discuss the importance of employment and the benefit of keeping active for the purpose of relief of the ailment or cure. They claim employment on the asylum was not for profit (Report of the Metropolitan Commissioners in Lunacy, 1844, p. 128). Although it could be argued that there was some monetary benefit to the asylum for having patients provide free labour. Davies argues that employment at the asylum was depressing and degrading and another cost-cutting method towards the maintenance of the institution (2012, p. 94). At its opening, the Committee of Visitors at the NWLA, saw no reason to employ

night staff and considered it an unnecessary expense, unsurprisingly, this lack of supervision led to deaths – from unsupervised suicidal patients and epileptic patients, where their seizures caused injury. After continued pleas from the Lunacy Commissioners, night shifts were brought in from 1860 (The Eleventh Annual Report, 1860, p. 5). The asylums first annual report emphasises its philosophy of the ‘law of kindness’ and the medical officers report proudly describes how all attendants must treat patients with gentleness and patience and how quickly a female attendant was dismissed for harshness (The First Annual Report, 1849, p. 7). The medical officer also provides cases of improvement purely by being treated kindly, one such man who on admission was ‘in a state of mania and had been handcuffed for so long he was scarred...now is as harmless as any patient in the house’. And a female patient who had been subjected to cruelty before admission having been tied to her bed by those looking after her in the community. She soon recovered and was discharged, she must have felt a great gratitude to the asylum and probably safety and security as upon discharge she asked the Matron if she could be employed as a servant, for which she was accommodated (1849, p. 8). Over the course of the years at the NWLA (the available annual reports go up to 1871) the medical officers report very limited use of mechanical restraint, i.e., the use of straightjackets, straps or belts or any other device that restricts the patients' movements and by 1851 they were pleased to announce the abolition of all ‘mechanical restraints and bodily coercion’, and that the ‘two great objects to be sought for in the moral treatment of the insane are employment and recreation’ (The Third Annual Report, 1852, p. 5). The NWLA annual reports may be prone to subjectiveness, in that the medical officers and superintendents do give a full account of the happenings each year, but it is difficult to know how open they are being. It is challenging to find objective sources, ideally, these would be the patient's own voices but the ‘mental world of ordinary folk is notoriously difficult to investigate’ (Suzuki, 1998, p. 157). In an attempt to address this shortfall, this dissertation has examined the work

of David Russell Davies. In his study of the Joint Lunatic Asylum at Carmarthen which opened in 1865, Davies studied the superintendents' journals and was able to build a picture of asylum life. He claims that the abolition of mechanical restraint invariably led to manual restraint (i.e., the attendant using their hands or arms), which meant increased exposure to abuse, he supplements this claim with a quote from the medical journal *The Lancet*, which states that they are certain many attendants mistreat, abuse and terrify patients (Davies, 2012, p. 95). Whether the NWLA had a 'clean record' in the case of abuse and mistreatment, remains to be seen and requires further exploration which is beyond the scope of this dissertation. Although it appears that intentional abuse was few and far between at the NWLA but in terms of 'treatment' this could be a different matter. The annual reports do not describe any medical treatment that is on offer, merely stating that 'the medical treatment we have followed has been in conformity with the acknowledged principles of rational and inductive science' (The Eighth Annual Report, 1857, p. 13). But if we consider the routine treatment available during the mid-nineteenth century, it is possible these regimes were followed at the NWLA. By the mid-nineteenth century, moral treatment was the main focus, and any treatment was closely matched to the patient's condition, hydropathic therapies were popular, and the asylum had Turkish baths installed in 1871 (The Twenty Third Annual Report 1872). Therapies that induced shock or fear to restore the mind were not in common use by this time, although sensory deprivation did continue into the 1900s for some patients (Houston, 2017). When comparing treatment options between the asylum and the community, on the face of it, the asylum appears to be the preferable recourse, but the impersonal nature of an institution could promote loneliness and further isolation – an individual that was well cared for in the community may have fared better.

Chapter Two – What did Welsh People Think of the Asylums?

To identify one option of mental health care as being superior to another would be unfair. What worked for one individual may not have worked for another, the safety and security of an asylum could have been beneficial to those rendered homeless by their state of mind, but for others, being confined would have felt like torture. Similarly, there were ‘good’ and ‘bad’ examples of both asylum care and community, so it is impossible for one to claim superiority. However, it is possible to consider popular opinion of the asylum in Victorian Wales. This chapter seeks to investigate popular opinion and public perceptions of the asylum. We have already heard the opinion from the Commissioners in Lunacy, the medical superintendents of the asylums and reformers, they all held a firm belief that the lunatic was better cared for in the asylum and the earlier the treatment the better. The message from the medical officer at the NWLA in 1849 was clear, ‘too often patients are kept at home often cruelly treated and only when their behaviour becomes unmanageable are they sent to the asylum (The First Annual Report, 1849, p. 9). The parish authorities were even accused of culpable neglect in the asylum’s second report the following year, because they delayed sending their insane poor, potentially prolonging the patient's recovery (The Second Annual Report, 1850, p. 10). But even though there was a growing expectation of mentally ill patients to be institutionalised, the number of pauper lunatics and idiots in the community remained high in North Wales. In the 1860s, over 50% were boarded with relatives or lodging with strangers compared to 19% in England and Wales as a whole (Michael and Hirst, 2014, p. 174). There may have been a persisting mistrust of the asylum, the stories of Bethlem hospital or ‘Bedlam’ as it was known, were fresh in people’s minds and popular anxieties concerning madness and asylums were slow to change. However, the statistics given by Michael and

Hirst above, consider North Wales to be even slower than the mainstream, indicating other issues were at play. It has been suggested that large scale institutionalisation did not properly begin in Wales until the early twentieth century (Houston, 2020, p. 357).

However, the primary sources examined for this chapter do not show a mistrust or fear of asylums as a cause of delays in asylum establishment in North Wales, it appears to come down to money. Rab Houston, argues that challengers to county asylums were ‘usually members of the Conservative Party averse to central control and taxation which they saw as curtailing their fundamental rights’ (2020, p. 356). A Carnarvonshire Quarter Session in 1843, discusses the proposed asylum at Denbigh and the joining of counties. Many of the magistrates were hesitant to the proposal as they did not want to add expense to the rate payers and believed the number of lunatics in their county too small to warrant a local asylum (The North Wales Chronical and Advertiser for the Principality, 1843, p. 3). In addition, small poor parishes could not afford to send people to asylums, instead paying the much lower rate of poor relief and avoided sending individuals to the workhouse to evade the scrutiny of the Board of Guardians. This placed people in dire circumstances, losing a wage earner but still having the expense of maintaining them could easily pauperise families (Hirst and Michael, 1999, p. 72 & 81).

Despite the financial issue though, it appears that many people were in favour of the asylum and were supportive. This could be due to the active involvement of doctors, solicitors and clergymen in the formation of asylums, - these men were seen to be trusted members of society and if they were backing the institutions then this would have helped the popular opinion that the asylum was the right place for the treatment of mentally ill patients (Michael

and Hirst, 2014, p. 173). Financial contributions to support the asylum project came from different directions, Queen Victoria and Prince Albert donated £50 as well as contributions from nobility and landed gentry (The Age, 1843, p.6). As genuine concern for the mentally unwell began to pick up pace, newspaper reports were quick to publish harrowing reports of lunatics being kept in appalling conditions and continuing the plea that the asylum was the better place, here they would be cared for and quite possibly cured. But it was not just the landed elite that wanted to support the asylum, in a letter to the editor of the *North Wales Chronicle*, one individual, after some initial reservations, agreed to contribute to the building of an asylum and saw it as a good cause after reading about the ‘disgraceful treatment of the insane’ in the local papers (A Carnarvonshire Freeholder, 1844, p.3). Another lively letter discussing the proposal, talks about the influence of the English on asylum affairs and how ‘our wealthy neighbours and friends have subscribed a great deal of money...’ he appeals to the ordinary Welsh man to contribute to an institution that will be for the Welsh. The letter writer signs off as ‘Your Friend and Brother, A Poor Welshman’, by describing himself as such, the letter has the potential to engage with the wider readership of the publication and to encourage support from the everyday man (Your Friend and Brother, A Poor Welshman, 1843, p.1). Returning to the Carnarvonshire Quarter Session of 1843, those magistrates that were reluctant to join the North Wales lunatic asylum because they felt it was not warranted in their county, had a change of heart when it was discovered that their Lunacy Returns were wrong, and they would benefit from the institution after all, on grounds of both humanity and economy. They believed that some insane people could be treated and restored to the community so were no longer a burden on society (The North Wales Chronicle and Advertiser for the Principality, 1843, p. 3). Samuel Hitch, the Superintendent of the Gloucestershire Asylum fully endorsed the asylum at Denbigh and in particular stressed the importance of being with others who spoke Welsh. He noted that it was all too common for

Welsh patients, if they were sent to an English asylum, to be further isolated by the language barrier, leading to additional behaviour issues (Hitch, 1844, p. 5).

The evidence suggests that Welsh people in general were enthusiastic about the promise of a home that provided proper care and treatment for their suffering loved ones, and the benefits to the community as a whole, in other words, maintaining the idealistic impression of an ordered and civilized society. The uptake is demonstrated in the numbers reported in the *Denbighshire Free Press* in 1888, showing a decrease in community care, for example in 1862, 17% of mentally ill individuals were in community which then dropped to 8% in 1887, compared to a rise in asylum care, 58% in 1862 rising to 68% in 1887 (percentages have been rounded to nearest whole number). The author of the report, a medical officer, attributes the increase to the friends and relatives of the insane becoming better acquainted with the importance of early medical treatment and purpose-built institutions (Cox, 1888, p. 6). The growth of admissions to the NWLA, evidently led to places being oversubscribed and calls for expansion were requested. By 1891, there were 545 patients residing at the asylum and at the annual meeting of that year, proposals to expand the hospital were being discussed. The committee had decided on a new wing comprising a dining hall that could accommodate 550 people and sleeping and day rooms to house 200 additional patients, which they acknowledged ‘was of course too many, but they must look to the future’ (North Wales Chronicle, 1891, p. 8). To combat the overcrowding in asylums, the Report of the Metropolitan Commissioners, suggested an amendment of the law, so that ‘on occasion, incurable paupers from the county asylum be removed to make room for the curable’ (1844, p. 204). This recommendation may seem harsh, but Medical Superintendents were becoming frustrated with their asylums not realising their full potential as therapeutic institutions, instead being used for the confinement of incurable patients (Wright, 2014, p. 104). The

Eleventh Annual Report repeats a familiar message, ‘the aged, the moribund and the feeble continue to be sent in, in spite of reiterated remonstrances...’ (1860, p. 9). Andrew Scull disputes this and argues that the Medical Superintendents embraced the enlarging of asylums, because of the ‘professional prestige’ associated with managing a large institution (1993, p. 263). However, in the Third Annual report from Denbigh, in response to an accusation by Parish authorities that patients were confined unnecessarily, it states, ‘it is neither our interest nor our policy to detain patients beyond the period of their recovery’ (1851, p. 12).

It could be argued that the number of patients made it increasingly difficult for the moral treatment that was the linchpin envisioned by early reformers, to be delivered. Quite often, the only way to maintain control was to resort to restraint and sedatives. The records for the NWLA in 1871, reveal the continuing use of seclusion, albeit ‘sparingly’ however, they continued to avoid mechanical restraint. It also records that more than 40 patients were on sedatives (hydrate of chloral) at night, confirming that to manage patient's behaviour to an accepted level, required more than just fresh air and a good diet (The Twenty Third Annual Report, 1871, p. 8).

The evidence demonstrates that the general public and authorities were in favour of the NWLA but what about the patients, were they fearful, ashamed or thankful? Unfortunately, primary source evidence for NWLA is currently unavailable, however, it is possible to use Peter Bartlett’s study of English asylums and the patients voice and draw similar conclusions from them. He references many patients that were happy to be in the care of the asylum, many regretful when they were discharged and some requesting to return as an employee, which occurred at the NWLA and mentioned previously in the First Annual Report (Bartlett,

1998, p. 426). It appears that generally patients felt the life in an asylum was considerably better, they were fed and clothed and any worries removed. Nonetheless, it can be argued that there were cases where removal to an asylum was met with resistance but without any conclusive evidence, we can look at the Eighth Annual Report of 1857 which provides a clue to this assumption. It discusses the importance of informing a patient that they are going to the asylum, 'there is nothing that a lunatic will longer recollect and more indignantly resent than being deceived'. The Medical Officer was concerned that deceit would lead to a mistrust of those that are helping the patient and hamper treatment, he suggests telling the patient in a 'calm and candid fashion and even a little force is preferable to deceit' (1857, p. 12). This statement is quite telling, indicating that some patients found the move to the asylum challenging but once under treatment, they appear to become settled. There are not many reports of escapees either to supplement the theory that the patients were generally content to live in the asylum, the annual reports from 1848-1872 show that in 24 years there had only been four reported escapes and one of these was carried out by the patients' friends (The First Annual Report, 1849, p. 11).

At the dawn of the twentieth century, asylum care had become the norm in North Wales and further growth of institutionalisation was apparent around the entire principality. After the NWLA in 1848 and up until 1900, five asylums were established, many of them joint ventures, to provide mental health care to the Welsh population (Michael and Hirst, 2014, p. 160). These were large buildings and by the 51st Annual Report covering the year 1899-1900 NWLA had 687 patients with further building work on the horizon (Carnarvon and Denbigh Herald, 1900, p. 7).

Conclusion

This study has attempted to understand the care and treatment given to mentally ill patients both in the community and institution and in doing so has helped to answer the title question how did Wales respond to the 'Age of the Asylum'? The primary sources have shown that prior to the NWLA in 1848, care of lunatics in Wales took place in the domestic setting, with family, friends or boarded with strangers. This, of course, can be attributed to a lack of facilities as there were few private 'madhouses' in Wales and English asylums were expensive. However, even after the establishment of the NWLA, the transition to asylum care in North Wales was a slow one, provision for mental health care was fundamentally kept within the community and as Michael and Hirst state 'in North Wales the rise of 'asylumdom' was neither immediate nor assured' (2014, p.174). This study has demonstrated that the misconception that people were better off at home, in an environment they were familiar with and with people they were comfortable with is not entirely accurate. The Lunacy Commissioners have given accounts of abuse and cruelty to individuals in domestic settings and witness accounts reported in local newspapers give a similar picture. But rather than blatant cruelty, the mistreatment can be attributed to ignorance on the caregiver's part. Mental illness was not understood by many people and brought embarrassment and shame to the family and if their family member displayed behaviours that were unacceptable and unruly, they considered the only option to be restraint. Fortunately, the Lunacy Commissioners do report positive cases but 'neither institution nor the community had the monopoly over kindness or cruelty...' (Bartlett and Wright, 1999, p. 18).

The evidence used in this dissertation, does tend to favour the asylum, unfortunately it is difficult to 'hear' the patients voice or even their relatives as many of the individuals in question were illiterate and even if they could read and write, they were unlikely to have had access to the resources to document their thoughts. In their routine reports on the NWLA, the Lunacy Commissioners approve of the care and treatment given, there are suggestions for improvements, but this is centred around physical adjustments to the building rather than patient care. It can be assumed then, that patient care was satisfactory. This is supplemented with the annual reports from NWLA which appear to give an honest account of the activities at the asylum, and they did report any instances of mistreatment. The NWLA's aim was fundamentally to treat people with kindness, and it can be said that they achieved this, it also gave the opportunity for patients to be rehabilitated, which they would not have received in the community. The medical officers and Commissioners placed huge emphasis on early treatment to enhance the patient's recovery and virtually every annual report stressed if admission is delayed to the asylum, then the outcome for the patient's recovery would be poor.

There was an unhurried approach to asylums in Wales, but this does not necessarily mean they were not accepted once they were established. The evidence used in this study has shown that the people of North Wales were supportive of the asylum, if there were any doubts it was around money and the increase in rates, but even then, people recognised the advantages the asylum would bring to society. The sources have not revealed that people had any concerns regarding patient care, any horror stories that they may have heard about other asylums in England, did not seem to be a cause for concern. The evidence does show that Wales was behind in institutionalisation compared the rest of the UK, but it can be said that the people of North Wales were in favour of 'asylumdom' and that other factors contributed

to prolonged domestic care such as poverty and reliance on physical labour in the largely rural North Wales. However, others have claimed that it was the realisation from families, that the asylum could offer a place of safety, so that they themselves could gain some respite from the difficulties they faced with having a mentally ill relative to care for and additional domestic issues they had, this, Michael and Hirst claim, 'ultimately determined the increased use of the asylum' (2014, p. 173).

This dissertation has shown that it is challenging to provide a complete picture when attempting to understand mental health provision in the Victorian age, due to an unbalanced authoritative viewpoint and that further research is required in the areas of accessing the patient's own view of mental health care. However, from the sources available, it is possible to surmise that the society of North Wales viewed the creation of the NWLA as a positive approach to the care of the mentally unwell and that the treatment they received there was beneficial.

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