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How distinct was the development of County Asylums in Nineteenth Century Wales?

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Contents

List of abbreviations

IWA	Institute of Welsh Affairs	
Acts of Union	Act of Union 1563	Laws in Wales Act 1535
	Act of Union 1543	Laws in Wales Act 1542

NOTE: This dissertation uses historical terminology that some may regard as offensive. They are therefore explained below to provide historical context.

Lunatic: person with mental illness.

Idiot: person with learning disabilities.

Madhouse: institution for the care of mentally ill people.

Introduction

What this dissertation will investigate is how far the development of county asylums in Wales was a distinctive process, and if so, why this was the case. By understanding the impacts of specific laws on both the social and legal landscapes, I will aim to identify changes that occurred within communities when asylums were built. I will analyse one asylum, considering the local authorities' response in North Wales to the *1845 Lunacy Act* (8 & 9 Vict., c. 100), and how they approached enacting these laws. I will look at how the *1845 Lunacy Act* (8 & 9 Vict., c. 100) and the development of county asylums in Wales changed the landscape of communities: did the Welsh have an already functional and accepted structure of informal and formal care which was destroyed by Anglocentric law, or did the Welsh welcome these new institutions?

The establishment of asylums for treating lunacy became a British government focus at the end of the eighteenth century, and throughout the nineteenth. Prior to the *Madhouses Act 1774* (14 Geo. 3, c. 49), there was no regulation or state responsibility for private madhouses and asylums that had been established since the 1600s. The *Madhouses Act 1774* (14 Geo. 3, c. 49) began State involvement in private asylum regulation, enshrining principles surrounding licensing, inspection, and inmate visitation rights. These formed the basis of legislative developments that occurred during the nineteenth century. Private asylums provided for those who had means to pay for 'care'. Those deemed pauper lunatics were handled under poor law, vagrancy law, or criminal law, and housed in workhouses or prisons.

The *1808 County Asylums Act* (48 Geo .3, c. 96) was the first legislative move towards pauper provision; each county across England and Wales was encouraged to build an asylum to house them. Twenty publicly funded asylums for paupers were built in England after this legislation. (Historic England, n.d.) No county asylums would be built in Wales until 1848, when The North Wales Counties of Caernarvonshire, Denbighshire, Flintshire, Merionethshire and Anglesey Asylum was built. The *1845 Lunacy Act* (8 & 9 Vict., c. 100) and *1845 Asylum Act* (8 & 9 Vict., c. 100) made it compulsory for each county to have an asylum. In the latter half of the nineteenth century, further acts such as the *1890 Lunacy Act* (53 Vict., c. 5) ensured patients were not being wrongfully detained and placed responsibility of the asylums onto newly created local authorities. By the end of the nineteenth century, over 120 county asylums existed across England and Wales, housing over 100,000 patients. (Historic England, n.d.)

Prior to the *1845 Lunacy Act* (8 & 9 Vict., c. 100), the Metropolitan Commission, responsible for licensing and regulating London madhouses and asylums, asked to undertake a national inquiry into

pauper conditions within asylums. This began in 1842 and culminated in the *1845 Lunacy Act* (8 & 9 Vict., c. 100). Wales, prior to 1845 had one asylum: Haverfordwest; the Commission did not have any remit to carry out the inquiry in Wales. They circumvented this by creating a supplementary report as an inquiry into the condition of the insane in Wales. There was a history of "farming out" those who were deemed insane across Wales to relatives or farmers in return for a weekly allowance. This was a well-established practice and continued during the period prior to 1845 when asylums were expanding across England. (Michael & Hirst, 1999) Suggestions were made in the Commissioner's report which alongside the *1845 Lunacy Act* (8 & 9 Vict., c. 100) and *1845 Asylum Act* (8 & 9 Vict., c. 100), changed the landscape of asylum provision.

Lunacy and asylums have had attention from historians, as a wide-ranging topic, and in specific regions such as Ireland. There are overviews of asylum development such as those by Forsythe and Melling (1999) and Horden and Smith (1997). Scull (1979) (1993) provides arguments against previous studies such as Foucault (1985). Some partly focus on county asylums more specifically such as Hamlett and Hoskins (2013). Works on the development of psychiatry and treatments are useful such as Porter (1987). All offer insights into the development of asylums and county asylums considering wider societal and legal change, usually in an Anglo centric manner; while they provide detail on the changes in provision for mental illness, they do not address Wales as its own entity.

Michael and Hirst (1999) give insight into specific changes in Wales, as does Davies (1996). Michael and Hirst focus on the North Wales Lunatic Asylum, why it was created and how it became established. It is useful when analysing the impact of the asylum on North Wales, and county asylums on Welsh society. It is focused on Poor Law connections, and discussion around whether this asylum changed how Wales chose to support those deemed 'lunatics'. This is a short article to tackle the vast and important elements it contains; in some ways, it does not make comparisons consistently. Hirst and Michael (2010) and Michael (2003) look at community care versus asylums in Wales, and comparisons with England. These look analytically at the North Wales Lunatic Asylum. This dissertation will look at elements identified by Michael and Hirst to investigate if the Welsh developments were distinctive and why. (Michael, Hirst, 1999) (Hirst and Michael, 2010) (Michael, 2003) Davies' article provides an overview of Welsh Parliamentarian impact on legislation changes that occurred during the nineteenth century. It is useful in assessing the Welsh contribution and aids in understanding regional nuances, and in identifying concerns around patient freedom and liberty, particularly from a Welsh perspective. This dissertation will look at Wales more widely, rather than a specific issue being credited to a person who happens to be Welsh. (Davies, 1996) These short articles do not give a wider understanding of the impact or changes that occurred in Wales as county asylums became compulsory. This dissertation will compare Wales versus England

given that Wales seemingly had a different social structure for lunacy during this period. Mellett (1981) provides a useful analysis of the Commissioners in Lunacy following the *1845 Lunacy Act* (8 & 9 Vict., c. 100) and aids understanding of how the 1844 report recommendations were enacted across England and Wales. It focuses on how Commissioners were chosen and how they worked. Where it mentions Wales, it deals with Workhouses and the lacking provision of what was deemed appropriate 'care' for 'lunatics'. It provides a foundation to investigate the Commission's impact and how they worked, on the Welsh developments and how they differed from England. (Mellett, 1981) I would be remiss not to include Davies (2012) work on society in Carmarthenshire during the period 1870-1920. Davies has conducted a societal study, an ethnographic analysis of how people lived. Mental illness is an important theme, and makes points to be considered when analysing how distinct Wales was and why: given this "was a period during which Wales was hailed as one of the most religious countries in the world…" (Davies, 2012, p.11) it provides a point for consideration when assessing the reasons behind Wales' delay in establishing asylums when compared with England, as well as community and human insight into the social changes that occurred in Wales as county asylums began to develop. (Davies, 2012)

There are primary sources available from different perspectives such as government, local newspapers, patient records, reports in medical journals such as the British Medical Journal, and medical media such as The Lancet, and the commissioner's reports. The Commissioner's Report and laws passed in the period 1800-1900 provide the bulk of evidence for the infrastructure and legal changes that occurred; the supplementary report provided by the commissioners deals entirely with Wales. Census and workhouse inmate records identify where lunatics were cared for prior to asylums, providing information on the differences in numbers of 'lunatics' cared for at home or "farmed out". This can be compared with English records to establish regional analyses of approaches to mental healthcare.

The first chapter will examine legal changes that occurred across England and Wales between 1800-1900, focusing on Wales and changes after the *1845 Lunacy Act* (8 & 9 Vict., c. 100). It will become clear that Wales, whilst being considered an extension of England and governed under the same Parliament, operated differently in its approach to lunacy during this period, particularly in the first fifty years. The second chapter will examine the local authorities' response in North Wales to the *1845 Lunacy Act* (8 & 9 Vict., c. 100) and its requirements for asylums to be established in every county. Denbigh Asylum, which opened in 1848, was the first Welsh asylum, but seemed to flout the requirement for an asylum in every county, being a collaborative effort of five neighbouring counties. I will investigate whether this scenario was different to how asylums developed in England, as well as the reasons for the decision: was this a choice based on a sense of identity? Was

it solely economic reasoning? Was it connected to the system of community care that existed in Wales?

This is an important topic dealing with social history of those whose voices went unheard, and arguably are still unheard today in similar contexts. The focus is quite distinct and has had little attention from a regional perspective. "For Wales, See England" has been a much-debated topic in recent years with some arguing for a distinct Welsh legal jurisdiction from England; perhaps this dissertation will demonstrate that Wales had a distinct approach to mental healthcare provision even under English legal jurisdiction.

Chapter 1 – Survey of Lunacy Laws and Impact on Wales

To begin this chapter, when we will start to analyse whether the Welsh response to the increasing asylum building and its associated laws that occurred during the nineteenth century was a distinct one, it would first be helpful to understand the Welsh constitutional position of the period circa 1800 to 1900. The last Prince of Wales, Llewellyn II, died in 1282 and Wales then fell under the rule of the King of England. It did not, however, become a part of the Kingdom until the Tudor *Acts of Union 1536* (27 Hen. 8, c. 26) and *1543* (34 and 35 Hen. 8, c. 26), when English law became the law of Wales, with justices of the peace appointed to each county, and twenty-six members of Parliament. Wales was the first territory to unite with England and the *Wales and Benwick Act 1746* (20 Geo. 2, c. 42) ruled that the word 'England' should also mean Wales concerning law and statute. All English Acts of Parliament now applied to Wales. By the nineteenth century, the period of concern in this dissertation, Liberal Prime Minister Ewart Gladstone would say, "The distinction between England and Wales is totally unknown to our constitution." (IWA, n.d.) These justices of the peace were charged with administering the law through the Courts of Quarter Sessions, as they were in England. Outside of these judicial roles, they also had responsibility for a significant number of administrative duties, such as repairing roads, administrating the county gaol, supervising the English Poor Laws prior to 1834, and supervising public and private lunatic asylums. This continued until the *Local Government Act 1888* (51 & 52 Vict., c. 41), when county councils were established.

At the beginning of our period, in 1774, care of those deemed lunatics was neither regulated nor standardised. Options ranged from familial care, 'farming out', and private lunatic asylums, charitable institutions, prisons, or workhouses. Each of these practices and establishments was used across England and Wales in different ways, and in different proportions. In the mid-eighteenth century, "the majority of the insane were still to be found at large in the community" across Wales. (Scull, 1993, p.1) Difficulties exist in assessing asylum patient numbers in this early period, but it's clear that provision for paupers within private institutions was minimal and so most of these people were being supported in the community with financial upkeep in the form of relief. (Scull, 1993, p.25) Privately ran asylums had been being established across England since the 1600s and operated with no regulation or involvement from the state. Conditions within these were known to be 'deplorable', and as the public came to hear about how the patients were being treated, coupled with the public knowledge surrounding George III's mental illness, some official attention began to be paid to these institutions. (Davies, 1996, p.40)

The *Madhouses Act 1774* (14 Geo. 3, c. 49) was passed to ensure that all private madhouses outside of London were licensed and regulated by the Quarter Sessions. This would be the responsibility of

the justices of the peace, and magistrates would be responsible for inspecting each establishment. In London, a newly appointed commission would carry out inspections. Some private asylums extended their services beyond those wealthier patients, to paupers. They were paid a small amount to keep these patients. However, when the 1774 Act came about, it ignored these paupers, choosing only to deal with private patients. (Scull, 1993, p.24) This Act did little to regulate the asylums or indeed effect any change in deficiencies of care or responsibilities towards patients. It would not be until 1828 when the Metropolitan Commissioners in Lunacy were established, would interest be taken in ensuring higher, regulated standards of asylum care. (Porter, 1987, pp.152-153)

Charles Watkin Williams Wynn, a Welshman, and Conservative MP for Montgomery from 1799-1850, paid a lot of attention to the asylums and pressed for changes in law. The *1800 Criminal Lunatic Act* (39 & 40 Geo. 3, c. 94) was one such law that drew his attention. Wynn argued that there was a significant number of pauper and criminal lunatics who were not being served well in prisons. In 1807, he pressed for the establishment of a Select Committee to investigate the condition of those deemed lunatics. Wynn advocated for the therapeutic abilities of the asylum, and so the *1808 County Asylums Act* (48 Geo .3, c. 96) which happened upon the recommendations of the Select Committee, became known as 'Wynn's Act'. (Davies, 1996, pp.41-42) As we continue to uncover the Welsh response to the pursuing of asylum building by parliamentarians, we will begin to see that Wynn was uncoordinated with his fellow Welshmen at a grassroots level, who were more interested in community provision for those deemed lunatics.

The 1808 Act meant that counties across England and Wales were enabled to construct county asylums for the care of paupers, but the enactment of this was quite slow as it was not compulsory, with only Lancashire and West Riding making plans quite quickly, along with eight other places showing intent to build. Middlesex, on the other hand, did not consider establishing an asylum until 1827. Until the 1845 Act, no county in the North of England, or the West Midlands established one. This was also true of Wales; however, the difference here is that private madhouse care was virtually non-existent so it is true that most pauper lunatics lived within the community. There was no asylum infrastructure in existence across Wales as there was in England. (Scull, 1993, pp.28-29) By 1824, only nine county asylums had been built, with none in Wales. By 1844, fifteen existed with Wales still having none. (Parliamentary Report, 1824) However, community care was not utilised across England as it was in Wales for paupers, and so this gap was filled by private asylums. England had a tendency towards institutionalisation in private madhouses as well as county asylums that did not occur in Wales. (Parry-Jones, 1972, p.15) (Davies, 1987, p.43) The lack of formalised infrastructure shows that the Welsh response to asylum institutionalisation generally was a distinct

and cold one, with Wales preferring to forgo private asylums and county asylums, in place of community placements.

Between 1807 and 1837, the number of private madhouses across England grew from twenty-eight to over one hundred in 1844. However, only two counties in Wales ever registered as having a private asylum in the entire nineteenth century. (Parry-Jones, 1972, pp.34-35) The first asylum known in Wales was a private madhouse in Glamorgan, which opened in 1819 and housed three patients. It did not grow, and there are no records of further patients within this establishment. In 1822, the town gaol of Haverfordwest was declared a county asylum to accommodate small numbers of pauper lunatics, but it was deemed unfit for patients by the Metropolitan Commissioners. The only other asylum in existence in Wales prior to the 1845 Act was Vernon House in Glamorgan, which opened in 1843 and remained open until 1895. It was unpopular as it was almost entirely occupied by Welsh-speaking pauper lunatics but had no attendants who spoke Welsh. In 1847, it had upwards of eighty-six patients. The South Wales county asylum did not open until 1864, and although Glamorgan did continue with a relatively high percentage of community care provision of around twenty-seven percent that is discussed later, there was also a marked increase in patients who were admitted to Vernon House; in 1859 there were 194 pauper lunatics confined there. Ambroth Castle opened in Pembrokeshire in 1851 but closed in 1856 due to critique over its provision of care. (Parry-Jones, 1972, pp.72-73, 52) What is demonstrable here is that England, whilst constructing county asylums slowly, but at a much greater speed and much earlier than Wales, was also developing a wide network of private asylums that was also growing at a quick pace. Wales up to 1845 had no county asylum provision, and as discussed, very little private provision. Already we can see how distinct they were in their approach to the growing case for institutionalisation in comparison to England.

There was limited inspection and regulation of asylums throughout the eighteenth century, up to 1845, having been the responsibility of the local magistrates or indeed the governors of the institutions themselves. A Parliamentary inquiry into the conditions of madhouses and available places for lunatics was conducted from 1815-1816, when there were only three county asylums established across England and none in Wales. Most support was still provided through private madhouses in England (with some community support) and community in Wales. The paternalistic reformers advocated for a compulsory provision across England and Wales to be established to offer care for paupers. (Scull, 1993, pp.115-163) In 1815, the Select Committee on Madhouses received a recommendation that a board be appointed with responsibilities for asylums beyond London; the Metropolitan Commissioners of Lunacy were established in the *1828 Lunacy Act* (9 Geo. 4, c.41). This Act attempted to develop a more effective system giving each county more control over asylum

development and admissions, as well as enforcing stronger regulations on private asylums. It also saw the establishment of a Metropolitan Commission, made up of non-professionals and doctors, who were responsible for London asylum inspections. The focus of this Act was on the conditions of the asylum buildings, as well as the conditions of the patients within, including their diet. The House of Commons reviewed the Act in 1830 and it decided that asylum care in London had greatly improved and that the Act be allowed to continue. (Davies, 1987, pp.46-47) The Commission then undertook an inspection of all establishments across England where lunatics were held and made a separate inspection of Wales. The resulting report highlighted the lack of a Welsh asylum network and facilitated the enacting of both the *1845 Lunacy Act* (8 & 9 Vict., c. 100) and the *1845 Asylum Act* (8 & 9 Vict., c. 100). This made it compulsory for each county to establish a county asylum. (Mellett, 1981, pp.222-224)

Across Wales, many counties were without county asylums until it was made compulsory in the 1845 Act. England, however, had already undertaken significant construction of large asylums by this time, and this continued as the century progressed. Fifteen were built by 1844, none of which was in Wales, and five of these had patient numbers well above the recommended capacity of 200 patients. (Scull, 1993, p.168) The 1845 Act meant every county in England and Wales was to build an asylum within three years. By the end of 1847, the number of county asylums had risen to thirty-six out of fifty-two counties in total. Some counties had approached the legislation in a more collaborative approach sharing one asylum between several counties in less densely populated areas, as will be discussed in chapter two. By 1854, this number had risen to forty-one. By the end of 1860, the move towards complete county asylum provision was almost finished. (Scull, 1993, pp.267-269)

Despite this, many Welsh people were still somewhat adverse towards asylum care provision, attitudes that continued right through the nineteenth century. In 1872, sixty percent of those deemed to be lunatics in counties Cardiganshire, Carmarthenshire, and Pembrokeshire lived with relatives or were boarding out. Even higher numbers existed in Anglesey, where seventy two percent lived in a community setting. Comparing this to English counties shows significant differences between the Welsh and English approaches, with only five percent of lunatics in Lancashire living outside an asylum, and similarly in Surrey. Glamorgan in Wales had a lower proportion than the other Welsh counties, with only twenty-seven percent of lunatics based in the community, however this is still significantly more than the English counties who had all but removed community care from the available options of support for the mentally ill. (Scull, 1993, p.365) (Commissioners in Lunacy, *30th Annual Report,* 1876, pp. 74-76, 346-9) (Metropolitan Commissioners in Lunacy, *Report*, 1844, p.84)

The 1844 Metropolitan Commissioners in Lunacy highlighted the Welsh distinctions regarding the insane in Wales, particularly paupers. In 1843, the Poor Law returns detailed 1177 pauper lunatics across Wales, which was a similar proportion to that of England. However, over 1000 of those were boarded out and living within the community, with very few in other institutions. (Parry-Jones, 1972, p.72) Boarding out was a system of care whereby people in need of care went to live with families who were paid to provide for them. They could be either families they were related to, or entirely unconnected families. This state support was provided through a poor law officer who could provide funds for in-home care, known as 'outdoor relief', enabling provision of a nurse or employment relief for a family member or individual with caring responsibility. (Bartlett, 1998, p. 422) In England, it was a practice that existed but was not widely used; most individuals cared for in this manner were in Wales. There was a prevalence of 'farming out' where individuals went to be cared for on farms. This care system continued in wales even after it became compulsory to build asylums and confirmed the assumption of the Lunacy Commissioners that boarding and farming out was a practice with significant popularity in Wales. (Bartlett and Wright, 1999, p.7) (Commissioners in Lunacy, 28th Report, 1874, p.34) A significant proportion of lunatics and idiots in the Welsh context remained within the community, whereas those in England were largely confined. In 1860, 988 out of the total 1754 lunacy cases in Wales were living outside of asylums, which when compared with forty-four out of 3686 in Middlesex alone. (Hirst and Michael, 1999, pp.66-67) (Commissioners in Lunacy, 8th Report, 1854-5, p.565)

In England, those who were deemed lunatics or idiots were largely not cared for within families or communities, instead being placed in workhouses and asylums. By 1861, only sixteen percent of all recorded lunatics and idiots were outside of confinement, and this level continued steadily as the century progressed. (Hirst and Michael, 2010, p.147) Wales, however, maintained a more traditional and community-based system of care, with over half of all lunatics and idiots in Wales and Monmouthshire being outside of confinement in 1861. These individuals were living with relatives as well as being boarded out with other families. Forty-three percent of all lunacy and idiocy cases were boarded out in Wales at this time, and this provision continued at these levels well into the nineteenth century. (Hirst and Michael, 2010, p.147) Complaints were made about the continuation of boarding out and family care by the board of the joint asylum for three rural welsh counties, and so the Lunacy Commissioners decided to carry out an inspection in 1875. This inspection, however, could not uncover any causes for concern, aside from recommending that the Poor Law maintenance rates be increased for lunacy. (Scull, 1993, p.365)

Wales had a very strong sense of kinship and family that in turn provided the struts of support for the community care systems in place. This was perceived as unusual and unsuitable by some, such

as the 1844 Lunacy Commissioners report who perceived a Welsh need for institutionalisation during their inspectorate visits. As the century progressed, and new legislations were passed, the opportunity for this traditional provision of support began to gradually decline. However, despite the inevitable entrance of Welsh people into these new asylums, the community element never quite disappeared, and the Welsh response was certainly distinct from that of England. Community remained crucial to the people of Wales when it came to care for their own. (Hirst and Michael, 2010, p. 161) The relationships between asylums, communities, and those suffering from mental ill health were complex. Community care was not replaced entirely by asylums during our period, but England especially did move greatly in favour of asylums as the main support structure of the nineteenth century. (Bartlett and Wright, 1999, p. viii) Wales had a distinct response to the move towards institutionalisation, particularly during the nineteenth century and the enforcement of county asylums. While legally they met their obligations, eventually, to build these asylums, they continued in a more traditional form of social support through family and community to care for those mentally ill amongst them.

Chapter 2 – The First County Asylum in Wales, Denbigh, 1848

The first county asylum in Wales was built in 1848 in Denbigh. It is important to note that the building of this asylum was delayed due to the Anglesey and Caernarvonshire magistrates believing that the provision arrangements made with Haydock Lodge in Lancashire for any Welsh patients needing asylum care were sufficient. Haydock Lodge had some problems regarding the diligence of its management, and so it was decided that a joint North Wales asylum was the best course of action. Denbigh Asylum opened in November 1848 (*Caernarvon and Denbigh Herald,* 1846) (Parry-Jones, 1972, p.62, 73) It was also argued that a lack of Welsh-language staff was detrimental to the care of the Welsh patients sent to Haydock Lodge. However, this was disputed by the establishment who said that there were more than enough Welsh speaking attendants to serve the low numbers of pauper lunatics they received, which in 1844 was only thirty-six. (Parry-Jones, 1972, p.73) (QSD/AL/2/11 (1847))

The asylum in Denbigh was known as the North Wales Joint Five Counties Asylum. It was made up of a collaborative partnership between Denbigh, Flint, Anglesey, Caernarvon and Merioneth. Monmouthshire was not included as it had already entered into an arrangement with nearby Shropshire, and went on to establish their own county asylum in 1851. Glamorgan opened in 1864 after a long period of operation with a sole private asylum with limited pauper care. The remaining counties across Wales entered into similar sharing arrangements whereby they pursued establishing the county asylum as they had been told to do in the 1845 Act, in a more collaborative manner. The south-west Wales asylum opened in 1865 to serve the people of those counties outside of Glamorgan. It took considerably longer for asylum care to make its way to Brecon and Radnor where a joint asylum opened in 1903. (QSD/AL/2/11 (1847) This joint approach throughout Wales which began with Denbigh in 1848 was very much a distinctly Welsh response to the asylum-care trend. Wales had all but rejected this new centralised system so far, and they had taken a similar stance with private madhouses. Community care and boarding out were central elements in the social care structure of the country, and so the fact that counties were building shared facilities, that were of no greater capacity than those being built in England demonstrates a willingness to meet the new legislative requirements. It also showed a disconnect between those elite responsible for pursuing efforts to build asylums in Wales and those in communities who were comfortable with a system of locally based domestic social care, along with the argument made by Scull and echoed by Michael and Hirst that the local power bases were effectively resisting the new county asylum system. (Hirst and Michael, 1999, pp.160-161). In chapter one, I briefly mentioned the paternalistic

nature of the reformers, and this same driving force is demonstrable in those who pursued the establishment of the Denbigh asylum.

North Wales, as in the rest of Wales, had a well-established system of farming out and boarding out of lunatics. Institutional care was adopted late both here and across the rest of the Welsh counties because of the social care structures within families and communities that meant asylum care was not a necessity. (Michael and Hirst, 1999, pp.162-163) The 1844 Metropolitan Report provided those who advocated for asylum care in North Wales some added impetus for their argument, highlighting an apparent desire for the provision of asylum care in the Welsh language. It was claimed by some that the lack of desire to embrace asylum care was because of a lack of Welsh language provision. What is important to note here however, is that the desire did not come from a community level, but from amongst those proponents of the asylum system who were disinterested and perturbed by the current social care system in existence. (Michael and Hirst, 1999, pp. 163-167) (Metropolitan Commissioners in Lunacy, *Report*, 1844, p.84) This can be seen in a letter from Samuel Hitch, one such supporter of the asylum system, written to The Times:

> "So few of the lower class of the Welch ... speak English ... whilst both the officers and servants of our English Asylums, and the English public too, are equally ignorant of the Welsh language - that when the poor Welchman is sent to an English Asylum he is submitted to the most refined of cruelties, by being doomed to an imprisonment amongst strange people, and an association with his fellow-men, whom he is prohibited from holding communion with. Nothing can exceed his misery: himself unable to communicate, or to receive communication; harassed by wants which he cannot make known, and appealed to by sounds which he cannot comprehend, he becomes irritable and irritated; and it is proverbial in our English Asylums that the 'Welchman is the most turbulent patient wherever he happens to become an inmate'." (Hitch, 1842)

The campaign for the design and campaign of the Denbigh asylum was led by magistrates, doctors and solicitors whose interests lay somewhat in establishing an asylum. This emphasises disconnect between the elite and the rest of the Welsh people, but furthermore disconnect between those who advocated for an asylum care system that they would likely never use, without listening to the desires of the people around them. Many of the donations made to the asylum came from private individuals, donating to give themselves a sense of price and a feeling that they had done something good for those less fortunate, harking back to the paternalistic agenda. Funds even came from Queen Victoria, Prince Albert and the Prince of Wales. (Michael and Hirst, 1999, pp.169-171) Given that those pursuing the Denbigh Asylum struggled to obtain support from the Poor Law officers to

fund the building, it is likely that this in part was responsible for the decision to establish a joint county asylum, to limit the costs but still build an impressive facility.

Denbigh Asylum reached its capacity of 200 patients by 1860. Between 1867 and 1907, asylum numbers in North Wales increased from 303 to 817, a marked increase in a place that had previously rejected all elements of this care system. Denbigh Asylum was extended in 1881 to increase its capacity to 510 patients. By the 1880s, other asylums had been and were being built across Wales, and Denbigh was very much overcrowded, having to sometimes board patients in English asylums. The people of North Wales seemed to embrace the asylums they had resisted for so long. The number of people being boarded out decreased slightly over the period from 391 to 231, although given the increase in the individuals confined at Denbigh, it would be expected that community care levels should have dropped lower. Family and community based care, built upon social ties and a rural economy was still a crucial part of the fabric of Wales, even with the new and growing acceptance of the asylums. (Michael and Hirst, 1999, p.174) (Commissioners in Lunacy, *21st Report,* 1867) (Commissioners in Lunacy, 6*1st Report,* 1907) (QSD/AL/2/44: Annual Report (1883))

Conclusion

Important differences can be seen between England and Wales about the systems of care for lunatics during the nineteenth century. Wales was very distinct from England socially, and these demographic differences and their priorities of community and rural life, meant that Wales operated distinctly from England in this sphere, despite the government imposing an institutional model onto both places. (Melling, 1999, pp.20-21) This dissertation has begun to develop a separate narrative of the Welsh response to the asylum movement, where previously it was considered an extension of England.

Lunacy reform in England and Wales during this period was centred on a centrally inspected network of asylums that were compulsory for every county. The 1845 Act made county asylums compulsory in an attempt to provide what was seen as better care provision for pauper lunatics. However, as we have seen from the Denbigh Asylum case study, the Welsh response to the imposition of asylums was not the same as that of England, even within the constraints of a common piece of legislation. (Scull, 1999, p.299, 305)

The Lunacy Commissioners inspection of community lunacy care in Wales carried out in 1875, conducted with the assistance of a Welsh interpreter to ensure the voices of the community began to be heard, found that families and care providers in this context were overall deeply opposed to asylum care. It was acknowledged that in some cases, care could no longer be provided and as such, the asylum was a necessity, but this was only when other community-based options were exhausted. (Melling, 1999, pp.24-25)

In North Wales, through the work of Michael and Hirst (1999) we can see that a split existed between the state and its emphasis on asylum care, and the long-existing and more traditional family and domestic solutions. These local customs did prevail until the end of the nineteenth century, but slowly and gradually declined. (Melling, 1999, p.25)

The term 'community care' was first used in a British official document during the 1920s. (Horden and Smith, 1997, p.14) The phrase may not have yet been coined in officialdom, but the workings of it certainly existed across Wales during the nineteenth century and were of great importance to the rural communities there. 'For Wales, See England' most definitely did not apply in the context of lunacy care provision in this period'; Wales was very much its own place and its own master, even when an asylum system was imposed on it from above.

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