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PAUPER INSANITY WITHIN VICTORIAN LEICESTER

The Experience of the Leicester Borough Lunatic Asylum

1870 to 1890

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Abstract

The Leicester Borough Lunatic Asylum opened in 1869 to accommodate the ever increasing number of pauper insane within Victorian Leicester. This study will explore the potential reasons for the supposed increase and will try to ascertain any social and economic prerequisites that conditioned insane behaviour within this population which led to their care being sought in the asylum system rather than within the community.

Historiography dictates that there were high numbers of paupers certified as insane during the nineteenth century, but the probable cause was not necessarily limited to a physical or biological concern. Many were not deemed to have a physical ailment that caused their insanity, with scores being deemed to be insane due to presumed moral causes. The definition and factors which constituted probable moral and physical causes altered throughout the century and depended on variables such as the changing definition of insanity, the changing view of the pauper, as well as the changes in the perception of social and economic limitations that led to a pauper becoming insane. Pauper insanity arguably became more visible toward the end of the century, reflecting the increase in accurate recording and an increase in the awareness of the plight of the pauper lunatic.

The study concludes that there were indeed increases in admissions to the Leicester Borough Lunatic Asylum but that this was not necessarily due to an actual increase in insanity within the pauper population in Leicestershire. It can be shown that there was an increased usage of asylum provision which explains a growing acceptance of the asylum system rather than a marked increase in insanity in the borough of Leicester.

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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 have submitted for as assessment as part of A825.

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1. Introduction

The Leicester Borough Lunatic Asylum as an institution cared solely for pauper insane within Leicester from 1869 to 1890 before the passing of the 1890 Lunatic Act which then allowed the borough asylum to admit patients of the private class.¹ The number of pauper patients increased year on year within Leicestershire and this study will address the reasons for the increase and the part that the borough asylum played during this time period. It will be discussed whether the rise can be attributed to an increase in asylum provision, with the opening of the second asylum, and the supposed growing acceptance of the asylum as a public institution, or whether the rise can be attributable to a change in social and cultural definition of insanity and the types of associated behaviours that were considered to be reflective of insanity. It will also be identified whether the cause of insanity can be attributed to social and economic failings which encouraged a certification of insanity, either due to perception of those certifying the sufferer with insanity or whether the perception of the community around the individual, helped a diagnosis of insanity. This is to establish whether the label of 'pauper' helped facilitate a decline into madness or whether the environment of the pauper had an adverse effect on their mental health. The very definition of pauper determines that the lifestyle of the individual could be full of anxiety surrounding limited resources as a person is deemed a pauper when the person's maintenance is paid for fully, or partially, from public funds.² It implies that a person was impoverished and in all likelihood lived within a disadvantaged social and economic environment and struggled on a day to day basis to obtain the minimum necessities to maintain physical health, and in

¹ Leicestershire, Leicester and Rutland Record Office (LLR RO), *Annual Reports of the Committee of Visitors of the Lunatic Asylum for the Borough of Leicester, 16D65/A/29: Twenty First, 1890*, p. 15.

² Elaine Showalter, 'Victorian Women and Insanity' *Victorian Studies*, 23 (1980), p. 180.

these cases, maintain good mental health.³ The pauper lunatic within this study therefore refers to individuals who were maintained by the Leicester Poor Law Union and whose 'mental defect' gave them the inability to conform to the requirements of society and that punishment was not seen to be able to cure this inability.⁴ The term lunatic will be used as a reference to 'insane person, and every person being an idiot, or lunatic, or of unsound mind.'⁵ Insanity itself will be defined as a 'disorder of the system by which the sound and health exercise of the mental faculties is impeded or disturbed'.⁶

The number of pauper insane in Leicestershire was arguably on the rise during the nineteenth century in that the primary asylum in the county of Leicester was deemed at full capacity by 1864.⁷ The Leicestershire and Rutland Lunatic Asylum, which will be referred to as the county asylum in discussions, catered for both private and pauper patients but by 1866 the commissioners in lunacy reported that the Justices of Leicester considered the most appropriate course of action to increase provision for the insane, would be to build a separate institution to cater primarily for the pauper insane within the borough of Leicester.⁸ This second asylum would enable patients to be much closer to their relatives, in a building that was considered 'more simple and [more] economical[ly] edifice'.⁹ It enabled some patients to be returned from asylums all over the Midlands with at least twenty patients being returned from the Birmingham Lunatic Asylum in 1870.¹⁰ The plight

³ Mark Freeman, 'Seebohm Rowntree and Secondary Poverty, 1899 – 1954', *The Economic History Review*, 64 (2011), p. 1177 – 78.

⁴ William Richard Huggard, 'The Lunacy Law: its Defects, and a Scheme of Reform', *British Medical Journal*, 1 (1885), p. 1.

⁵ *Report from the Select Committee on Lunacy Law*, p.1; **1877** (373) XIII.1

⁶ James Cowes Prichard, 'A Treatise on Insanity and other Disorders Affecting the Mind', *Medico-chirurgical Review* (1835), p. 2.

⁷ *Coms. In Lunacy: Eighteenth Annual Report to Lord Chancellor*, p. 2; **1864** (389) XXIII.1

⁸ *Coms. In Lunacy: Twentieth*, p. 12; **1866** (317) XXX11.1

⁹ 'The Present State of Lunacy in England and Wales', *Journal of Psychological Medicine and Mental Pathology*, 1 (1857), p. 804.

¹⁰ *Comms. In Lunacy: Twenty-fourth*, p. 213; **1870** (340) XXXIV.1

of the pauper insane was also recognised to have increased over the Midlands with the newly establish borough asylum also catering for pauper patients from 'out-county Unions' such as Nottingham and Derby, with the largest number from the borough of Derby until the end of its contract in 1888.¹¹ Remarkably the borough of Derby did not have its own asylum provision until 1888; the Derby County Lunatic Asylum suffering the same fate as the Leicestershire and Rutland Lunatic Asylum in that the accommodation space quickly became unfit for purpose with the unforeseen increase in the population of pauper insane toward the end of the nineteenth century. The borough of Leicester therefore seemingly needed an asylum. It enabled patients to be transferred back to Leicester so that they were in a shorter travelling distance from their relatives. Arguably lessening the intrusion that internment to the asylum was thought to bring to families and community relationships.

The context of the study marks a period whereby underlying prejudices were clearly evident in societal debates on asylum reform, the 'disease' of pauperism and the perception of gender roles and the behaviours felt acceptable in society by middle class observers. It can be seen that middle class social commentators saw the poor in one of two ways: the undeserving poor; who needed every effort of prevention to avoid falling further into the entrapment of poverty; and the deserving poor – those who had effectively chosen to live in poverty with their negative life choices, and had therefore in effect chosen the path towards insanity. As insanity is considered to encompass 'any form of mental illness which render[ed] an individual incapable of acting in accordance with the legal and conventional standards of the

¹¹ LLR RO, 16D65/A/29: *Nineteenth*, 1888, p. 7.

day'.¹² In Victorian Britain this could arguably include paupers as they were deemed to have opposing lifestyles to that of the respectable worker and the undeserving poor. Within this context, the cause for admission to the borough asylum will be analysed to see if the causes can be attributed to social and economic deprivation, or whether it can be argued that it was the societal perception of this deprivation and the supposed negative impact that paupers had on society, that led to an increase of paupers being admitted to the asylum system.

The published annual reports from both the commissioners in lunacy and the annual reports from the borough asylum itself, will form the bedrock of discussions. These inform on the number of pauper insane admitted to the borough asylum and the county asylum, as well as detailing the number of pauper lunatic within the entirety of Leicestershire for each year. These reports also provided snippets of the opinions of the certifiers of insanity, with a regular report from the medical superintendent in the borough reports and discussions on each asylum throughout the reports from the commissioners. The commissioner reports detail the national view of insanity and so the data detailing the overall picture of Leicestershire will be sought through these reports but the data at a local level will be sought directly from the borough reports. This study will focus on using the quantitative data within these reports as the recording of insanity improved toward the later decades of the nineteenth century. The significant changes in the approach and definition of insanity can still however be sought through the qualitative data of the direct reports from the commissioners, and the medical superintendent which were published within the borough annual reports. To identify any changes, the reports between 1870 and 1890 will be analysed to see if explanations can be sought on the change in

¹² Henry Gilbert Orme and William H. Brock, *Leicestershire's Lunatics, The Institutional Care of Leicestershire's Lunatics During the Nineteenth Century* (Leicester: Leicester Museums Publication, 1987) p. VIII.

definition as well as to highlight any perceived reason for increase in pauper insanity within Leicester. It will be shown that societal debates on insanity did alter throughout the century and that the annual reports of both the commissioners and the borough itself, adapted and changed with this. Societal debates on insanity will be explored through newspaper articles, educational and political lectures, as well as scholarly texts published by medical, and lay men in journals such as the British Medical Journal, the Journal of Mental Science and the Lancet.

A study whose heart rests solely on discussions regarding the plight of the pauper insane would ideally have the opinion of the families and patients themselves included. Uncovering these voices though is challenging, if not impossible, especially when using the annual reports, as well as with debates in newspapers and journals, as these only reflect the view of those more fortunate in society. There is arguably only a fraction of information that could be attributed directly to the opinion of the pauper insane. The very nature of their presumed mental state would dictate that they would not have had the outlet to write down their thoughts, even if they had the likelihood of this surviving is diminished by the passing of time. The study therefore relies on the perception of the pauper insane to help explain potential reasons for the increase. The types of behaviour deemed to be insane would have been defined by medical men, the character of the patient assessed by poor law guardians and the length of stay dictated by the medical superintendent at the asylum. The concept of any potential cure was defined by medical men. One school of thought echoed by Mark Finnane is however that paupers may have actually played an active role in admissions to the asylum. The age, length of stay and number of readmissions is thought to represent an active use of the asylum by those within poverty. Whereas Andrew Scull reflects the belief that paupers were inactive within the system and that the increase in pauper insanity

is attributed to the lessening of the obligation that society had towards the poor; deemed to be 'one of the earliest casualties of the developing capitalist system'.¹³ Peter Bartlett had commented that the strained economic circumstances could also have made it difficult for the relatives of the sufferer to keep the dependent at home and so admitted them to eradicate the stress on already tight resources.¹⁴ The potential reasons for admission to the borough asylum will be discussed in depth within chapter two and further still in chapter three.

The history of the borough asylum has not been studied in as much detail as has the county asylum within discussions on the asylum system in Leicester. Several of the studies on the county asylum will inform on discussions within this essay but there will be an attempt to focus on unpacking the history of the borough asylum itself. Discussions on insanity within Leicestershire have also been made but unfortunately these tend to focus on the early and middle years of the nineteenth century which neglect the impact of the opening of the borough asylum from 1870. Therefore, this study should shed light on the plight of the pauper insane within Leicester after 1870. Chapter one will inform on the national perception of the rise of asylum provision and will discuss Leicestershire's place within this by highlighting the increase in the pauper insane within Leicestershire. The perceived reasons for the increased use of the asylum will be discussed in detail. Chapter two will then analyse the theories behind the increase use of the borough asylum itself and theories behind the probable cause of admission. Chapter three will then analyse the proposed 'exciting' cause of the insane behaviour which will then inform on whether the cause can be attributed to strained economic and social circumstances

¹³ Andrew T. Scull, 'Madness and Segregative Control: The Rise of the Insane Asylum', *Social Problems*, 24 (1977), p. 340.

¹⁴ Peter Bartlett, 'The Asylum, the Workhouse, and the Voice of the Insane Poor in 19th Century England', *International Journal of Law and Psychiatry*, 21 (1998), p. 432.

or whether other factors such as gender, and the societal perception of paupers as a whole, led to the perceived increase in pauper insanity within the Leicester towards the end of the Victorian period.

2. Leicestershire, Insanity and the Asylum System

It has been explained that Leicestershire held host to two asylums during the Victorian period, the Leicestershire and Rutland Lunatic Asylum from 1837 and then the Leicester Borough Lunatic Asylum from 1869. The second asylum being established due to the overcrowding in the county asylum. This chapter is an attempt to explain whether there was an increase in pauper insanity from the opening of the borough asylum and to address the effect that this asylum had on Leicester's pauper population. The need for this second asylum stresses already that there was a requirement to provide further accommodation for pauper patients as the visible number of those certified as insane was seen as increasing in prevalence over the nineteenth century. The change in visibility has been attributed to a greater understanding of the plight of the pauper insane, as well as the change in role of those who took the responsibility of caring for the insane. The societal and economic changes within Leicestershire between 1870 and 1890 will also be touch on, to see if these can explain a reason for the potential of high incidences of insanity within the pauper population of Leicester.

An account of the pauper insane within Leicestershire were collated by the lunacy commissioners from their establishment in 1845.¹ The lunacy commissioners were a government body that played the role of regulating asylums to ensure that individual liberty was not threatened.² Prior to this it has been clarified that there were no complete statistical records of the number of the insane in England and Wales to enable accurate analysis.³ The figures that they collected detailed a change in the distribution of pauper lunatics within Leicestershire between 1871 and

¹ Peter McCandless, 'Dangerous to Themselves and Others: The Victorian Debate over the Prevention of Wrongful Confinement', *Journal of British Studies*, 23 (1983), p. 84 – 85.

² McCandless, 'Dangerous', p. 84 – 85.

³ Henry Maudsley, 'Is Insanity on the Increase?' *British Medical Journal*, 1 (1872), p. 37.

1891 as well as an increase in the overall number of pauper lunatics recorded as residing within the eleven Unions in Leicestershire.⁴ In 1871 there were 805 paupers recorded as being certified as insane in the county of Leicester, which included 388 males and 417 females.⁵ In 1881 this had risen to total of 870, with 421 males and 449 females.⁶ By 1891 this became 1019, with 447 males and 571 females.⁷ It not only shows that Leicestershire seemingly featured a significant amount of female insanity but also that the number of paupers certified as insane was on the rise within the period discussed. The lunacy commissioners recorded the location of the pauper lunatic and published these annually in their report to the Lord Chancellor. These are critical in establishing whether there were any trends for Leicestershire. Table 1 presents the figures for the pauper insane resident within the county and borough asylum; those resident within the community with relatives or others; and the number resident in the Union workhouses on the 1st January 1870, 1875, 1880, 1885 and 1890. The decision to present the figures at five yearly intervals enables a snapshot of any potential variation on the number residing in each place discussed.

⁴ *Coms. In Lunacy: Sixteenth Report of the Commissioners in Lunacy to the Lord Chancellor*, p. 225; **1862** (417) XXIII.1

⁵ *Coms. In Lunacy: Twenty Fifth Report*, p. 13; **1871** (351) XXVI.1

⁶ *Coms. In Lunacy: Thirty Fifth Report*, p. 29; **1881** (401) XLVIII.1

⁷ *Coms. In Lunacy: Forty Fifth Report*, p. 29; **1890-91** (286) XXXVI.1

Table 1: Distribution of Pauper Lunatics, Idiots and Persons of Unsound Mind in Leicester (1st Jan. of year of publication) Taken from the Lunacy Commissioner Annual Reports. ⁸										
Year of pub.	Residing in County or Borough Asylums			Residing in Workhouses			Residing with Relatives or Others			Total
	Male	Female	Total	Male	Female	Total	Male	Female	Total	
1870	210	227	437	136	84	220	42	68	110	767
1875	269	291	560	96	85	182	38	61	99	841
1880	290	331	621	89	84	173	27	41	68	862
1885	335	375	710	79	95	174	27	48	75	959
1890	340	430	770	76	95	171	31	52	83	1024

The figures are suggestive of an increased use of the asylum system. It is seemingly evident of a move away from care in the community, as historians such as Andrew Scull noted to be common during the first half of the nineteenth century.⁹ Traditionally, it was thought that the family was the primary care giver according to the historian David Wright.¹⁰ The rise of public institutions such as the asylum, and the workhouse, helped amend the responsibility felt by family members, and society, in the role of caring for the pauper insane. The asylum system was a physical manifestation of the role that society needed to play in the care of the insane. It was perceived to be the duty of society to prevent the lunatic from affecting negatively on rest of society, and 'to rectify those evils which madden peoples and hurry nations to premature decay.'¹¹ Admittance to a separate, purpose built institution was deemed particularly necessary in order to aid recovery and remove the individual from the home environment that was considered to be an antagonist to

⁸ *Coms. In Lunacy: Twenty Fourth*, p. 257; **1870** (340) XXXIV.1; *Twenty Ninth*, p. 14-15; **1875** (33) XXXIII.1; *Thirty Fourth*, p. 29; **1880** (321) XXIX.1; *Thirty Ninth*, p. 32- 33; **1884** (36) XXXVI.1; *Forty fourth*, p.123; **1889** (37) XXXVII.1

⁹ Andrew T. Scull, 'Madness and Segregative Control: The Rise of the Insane Asylum', *Social Problems*, 24 (1977), p. 338.

¹⁰ Bartlett, 'The Asylum', p. 422.

¹¹ 'Insanity', *Belgravia*, p. 468.

their mental wellbeing. The asylum also functioned to hide a family's shame around having a mental unwell family member, as well as be a way to control the rebellious.¹²

The number of pauper insane within Leicestershire can be seen to have increased but there is seemingly a marked drift away from care being the responsibility of the community and relatives to that of the confines of the asylum system. These figures explain that not only did residence within the community decrease, the number residing in the workhouse decreased as the prevalence of the asylum system took hold. The historian Felix Driver does however note that the number of pauper insane within some workhouses during the 1860s and 1870s had actually increased. Arguing that it did remain the common destination for the insane poor.¹³ Leicestershire does show this with the increase of the female lunatics in the workhouse toward the end of the period but overall the number of pauper lunatics do decrease. The annual reports also present the figure for the entirety of the eleven Unions, there may have been a differences between the Unions but overall, the figures do show a decrease in use. It is notable that there were more males in the workhouse at the beginning of the twenty year period with one hundred and thirty six males residing within the workhouse in 1870 compared with only eighty four females but by 1885 this trend altered and it becomes noticeable that there became a higher frequency of female lunatics residing within the workhouse with ninety five females and seventy six males being institutionalised. It would seem plausible to suggest that the use of the workhouse had actually increased for the female lunatic over this period. Louise Hide argued that this is suggestive of females being more likely to seek help from the Poor Law for relief in arduous times, the workhouse

¹² Mark Finnane, 'Asylum, Families and the State', *History Workshop*, 20 (1985), p. 140.

¹³ Felix Driver, *Power and Pauperism: The Workhouse System, 1834-1884* (Cambridge: Cambridge University Press, 1993) p. 106.

being the first port of call. Hide also noted that in this sense, poverty was a major contributor to the growing lunacy rates.¹⁴ Females do however feature the most in all three examples of residence of the pauper lunatic. It can be therefore suggested that Leicester did have high incidences of recorded female insanity as opposed to recorded male insanity although insanity for both genders did seemingly rise concurrently. The table does therefore suggest that certified insanity was on the rise within the pauper population.

It has been shown that there is an apparent increase in pauper lunacy within Leicestershire. It should be noted here however that this could just simply reflect an increase in accurate recording of those considered to be insane. Sir James Coxe, a lunacy commissioner, did note in 1872 that the erection of asylums enabled the insane to be visible rather than highlighting a definitive increase.¹⁵ Asylums were considered to merely enable the transferring of patients from private dwellings who may well not have been officially known to the commissioners previously for a long period of time. The physician Henry Maudsley agreed this too in that the asylum encouraged people to be admitted to the asylum when previously they would be kept at home.¹⁶ It has however been argued that pauper patients were frequently admitted to an asylum by route of the workhouse rather by the family and the community. The criteria for classification as a pauper, signified a reliance on relief from the poor rates within the Union or county that the person was chargeable to.¹⁷ This would therefore assume that the patient was living within strained circumstances prior to admission to the asylum or the workhouse. Those being

¹⁴ Louise Hide, *Gender and Class in English Asylums, 1890 – 1914* (Palgrave Macmillan, Hampshire: 2014) p. 16.

¹⁵ Sir James Coxe, 'On Causes of Insanity, and the Means of checking its Growth', *The Journal of Mental Science*, 83 (1872), p. 312.

¹⁶ Maudsley, 'Insanity', p. 37.

¹⁷ Katharine Baverstock, 'Lunacy in England and Wales', *Charity Organisation Review*, 23 (1908), p. 248.

admitted from the workhouse to the asylum proposed as being the more 'harmless and imbecile' patient by a social commentator in 1857. It had been claimed that the pauper lunatic who had the misfortune to have been institutionalised in the workhouse first had often become chronically insane due to the lack of early intervention of treatment. Earlier intervention being the key in curing patients of insanity.¹⁸ Conditions within the workhouse were said to be 'revolting to humanity' and encouraged the disease of insanity to grow and fester.¹⁹ Peter Bartlett remarked that twenty five per cent of persons identified as insane were institutionalised in the workhouse.²⁰ Bartlett does however note that the rate of recovery was higher in the workhouse but this was likely due to cases that arose from temporary causes; the patient benefiting from the temporary removal from their home and responsibilities.²¹ Those who were left in the workhouse were arguably insane due to permanent and physical effects and then these patients were then transferred to the lunatic asylum. It is difficult to gauge an idea of the number of pauper insane transferred directly from the workhouse to the borough asylum, as this would require a detailed scope of all the admission records, but we can in the very least see the steady decline in the residence of the pauper insane within the workhouse using the lunacy commissioners' annual reports.

The pauper lunatic would have experienced poverty to some degree, especially if there was a risk of entering the workhouse. It was recognised that poverty itself could 'break the spirits of the workers, depriving them of "moral energy, courage and independence"'.²² This would lead to an individual to pauperism and

¹⁸ 'The Present State of Lunacy in England and Wales', *Journal of Psychological Medicine and Mental Pathology*, 1 (1857), p. 805.

¹⁹ Peter Bartlett, *The Poor Law of Lunacy: The administration of pauper lunatics in mid-nineteenth-century England*, (London: Leicester University Press, 1999) p. 36.

²⁰ Bartlett, *Poor Law*, p. 44.

²¹ Bartlett, *Poor Law*, p. 46.

²² Barry Haynes, 'Working Class Perceptions: Aspects of the Experience of Working Class Life in Victorian Leicester', *Leicestershire Archaeological and Historical Society*, 65 (1991), p. 56.

enabled a weakness that could lead to an 'unsound mind'. This would suggest that the high incidences of insanity within the pauper population could be attributable to pauperism itself and should be taken into consideration when analysing the reasons for the rise in pauper lunacy. Elaine Showalter has detailed that social class and income were indeed major factors in relation to an individual's psychotic career, 'simply being poor made them more likely to be labelled mad'.²³ Showalter relayed that by 1890, ninety-one percent of all those certified as insane were paupers, suggesting that insanity could be caused by social and economic deprivation and would therefore be beyond the influence of the pauper. Medical men and social commentators did recognise that poverty invariably helped in the contribution of the cause of madness. The social commentator and physician J. Mortimer Granville noted that the 'causation of insanity everywhere... is an affair of three w's – worry, want and wickedness'.²⁴ The worry about meeting basic needs such as food, clothing and shelter could arguably lead a person on a downward moral spiral. The author John Polson wrote in 1882 that poverty could give way to pauperism. The 'benumbing influence of poverty sets in; the moral sensibilities become deadened... the man sinks into pauperism'.²⁵ This suggests that immorality could be caused by poverty and moreover immorality was also considered to be a feature and cause of insanity.

Henry Maudsley a psychiatrist and social commentator, has argued too that insanity was not the fault of the afflicted. He suggested that insanity itself could cause pauperism. It was a 'paupering disease', implying that those who were above the rank of pauperism, could effectively sink into this rank when mired by insanity.²⁶

²³ Elaine Showalter, 'Victorian Women and Insanity', *Victorian Studies*, 23 (1980), p. 161.

²⁴ Showalter, 'Victorian Women', p. 162.

²⁵ Polson, John, *Affluence, Poverty, and Pauperism* (London: Elliot Stock, 1882) p. 6.

²⁶ Maudsley, 'Insanity', p. 38.

It therefore had the potential to affect the respectable. T.W.L. Spence seconds this by suggesting that pauper lunacy was not 'true pauperism' given that the disease of insanity was accidental on occasion and that insanity affected all classes. It was only that for those living within economic deprivation, if a family member displayed deviant behaviours, the option to keep the mentally unwell family member within the household, was not an option. If care and support was the responsibility of the family then this could have had the potential to tip them into pauperism.²⁷ He argued that care of the mentally unwell within the family could be considered burdensome for those living within poverty. Spence suggested that a wealthy mother was potentially better able to cope with the burden of an imbecile child, or relative, but those within poverty, without the means of an asylum, would be forced to keep the 'mentally helpless' at home and suffer the 'burthen' of them. Public institutions helped relieve family members from this burden.²⁸ Joseph Dare, a domestic missionary in Leicester, found that even respectable working classes within Leicester could fall under the grips of poverty as they were not immune to the effects of long annual periods of economic privation.²⁹ He suggested that a lack of employment, even for a few weeks, could lead an individual on a downward moral course and therefore have a huge economic effect on their relatives. J.B. Haynes' work on Victorian Leicester has helped establish the realities of life in poverty. Leicester's mode of employment was the hosiery industry and according to Haynes, the frame renting system and chronic underemployment associated with it, helped keep operatives in 'perpetual state of poverty and rendered it difficult for them to become respectable

²⁷ T. W. L. Spence, 'Pauper Lunacy in its Statistical and Social Relations to Ordinary Pauperism', *Journal of Mental Science*, 43 (1897), p. 148.

²⁸ 'The Treatment of Pauper Lunatics', *Journal of Mental Science*, 28 (1882), p. 315.

²⁹ Haynes, *Victorian Leicester*, p. 33.

citizens'.³⁰ This would therefore make any experience with insanity all the more difficult to contend with economically.

In 1870 it was noted that society itself had conditioned the high numbers of insane. The 'severity of its exactions and the imperious nature of its demands, has conditioned their mad-ness and reduced them to their present unreasoning state'.³¹ Henry Maudsley put forward that any perceived increase could have been due to the fast pace of living and the increase in competition in society. This meant that the weakest members of the community were tested severely and that the 'law of the success of the fittest' pressed on them therefore causing a breakdown in moral sensibilities.³² Maudsley also suggested that the new age and improvements in technology, travel and communications were thought to be 'injurious to the brain'. It was also concluded again, that insanity was not created by the sufferer. It could be induced by habits of vice and that excess of any vice is known to be 'pregnant with disease'.³³ This adds weight to the idea that it was the duty of society to provide these institutions in order to remove the individual from the environment which potentially conditioned the vice that in turn caused insanity. The negative perception of the pauper patient's home environment was considered to be a reason for the increase in the number of patients being admitted to the asylum and has been discussed extensively by historians as well as social commentators during the Victorian period. The environment where the pauper patient was socialised became increasingly considered as a breeding ground for immoral behaviour such as drinking, sexual promiscuity and idleness, behaviours that were considered to leave a person susceptible to insanity. The creation of the asylum system itself can be

³⁰ Haynes, 'Working Class Perceptions', p. 81.

³¹ 'Insanity and its Treatment', *Belgravia: A London Magazine*, (Feb. 1870), p. 470.

³² Maudsley, 'Insanity', p. 36.

³³ 'Insanity', *Belgravia*, p. 470.

seen to be the result of the emphasis placed on environmental factors in the conditioning of insanity. It was increasingly viewed as the place where the pauper insane could receive appropriate treatment in a structured environment away from the apparent detrimental home environments of the 'sin-ridden communities' and 'defective' families, that became a catalyst for insane behaviour. It would offer discipline, with socially acceptable behaviours instilled.³⁴

The asylum was seen as the solution to the problems caused by environmental influences on the mentally unwell by the lunacy commissioners.³⁵ The historian John Walton noted that although a causal link between environment and insanity was never confirmed, the belief that the removal from the home environment to the asylum was the most effective solution to insanity, did not dissipate.³⁶ Admission to the asylum removed the individual from the environment that was considered to cause the 'exciting' episode of insanity and it helped by temporarily removing the day to day stresses that aided their mental weakness. The pauper patient could be reformed morally and be relieved of the negative effects of the perceived corrupt and immoral lives they were deemed to be living. This would enable them to become worthy citizens of the Empire again.³⁷ Katherine Baverstock writing for the Charity Organisation Review, had argued too that the increasing removal of the pauper insane from the community was a sure sign of the growing confidence in institutions such as the asylum. It meant that more people were admitted to the asylum rather than being a burden at home as it became more acceptable to admit the unproductive family member to the asylum.³⁸ The historian

³⁴ David Jones, *Myths, Madness and the Family: The Impact of Mental Illness on Families* (Basingstoke: Palgrave, 2002) p. 14.

³⁵ John K. Walton, 'Lunacy in the Industrial Revolution: A Study of Asylum Admissions in Lancashire, 1848-50', *Journal of Social History*, 13 (1979), p. 1-2.

³⁶ Walton, 'Lunacy', p. 1-2.

³⁷ Jones, *Myths*, p. 14.

³⁸ Baverstock, 'Lunacy', p. 247.

Constance M. McGovern has suggested that the perception of the asylum in the 1840s was that it aided high rates of curability within the pauper population and that moral treatment within the asylum was effective.³⁹ The 1880s however brought about a change in this view and the lack of cure became apparent and was proposed by contemporaries as being a reason for the high number of pauper patients in the asylum. A change in view of the patient also occurred toward the end of the nineteenth century with the insane being considered to be those 'who repudiate all moral obligations, representing the exaggeration of evil passions, and the selfish indulgence in deprave habits.'⁴⁰ This will be discussed further in the next chapter.

The visibility of the pauper insane within Leicester did therefore increase during the period between 1870 and 1890. Poverty has been stressed as being a large factor in the reason for why there was such a high number of pauper patients suffering with insanity. A high number of pauper lunatics within the workhouse does also confirm that social and economic deprivation must play a part in the descent to insanity. The establishment of the second asylum did not dissipate the increase in insanity, as the demand for more spaces arguably increased as the nineteenth century progressed. The limited resources of the working class family helped encourage admissions, with the burden of family members contributing to potential pauperism. Society itself was also considered as catalyst to pauper insanity and it has been lightly touched on that working men within then Leicester did sufferer economically toward the end of the nineteenth century which left many 'morally deadened' and so could have given way to immoral behaviours and vice that led to a diagnosis of insanity. There was however a higher incidence of female insanity

³⁹ Constance M. McGovern, 'The Myths of Social Control and Custodial Oppression: Patterns of Psychiatric Medicine in Late Nineteenth-Century Institutions', *Journal of Social History*, 20 (1986), p. 4.

⁴⁰ 'Insanity', *Belgravia*, p. 468.

within Leicestershire. A closer look at the borough asylum itself in the following chapters will enable an analyse on whether this was the same for the borough and reasons for why gender may have had an influence on admissions to the asylum alongside poverty and pauperism.

3. The Experience of the Leicester Borough Lunatic Asylum

It has been discussed that there were high incidences of pauper insanity in Leicestershire between 1870 and 1890. The borough annual reports created by the committee of visitors to the asylum will be analysed in this chapter to see if the experience of the borough patients is similar to that of the experience of Leicestershire as a whole. There will be an attempt to analyse the experience of those patients charged to the Leicester Poor Law Union, this is to enable a capture of the local Leicester paupers. The difficulty with this however will be that the borough asylum also admitted a small number of patients from 'out-county' Unions which will mean that the overall figures for the borough asylum may not be wholly representative of those usually resident in the borough. It will however explain the experience of the pauper lunatic admitted to the asylum regardless of which Union their care was charged to. The essence being that this study is an investigation on the pauper insane within the borough asylum. Social and economic deprivation has already been touched on with poverty being highlighted as a major influence in the advance of insanity. It will be discussed in this chapter however that this was in conjunction with the other factors, namely the perceived deviance of those not conforming to the gender specific behaviours expected by the middle class, as well as the age of the patient and their position within the family. All of these have been suggested as having an influence on the descent into insanity and this essay will discuss the plight that the borough patients may have experienced prior to their admission.

Table 1 in the previous chapter presented that there were more females certified as insane in Leicestershire through the period 1870 to 1890. To understand whether gender had an influence on becoming insane, the probable causes of

insanity will be touched upon in this chapter and discussed in depth in the next chapter. First it needs to be seen whether the same gender ratio that affected the statistics for the whole of Leicestershire, had the same effect on the borough asylum. If being female made it more likely to be mad or in least more susceptible to it, the borough figures would arguably show a similar trend and have more females in the asylum than male. Table 2 provides the number of pauper patients who were interned in the borough asylum at five intervals between 1870 and 1890. The new cases admitted to the asylum are compared with the total number of patients resident within that same year. The figures for the new admissions are taken from the twenty first annual report of 1890 which summarises the admissions since the asylum opened.

Year of Pub.	New Admissions During the Year. ¹			Cases Remaining on 31 st December. ²		
	Male	Female	Total	Male	Female	Total
1870	68	59	127	129	139	268
1875	46	35	81	160	163	323
1880	91	54	145	195	197	392
1885	70	43	113	241	247	488
1890	75	70	145	213	264	477

It can clearly be seen that a higher number of males were admitted at each year presented in the table. This is similar for the years that are not included in the table above. It should be noted that there were four years which do not adhere to this trend and it is apparent that more females were admitted as new cases during these

¹ Leicestershire, Leicester and Rutland Record Office (LLR RO), *Twenty First Annual Report of the Committee of Visitors of the Lunatic Asylum for the Borough of Leicester*, 16D65/A/29: **1890**, p. 22.

² LLR RO, 16D65/A/26: *First*, **1870**, p. 17; *Sixth*, **1875**, p. 27; 16D65/A/27: *Eleventh*, **1880**, p. 19; 16D65/A/28: *Sixteenth*, **1885**, p. 22; 16D65/A/29: *Twenty First*, **1890**, p. 21.

years. This includes 1869 when the borough first opened with one hundred and ten females being admitted to the borough asylum as new cases, contrasting with just ninety four males.³ 1877 saw fifty three females and forty three males admitted as new cases; 1883 had seventy five females and forty two males; and 1888 then saw fifty two females and thirty three males admitted as new cases.⁴ The ratio may have been more female to male during these four years but the ratio does reflect more male than female over the rest of years. This is intriguing as the Leicestershire figures discussed earlier implied that there were more female certified as insane. This could however be due to the fact that the Leicestershire figures counted each person 'residing' within the asylum, workhouse and community. The figures in table 2 go into detail about new cases, alongside the number residing within the asylum. Any discussion and data on the number of patients residing could refer to patients who have been certified as insane for a long period whereas new cases suggest a recent certification of insanity. The other interesting aspect is that females do still outweigh males in the cases remaining column. This is suggestive of a collection of incurable insanity within the female population.

Showalter has suggested that the perceived increase in pauper insanity could be due to the accumulation of female incurables and that women were more likely to stay in the asylum for longer periods than men.⁵ This proves true in the case of pauper patients within the borough asylum. Andrew Scull has also discussed that the asylums did hold 'a heterogenous mass of physical and mental wrecks' for long periods of time.⁶ Florence Bayard Lockwood puts the reason for this as the result of the reluctance of relatives and friends to admit unusual behaviour and ask for help

³ LLR RO 16D65/A/29: *Twenty First*, 1890, p. 22.

⁴ LLR RO 16D65/A/29: *Twenty First*, 1890, p. 22.

⁵ Elaine Showalter, 'Victorian Women and Insanity' *Victorian Studies*, 23 (1980), p. 161.

⁶ Finnane, 'Asylums', p.135.

early enough. The curable stage for lunacy is discussed as being early on and treatment after this does then become ineffective leading to longer if not indefinite stays in the asylum.⁷ J.T Arlidge also discussed in 1859 that the increase in insanity would not have been so rapid if earlier intervention and treatment had occurred.⁸ This also adds weight to the theory that the rise in number of pauper lunatics was simply due to an increase in those who could not recover from their bout of insanity. If there was an increase in new paupers being certified as insane, the total number of admissions, detailed in the fourth, would steadily increase. The total number of admissions do fluctuate intermittently throughout the period discussed but not on a regular upward trajectory. An average trend cannot be identified when considering the total number of new cases each year but when analysed by gender, it is clear that males did feature largely within the new cases and females within the cases remaining at the asylum each year. The twenty first annual report of 1890 also details the average number of patients who were discharged as recovered and relived, as well as presenting the number of patients who died after admission.⁹ It should be noted that these do include the small number of patients who were readmitted to the asylum each year. These have been neglected from table 2 as new cases were discussed at this point. By the report of 1890, nine hundred and sixty four patients were discharged as recovered, four hundred and thirty six were male and five hundred and twenty eight were female. This does not therefore suggest that the lower number of males remaining the asylum is due to males recovering from their bout of insanity and being discharged.

⁷ Florence Bayard Lockwood, *Suggestions for the use of visitors to the insane: being a brief essay on the cure and care of insane patients: State Charities Aid Association* (New York: G.P. Putnam's Sons, 1880) p. 7.

⁸ John T. Arlidge, *On the State of Lunacy and the Legal Provision for the Insane* (London: John Churchill, 1859) p. 3.

⁹ LLR RO 16D65/A/29: *Twenty First, 1890*, p. 22

One hundred and twenty six males and one hundred and nine females were 'relieved' from their bout of insanity which can only be assumed to refer to the current 'exciting' episode of insanity being extinguished. Eighty three males and ninety six females were discharged as not improved, eighteen males and four females were discharged as not insane. The biggest trend however was that more males died during their stay at the asylum with four hundred and eighty four males and three hundred and seven females dying. This could be due to the type of insanity the person was admitted with which will be discussed in chapter three. Some were either admitted too late into their battle with insanity with some patients even dying soon admission, after arriving in an 'very unfavourable condition of bodily health' according to the borough's medical superintendent J. E. M Finch.¹⁰

Reasons proposed for the vast difference between the numbers of male and female insanity was that there was a growing change in the perception of gender roles within Victorian Britain and the roles and behaviours that they needed to adhere to. Any deviation from these gender roles could be perceived as a form of madness. Louise Hide has defined that gender is a social construct and that the meaning of masculinity and femininity within the Victorian period should therefore be viewed through the medium of cultural beliefs of the time. Definitions of gender specific roles and behaviours were cultural constructed and were arguably a reason for why females had been construed as featuring in asylum long term more so than men.¹¹ Elaine Showalter has addressed this and suggested that there was a belief that females were more susceptible to falling ill due to the stresses of life within poverty. Showalter does however stress that this was due to the cultural construction of femininity and that this aided admission of those where were deemed

¹⁰ LLR RO, 16D65/A/26: *First*, 1870, p. 10.

¹¹ Showalter, 'Victorian Women and Insanity', *Victorian Studies*, 23 (1980), p. 180.

to be displaying deviant behaviours.¹² Women were increasingly perceived as beings who should be 'quiet, virtuous and immobile'.¹³ They were supposed to reflect the expectations and wishes of male observers.¹⁴ Working class women could be seen as going against this ideal with being considered to be the 'lynchpin' of working class families. They played a dominant role in the family economy which in itself stresses a deviance away from the idealised feminine state.¹⁵ Failure to fulfil household obligations or perhaps any display of violence was considered to be indicative of insanity within females.¹⁶ Louise Hide suggested that many of these women took pride in the management of their home, even within the adverse economic circumstances but they were perceived to be governed by the 'vagaries of their reproductive system and that this could give way to a 'weak-willed, emotional and irrational in character'.¹⁷ It was even thought that for those women who were admitted to the asylum, life within the asylum was deemed to be more functional as the break away from the difficult and arduous work of looking after family in poverty was deemed to be a relief.¹⁸ Showalter stated that the opinion of doctors in Victorian England encouraged the increase in female lunatics as their views were coloured by the patriarchal assumption that women were particularly prone to insanity.¹⁹ The asylum itself was intended to encourage the behaviours expected of the certifiers. Women were therefore conditioned to adhere to the Victorian feminine stereotype

¹² Louise Hide, *Gender and Class in English Asylums, 1890 – 1914* (Hampshire: Palgrave Macmillan, 2014) p. 9.

¹³ Showalter, 'Victorian Women', p.167.

¹⁴ Showalter, 'Victorian Women', p. 167.

¹⁵ Hide, *Gender and Class*, p. 9.

¹⁶ Joseph Melling, Bill Forsythe and Richard Adair, 'Families, communities and the legal regulation of lunacy in Victorian England: Assessments of crime, violence and welfare in admissions to the Devon Asylum, 1845- 1914', in *Outside the walls of the asylum, The History of Care in the Community 1750- 2000*, ed. by Peter Bartlett and David Wright (London: The Athlone Press, 1999) p. 174.

¹⁷ Hide, *Gender and Class*, p. 9.

¹⁸ Showalter, 'Victorian Women', p. 169.

¹⁹ Hide, *Gender and Class*, p. 10.

on reformation within the asylum.²⁰ The asylum institution encouraged females to be 'caring, dependent, emotional and sexually passive' as well as to be seen to fulfil household obligations.²¹

Men on the other hand were expected to be industrious and independent.²² Males were traditionally the breadwinner and according to Joseph Dare, the effects on these men who were 'caught by the impersonal forces' of the technological changes and structural unemployment of the late nineteenth century which arguably left them susceptible to insanity. 'Many workmen suffer greatly'.²³ Joshua Harrison Stallard also argued in 1870 that the 'lunatic is often the bread-winner of the family'.²⁴ Suggesting that males featured regularly in the asylum. This 'unfortunate member' was often considered to be a 'real burden upon the family resources'.²⁵ According to Henry Gilbert Orme there was a common belief during the Victorian period that 'irrational behaviour of any kind was a falling back to an animal state'.²⁶ Suggesting that the lunatic could quickly become a strain financially as well as perhaps be an embarrassment which would then result in the family admitting them to the asylum. Constance M. McGovern states however that doctors were often reluctant to certify a male as insane during the Victorian period as it was perceived that certification would hinder their ability to support their families economically.²⁷ This would then result in less admissions of males to the asylum but this would then result in men not receiving treatment for perceived abnormal behaviours early

²⁰ Showalter, 'Victorian Women', p. 167.

²¹ Hide, *Gender and Class*, p. 6.

²² Hide, *Gender and Class*, p. 10.

²³ Elliot, *Leicester*, p. 25.

²⁴ Miller, Edgar ed. 'Pauper Lunatics and Their Treatment', by Joshua Harrison Stallard' (1870) *History of Psychiatry* 24 (2013) p. 359.

²⁵ Stallard, 'Pauper Lunatics', p. 361.

²⁶ Orme, *Leicestershire's Lunatics*, p. 1.

²⁷ Constance M. McGovern, 'The Myths of Social Control and Custodial Oppression: Patterns of Psychiatric Medicine in Late Nineteenth-Century Institutions', *Journal of Social History*, 20 (1986), p. 8.

enough and would this could then result in males staying longer in asylums, and were therefore less likely to recover from insanity than their female counterparts. As is apparent from the figures for the borough asylum highlighted in table 2, the pauper lunatics in the Leicester do not fit this trend as it has been shown that there were more males admitted on the years shown with less males staying within the asylum for long periods when compared to females.

The perceived gender roles within the family have also been suggested as having an effect on the contribution to insanity. The male breadwinner and the working class mother have been discussed previously with the stresses of poverty having an influence on their susceptibility to insanity in different ways. The experiences of the stresses ingrained in working class life have been argued to have had a large effect on both genders. Historians have discussed that the family life cycle itself could have an effect on a person's sanity. Asylums having been argued to have helped on short term basis with the family life cycle and the proposed life cycle of poverty. The cyclical nature of poverty could be suggested as playing a large role in admissions to the borough asylum. John Walton has showcased this by arguing that frequent readmission for some of the population were due to changeable life circumstances relating to work, large families and loss of employment.²⁸ The asylum helping bridge this by providing respite for the breadwinner or working mother during periods of peak stress. Joseph Melling et al concurs with this idea to an extent but suggested that this occurred alongside the family life cycle, which included changes such as having additional children, having to look after elderly relatives. Making the poverty trap harder to break out of, leaving individuals more susceptible to the pull of pauperism and to practising behaviours

²⁸ John K. Walton, 'Lunacy in the Industrial Revolution: A Study of Asylum Admissions in Lancashire, 1848-1850', *Journal of Social History*, 13 (1979), p. 12.

that were considered to be insane during Victorian Britain. Often families had to deal with frequent bouts of unemployment, additions to the household and even the loss of an able-bodied family member to the pull of insanity; all encouraged a drain on already stretched monetary resources. The asylum effectively provided a place where the struggling working class family could release the dependent family member who was unable to contribute financially, to the confines of the asylum in a crisis.²⁹ Stress and anxiety caused by these frequent life experiences could aid admission to the asylum. Many working class families had to rely on seasonal work, therefore causing regular seasonal unemployment and therefore a likely cause of a downward spiral in to insanity.

This is also strengthened by the fact that those who were married outnumbered those who were single in the admission records for the borough from its opening to 1890 as portrayed in table 3.

Condition	Admissions			Recovered			Deaths		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Married	705	593	1298	281	325	606	290	130	420
Single	489	457	946	140	153	293	144	91	244
Widowed	106	180	286	27	67	94	62	91	153

²⁹ Joseph Melling, Bill Forsythe and Richard Adair, 'Families, Communities and the Legal Regulation of Lunacy in Victorian England: Assessments of Crime, Violence and Welfare in Admissions to the Devon Asylum, 1845- 1914', in *Outside the Walls of the Asylum, The History of Care in the Community 1750- 2000*, ed. by Peter Bartlett and David Wright (London: The Athlone Press, 1999) p. 173.

³⁰ Leicestershire, Leicester and Rutland Record Office (LLR RO), 16D65/A/26: *The First Annual Report of the Committee of Visitors of The Lunatic Asylum for the Borough of Leicester*, **1870**, p. 23; *Second*, **1871**, p. 25; *Third*, **1872**, p. 25; *Fourth*, **1873**, p. 25; *Fifth*, **1874**, p. 25; *Sixth*, **1875**, p. 33; 16D65/A/27, *Seventh*, **1876**, p. 26; *Eighth*, **1877**, p. 28; *Ninth*, **1878**, p. 26; *Tenth*, **1879**, p. 26; *Eleventh*, **1880**, p. 26; *Twelfth*, **1881**, p. 26; 16D65/A/28: *Thirteenth*, **1882**, p. 29; *Fourteenth*, **1883**, p. 27; *Fifteenth*, **1884**, p. 27; *Sixteenth*, **1885**, p. 29; *Seventeenth*, **1886**, p. 27; *Eighteenth*, **1887**, p. 27; 16D65/A/29: *Nineteenth*, **1888**, p. 29; *Twentieth*, **1889**, p. 29; *Twenty First*, **1890**, p. 28.

This does suggest that working class families may have used the asylum as a respite. It should also be noted that married females were also more likely to recover from insanity and be discharged whereas married males featured the most in those who had died during their stay at the asylum. Walton has discussed that insanity due to the poverty and family life cycle tended to affect the population in the middle years of life predominantly.³¹ In his work on the Lancaster Asylum, the majority of pauper lunatic patients were between the ages of thirty to forty. The figures within the borough asylum annual reports reflect this too and detail that the highest intake of patients were between the ages of 30 to 40.

Table 4 presents a five yearly snapshot of the ages of patient admitted to the borough asylum. Paupers under the age of fifteenth and over the age of sixty have not been included in this table as the numbers are insignificant in comparison to the number in the other age groups. The table does show that there were more paupers admitted between the ages of thirty and forty.

Table 4: Age of Patients Admitted to the Leicester Borough Lunatic Asylum															
Taken from the Borough Asylum Annual Reports. ³²															
Year of Pub.	15 to 20			20 to 30			30 to 40			40 to 50			50 to 60		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
1870	3	4	7	9	15	24	25	14	39	16	3	19	9	11	20
1875	3	3	6	9	8	17	9	8	17	9	9	18	10	3	13
1880	3	1	4	16	12	28	22	16	38	20	15	35	15	10	25
1885	5	2	7	12	13	25	22	18	40	18	11	29	12	11	23
1890	2	2	4	8	7	15	15	17	32	21	16	37	13	15	28
Total	16	12	28	54	55	109	93	73	166	84	54	138	59	50	109

³¹ Walton, 'Lunacy', p. 12.

³² LLR RO, 16D65/A/26: *First*, 1870, p. 22; *Sixth*, 1875, p. 32; 16D65/A/27, *Eleventh*, 1880, p. 25; 16D65/A/28: *Sixteenth*, 1885, p. 28; 16D65/A/29: *Twenty First*, 1890, p. 27.

The 'middling years' could arguably also include those between forty to fifty, this is the second highest category for the age of the pauper lunatic admitted to the asylum. Both feature more males than females. This, alongside the fact that there was a higher number of married paupers admitted to the asylum, does suggest that working class families did use the asylum frequently as an effect of social and economic deprivation. It should be noted that these figures do not isolate the readmissions to the asylum and so the figures may include the same person throughout their life span. It does however show that the majority of people were admitted during the middle years of life and so gives weight to Walton's argument that poverty affected families in a cyclical nature and therefore left those in the 'middling years' susceptible to insanity. Leonard Smith has argued this point too with suggesting that there a recognition that poverty, deprivation and insanity were interlinked. Readmission could occur if stresses and anxiety about supporting a family were not alleviated with material assistance being given to those who were discharged.³³ Mark Finnane on the other hand suggested that there were stresses of many kinds for the working class, including economic, social and emotional stresses, that it often came as a shock when the sudden signs of inability to cope arose in a family member.³⁴ It could therefore be argued that the accumulation of hardships aided the decline into madness. Even the middle class could find themselves admitted into the pauper asylum. According to Bartlett, the lunacy commissioners discussed that often, if it were the family breadwinner who was driven to insanity, the middle class family could also fall victim to the pull of poverty. Bartlett suggested that they could continue to pay for their relatives care but once

³³ Smith, *Safe Custody*, p. 21.

³⁴ Mark Finnane, 'Asylum, Families and the State', *History Workshop* 20 (Oxford University Press, 1985) p. 140.

the funds dried up, they ran the risk of the relative then being labelled a pauper and being admitted to a county asylum and a charge being made to the Union.³⁵

It has been discussed that alongside poverty, gender can be seen to be contributory to being certified as insane. This is in conjunction with the stresses of life within poverty. Working class families could be affected by this and it has been shown that insanity did affect those in the middle years of life and those who were married, therefore adding weight to the idea that insanity affected those within the poverty life cycle. This does add weight to the argument that social and economic deprivation did aid the perceived increase in insanity. The home environment of the pauper has been stressed as being a catalyst towards insanity. The experiences of those within the borough asylum could be suggestive that the change of environment was effective at curing insanity. Again, the fact that married individuals recovered from insanity more so than their single counterparts could be reflective of a change in environment being effective at curing insanity. The borough asylum did feature more female patients in the asylum for long periods of time which is suggestive of the asylum featuring more incurable female insanity. This is alongside high numbers of new cases of male insanity. Although dying whilst interned in the asylum has afflicted males more frequently than females. The type of causes that may have conditioned this will be discussed in the next chapter.

³⁵ Bartlett, *Poor Law of Lunacy*, p. 205.

4. Causes of Insanity within the Borough Asylum

The proposed causes of insanity need to be addressed to be able to understand the reasons for why a pauper may have been certified as insane. The probable cause of the 'exciting' episode of insanity for each admission had been recorded by medical men within the casebooks for each patient. These causes also feature within the borough annual reports. This chapter will focus on the causes that were provided within the annual reports as this will enable an overview of all the patients admitted to the asylum, as well as act as a limit to the scale of the investigation. There were 2738 paupers admitted to the asylum by the time the twenty-first annual report was published in 1890.¹ Not all of the casebooks have survived which means that there are large gaps in data within these, making the annual reports a reliable substitute and an informative source to this investigation. The type of behaviours and the probable cause of the deviant behaviour has been suggested as fluctuating in definition over the nineteenth century. The definition changing as the ideas and values of Victorian society altered. John Walton has suggested that the accepted definition of insanity itself broadened from the late eighteenth century onwards. It then included new categories of insanity which incorporated more moral causes of insanity.² The probable cause of insanity became defined as either moral, or physical in origin from the mid nineteenth century. An analysis of the probable causes within the annual reports will help establish the major features of the patient's descent into insanity. It has already been discussed that certification of insanity was influenced by factors such as the gender, social class and economic

¹ Leicestershire, Leicester and Rutland Record Office (LLR RO), 16D65/A/29: *The Twenty First Annual Report of the Committee of Visitors of The Lunatic Asylum for the Borough of Leicester, 1890*, p. 29.

² John K. Walton, 'Lunacy in the Industrial Revolution: A Study of Asylum Admissions in Lancashire, 1848-1850', *Journal of Social History*, 13 (1979), p. 3.

stability. It will identify whether social and economic factors did play a part in initiating an admission to the borough asylum and whether this could have contributed to a high number of pauper insanity in Leicester. The social expectations and demands on a particular gender, or social standing, could have had an effect on how any undesirable behaviour was viewed and treated. If an individual was going against social expectations, then their deviant behaviour could have been construed as insane.

Felix Driver has stressed that there was a change in perception of the pauper as well as the working class which arguably initiated a change in the likelihood of those being certified as insane. Driver suggested that the early nineteenth century saw an Evangelical 'moral revolution' whereby the middle class value of 'respectability' began to take hold in society.³ This potentially coloured the decision making of the middle class men who were certifying the patients in the asylum.⁴ The middle class ideal of respectable behaviours could be suggested as having an influence in the asylum system.⁵ It encouraged order and discipline amongst the deviant population by moral persuasion rather than physical coercion.⁶ Driver discussed that Evangelical beliefs were rife during this time and that this emphasised the concern that the middle class had against the working class and the poor.⁷ The asylum enabled the 'undisciplined impulse' of the pauper to be reformed.⁸ Clive Unsworth explained that 'scandalous behaviour' was attributed to insanity to enable persons to be admitted to the asylum and therefore removed from

³ Felix Driver, *Power and Pauperism: The Workhouse System, 1834-1884* (Cambridge: Cambridge University Press, 1993) p. 37.

⁴ Walton, 'Lunacy', p. 3.

⁵ Peter Bartlett, 'The Asylum, the Workhouse, and the Voice of the Insane Poor in 19th Century England', *International Journal of Law and Psychiatry*, 21 (1998), p. 53.

⁶ Scull, Andrew T. ed *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era* (London: The Athlone Press, 1881) p. 166.

⁷ Driver, *Power*, p. 37.

⁸ Driver, *Power*, p. 10.

participating in society. There were arguably a range of social deviances that were considered grounds for commitment to the asylum, with religious delusions and excessive drinking as examples.⁹ Driver has suggested that moral insanity became deemed a condition where the person was 'found to be incapable... of conducting himself with decency and propriety in the business of life'.¹⁰ It meant that some individuals were certified as insane due to anti-social behaviour rather than a distortion of mental faculties'.¹¹

Peter Bartlett had discussed that this change in interpretation was then reflected within asylum casebooks in 1856.¹² He discussed that the casebooks at the county asylum were then amended to incorporate more moral as well as physical causes of insanity. The borough asylum used this format for recording of its admissions and often the appearance and dress of the individual led to a diagnosis of insanity. It meant the 'character' of the patient was taken into consideration on admission and a judgment made on whether the patient suffered from social factors beyond their control or whether their immoral character led them to insanity. It has already been discussed that there was a bias with the middle class certifier and the perceived causes of insanity, there was also this middle class bias with the judgment of the appearance and character of the patient. The character of a patient would be difficult to define and as Baverstock noted, it is based simply on the judgment of the observer and the medical men certifying the patient.¹³ Physical causes were also said to be unreliable as some causes, such as intemperance, could also have had an underlying moral origin as well as a potential physical origin. Nevertheless this

⁹ Clive Unsworth, 'Law and Lunacy in Psychiatry's 'Golden Age'' *Oxford Journal of Legal Studies*, 13 (1993), p. 500.

¹⁰ Driver, *Power*, p. 10.

¹¹ Driver, *Power*, p. 10.

¹² Peter Bartlett, *The Poor Law of Lunacy, The Administration of Pauper Lunatics in Mid-Nineteenth Century England* (London: Leicester University Press, 1999) p. 170.

¹³ Baverstock, 'Lunacy', p. 251.

'moral revolution' changed the perception of the pauper lunatic and potentially broaden the types of behaviour that could be deemed to be insane.

James Cowles Prichard, a physician, defined the contribution played by physical and moral causes on insanity. He discussed in his treatise on insanity in 1835, that the most common physical agent to cause insanity was intemperance and 'the habitual use of ardent spirits' within the pauper population. He considered that large numbers of pauper lunatics owed their insanity to these habits.¹⁴ Overwork and insufficient food were also thought of as physical causes of insanity. Prichard considered these causes to make grave changes to the structure of the brain over time, as well as changes to the body, and that these changes would thus influence the state of mind. Moral causes on the other hand were considered to immediately influence the mind giving rise to disorder in the faculties.¹⁵ Again, Prichard recognised that the moral and physical causes of insanity could be interpreted differently according the bias of the commentator. He emphasised that the interpretation of the significance and influence of proposed moral and physical causes in the production of mental derangement, did vary according to the commentator on insanity. Suggesting that perhaps the cause of one patient's insane behaviour could be defined differently by a second certifier. The historian Peter McCandless has also agreed that doctors did often differ over the mental state of one person and that they often confused insanity with immortality and nonconformist behaviour.¹⁶ Suggesting that the causes within the borough asylum may reflect the prejudices of the middle class observer and could account for a reason why there were high numbers of pauper insanity.

¹⁴ James Cowes Prichard, *A Treatise on Insanity and other Disorders Affecting the Mind* (Philadelphia: Haswell, 1837) p.155.

¹⁵ Prichard, 'Treatise', p.182.

¹⁶ Peter McCandless, 'Liberty and Lunacy; The Victorians and Wrongful Confinement', *Journal of Social History*, 11 (1978), p. 367.

The change in the definition of insanity has been discussed by Bartlett as highlighting the change in attitude towards poverty and insanity. Bartlett studied the county asylum prior to 1870 and suggested that attributing poverty as a physical cause often aided more of a sympathetic attitude toward the poor. It was recognised that poverty itself could 'break the spirits of the workers, depriving them of "moral energy, courage and independence"' leaving them vulnerable to becoming mentally unwell.¹⁷ This symbolises that poverty was due to a physical ailment and was viewed as being outside the influence of the individual it affected. It effectively enabled the understanding that the poor could therefore not be blamed for their descent into madness.¹⁸ Low and irregular earnings, alongside large families and ill health being deemed as major causes of poverty.¹⁹ The borough asylum saw poverty listed as physical cause of insanity within the borough annual reports between 1869 to 1874.²⁰ Ten patients were assessed as having become mentally unwell due to the direct effect of living within poverty, three males and seven females.²¹ It can be suggested as reappearing in 1875 under the guise of 'straitened circumstances'. This by definition refers to being poverty-stricken or impoverished. Straitened circumstances did however first appear in the fourth annual report for the borough asylum in 1873, alongside poverty, though it was considered then to be a moral cause of insanity whereas poverty had always been referred to as a physical cause. A total of twenty two patients were admitted as having this attributed as the probable cause of their insanity between 1873 and 1882, seventeen males and five

¹⁷ Barry Haynes, 'Working Class Perceptions: Aspects of the Experience of Working Class Life in Victorian Leicester', *Leicestershire Archaeological and Historical Society*, 65 (1991), p. 56.

¹⁸ Bartlett, *Poor Law*, p. 171.

¹⁹ Michael Rose, *The Relief of Poverty, 1834-1914* (London: Macmillan, 1986) p. 19

²⁰ LLR RO, 16D65/A/26: *First*, 1870, p. 24; *Second*, 1871, p. 26; *Third*, 1872, p. 26; *Fourth*, 1873, p. 26; *Fifth*, 1874, p. 26.

²¹ LLR RO, 16D65/A/26: *First*, 1870, p. 24; *Second*, 1871, p. 26; *Third*, 1872, p. 26; *Fourth*, 1873, p. 26; *Fifth*, 1874, p. 26.

females.²² This can then be shown to have again been refashioned to 'adverse circumstances' from the thirteenth report in 1882. A total of fifty nine patients were assigned this moral cause throughout 1882 to 1890. Thirty eight of these were male and twenty one were female. This increase in frequency reflects the growing theory that adverse circumstances did cause insanity. Males featured the most in the categories relating to poverty. This again could be due to male insanity being attributed to stresses and pressures of the effect of low or irregular wages rife within poverty.

Intemperance, overwork and straitened circumstances were amongst the dominant proposed causes for insane behaviour within the asylum records. Prichard defined overwork as a physical cause of insanity and it can arguably be seen as a symptom of poverty or at least a part of the working class experience. It was defined as a physical cause of insanity within the borough annual report and between 1871 and 1873, four patients were consigned to this cause, all males.²³ It did however reappear as a moral cause in 1876 but only to present the probable cause of insanity for one of the patients who had died that year.²⁴ Loss of work and loss of business were also categories under a moral cause for insanity but only appeared once with loss of work in 1871 and loss of business in 1872; only one patient featured in each of these categories, both were male.²⁵ Intemperance featured as one of the most frequently attributed reasonable cause of insanity following hereditary causes. It was deemed to be a physical cause of insanity. Intemperance in regard to drinking has been suggested as prime behaviour that led to insanity. J.B Haynes remarked

²² LLR RO, 16D65/A/26: *Fourth*, **1873**, p. 26; *Fifth*, **1874**, p. 26; *Sixth* **1875**, p. 34; 16D65/A/27: *Seventh*, **1876**, p. 27; *Eighth*, **1877**, p. 29; *Ninth*, **1878**, p. 27; *Tenth*, **1879**, p. 27; *Eleventh*, **1880**, p. 27; *Twelfth*, **1881**, p. 27; 16D65/A/28: *Thirteenth*, **1882**, p. 30.

²³ LLR RO, 16D65/A/26: *First*, **1870**, p. 24; *Second*, **1871**, p. 26; *Third*, **1872**, p. 26; *Fourth*, **1873**, p. 26.

²⁴ LLR RO, 16D65/A/27: *Seventh*, **1876**, p. 27.

²⁵ LLR RO, 16D65/A/26: *Second*, **1871**, p. 26.

that there was an association between poverty, work and working-class behaviours such as high alcohol consumption.²⁶ Tom Barclay, an unskilled labourer in Leicester, deemed drinking to be an ‘understandable, even necessary, antidote to the horrors of everyday life’. ‘Drowning their sorrows’ meant that they could forget about the harsh realities of life within poverty, or at least the toil of working class life.²⁷ J.B. Haynes’ work on Victorian Leicester has helped establish the realities of life in poverty. This unpredictable work life balance of the hosiery industry was regarded as the reason for the ‘indolence and drinking’.²⁸ John Charles Bucknill, a psychiatrist, attested to this too in 1877 with implying that drink caused between 50 to 80 per cent of insanity.²⁹ He raised sentiment towards the part that is played by ‘grief and anxiety, worry and overstrain’ in aiding insanity. The ‘depressing effects of poverty and the failing struggle for existence’. The use of alcohol was thought to ‘make the burthen of life bearable’.³⁰ Between 1869 and 1890 two hundred and seventy seven were admitted to the borough asylum due to intemperance.³¹ It is not until the report of 1882 however that intemperance is then divided in to two categories so that those admitted due to excessive alcohol use could be fully recognised.³² It was then established that intemperance related to both alcohol and sexual behaviour and were both factors that caused insanity. Both were still identified as a physical cause of insanity throughout the period discussed. From

²⁶ Haynes, ‘Perceptions’, p. 76.

²⁷ Haynes, ‘Perceptions’, p. 77.

²⁸ Haynes, ‘Perceptions’, p. 81.

²⁹ John Charles Bucknill, ‘On Some Relations between Intemperance and Insanity’, *British Medical Journal*, 1 (1877), p. 255.

³⁰ Bucknill, ‘Intemperance’, p. 255.

³¹ LLR RO, 16D65/A/26: *First*, 1870, p. 24; *Second*, 1871, p. 26; *Third*, 1872, p. 26; *Fourth*, 1873, p. 26; *Fifth*, 1874, p. 26; *Sixth*, 1875, p. 34; 16D65/A/27: *Seventh*, 1876, p. 27; *Eighth*, 1877, p. 29; *Ninth*, 1878, p. 27; *Tenth*, 1879, p. 27; *Eleventh*, 1880, p. 27; *Twelfth*, 1881, p. 27; *Thirteenth*, 1882, p. 30; 16D65/A/28: *Fourteenth*, 1883, p. 28; *Fifteenth*, 1884, p. 28; *Sixteenth*, 1885, p. 30; *Seventeenth*, 1886, p. 28; *Eighteenth*, 1887, p. 28; 16D65/A/29: *Nineteenth*, 1888, p. 30; *Twentieth*, 1889, p. 30; *Twenty First*, 1890, p. 29.

³² LLR RO, 16D65/A/28: *Thirteenth*, 1882, p. 30.

1882 intemperance relating to alcohol was thought to be the cause of insanity for seventy four patients.³³ Only one person was clearly identified as having their insanity caused by intemperance in relation to sexual behaviour in the 1885 report.³⁴ Overall two hundred and ten males were thought to have had their insanity caused by intemperance, sixty seven were female.³⁵ Fifty four males had the cause directly attributed to drink, whereas twenty females were labelled under this category. This shows that males were more likely to be considered to have intemperance as a physical cause that aided their descent into insanity.

There were several categories within the probable causes that related directly to gender. Arguably the categories assigned to females were much larger in number than those directly attributable to males. It is apparent that males did feature more in the poverty, overwork and intemperance categories but none of the categories were restricted to the experience of just males. Whereas the borough asylum listed fourteen categories that were related to female insanity from 1869 to 1890. This conforms to the belief that there was more insanity within the female population. The social commentator Charles Dickens saw that insanity was more prevalent amongst women than amongst men. Noting in 1851 that female servants were reported to be the most afflicted with lunacy.³⁶ The ideal woman being seen to be dependent, delicate and frail in order to adhere to the expected respectability. The independence of working women could have been considered unnatural, as

³³ LLR RO, 16D65/A/28: *Thirteenth, 1882*, p. 30; *Fourteenth, 1883*, p. 28; *Fifteenth, 1884*, p. 28; *Sixteenth, 1885*, p. 30; *Seventeenth, 1886*, p. 28; *Eighteenth, 1887*, p. 28; 16D65/A/29: *Nineteenth, 1888*, p. 30; *Twentieth, 1889*, p. 30; *Twenty First, 1890*, p. 29.

³⁴ LLR RO 16D65/A/28: *Sixteenth, 1885*, p. 30.

³⁵ LLR RO, 16D65/A/26: *First, 1870*, p. 24; *Second, 1871*, p. 26; *Third, 1872*, p. 26; *Fourth, 1873*, p. 26; *Fifth, 1874*, p. 26; *Sixth, 1875*, p. 34; 16D65/A/27: *Seventh, 1876*, p. 27; *Eighth, 1877*, p. 29; *Ninth, 1878*, p. 27; *Tenth, 1879*, p. 27; *Eleventh, 1880*, p. 27; *Twelfth, 1881*, p. 27; 16D65/A/28: *Thirteenth, 1882*, p. 30; *Fourteenth, 1883*, p. 28; *Fifteenth, 1884*, p. 28; *Sixteenth, 1885*, p. 30; *Seventeenth, 1886*, p. 28; *Eighteenth, 1887*, p. 28; 16D65/A/29: *Nineteenth, 1888*, p. 30; *Twentieth, 1889*, p. 30; *Twenty First, 1890*, p. 29.

³⁶ Showalter, 'Victorian Women', p. 157.

according to Lynda Nead, independence signified 'boldness and sexual deviancy'.³⁷ The causes of insanity for females were linked to biological functions relating to issues of the womb, menstruation, lactation and various sensitives deemed to be limited to the female character.³⁸ The female life cycle was seen to be fraught with 'biological crises'. Their reproductive system was deemed to make them more susceptible to 'morbid emotions' that could risk harm to the mental functions of the brain.³⁹ Women were considered as needing to take care to 'not upset their precarious brain stability'. Some of the perceived causes of insanity such as puerperal insanity and postpartum depression accounted for ten percent of female admissions in asylums examined by Showalter.⁴⁰ The sheer number of female only categories does reflect the idea that females were more likely to be considered as insane. Between 1869 and 1890 there were forty three female patients admitted to the asylum due to parturition or puerperal causes which relates to the effect of giving birth or having given birth, alongside twenty nine patients admitted with insanity defined as directing relating to childbirth or pregnancy.⁴¹ Eleven females were admitted due to either hyperlactation or lactation and fourteen admitted due to 'change of life' which can be argued to refer to the menopause.⁴² Thirteen were admitted due to uterine and ovarian disorders as well as disorder of menstruation.⁴³

³⁷ Lynda Nead, *Myths of Sexuality: Representations of Women in Victorian Britain* (Oxford: Basil Blackwell, 1988) p. 28.

³⁸ Showalter, 'Victorian Women', p. 170.

³⁹ Showalter, 'Victorian Women', p. 169.

⁴⁰ Showalter, 'Victorian Women', p. 171.

⁴¹ LLR RO, 16D65/A/26: *First*, 1870, p. 24; *Second*, 1871, p. 26; *Fourth*, 1873, p. 26; 16D65/A/27: *Eighth*, 1877, p. 29; *Ninth*, 1878, p. 27; *Tenth*, 1879, p. 27; *Eleventh*, 1880, p. 27; *Twelfth*, 1881, p. 27; 16D65/A/28: *Thirteenth*, 1882, p. 30; *Fourteenth*, 1883, p. 28; *Fifteenth*, 1884, p. 28; *Sixteenth*, 1885, p. 30; *Seventeenth*, 1886, p. 28; *Eighteenth*, 1887, p. 28; 16D65/A/29: *Nineteenth*, 1888, p. 30; *Twentieth*, 1889, p. 30; *Twenty First*, 1890, p. 29.

⁴² LLR RO, 16D65/A/26: *Fourth*, 1873, p. 26; *Fifth*, 1874, p. 26; 16D65/A/27: *Eighth*, 1877, p. 29; *Ninth*, 1878, p. 27; 16D65/A/28: *Fourteenth*, 1883, p. 28; *Fifteenth*, 1884, p. 28; *Sixteenth*, 1885, p. 30; *Seventeenth*, 1886, p. 28; 16D65/A/29: *Twentieth*, 1889, p. 30; *Twenty First*, 1890, p. 29.

⁴³ LLR RO, 16D65/A/26: *Sixth*, 1875, p. 34; 16D65/A/27: *Eighth*, 1877, p. 29; *Ninth*, 1878, p. 27; *Tenth*, 1879, p. 27; *Twelfth*, 1881, p. 27; 16D65/A/28: *Thirteenth*, 1882, p. 30; *Fifteenth*, 1884, p. 28; *Sixteenth*, 1885, p. 30; 16D65/A/29: *Twentieth*, 1889, p. 30.

McGovern stated that the perception of male insanity was largely physical in nature whereas females suffered with more emotional ailments.⁴⁴ Women were then perceived to be relieved of this emotional trauma when removed temporarily from having to take responsibility for disruption in their homes.⁴⁵

The length of stay within the asylum could arguably differ depending on the probable cause of insanity. If some women could be relieved of their emotional ailment by having a stay in the asylum, it could be assumed that they would then have a short stay in the asylum. This goes against the idea that Showalter has suggested with aspects female insanity being incurable resulting in long stays. Melling et al suggested that those who entered the asylum as a consequent of childbirth related causes, were often discharged after a few months. They were arguably exhausted and benefited from the time away from their large families and domestic duties.⁴⁶ Females within the borough asylum were however on the whole more likely to recover from their episode of insanity according to the borough annual reports. Five hundred and forty five females were discharged as recovered from the opening of the asylum to the twenty first report. Four hundred and fifty males were discharged as recovered. The highest rate of recovery was attributable to intemperance with ninety two males and thirty one females listed as recovering from their insanity caused by intemperance between 1869 and 1881. The second highest rate of recovery were those with the probable cause of hereditary taint with sixty two males and one hundred and nine females discharged as recovered. A total of five hundred and sixty seven patients were discharged as recovered before 1881 with

⁴⁴ Constance M. McGovern, 'The Myths of Social Control and Custodial Oppression: Patterns of Psychiatric Medicine in Late Nineteenth-Century Institutions', *Journal of Social History*, 20 (1986), p. 11-12.

⁴⁵ McGovern, 'Social Control', p. 12.

⁴⁶ Joseph Melling and Bill Forsythe ed. *Insanity, Institutions and Society, 1800 – 1914* (London: Routledge, 1999) p. 58.

two hundred and eighty nine females and two hundred and seventy eight males.⁴⁷ After this time the number of recoveries for each probable cause was removed and instead replaced with whether each cause was a 'predisposing' cause or an 'exciting' cause for the current episode of insanity.⁴⁸ It is therefore impossible to ascertain how many patients had recovered from their bout of insanity due to a particular probable cause after 1881 unless one analysed each and every patient's journey over the period in detail. It should be noted that as McGovern stressed, in some cases 'recovery' just meant a change in behaviour to fit the ideals expected of the medical officer or the community the patient resided in previously.⁴⁹ McGovern cites an example in that a patient's acceptance of the middle class attitude of too frequent child bearing enabled her to be deemed recuperated and resulted in her discharge as recovered from the asylum.⁵⁰ Short term recovery does seem to be predominantly prevalent with females patients. The time scale which featured the largest number of patients recovering was after a one to three month stay at the asylum. Males surprisingly featured largely within this time frame with one hundred and sixty two males recovering after one to three months and one hundred and thirty three females recovering throughout the period till 1890. The second most frequent time frame was a three to six month stay with one hundred and twenty nine males featuring and one hundred and fifty two females. The third being a six to nine month stay with sixty four males and ninety five females. In total there were four hundred and thirty one females who recovered from insanity after a stay of less than a year. Three hundred and ninety one males recovered within the same time frame. This suggests that there was a high probability of recovering from

⁴⁷ LLR RO, 16D65/A/27: *Twelfth*, 1881, p. 27.

⁴⁸ LLR RO, 16D65/A/28: *Thirteenth*, 1882, p. 30.

⁴⁹ McGovern, 'Social Control', p. 5

⁵⁰ McGovern, 'Social Control', p. 4

an episode of insanity when being interned into an asylum for a short period but there could be a number of reasons as to why this was the case. Earlier intervention may have added a quicker recovery for some patients. The annual reports are restrictive in detailing which cause related to the how long the average stay was before recovery could be expected. Again, a more detailed analyse of each of the admissions within the casebooks would be ideal in order to establish the finer details.

It can therefore be shown that poverty did contribute to the descent of some of the patients within the borough asylum. The effect of social and economic deprivation is more obvious with the male patients than it is with females. This is due to the number of 'gendered' categories that denote female insanity being due to biological functions. The categories that male patients were admitted under tend to reflect the hard toil, the lack of employment or overwork. This arguably represents the bias that the middle class observers had of female insanity. In that females were afflicted by the possibility of insanity due to the perceived feebleness of the female body rather than due to the causes of social and economic deprivation. Poverty cannot be suggested as being responsible for these causes unless an in depth look into all the casebooks occur and the specific deviant behaviour that led to the persons admittance to the asylum. Even then the only information written down would be what the middle class medical deemed worthy of note. Still, it can be seen from the annual reports that even though there were high numbers of females interned for long periods of times, there were some patients who did recover from their bout of insanity within a short period of time. This suggest that the asylum could be seen to be effective as a respite and place of cure in some cases.

5. Conclusion

This study of the Leicester Borough Lunatic Asylum aimed to set out whether there was an actual increase in insanity within Leicestershire and whether the supposed increase could be attributed to social and economic deprivation of life as a pauper. It has been clarified that though there was an increase in the number of patients within the asylum on a year by year basis, this is reflective of the persistence of incurable patients, which has been shown to be predominantly female. It is also reflective of the growing use of the asylum and therefore the change in residence of the pauper insane within Leicestershire. The numbers residing within the community and the workhouse had decreased and so the higher number within the asylum reflects the growing acceptance of the asylum as a place of care and reformation for the pauper lunatic. It was the visibility of the pauper insane that encouraged an increase in the numbers at the asylum rather than a dramatic increase in new episodes of the pauper lunacy within Leicestershire.

Poverty was deemed a major factor in the advance of insanity and it was considered to be a physical cause. A cause of which was deemed to be outside of the influence of the pauper. Low wages, irregular earnings and large families, which were largely consigned to the working class, were suggested as being contributory to the descent into pauperism and the suggested immoral behaviours that precipitated the certification of insanity. The poverty life cycle was acknowledged as being a reason for why there was a high number of paupers within the asylum. This was then confirmed with a large number of pauper patients being between the ages of thirty to forty, an age that was discussed as featuring many of the life events that put further economic pressure on a family, such as an additional child, loss of work or perhaps the additional responsibility of the care of an elderly relative. The fact that a large number of those who recovered from their insanity were married was

also suggestive of the poverty life cycle contributing to the admissions to the asylum. The stresses of running a family within the poverty life cycle was a probable cause of insanity. The home environment was considered a catalyst for insanity and so the short break away was deemed to help cure their bout of insanity.

It was also clarified that medical men and social commentators did see poverty as being a high contributor to the diagnosis of insanity. The stress and worry of life within poverty and life in the rank of pauper, helped weaken a person's moral sensibilities which then in turn left them susceptible to the immoral and deviant behaviours that the middle class certifiers deemed to be symptoms of insanity. It was discussed however that insanity itself was a paupering disease in that it could also cause those who, whilst sound in mind, were above the rank of pauperism, could effectively fall in to pauperism when becoming unsound of mind. This was therefore suggestive of insanity affecting both the respectable working class and the middle class, as well as paupers.

Gender also had a major influence on the admission to the asylum and also had an impact on the rate of recovery. The second chapter presented that males were more likely to be admitted as a new case to the borough asylum and for those whose insanity was more persistent and resulted in a longer stay, females featured more frequently, whereas males were more likely to die rather than stay in the asylum for long periods. This highlighted the reluctance that doctors and members of the community had in diagnosing the male breadwinner as insane. This then resulted in males being diagnosed very late into their illness causing long-term and potentially irreversible damage that led to death. Contemporaries advocated that early intervention was crucial in changing behaviours and enabling patients to be alleviated from insanity.

Intemperance, overwork and straitened circumstances were highlighted as the most significant causes of insanity for the pauper patients within the borough asylum. High alcohol consumption was considered as an escape used by those in economic deprivation as a means of coping with the pressures of poverty. Overwork was considered to reflect the experiences of the working class in that their insanity was attributable to factors such as working long hours, and managing competing pressures, such as a large family on a small budget. The lunacy commissioners did however state that insanity was 'rarely due to a single cause, but, as a rule, the result of two or three combined influences'.¹ It should therefore be noted that poverty, gender and social class were not the sole cause of insane behaviour but can be seen as having a strong influence on the behaviours that the middle class certifiers felt not fit for society which resulted in their admission to the asylum. To understand further why each and every patient was admitted to the asylum, a detailed analysis of the casebooks should be made but it should be noted that we will never truly know the reasons behind the admission to the asylum as the details left behind will simply be a reflection of the middle class observer and may not portray an accurate reflection of the experiences of the pauper lunatic within the Leicester Borough Lunatic Asylum.

¹ *Comms. In Lunacy: Thirty-first Report of the Commissioners in Lunacy*, p.5; 1877 (403) XLI.1

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