Influences on Institutional Care for Insane Women in Surrey 1885 to 1919:
Social Construction, Family Agency, and Medical Control.

Louise Willis
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ABSTRACT

This study examines patients at two lunatic asylums in Surrey from the late Victorian period to the early twentieth century. The institutions studied were Holloway Sanatorium for the Insane which was in Egham and Brookwood Asylum which was near Woking. The focus is put on the years 1885, 1899 and 1919. The study will look at whether female insanity was a social and cultural construction influenced by the role of women within the family and society, and it will also look at the control their families had over their admittance to and discharge from the asylum together with the care and treatment they received.

The study draws on a mix of qualitative and quantitative evidence using a total of 581 female patient case histories plus letters and photographs and uses the methodology of nominal record linkage to look at their lives in context rather than just the period they spent at the asylum. A total of 377 male patient case histories of the same period were also drawn upon to give a comparison. Direct comparisons of asylums are quite rare and the extensive records that exist for both institutions allowed a detailed study to be made, particularly of how the admission of one member could affect the whole family dynamic.

The study concludes that female insanity was partly influenced by social construction in the period 1885 to 1899. This was more prevalent at Holloway Sanatorium than Brookwood Asylum suggesting that class was a factor. By 1919 the situation was beginning to change for both classes.

It also concludes that families at both asylums had significant amounts of control over their relatives stay at the institutions throughout the period studied, and that this was not influenced by class as much as social construction was.
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PERSONAL STATEMENT

I declare this dissertation is my own, unaided work and that I have not submitted it, or any part of it, for a degree at The Open University or any other university or institution. Parts of this dissertation are built on work I submitted for assessment as part of A825.

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LIST OF ABBREVIATIONS

Brookwood – Brookwood Asylum

Holloway – Holloway Sanatorium for the Insane
CHAPTER 1: INTRODUCTION

This study will compare Brookwood Asylum (hereafter Brookwood), near Woking which was opened as a public asylum for pauper patients in 1867 and Holloway Sanatorium for the Insane (hereafter Holloway) in Virginia Water near Egham, which opened as a charitable institution in 1885. Brookwood and Holloway were just nine miles apart situated in the North West of the county of Surrey. In the nineteenth century Surrey was largely rural, but until 1889, when the County of London was created, also included urban areas such as Rotherhithe and Bermondsey. The population of Surrey rose from 109,561 in 1801 to 920,016 in 1911 and in 1881 the highest number were employed in agriculture. Brookwood was originally used to house pauper lunatics from workhouses from the deprived urban areas of the county whilst Holloway was built by philanthropist and medicine manufacturer Thomas Holloway for middle class patients. Both institutions were sited in open space just outside a town, and both were close to rail links so that patients and medical staff could be easily transported to and from hospital, and supplies could be brought in.

Brookwood was Surrey’s second public asylum, the first being Springfield which opened in Wandsworth in 1841. There followed Cane Hill Asylum, which was built in 1883 and Netherne Hospital in 1907, both in Coulsdon in North East Surrey. In addition to these four asylums, there were five hospitals built on the Horton Manor estate in Epsom which were known as the Epsom Cluster, the largest group of such institutions in the world at that time, covering a square mile in area. The Manor opened in 1899, Horton in 1902, Ewell Epileptic Colony, later called St Ebba’s, in 1904, Long Grove in 1907 and West Park in 1924.

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1 A Vision of Britain through Time <https://www.visionofbritain.org.uk/unit/10054760/cube/TOT_POP> [accessed 6 May 2020].
Brookwood was ‘built in the popular ‘H’ layout, with a three storied block and retreating wings’ by architect, C H Howell. There was also a laundry, workshop, a chapel, cottages for staff in the grounds and ‘airing courts, one each for men and women’ which had ‘sunken fences … to maintain the patients’ uninterrupted rural view’. It was ‘plain and functional’ in design which was believed to be best for patients’ recovery, and the grounds ‘played an important part in providing opportunities for exercise and patient employment’. When it opened Brookwood was intended for 650 patients, but it was to be extended on numerous occasions in its lifetime to house an ever-increasing population, and it reached its peak of 1753 inmates in 1938. Brookwood Asylum changed its name to Brookwood Hospital in 1919 and eventually closed in 1994. Part of the original building has since been converted into luxury flats and now forms part of a large housing estate.

Holloway was founded by Thomas Holloway, ‘a wealthy patent medicine manufacturer and philanthropist’ who wanted an outlet for his money that ‘would also constitute a permanent testimonial to his spectacular rise from humble origins’. After much planning and research, it was eventually opened on the 15th of June 1885 by the Prince of Wales, initially for the middle classes but not long after opening, it also became popular with the upper classes. The sanatorium was intended for 200 patients but was extremely popular straight away and had much additional accommodation added on over its lifetime. Built in a ‘block and corridor layout’ it was lavishly ‘designed and decorated to provide cheerfulness and distraction for troubled minds’. In 1891 the committee purchased the 24 bed ‘Hove Villa in Brighton for use as a holiday and convalescent facility’. And in 1912 when Hove Villa was sold, ‘a site at Canford Cliffs’ replaced this as ‘a branch to accommodate 40 patients’.

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4 Shepherd, p. 21.
5 Shepherd, p. 22.
6 See Appendix 1.
7 Shepherd, p. 17.
8 Shepherd, pp. 23-24.
9 Lost Hospitals of London <https://ezitis.myzen.co.uk/holloway.html> [accessed 20 May 2020].
10 Surrey History Centre (hereafter SHC), 7267/3/33, Collected Papers – The history of Holloway Sanatorium for the Insane.
Holloway had a voluntary boarder system from the beginning which ‘accounted for 31 per cent of all admissions during the period from 1885 to 1905’.11 This system allowed patients to stay without certification thus removing some of the shame associated with entering such an institution, however, many did either return to the sanatorium by certification or were certified whilst there. The Annual Report of 1894 shows that there was plenty of entertainment provided for the patients – sports such as tennis, cricket, golf, and croquet were available, together with a library, arts and crafts and visits from musical acts.12 There was one other charitable asylum built in the area during this period – Earlswood Asylum for Idiots and Imbeciles which was opened in Redhill in 1855. Holloway closed in 1980 and, after being left empty for fourteen years, many of its buildings were restored and now form part of a gated community of houses and apartments.13

This study asks whether female insanity in the late nineteenth and early twentieth century was socially and culturally constructed, looking at the emphasis that society put on the ‘ideal’ woman who was a good wife and mother, morally incorruptible and accepting of her domestic role in life. It also looks at the control the medical elite had over the admission and confinement of women in these institutions and whether families had any agency over this. The study focuses on the years 1885, 1899 and 1919, these having been selected to coincide with the opening of Holloway, the end of the 19th Century and the end of the First World War respectively.

Anna Shepherd’s study *Institutionalising the Insane in Nineteenth Century England* which covers the period 1867 to 1900 was used for reference as she compared the two asylums focusing on class and gender and how this influenced patients ‘diagnosis, treatment and outcomes’.14 As this study focused on female insanity starting in 1885 and ending in the early twentieth century, it is hoped that it will complement her work and take it further towards the present day.

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12 SHC, 2620/1/1, Holloway Sanatorium for the Insane Annual Report 1894, p.100.  
13 See Appendix 2.  
14 Shepherd, p. 1.
The primary sources used for Brookwood are held at the Surrey History Centre in Woking. These were the Registers of Admissions, case histories of patients, Annual Reports, Inspection Reports and personal papers.\textsuperscript{15} \textsuperscript{16} \textsuperscript{17} \textsuperscript{18} \textsuperscript{19} The patient case histories for Holloway were accessed via the Wellcome Library web site where these have been digitized and sorted.\textsuperscript{20} Both sets of case books give date of admission; date of any previous admission; occupation and place of abode; bodily condition and form of mental disorder; supposed cause of insanity; date of discharge, removal, or death. Photographs of patients taken upon entry to Holloway also exist for part of the period studied, as do photographs taken at Brookwood by the first Medical Superintendent’s wife, Mrs Thomas Brushfield.

It was recognized that to understand how women were treated, it would be necessary to look at the treatment of men too, therefore records for all the male and female patients at Brookwood were studied for the years 1885, 1899 and 1919. The same records and period were studied at Holloway, except, as the institution opened in June 1885, records were studied from then until June 1886. The 1885 admission register was available for men at Holloway, however, patients’ notes were not, so the nearest available period was used, that being 1889 to 1890. Using the methodology of nominal record linkage, 10\% of the records from each year for each institution were then followed up by the study of further records including the Census, workhouse admission registers, birth, marriage and deaths and probate information to form a biography of patients to see, where possible, what their lives were like before and after admission which gave useful qualitative material to sit alongside the quantitative findings.

\textsuperscript{15} SHC, 3043/5/1, Brookwood Asylum, Knaphill (hereafter Brookwood), Registers of Admissions 1867-1987.
\textsuperscript{16} SHC, 3043/5/9, Brookwood, Case Books 1867-1921.
\textsuperscript{17} SHC, 3043/1/1, Brookwood, Annual Reports 1867-1947.
\textsuperscript{18} SHC, 3043/1/4, Brookwood, Inspection: Commissioners in Lunacy, Later Board of Control, 1854-1960.
\textsuperscript{19} SHC, 3043/9/2, Brookwood, Personal Papers, 1867-1965.
CHAPTER 2: SOCIAL CONSTRUCTION

Social construction means that the roles and behaviours that are associated with men and women are shaped by society and its culture and ideas. During the nineteenth century, rapid industrial expansion brought about huge social change which was characterised by strict class and gender distinctions and an increased sense of morality. This chapter asks whether female insanity during the period 1885 to 1919 was socially constructed by this patriarchal society to control women who did not live according to the sexual stereotypes of the time and who were subsequently placed in asylums to change their behaviour. It will study the theory of Elaine Showalter who makes the assertion that as the nineteenth century went on insanity came to be viewed as a ‘female malady’ as the ‘era coincided with a series of significant changes in society’s response to insanity and its definition of femininity’.¹

To test the assertions that any woman who did not conform to the expected societal norms of the period was seen as insane, all the admission registers and case notes for the male and female patients who were admitted to both Brookwood and Holloway in the years 1885 (June 1885 to June 1886 for Holloway), 1899 and 1919 were studied – see admission numbers in Chart 2.1. A quantitative analysis was carried out on gender, class and on the age at which patients were admitted, their marital status, the length of their stay and whether they were noted as being violent upon admission. A qualitative analysis was also carried out on the behaviour that led them to be admitted, the language used to describe patients and their condition during their time at the institution, whether men were treated differently to women, and what difference class made, if any. Where available, photographs of the patients were also studied, and in addition, 10% of both the male and female patients in each of the three years were investigated further looking at Census, probate, birth, death and marriage records together with contemporary newspaper reports and letters on the patient files.

Anna Shepherd highlights the challenges of using case notes and it is recognised that patient histories can be biased, however unintentionally - the doctors writing the reports were professional men aided sometimes with anecdotes about the patients from the staff and they were written to keep a record of the patient’s stay for other medical staff to read and learn from when dealing with similar cases. They were also kept so that they could be used if there were ever any insurance claims by the patient or their families, and notes were often made on the admission and discharge records about existing bruises and minor injuries. However, if read with this in mind they are a valuable and rich source of material for the study of asylums and insanity.

Research was also carried out looking at the weekly copies of the *British Medical Journal* (BMJ) for 1885, 1899 and 1919 and papers and pamphlets from the Medical Aftercare Association to find articles relating to mental illness and to see how women were referred to by the medical profession. There were 17 articles found across the period in the BMJ relating to lunacy and these mainly related to the Lunacy Acts amendments, signing of lunacy certificates and the refusal of medical men to certify cases. There were some articles on the causes and treatment of insanity, however, they spoke generally of patients and did not highlight women or speak of them in different terms to men which does not support Showalter’s theory that they were treated differently, but it is difficult to reach a conclusion from just these articles, as it does not show what or how medical men spoke of women to each other in private or how they spoke to patients when treating them.

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3 Mental Aftercare Association Collection of Papers <https://wellcomecollection.org/works/n9845w4v> [accessed 2 October 2020].
Showalter believes that the ‘triple cornerstones of Victorian psychiatric theory and practice were moral insanity, moral architecture and moral management’ and that there was a need to ‘re-educate the insane in habits of industry, self-control, moderation and perseverance’. Supporting this theory is the 1988 study by Cheryl Krasnick Walsh of a private asylum called the Homewood Retreat in Ontario, Canada for the years 1883 to 1923, where she concluded that families used these institutions to deal with ‘perceived breaches in standards of tolerable behaviour within the family’. Krasnick Walsh asserts that those who were sexually promiscuous or behaved strangely in public were seen to bring shame on the family, as too were middle class spinsters who may have devoted themselves to looking after parents whilst younger and then by middle age, when their parents had died, were ‘redundant’ and not able to provide for themselves. Suzann Bick agrees with both

\[\text{Chart 2.1 Number of patients admitted to Brookwood Asylum and Holloway Sanatorium 1885 – 1919}^{4}\]

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pointing to the physicians approaches of the time being to ‘tame’ women into being ladylike.\textsuperscript{7} Showalter contends that during the Victorian period for the first time more women were sent to asylums diagnosed as insane than men. She suggests that with the changes in the Poor Law many women were no longer covered by outdoor relief and this ‘increased the stress on poor women, some of whom then became cases for the asylums’.\textsuperscript{8} She also suggests that women who did not ‘live according to the narrowest of Victorian sex stereotypes’ were dealt with in asylums ‘designed to encourage normative behaviour’.\textsuperscript{9} Women who acted aggressively, would not be quiet, or who were obscene in their language or behaviour were all disruptive to the family dynamic, and the asylum was often thought to be a good place for them to be managed safely. Conversely Marjorie Levine-Clark, in her study of female insanity and the family amongst the West Riding poor, suggests that ‘poor women experienced many pressures in the domestic sphere, and insanity may have been one way to escape dysfunctional domesticity’.\textsuperscript{10}

Historian Nancy Tomes disagrees with Showalter suggesting that the population at the time consisted of more women than men and that they generally lived longer, which accounts for there being more female insanity.\textsuperscript{11} Janet Sayers says that Showalter looked at history from a modern viewpoint, that of the ‘mother-centered approach of the women’s therapy movement’ of the 1980s which has the potential of distorting the facts of history.\textsuperscript{12} And Joan Busfield’s critique of Showalter’s book says that the idea that madness was a ‘distinctively female malady is mistaken’.\textsuperscript{13} She cites the

\textsuperscript{9} Showalter, p.167.
\textsuperscript{10} Marjorie Levine-Clark, ‘Dysfunctional Domesticity: Female Insanity and Family Relationships among the West Riding Poor in the Mid-Nineteenth Century’ (Journal of Family History, July 2000 25(3)), p.341.
fact that Showalter focuses only on women in her study and excludes men which Busfield claims
distorts rather than clarifies our ‘understanding of women’s madness’.14

Substantiating Showalter et al are contemporary published works that exist from female
authors such as Georgina Weldon, who were, in their view, wrongly diagnosed as insane by their
husbands, and from those such as Florence Nightingale and Charlotte Perkins Gilman, who blamed the
rise in cases of middle- and upper-class women suffering from ‘nerves’ on their unproductive and idle
lifestyles. Weldon wrote How I escaped the Mad Doctors in 1879 to put her side of the story of how
her husband who she had not seen for over 2 years, suddenly wanted to sell their house and
possessions, and put her in an institution. She put his behaviour down to the fact that she worked as a
teacher and shunned the fashions of the day, saying she ‘disliked long dresses and very full skirts’ ‘did
not like high heels’ and ‘wore her hair short’.15 Nightingale found the life women in the middle
classes were supposed to lead where they married, had children, took up embroidery and partook in
social events an incredible waste, especially in comparison to men’s lives, and fought long and hard
with her family to be allowed to train to be a nurse - in which she succeeded at the age of 32. She
wrote her novel Cassandra, when she was at her lowest point stating in it that ‘the accumulation of
e nerous energy, which has nothing to do during the day, makes them feel every night, when they go to
bed, as if they were going mad’.16 Perkins Gilman published The Yellow Wallpaper in 1892 about a
lady who was forced to live in one room of a rented house on bed rest at the insistence of her doctor
husband, where she found the only thing, she had to do was look at the awful yellow wallpaper which
gave her hallucinations. She followed it up in a 1913 article in The Forerunner explaining that the
story was semi-autobiographical written at a time when she was suffering from melancholia and
treated by her physician, Silas Wier Mitchell, who told her to ‘live as domestic a life as far as possible’

and ‘never to touch pen, brush, or pencil again as long as I lived’. These instructions nearly sent her over the edge, but she found a cure in writing the story.

The secondary literature is mainly written by middle class, educated women, many of whom were married and whose husbands were influential – the voices of lower-class women at this time are more difficult to find as they were not as likely to have been able to read and write to record their experience, or if they could, they would probably not have had the time to as they would have been working long hours. There is also substantially less written by historians and in literature about male insanity in this period than for women, which makes comparison more difficult.

**AGE**

Chart 2.2 Patient ages upon admittance to Brookwood Asylum and Holloway Sanatorium

![Average Ages Chart](image)

Chart 2.2 shows the average age at which both men and women were admitted to the asylums was similar during the period – most being admitted in middle age. The biggest change is for male patients – a difference of 17 years at Holloway and a difference of 13 years across the period at Brookwood which might be attributable to the effects of war. The age at which women were admitted at both institutions remained similar throughout, rising from the early forties to the late forties over the period which could suggest they were ‘redundant’, and families did not know what to do with them as Krasnick Walsh suggests, especially at Holloway as middle- and upper-class women would have been unlikely to work outside of the home. However, cases at that age could also be attributable to ‘change of life’ or, in the case of pauper patients, extreme exhaustion after many years looking after a family whilst working in and out of the home.

**LENGTH OF STAY**

From Chart 2.3 we can see that in the first year of Holloway being open in 1885-86, men appeared to go on to have very long stays – the average being 19 years. These patients did not return home, they either died at the asylum or were transferred to another institution and died there.\(^\text{19}\) The fact that men were kept in the sanatorium for so long appears contradictory to Showalter’s assumption that it was women who were put away and forgotten about. It is also interesting to note that the founder Thomas Holloway set a rule that ‘no patient will be allowed to remain an inmate of the institution for a longer period than twelve months’.\(^\text{20}\)

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\(^\text{19}\) Holloway, Male case books 1885-1900 <https://www.surreycc.gov.uk/surreyhistorycentre> [accessed 5 April 2020].

From Chart 2.4 it can be seen that the patients’ length of stay at Brookwood remained similar throughout the period studied with most staying under a year. These figures appear to show the women at both Holloway and Brookwood were not just put in an institution and disregarded which would be expected if they were superfluous to their families.

Chart 2.4 Patient length of stay at Brookwood Asylum 1885 - 1919  
[Image of Chart 2.4]


22 SHC, Brookwood, 3043/5/9/2/17 Female Case Book No. 11 September 1884 to January 1886, 3043/5/9/2/27 Female Case Book No. 21 December 1897 to May 1899, 3043/5/9/2/28 Female Case Book No. 22 May 1899 to September 1900 and 3043/5/1, Brookwood, Registers of Admissions 1867-1987.
MARITAL STATUS

If Krasnick Walsh et al’s theories are correct we would expect to see high levels of unmarried women entering the institutions. Charts 2.5 and 2.6 show that more single than married women did enter Holloway in each year studied, particularly in 1899, where 61% were unmarried. However, in 1885 more single men entered than married and in 1919 the levels of married and single men entering were the same. At Brookwood there are slightly higher levels of single women entering than married, but the differences are not great and here too the ratio of married to single men is similar – apart from in 1899 when it is higher. The figures therefore do not seem to support the social construction argument put forward.

Chart 2.5 Marital status of patients at Holloway Sanatorium 1885 - 1919 23
Chart 2.6 Marital status of patients at Brookwood Asylum 1885 - 1919

![Chart 2.6 Marital status of patients at Brookwood Asylum 1885 - 1919](image)

VIOLENCE, BEHAVIOUR & LANGUAGE

Chart 2.7 Percentage of women reported to have been violent on admission 1885 - 1919

![Chart 2.7 Percentage of women reported to have been violent on admission 1885 - 1919](image)

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24 SHC, Brookwood, 3043/5/9/2/17 Female Case Book No. 11 September 1884 to January 1886, 3043/5/9/2/27 Female Case Book No. 21 December 1897 to May 1899, 3043/5/9/2/28 Female Case Book No. 22 May 1899 to September 1900 and 3043/5/1, Brookwood, Registers of Admissions 1867-1987.

1885

Looking at behaviour, 64% of the women studied at Holloway during 1885 were reported to have been violent on or before admission. Examples include Louisa C who was violent towards her mother on two occasions, Stella J who, whilst out walking one day, took hold of a passing child and pulled her hair and Georgina W who threw books about in church and walked into the sea with no clothes on. Many others tried to do themselves harm, such as in the case of Josephine A who tried to strangle herself with her garter, or Edith R who stashed strychnine under her pillow for the purposes of suicide, bashed her head against a window and tried to swallow hair pins. Only 20% of the men were noted as violent, one, James L having spat at the certifier and banged on a nearby piano, the majority tending to be either ‘vacant’, ‘pompous’ or ‘suspicious’ on admission.

In comparison 31% of women admitted to Brookwood in 1885 were noted as violent and 40% of men. Clara D was admitted because ‘her mother and father have a complete inability to control her’. Georgina V asked to be restrained in case she does something to herself, and Harriet B’s 18-year-old daughter said, ‘she has been strange for years and sometimes takes a knife and threatens to kill her children’. John C says he has the ‘devil at his elbow prompting him to commit suicide’, and it is noted that Luigi C, a professor of singing, ‘attacks his wife in an attempt to kill her and thinks it is OK to do so’.

Looking at the language used to describe the female patients in 1885 at both asylums, words such as ‘childish’, ‘weak minded’, ‘silly’, ‘demented’ and ‘foolish’ are used frequently. Unsuitable behaviour is noted at Holloway where one woman, Georgina W ‘behaves to attract attention’, and another, Ellen M ‘is fond of gentlemen’s society’. Mary G, the wife of a clergyman, is noted as being ‘offensive in her habits’ but could ‘conduct herself in a ladylike manner throughout Divine Service’.

26 WL, MS5157/8159, pp. 25, 169, 37 & 53.
27 WL, 8855/1 Holloway, Case book covering admission of male patients from May 1889-Jun 1890, p.117.
28 SHC, 3043/5/9/2/17 Brookwood, Female Case Book No. 11 September 1884 to January 1886, pp. 51, 66 & 72.
At Brookwood it is noted that Eliza B is ‘very erotic’ and cannot be trusted in the presence of men, Elizabeth K is ‘sometimes wanting in decency’ and that Isabella V has a ‘voracious appetite’, uses ‘vile language and has lost all modesty and morality’. 31

The men at Holloway seemed to be most indignant at being detained, making accusations about their attendants, and threatening to bring action. Charles M it was said ‘continues to bore everybody with his incessant complaints’. They are also noted as ‘rather pompous’ or ‘grandiose’ in their ideas. However, others were noted as being incapable of understanding anything or to recognize friends and family, whilst some it was noted were ‘nervous as a child’ or ‘sensitive’. One, Henry W was said to ‘exhibit much moral perversion’, while another, Edward L was said to be ‘absurd’ and ‘indecent’. 32

At Brookwood, it is noted that John M ‘has taken his clothes off and run around the ward’ and the words ‘childish’ and ‘weak minded’ are also used but not so often, and it appears that the men admitted at this time were on the whole suffering because of senility or from a congenital or hereditary condition possibly accounting for the shorter length of stay as they are likely to have died there. 33

1899

In the year 1899, most of the women at Holloway were admitted as delusional or with mania, and the main causes were ‘family loss’, ‘change of life’, ‘childbirth’ and ‘domestic worry’. The men at Holloway were mainly admitted as delusional or suffering from melancholia, with the main cause being attributed to ‘business worries’. Forty three percent of women and 41% of men were admitted to Holloway acting violently.34 35 This supports the theory of social construction with the women suffering from the pressures of domestic life whilst the men suffered from business stress. The

31 SHC 3043/5/9/2/17, pp. 90, 72 & 60.
33 SHC, 3043/5/9/1/15 Brookwood, Male Registers of Admissions 1885, p.152.
34 WL, 3473/3/1/1/5 Holloway, Case book covering admissions May 1899 – Mar 1900.
35 WL, 8855/2 Holloway, Case book covering admission of male patients from Apr 1899-Feb 1901.
language used in the women’s case histories at Holloway continues similar to that in 1885, and it is also noted where women were ‘well behaved’ and ‘quiet’. Several women in this period at Holloway were admitted through ‘over work’ or ‘over study’ or were accused by their families of always having been ‘impulsive’. Fanny W, a married lady of 42 had ‘successfully managed a mantle factory until 1892’ but had since become ‘weak minded and facile’ and quite unable to ‘fix her attention’. Agnes M, a younger lady of 25 was noted as ‘always flighty’ - she stayed at Holloway for 49 years dying there in 1948. Another young lady of 24, Evelyn S, described as ‘always being different to the rest of the family’ by her parents, had run away from home on numerous occasions, having once been found living in a railway carriage on a beach at Shoreham, another time travelling to Northampton by train to visit a man, becoming ‘attached to a fast act’ whilst a student at South Kensington Museum and ‘flirting’ with a number of men on different occasions. After four months at the sanitorium, Evelyn was ‘quieter and more ladylike’ with ‘her conversation now rarely of its former coarse character’ and after six months she admits her former behaviour was ‘unreasonable’ and she has more ‘self-control and moral sense’. She is discharged from leave just under a year after her admission, and from later Census, marriage, and death records, we can see she married a successful physician in 1908 and went on to have three children. Sadly, she died at the age of 41 whilst the family were living in Dumfries & Galloway – it being noted in her obituary that she had ‘a keen interest in Red Cross work and helped the cause in many ways’. A good example of a female patient being brought into line with what society expected a woman to be like.

On occasion the men at Holloway were called ‘childish’ and ‘weak minded’, but they were also called ‘garrulous’ ‘self-opinionated’ ‘given to fault finding’ and ‘boisterous’. In the main they appear to be suffering from delusions of persecution, and often spent hours a day writing – one such letter written by Frederick E being 16 pages long, and Percy G, a famous chemist and metallurgist, 

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37 WL, 3473/3/1/15 Holloway, Case Book covering admissions May 1899 – Mar 1900, p.75.
spent his time writing ‘long lists of requirements’ and getting a cat or dog to try his food before eating in case it was poisoned. 39 Frederick had been transferred from Lambeth Infirmary, but after 6 months he was discharged ‘recovered’ and he was not admitted as a patient again before his death in 1916. Percy, however, was discharged to single care and from his obituary we can see he ‘had for a long time lived in retirement owing to ill health’. 40

At Brookwood in 1899 the cause of illness is not always noted in the case histories, but where it is, men’s illnesses are attributed to ‘business worries’ ‘want of employment’ and ‘intemperance’. In contrast for the women, it is ‘change of life’, ‘drink’, ‘hereditary’ and ‘influenza’, seemingly supporting the theory of social construction in that men seem to have a temporary life issue as the reason for being there, but with women it appears to be a personality trait or weakness. Women and men entered suffering mainly from mania, dementia, or melancholia with 32% of women 41 and 32% of men 42 noted as violent on admission. One woman, Amy T, a 29-year-old nurse, who is noted as being ill caused by ‘disappointment in love’. Amy is noted as attempting to get out of the workhouse infirmary window, refusing food and throwing milk and beef tea about the room. She had also threatened to hang herself. 43 She was ‘relieved’ after 2 months at the asylum, but sadly we can see from the 1939 England and Wales Register she was living at Springfield Asylum aged 70 so she presumably relapsed at some point during her life. 44 Ellen K, a 61-year-old married woman noted as a ‘wife of a farmer’ was admitted in February 1899 with ‘worry’ and is noted as being wild and excited, breaking articles of furniture and destroying clothing. She was violent and had threatened to kill herself. Delving deeper into the records shows that Ellen was a patient at Brookwood every year for a few months, mainly in winter when perhaps work was scarce, from 1887 to 1899, and by 1911 was widowed and living at the Guildford Union Workhouse. Rosina P, an 18-year-old woman was known

39 8855/2 Holloway, Case book covering admission of male patients from Apr 1899-Feb 1901, pp. 5 & 45.
41 SHC, 3043/5/9/2/17 Brookwood, Female Case Book No. 11 September 1884 to January 1886.
42 SHC, 3043/5/9/1/15 Brookwood, Male Registers of Admissions 1885.
43 SHC, 3043/5/9/2/28 Brookwood, Female Case Book No. 22 May 1899 to September 1900, p.16.
to ‘shout at the top of her voice’ which disturbs the whole neighbourhood and is ‘subject to outbreaks of maniacal excitement during which she tears off her mother’s clothes and strikes her’. She was admitted to Brookwood in 1898 at aged 16 and again in 1900 for six months, after which she was discharged to the care of her father.\(^\text{45}\)

Like the men at Holloway at this time, the men admitted to Brookwood were often suffering delusions of persecution. George H a 40-year-old hawker found ‘wandering at large’ ‘fancies that persons are conspiring against him to prevent his gaining possession of his rights’, and George M a master labourer who was admitted with sunstroke believing ‘people say he doesn’t supply his wife with sufficient money to purchase the necessaries of life’. James S, a 50-year-old boat builder believes everyone to be talking about him and preventing him from getting work’. He is noted to have written ‘letters, many of them of a filthy character’. James was removed to Three Counties Asylum in 1900 and then readmitted to Brookwood in 1903, where he stayed until his death in 1918.\(^\text{46}\)

1919

In 1919, the main causes of women’s illness at Holloway were ‘death of a relative’, ‘change of life’, ‘worry over the war’ and ‘overwork’ and the illnesses suffered from were noted mainly as melancholia or mania. For men at Holloway the main causes of their illness were ‘worry over work’ or ‘strain of warfare’ with the main form of disease being senility or epilepsy. This seems to be a departure from the earlier periods, and it appears the war had a levelling effect on the reasons for admission. Eighteen per cent of women and 31% of men were noted as violent on admission. Clare A, a single lady of 49 had been ill from the age of 43, having previously been a patient at another asylum and was transferred to Camberwell House after 5 years in Holloway. She died there in 1951 aged 81. She was noted at different times during her stay as being ‘eccentric in dress and manner’ ‘overdressed’ and ‘disagreeable over trifles’. Clara L, a single lady of 49 who was a clerk was

\(^{45}\text{SHC, 3043/5/9/2/27 Brookwood, Female Case Book No. 21 December 1897 to May 1899, pp. 170 & 48.}\)
\(^{46}\text{SHS, 3043/5/9/1/24 Brookwood, Male Case Book No. 19 July 1898 to February 1900, pp. 86, 92 & 125.}\)
admitted by her father and stepmother, saying she was ‘obstinate and contrary and beyond the control of her relatives’. Marion M, a 23-year-old single lady had entered a man’s bedroom naked and had to be stopped from rushing into the street with no clothes on. There are other women who appear to have an ‘untidy’ or ‘very dirty’ appearance and who it appears have given up - not wanting to get out of bed and refusing to wash. Some of these conditions could be linked to the war – Florence W, a 49-year-old single lady left London with her mother because of the air raids and was in a ‘highly nervous state’. She never fully recovered – dying at the age of 71 at Laverstock House Asylum.47

The war was often a reason for admission amongst the men too. Bertrand C was 27 when he went to Holloway with ‘anxiety over parish matters’, was noted as being ‘eccentric in manner’ and writing ‘voluminous, incoherent letters on any odd scrap of paper’ and stayed there for 56 years, dying at the age of 83 in 1975. Percy R-C, a Captain in the Indian Army was aged 28 when he was admitted through strain of warfare was noted as ‘foolish in manner and conversation’, with ‘no idea of his position’ eventually died at Holloway 13 years later with no improvement. Rudolph C, a single man of 46 believed there were a group of people plotting against him. Andrew G, 55, thought his wife and the Christian Scientists were plotting against him to get his money, and Cecil H, 53 a married man believed there were spies everywhere trying to take his property from him. Whilst John F, a single man, thought there was a great conspiracy against him with actions being brought for libel and incest.48

In 1919 at Brookwood 27% of women and 26% of men were noted as violent on admission. The main causes of women being admitted were ‘climactic’ ‘depression’ or ‘hereditary’ and the men ‘old age’ an illness such as TB or an accident such as a ‘broken leg’. There appears to be a theme amongst the women trying to burn themselves with Elizabeth T and Mary P burning their hair and a note that before admission to the asylum Lily W a 34-year-old domestic servant lit a paper and ran up

and down the ward of the workhouse infirmary threatening to set fire to the place. On another occasion Lily filled the room with smoke and shut the windows. Correct language and behaviour were also an issue, with Harriet H a 45-year-old married woman divesting herself of her clothes and running up and down the ward trying to escape, Emma E a 48-year-old cook being excitable, noisy, abusive, and obscene in conversation and untidy in dress and person.49

There were a proportion of discharged soldiers at Brookwood such as Lewis S a 23-year-old single man who was noted as ‘quite incoherent, taking very little notice of what is going on’ and ‘incapable of any occupation’ who saw fairies. He was removed by relatives later the same year ‘relieved’. Similarly, Louis S a 26-year-old single man who is noted as ‘an imbecile who can give little account of himself’, ‘childish, simple minded, very imperfectly developed’. Louis was still a patient in 1939. George L, a 34-year-old married man was an ex-sergeant in the Middlesex Regiment who is noted as having ‘neither capacity nor intelligence to do work if he got it’ and who is violent and threatening towards his wife. George also died at Brookwood in 1938. It is noted that no mention of these men’s previous occupation as soldiers is made in their case histories, and it is interesting that they are referred to as ‘childish’ and ‘imbeciles’ ‘not able to hold down a job’ when relatively recently they were fighting for their country in the war.50

Showalter believed that women who were aggressive or would not be quiet were admitted to asylums to tame them into more ladylike behaviour. Violent behaviour was attributed to many women at Holloway in 1885 and 1899 but this decreases dramatically in 1919, whilst at Brookwood it remains constant through the period with around 30% of admissions showing signs of aggression. This could mean that family members had them admitted to calm them down so they were more acceptable to society, however, there were similar levels of violence noted amongst the men admitted to both

asylums through the period. The aggression could have been very frightening and threatening to relatives who might have feared for their safety and that of the patient being admitted – it does not mean that in all cases women were put away because their family were ashamed of them. The behaviour exhibited by both classes prior to admission that required them to be admitted does in many cases appear to support the theories of Showalter et al as does the language used to describe women whilst they were patients. It would seem that men and women were dealt with in ways that reflected the Victorian societal norms present in 1885 and 1899, but by 1919 the war appeared to have changed things and both sexes were dealt with similarly. As 1919 was so close to the end of the war, this could have been for a short period of time and whether this remained the case in the years afterwards is not known from this study.

**PHOTOGRAPHS**

A rich source of information comes in the form of photographs. There remain a few taken by the wife of Dr Thomas Brushfield, the first Medical Superintendent at Brookwood, two of which are set out in figure 2.1 – one of a female ward and one of a male ward.

**Figure 2.1 Brookwood Asylum - photograph of interior of ward for females (R) and Photograph of interior of ward for males (L) 1881**

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51 SHC, 3043/1/20/7, Brookwood, Photograph album belonging to Mrs H Brushfield, wife of the first medical superintendent of Brookwood.
They are almost identical in layout and are both calm, tidy and clean with pictures hanging on the walls, but the female ward is decorated with wallpaper, crocheted table covers and lots of plants and looks more comfortable than the male ward. The three women seated on the left of the photograph have books on their laps and, were it not for the nurses standing by the patients, it could be mistaken for a front room at someone’s home. The male ward looks more like a waiting room with less comfortable chairs arranged in a row against the wall. The man on the left is perched on the fireguard and the man on the right on a hard wooden bench and there are no books visible. The door at the far end is open whereas in the women’s ward it is closed, which adds to the feeling that the male ward looks far more temporary than the female ward almost as if the men are passing through and have some freedom, whilst the women look well established and more controlled.

The photographs would have been public documents and displayed to visitors such as the Board of Guardians or family members who had relatives staying at the asylum so could have been staged for them to fit in with social norms for the period and disguise the fact it was an asylum, or they could have been arranged this way for practical reasons. Similar to gender roles in life outside the asylum male patients were expected to work on the farm or around the asylum if they were fit enough whereas the women were encouraged to do needlework or read so would have needed more comfortable furniture as they were indoors longer, and the door could have been closed to keep the warmth in if they were in the room a long time sitting still.

Uniquely in the male and female case books at Holloway between 1885 and 1918, there are individual photos of about a third of the patients taken during their stay. Susan Sidlauskas in her paper on medical photography at the sanatorium between 1885 and 1889 states the photographs taken at Holloway are not in the style of an institution as these were usually of medical conditions, how they developed and were cured, but were like family photographs of the time. She attributes this to the fact that the photographers were often amateurs - either sanatorium staff or medical professionals and that the ‘medical images were produced in an institution whose designers did everything they could to
distract from, even in some instances, disguise, its actual therapeutic function’.\textsuperscript{52} She points to the first photos being ‘a staged realism’, not showing real life at the asylum, but ‘rather what a middle-class life could, and should, look like outside it’.\textsuperscript{53} She suggests that often the women were dressed in many layers for the photos, possibly as an insurance against them taking them off, as she points out ‘failure to dress appropriately’ was a ‘frequently cited symptom’.\textsuperscript{54} The photos in the first female case book were often taken outside in a group similar to a middle-class family portrait might have been at the time. They are set against a feature such as a high hedge or arranged on the steps, and where the patients are photographed alone, they often showed some of their personality in the dress or hat they were wearing, or they were sitting with an animal or other prop.\textsuperscript{55}

\textbf{Figure 2.2 Female patients at Holloway Sanatorium taken 1885: Left to right, standing Susan B, Ellen M, Ada H, Emily Jane B. Seated: Louisa T, Emily Gordon B, and unidentified woman}\textsuperscript{56}

\textsuperscript{52} Susan Sidlauskas, ‘Inventing the medical portrait: photography at the ‘Benevolent Asylum’ of Holloway, c.1885-1889, (Medical Humanities, 2013), p.29.
\textsuperscript{53} Sidlauskas, p.29.
\textsuperscript{54} Sidlauskas, p.33.
\textsuperscript{55} WL, MS5157/8159 Holloway, Case-book A: Females. Certified patients admitted Aug 1885-Dec 1887.
The female photographs change in style as time passes, and in the case books from May 1898 to May 1899 they are generally of one patient at a time face on, often with only head and shoulders showing and against a blank background. Some are full length, and some look to be taken before the patient was admitted to the sanatorium at a professional photography studio, but the majority are less obviously posed. One record for Mary P admitted in June 1899 shows photographs of her posing with a dog in one photo and then outside with her arms and fists raised to the sky. The photograph of her with the dog could have been used to show relatives whilst the other could have been used for medical purposes to investigate her condition. There are often two photos taken of the same patient and pasted in side by side as in figure 2.4 – often showing the patient first non-smiling and then smiling, almost like before and after shots, however, they are mostly dated the same, so this is unlikely to be the case.

57 WL, 3473/3/1, p.82.
58 WL, 3473/3/1/1/5 Holloway, Case Book covering admissions May 1899 – Mar 1900.
Looking in contrast at the photographs in the male case books for the period May 1889 to June 1890 the earliest remaining with photos – they are close up head and shoulders shots mostly unsmiling. They are not posed in groups like the women and, although sometimes taken outside,
there are no background features. In the period 1898 to 1899 the photos remain much the same – the men are smartly dressed and are mostly set against a blank background.\textsuperscript{62} This might have been to cover up the fact they were in an asylum. In the period 1916 to 1918 they are more varied – some men are sitting down, some are standing up, some are in overcoats, scarves and hats, and there are the occasional ones of a man asleep or holding his head in concern. They are often taken side on and are not so formal as the previous period.\textsuperscript{63} The change in style could be because the photographers were experimenting with different techniques or it could be that they reflected the more informal society that existed at the end of the war – the photographs at figure 2.7 are very casual – almost like family snapshots, but both men entered the asylum in 1917 and the photographs are dated 1918, so they were taken whilst they were still patients.

\textbf{Figure 2.6 Photographs of Harold R (L) and Arthur E S (R) – admitted January 1899}\textsuperscript{64}

\textsuperscript{62} WL, 8855/2 Holloway, Case book covering admission of male patients from Apr 1899-Feb 1901.
\textsuperscript{63} WL, 3473/3/2/1/6 Holloway, Case book covering admissions Dec 1916 - Jul 1920.
\textsuperscript{64} WL, MS/5163 Holloway, Males No. 9: Certified Patients admitted Feb 1898 – April 1899, pp. 342 & 346.
SUMMARY

In summary, the evidence appears to back up Showalter et al’s persuasive and influential ideas in some areas but not in others – quantitative data for age and violence across both classes do seem to partially support the theory, however, the length of stay and marital status figures do not. Whilst qualitative data for behaviour for both classes generally appear to support their theories in 1885 and 1899, the language does in part but not wholly, and in 1919 we can see a change beginning to occur. The photographs do appear overall to have been taken in accordance with gender stereotypes for both classes.

The next chapter will examine the role of families in their relatives care and will evaluate the work and theories of David Wright, David Mechanic, Andrew Scull, John Walton and Anna Shepherd.

CHAPTER 3: FAMILY AGENCY AND MEDICAL CONTROL

This chapter looks at who was responsible for the admission and control of a patient’s confinement in an asylum - medical superintendents or their families. It is commonly assumed the medical elite had more control, but were the patient’s relatives also able to influence their admission and care and did that differ between the social classes? The Medical Superintendents at both Brookwood and Holloway were in post for a long time - each having only three across the period being studied and this enabled them to give an element of stability to the asylums. They were assisted by a large staff made up of Medical Officers, attendants, and domestic staff. At Brookwood the staff to patient ratio was 10.5 to 1 for male patients and 12.6 to 1 for females, and at Holloway the staff patient ratio was 2 to 1 for both male and female patients.\(^1\) Both asylums were answerable to the Commissioners in Lunacy with Brookwood also reporting to the Poor Law Officials and local Government and ratepayers, and Holloway the Charities Commission.\(^2\)

The chapter will test the hypotheses of David Wright, David Mechanic, Andrew Scull, John Walton and Anna Shepherd on this subject. David Wright’s hypothesis is that ‘rather than medical superintendents being central to the admission of patients […] control over confinement was predicated upon the desires of families to care for and control dependent and violent relatives’. And that ‘The confinement of the insane can thus be seen not as a consequence of a professionalizing psychiatric elite, but rather as a strategic response of households to the stresses of industrialization’. Wright points to John Walton’s argument that ‘casting out’ and ‘bringing back’ of the insane by families occurred in pauper as well as private or charitable admissions.\(^3\) Wright suggests that many patients were admitted to an asylum by a family member, and that doctors who were ‘answerable to

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\(^2\) Shepherd, p.43.  
lay boards of governors, private proprietors or county magistrates, had little say in admission or discharge’.4

David Mechanic suggested that ‘Industrialization and technological change … coupled with increasing urbanization brought decreasing tolerance for bizarre and disruptive behaviour and less ability to contain deviant behavior within the existing social structure’.5 Similarly, Andrew Scull believes that there were increasing numbers of poor people admitted to asylums as their families ‘soon became wearied of the presence of their insane relatives’ whereas ‘persons above this class more readily tolerate infirmity and can command time and attention’.6 Scull also contended that workhouses used asylums to get rid of those who were old or very ill and so no longer able to work.7 Anna Shepherd believes that class was a factor in how involved families were - she contends that ‘families of the middle and upper-class Holloway patients were more likely to have been directly involved in the admission and discharge process, by virtue of their superior education and ‘consumer’ status’.8

To test these hypotheses, all admission registers and case notes for women in 1885 (June 1885 to June 1886 for Holloway), 1899 and 1919 were studied for both Brookwood and Holloway which totals some 581 women. This enabled the database to be further populated with date of admission and discharge/death, length of existing attack, how many previous attacks they had suffered and where they had been treated, where they had been transferred from, and in many cases the name and location of the relative signing them into the asylum or their next of kin. The records also provide detailed notes of the patient’s state of mind upon admission and throughout their stay at the asylum and the case studies will be divided into three sub sections to follow the historiography.

7 Scull, p.362.
During the period 1885-86 at Holloway 61% of those admitted were having their first attack with the length ranging from a few months to years. In 1899 there were 60% of patients shown to be having a first attack, however, the length of that attack was on average eight months. In 1919 48% were having a first attack, but the length of the attack had dropped again, quite dramatically this time, from between a few days to a few weeks. The remaining percentage had suffered four or more attacks before this particular admission. The length of the first attack drops considerably from months and years in 1885 to days and weeks in 1919 which could mean the families were more tolerant earlier in the period, coping at home for longer before admitting their relatives into care or it could mean that by 1919 there was not so much shame in being admitted to an asylum and that families acted more quickly to get their relatives treatment sooner in the hope they would recover more quickly.

10 WL, MS5157/8159 Holloway, Case-book A: Females. Certified patients admitted August 1885 to December 1887.
12 WL, 3473/3/1/1/5 Holloway, Case Book covering admissions May 1899 – Mar 1900.
In 1885 at Brookwood 55% of women were admitted having their first attack which ranged from a few months to years. In 1899 seventy-two per cent of patients were shown to be having a first attack, however, the length of that attack was between a few days and a few months in most cases. In 1919 fifty-eight per cent were noted as having a first attack, and the average length of the attack ranged from a few months to years. As with Holloway, the remaining percentage had four or more attacks before admission. Brookwood follows Holloway in the first two periods but then reverts to the average length of attack being months and years again in 1919. There were 166 women admitted to Brookwood in 1885 and only 72 in 1919, so it would be assumed they had space for patients, however, some asylums such as Middlesex, Oxfordshire and West Sussex were cleared in order to look after casualties of the first world war and their patients were transferred to amongst others, Brookwood which could mean the reason for the lower admission numbers was because they did not have as much room.

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15 SHC, 3043/5/1.
Looking at Chart 3.3 we can see that in 1885 just over half the women at Brookwood were admitted from another institution, the workhouse, or prison/Police Station with 41% being transferred from home. For the same period 63% of ladies entering Holloway were admitted from home, with 37% having been transferred from another asylum, private care or hospital and none from a prison or Police Station. In 1899 at Brookwood the figure admitted from home rises to 52% and 45% from another institution, and at Holloway the figure rises to 85% from home and 15% from another asylum. By 1919 at Brookwood the figure arriving from home has risen further still to 70% with just 30% coming from another institution, and at Holloway the rise continues with 88% being admitted from home and 12% from elsewhere.

**FAMILY CONTROL**

Looking at Wright’s hypothesis and studying the case histories shows there are many cases where the family were involved in their relatives care and were, it appears, able to influence outcomes. A letter on file from the husband of 41-year-old Ann E admitted to Brookwood in July 1899 shows that he did not want his wife back home ‘until she is properly cured and discharged by your committee’ as he ‘worries for the children’s safety’.\(^{18}\) Ann was discharged ‘recovered’ three and a half years later in 1903. Fifty nine year-old Margaret L’s son wrote a very lengthy letter to the Medical Superintendent at Brookwood on the 17\(^{th}\) of May 1899 saying, ‘as much as I would like to see her out, if she was discharged in the present state some most serious results would happen as it would be impossible for me to manage both my father and her when she is discharged’.\(^{19}\) Margaret stayed on at Brookwood and was discharged in October 1899, but was re-admitted in 1901. It is not known how long she stayed for on this occasion.

A letter from the husband of Louisa B who was 62 on her admission to Brookwood in October 1899 shows he is anxious to have her home and is keen to point out that he has a single daughter of 23 at home who can look after her properly. She was discharged ‘relieved’ on the 8\(^{th}\) of August 1902. There is also evidence of the Relieving Officers listening to family members and making the decision to keep the patients in the asylum – for example the case of Elizabeth G who was 70 on admittance in December 1899. Her sister had stated she relied on her son for maintenance and could not afford to look after Elizabeth and noted she had been ‘a cause of considerable annoyance to the neighbourhood’ previously. Therefore, the Relieving Officer ruled that her sister could not fulfil the requirements of discharge in terms of provision of care for her sister and so could not leave. Elizabeth died at Brookwood in November 1901 of ‘organic brain disease’.\(^{20}\)

\(^{18}\) SHC, 3043/5/9/2/28 Brookwood, Female Case Book No. 22 May 1899 to September 1900, p. 18.

\(^{19}\) SHC, 3043/5/9/2/27 Brookwood, Female Case Book No. 21 December 1897 to May 1899, p.159.

\(^{20}\) SHC, 3043/5/9/2/27, pp. 52 & 180.
There is a note on Rachel G’s file at Brookwood in September 1891 which states, ‘her friends are wishful for her discharge’, and there are many notes from family and friends enquiring after their relatives health, requesting visits and hoping they will be able to come home soon.\textsuperscript{21} However, there are also notes such as the one about an epileptic patient, Clara D admitted in February 1885, which shows they are not always able to have them home, as in the letter her mother stated she and Clara’s father ‘both declared their inability to control her in any way’.\textsuperscript{22} The authorities presumably took heed of this statement as Clara died at Brookwood 14 years later in 1899.

Another example of relatives influencing the medical staff is in the case of Alice B, a 76-year-old lady who was admitted to Brookwood in March 1919 with senile dementia. On receiving an application for her release home, the Relieving Officer wrote on the 17\textsuperscript{th} of October that ‘it will be too much for her niece to manage as she has an 80-year-old father and a woman lodger over 70 to look after’, however, she was indeed relieved on the 24\textsuperscript{th} of October to the care of her niece. She appears to have stayed at home thereafter until she died in Hambledon in 1926 aged 83.\textsuperscript{23}

In 1919 Ruby Z’s mother and sister both wrote requesting her discharge from Brookwood home since their home is in ‘a healthy village near pine woods and there is a medical practitioner nearby who is ‘professionally acquainted’ with her.\textsuperscript{24} Ruby was a married housewife of 21 on admission – the cause of her depression attributed to ‘childbirth’. From a further search of records, it can be seen that a few months later in March 1920 Ruby embarked on a voyage with her husband John, an American soldier and ‘infant’ child on a ship sailing to New Brunswick, Canada.\textsuperscript{25}

\textsuperscript{21} SHC, 3043/5/9/2/17 Brookwood, Female Case Book No. 11 September 1884 to January 1886, p. 44.
\textsuperscript{22} SHC, 3043/5/9/2/17, p.51.
\textsuperscript{23} SHC, 3043/5/9/2/44 Brookwood, Registers of Admissions 1919.
\textsuperscript{24} SHC, 3043/5/9/2/44.
Thereafter, they crossed the border into Michigan, America. Ruby is naturalized and we can assume she stayed there until her death in Michigan in November 1976. In another case, Lily W’s sister writes in 1919 and asks for the letters Lily writes to her mother to not be posted ‘as she writes most cruelly to her and they upset her so’. Lily remained a patient when records end in February 1921 and the last listing found for her is in the 1939 England and Wales Register where she is listed as a General Domestic Servant at Fairmile Institution in Christchurch, Hampshire. The Institution is listed as a ‘lunatic asylum’ and Lily would have been 54 by that date.

However, there is also evidence of the Medical Superintendent’s intervention in various cases. In March 1886 24-year-old Laura T’s mother requests details of how her daughter is progressing and if she might be permitted to see her next month as it will be 3 months since she saw her and is most anxious to do so. Dr Barton replies that he cannot permit a visit at present as the excitement of a visit ‘would do more harm than good’. Laura stayed at Brookwood for 5 years when she was transferred ‘not improved’ to the London County Asylum. Amy E’s mother applied for her release, but he refused saying that Amy, who is listed as a ‘congenital imbecile’ is of ‘indifferent health and suffers nervous breakdowns’. She was, however, discharged 7 months after her admission and the last record found for her on the search was in the 1939 England and Wales Register where she is still living in the family home at the sewerage works at Byfleet with her mother and father. In July 1900 the Medical Superintendent agreed that Susan B a 48-year-old married lady could be discharged to the care of her husband as he is now in a better position (as a partner in a firm of tailors) than he was previously. Susan evidently was re-admitted later that year, as the Medical Superintendent wrote

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29 SHC, 3043/5/9/2/44 Brookwood, Registers of Admissions 1919.
31 SHC, 3043/5/9/2/17 Brookwood Asylum Female Case Book No. 11 September 1884 to January 1886, p.88.
32 SHC, 3043/5/9/2/44 Brookwood, Registers of Admissions 1919.
33 1939 England and Wales Register.
again on the 14th of December 1900 that she could again be discharged to her husband’s care and that he had undertaken to take on the responsibility. Unfortunately, it would seem her husband found it difficult to cope with her long term, as from the records we can see she was a patient at Brookwood again between 1904 and 1906, at an asylum in Oxford between 1906 and 1907 and then again at Brookwood in 1911.

There are no remaining letters from relatives within the Holloway records studied so there is more reliance on the case notes, which are in the main quite comprehensive. From these we can see where patients were previously treated and whether they had been at the sanatorium before to get an idea of how their illnesses were managed by their families. Isabella J, a single lady of forty-four was admitted in October 1885 by her brother as she was delusional believing ‘everyone was making signs to her and against her and poisoning her’. In August 1886 her brother was ‘anxious to give her a trial at home’ and she went on leave, however, she returned in September of the same year as her brother ‘was finding it impossible to keep her any longer due to her delusions’. She did go ‘on leave’ a couple more times before being transferred to another asylum in Sutton in 1890.

In January 1899 Florence E, a single woman of 29 was admitted by her brother for ‘mental shock at 17 and leaving home’. She had been institutionalized for periods of convalescence from 6 months to 2 years from the age of 17 and was noted as ‘weakminded and childish’. Sadly, Florence was discharged to Camberwell House Asylum in 1903 and died there in 1905. Eleanor C, a married woman of 42 was admitted in March 1899 for a second attack of delusional insanity by her husband. She believed their neighbours were turning a form of x ray on her and had scalded her wrists. The cause of her insanity was attributed to ‘change of life and stimulants’. It is noted that she became addicted to morphia which was administered for sea sickness on a voyage to Australia 16-18 years previously, and it is interesting to note that she went on this trip ‘on account of her being mischief’.

34 SHC, 3043/5/9/2/28 Brookwood, Female Case Book No. 22 May 1899 to September 1900, p. 86.
36 WL, MS5157/8159 Holloway, Case-book A: Females. Certified patients admitted August 1885 to December, pp.31-34.
which means another form of controlling her behaviour could have ultimately been the cause of her being sent to the asylum. 38

Helen G, a 54-year-old single woman was admitted by her brother in May 1919, and it was noted that she was ‘not under control and had threatened suicide’. She was also ‘delusional’ believing her food to have been tampered with, and it is noted that she is ‘unfriendly to some of her relations’.39 She had previously been treated at Holloway from June 1916 to May 1917 and she sadly remained unchanged throughout her stay of 11 years – eventually dying at the Sanatorium in 1930. Lillie W a 43-year-old married lady was admitted to Holloway in June 1919 with melancholia and worry. The length of her attack is noted as 6 months, but it is noted that her family did their best to treat her and keep her out of an asylum in that time – first ‘by her own people and looked after by her sister’, but she proved ‘unmanageable’ so she next went to a private nursing home for 9 weeks with no improvement, followed by private care in Hastings with a companion ‘to whom she took a dislike’ before finally being taken ‘to a nerve hospital’ from where she was discharged after a month. She stayed at Holloway for a year before being discharged ‘relieved’ and died at home 6 years later aged 50.40 Margaret S, a 54-year-old woman was admitted in April 1919 for depression and delusions, which was attributed to the after effects of the ‘flu, worry about air raids and extra work because of lack of servants. Her husband was a general practitioner, and it appears he was trying to manage his wife’s care – she was transferred relieved to single care in January 1920, readmitted to Holloway in March 1920, then alternated between improving and going home on leave, and hearing voices again and being readmitted until November 1921 when she was discharged.41

BEHAVIOUR & MANAGEMENT

Studying the case histories to test Mechanic, Scull and Walton’s theories on dealing with difficult behaviour and using the asylums to manage this, there are many instances where this appears to be the case. Mary G a married lady of 55 admitted in October 1885 to Holloway suffering from ‘worry with two wicked servants’ had her first attack at age 25 and was treated from 1862 to 64 and February to August 1885 in Brooke House – a private asylum in Clapton. Her clergyman husband told the hospital that she tried to conceal knives, shut herself in her room and had tried to commit suicide on various occasions. She remained at the sanatorium for the last ten years of her life, with ‘dirty habits’ and ‘no improvement’ and died of a cerebral hemorrhage in June 1895.42 Edith R, who was 37 was admitted as suicidal and dangerous by her father, a doctor, had previously been treated at Camberwell from 1872-74 and St Andrews Hospital from 1879-80 and her existing attack had lasted five years, three months. Her father had found a bottle of strychnine under her pillow in March 1886 and had employed a special nurse to keep her under constant supervision since that time. Edith did not improve during her stay of 32 years, and it is noted in April 1889 that she ‘requires the gloves frequently and occasionally the jacket’. She eventually died at Holloway in 1918 at the age of 70 of carcinoma of the pancreas.43

Both Mary’s husband and Edith’s father obviously tried to take care of their relatives at home throughout their lives, having to admit them to a sanatorium when their symptoms got particularly bad, but caring for them at home in between before finally deciding that an institution was maybe the safest place for them to spend the rest of their lives. This could be because the men got older themselves and felt less able to cope, especially if extended family were also aging, their relative’s symptoms got worse as they got older, their tolerance to the difficult behaviour lessened or because

42 WL, MS5157/8159 Holloway, Case-book A: Females. Certified patients admitted August 1885 to December, pp.21-23.
43 WL, MS5157/8159 Holloway, Case-book A: Females, pp.53-57.
family circumstances changed. In the case of Edith, her father re-married around the same time she was confined for the final time – from the Census he can be seen living with his first wife, Edith’s mother, in 1881 and his second in 1891. It is also interesting that in his obituary in the British Medical Journal on the 26th of September 1908 he is noted as being survived by 3 sons and daughters in law but there is no mention of his daughter who was still alive at the time.\footnote{Obituary of Charles Ray, MD Pisa, M.R.C.S, L.S.A, The British Medical Journal (26th September 1908), p.953.} This perhaps could be because of the stigma being in such an institution carried, and shame that Edith had not conformed to the Victorian stereotype of what a woman should be, particularly as her father was a doctor.

The stigma of having a relative in an institution could also have affected future generations, as in the case of Elizabeth B, who was aged 67 when she was admitted to Holloway and had for the previous 11 years been at Twickenham House. She believed her husband was ‘drugging her which means she transposes words’ and thought ‘her medical man and daughter were colluding with him to poison her’. She also believed she was a steam engine throughout her time at the sanatorium. She died quietly of senile decay on January the 12th 1900 at the age of 81.\footnote{WL, MS5157/8159 Holloway, Case-book A: Females. Certified patients admitted August 1885 – December 1887, p.63.} Linking other records on Elizabeth’s family, we can see that her husband John, a wine merchant, died in April 1901 having been living in London on private means with all their surviving four children just a few weeks before. All the children, who were in their thirties and forties by this time, were still single. Their being single could of course be attributed to many things, however, it seems slightly unusual that none of Edith and John’s children, including one son, would marry or leave home. Again, this could have been a pulling together of the family to avoid anyone outside knowing that their mother was certified insane, or it could possibly be that Elizabeth’s husband, John B was a particularly controlling man who contributed to his wife’s nervous condition.
Similar cases can be found at Brookwood - Rachel G who was 44 was admitted in January 1885 suffering from ‘mania’ by her husband Frank who said she had ‘threatened to stab and burn what things she could get hold of’.\(^{46}\) Looking at Census and asylum records, we can piece together a picture of Rachel by seeing that she was living in Kent with her husband, who was a gardener and two small children in 1871, but that by the 1881 census was labelled on the record a ‘lunatic’ even though she was still living at home with her husband and children now aged 10 and 12. Thereafter, she was in Wandsworth Asylum for 4 months in 1883, Brookwood for 4 months in 1884 and from 1885-91, in Bethnal Asylum from 1901-02, finally ending up in Horton Asylum, Epsom for the last stage of her life from 1901-16.\(^{47}\) Her husband Frank is noted as residing at Tooting Home for the Old and Infirm in 1911 aged 65. From this, it would appear that similar to the middle-class families mentioned previously, this working-class family also cared for their relative at home for as long as they could, having periods of respite when they were younger, but finally having to admit them for good as they got older and less able to cope.

Scull and Mechanic highlight John Walton’s theory of ‘casting out’ and ‘bringing back’ of the insane by their families to give them relief from bizarre or violent behaviour and evidence can be seen of this at both asylums. At Holloway, there were numerous ladies admitted who had either previously been patients at other asylums or who were treated for several years at home by private nurses. Elizabeth L who was 71 when admitted by her brother in January 1899 had the previous year been a patient at the Priory, Roehampton; Clara J, a 52-year-old single lady also admitted in January 1899 by her sister was at Barwood House, a private mental hospital in Gloucester, between 1879 and 1892 ‘with intervals at home’ and then from 1892 to 1897 at Holloway with periods ‘on leave’. Florence E, a single lady of 29 was noted as having ‘been institutionalized from time to time since the age of

\(^{46}\) SHC 3043/5/9/2/17 Brookwood Asylum Female Case Book No. 11 September 1884 to January 1886, p.44.
admitted in June 1899 by her mother first as a voluntary boarder but a few days later after an incident with a bird as a certified patient, was previously at Holloway as a voluntary boarder in 1897, and at Otto House and Holloway as a patient in 1890.49

Marjorie Levine-Clark suggests poor women may have sought a rest for short periods at an asylum to escape domestic pressures. Holloway had voluntary boarders where women could go to rest and recuperate, but there are cases that would suggest Brookwood might have been used in a similar way. Rebecca H, a 56-year-old widow was admitted to Brookwood in February 1885 with ‘melancholia’ and ‘extreme depression of spirits’. She recovered sufficiently to leave on probation in July the same year. The records state she previously stayed at Brookwood for three months in late 1875. Linking Census records on the family, we can see that Rebecca and her husband Charles, a shoemaker, had eight children between 1853 and 1865 and in the 1861 Census we can see them living with five children under the age of eight and two lodgers.50 We can also see that Charles died in 1876 aged just 45. Another shoemaker, James Garwood, possibly a friend of Charles, helped the family throughout the next twenty years, with Rebecca’s two eldest sons lodging as apprentices with him in 1871, Rebecca herself lodging with him and his wife as a nurse in 1881, and with her son, now a painter and her a housekeeper in 1891.51 She does not appear to have been admitted to an asylum again before her death in 1906.52 Ellen K the wife of a farm labourer was admitted to Brookwood in February 1899 at the age of 61 and stayed four months. Closer inspection of the asylum records shows that Ellen was a patient for a few months of nearly every year from 1887 to 1899 – usually the winter months which were presumably the hardest for her and her family.

49 WL, 3473/3/1/1/5 Holloway, Case Book covering admissions May 1899 – Mar 1900, 3473/3/1/1/5, p. 31.
Scull suggests one area where the authorities had greater influence was in the admission of lunatics to the asylums where workhouses wanted ‘to relieve their wards of many old people who are suffering from nothing else than the natural failing of old age, as well as to rid themselves of troublesome people in general’.  

Of the 166 patients admitted in 1885 to Brookwood just 10% came from the workhouse and died without leaving the institution, and of those who died just 27% did so within 6 months of admittance. Out of the 138 patients admitted to Brookwood in 1899 18% came from the workhouse and died without leaving the institution, and of those who died 30% did so within 6 months. The average age of the patients in both years was 49. In 1919 of the 72 women admitted 4% came from the workhouse and died at the asylum, and of those 66% did so within 6 months – however, this is only 2 out of 3 patients, one being 65 and the other being 85 years old. These figures suggest that whilst it is the case that some women were sent to the asylum because they were nearing the end of their life, there were not vast numbers being transferred, and other factors would have contributed to their admittance – 50% in each year for example were admitted as suffering from dementia.

The first medical superintendent at Brookwood, Thomas Brushfield, noted that the patients appeared to have been sent by ‘their family and friends […] for the mere purpose of getting them out of the way’. And looking through the case books there are certainly cases of women who could fall into this category. Rhoda R a 36-year-old married woman was admitted by her husband in February 1885 with ‘mania’ attributed to drink, and whilst in the asylum she is noted as having fits. She was

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54 SHC, 3043/5/9/2/17 Brookwood, Female Case Book No. 11 September 1884 to January 1886.
56 SHC, 3043/5/9/2/44 Brookwood, Registers of Admissions 1919.
eventually discharged four years later as recovered, presumably cured of her drink problem which might have been the reason for her fits. Eleanor H, a 59-year-old epileptic lady was brought in by her brother on the 2nd of February 1885 but sadly died the next day. And Jane B who was 54 was brought in on the 9th of February 1885 by her husband and died just over a year later from ‘organic disease of the brain and softening’, a more physiological rather than psychological disease.

These families might have seen the asylum as the last resort, somewhere their loved ones could be cared for, even if the environment was maybe not appropriate for their problems. There are many letters from relatives of patients at Brookwood enquiring as to their welfare - they are very politely worded and looking for details of their relation’s health. Many explain they have not been in to see their relatives because of financial constraints but do enquire when they will be fit to come home, albeit they want to make sure they are well enough before they do so.

**SUMMARY**

In summary, the study shows a rise in patients being admitted from home over the period from 1885 to 1919 at both institutions. Patients being admitted from home to Brookwood rose from 41% in 1885 to 70% in 1919 which is almost double. Those being admitted from home to Holloway were higher throughout the period but did rise by 20% from 1885 to 1919. Similar levels of ladies were admitted suffering from their first, second and third attacks in 1885 at both asylums, but there is quite a rise in ladies being admitted with their first attack to Brookwood in 1899 which then drops back down to a similar level to that of 1885 in 1919. Considering they were not ‘consumers’ like they were at Holloway families of patients at Brookwood appear to have had a surprising amount of control over their relative’s admission, and at both asylums, it appears relatives were able to influence the discharge or length of stay of their relatives. Instances of patients being transferred between home and asylum regularly over a long period of time is evident at both too. This could be because at

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58 SHC, 3043/5/9/2/17 Brookwood, Female Case Book No. 11 September 1884 to January 1886, pp. 47 & 50.
59 SHC, 3043/5/9/2/17 Brookwood, Female Case Book No. 11 September 1884 to January 1886 p.52.
Brookwood, relatives were needed by their poorer families to contribute financially and domestically and could only be spared for so long and so any illness was managed in such a way as to place as little burden on the rest of the family as possible – potentially using the asylum for shorter, but regular stays, whereas the patients in Holloway were not so financially constrained and so were able to stay until better, but it could also be that the stigma of having a mentally ill relative was far greater for the middle and upper classes in Victorian Britain than for the poor and had far more impact on their standing within the community and business world.
CHAPTER 4: CONCLUSION

The purpose of this study was to examine influences on institutional care for women from 1885 to 1919 by examining a national issue from a regional perspective using records from Brookwood Asylum and Holloway Sanatorium to look at social construction, medical control and family agency across two different classes. Chapter 2 assessed whether Showalter, Krasnick Walsh and Bick were correct in their assertions that women were diagnosed as insane when in fact they were not ill; they were behaving in a way that did not conform to the restricted, patriarchal society they were living in, and did not fit the mould that it set out as the norm for women; that of marriage, children, and domesticity. Quantitative and qualitative information from both male and female patient case notes was extrapolated and analysed using age, marital status, length of stay, use of language, and records of violence upon admission and during their stay at the asylum, and 10% of the patients were followed up to see if further information could be found through nominal record linkage. It was found that this research partially supported Showalter et al’s theories for both classes. It was somewhat supported in the ages of the women admitted, violence noted and their behaviour before and after admission for the early and middle years of the period studied, 1885 and 1899, which was still in the Victorian era, where women were expected to live in the domestic sphere, however, to fully support their assertions, it would be expected that the language used to describe their illnesses would be significantly different to that used for men which it was not. It is also more prevalent in the middle and upper classes than the lower-class females. The photographs do support their theories for both classes; however, only male patient photos were available for the latter part of the period, so it is difficult to compare. It is apparent that in 1919 the theories are supported far less in all the data studied, and as this was just after the first world war when society was vastly different to that of 1885 this would perhaps be expected – societal allowances had been made so that many women had been able to work for the first
time to support the war effort and had been expected to cope at home whilst their menfolk were away fighting.

Chapter 3 assessed the role of the medical elite and patient’s families in their care and admission and discharge from the asylum. It tested the hypotheses of Wright and Mechanic that relatives had a large amount of control over the care and confinement of their relatives, of Walton that relatives used the ‘casting in and out’ system to cope with family members, and of Scull’s assertions that workhouses used asylums to get rid of the elderly and infirm. Female patient records were analysed with respect to where they were admitted from, length of stay at the asylum, number of attacks and evidence of where their care was influenced by either the medical elite or relatives. Where possible letters from relatives were studied, together with notes in the files where family members were referred to. The medical elite clearly had a great deal of control over the patients when they were in their care in the asylums, as their professional reputations were at stake if anything happened to them. However, both classes appeared to also be able to influence a large amount of control over their relatives care particularly in the admission and discharge processes, and there is much evidence of relatives of patients at Brookwood being concerned for their family members even if financial circumstances kept them from visiting as often as they would like. The casting in and out system seems to have been very much in evidence at both asylums, which means that women were not just put in an institution and forgotten about, their families clearly wanted them to get better, even if the reasons might have been financially motivated or because of the social stigma of having a relative in an asylum, so, while the reasons might be different because of class, the actions of families were alike.

Women were in the main were expected to give up their jobs for the men returning from the front after the war and resume their domestic lives, so it would be interesting to see whether the changes noted throughout the period 1885 to 1919 continued in the interwar years, however as data after 1919 is tied down due to the 100-year rule to preserve confidentiality of certain records, it would be difficult to look in detail at this period.
APPENDIX 1

Photographs Brookwood Asylum (top to bottom), the exterior, the laundry and the farm and chapel – late 1890s - Source: Get Surrey web site
APPENDIX 2

Photographs of Holloway Sanatorium (top to bottom): exterior, grounds of the sanatorium and decoration inside the building - Source: Francis Frith and Egham Museum web sites
### APPENDIX 3

Sample of spreadsheets created of patient data for analysis

<table>
<thead>
<tr>
<th>Name</th>
<th>Surname</th>
<th>Age</th>
<th>Admitted</th>
<th>By who From home/Transfer from Asylum?</th>
<th>Form of disease</th>
<th>Cause</th>
<th>Length of Attack</th>
<th>Discharged</th>
<th>Duration of stay</th>
<th>Occupation</th>
<th>Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Josephine</td>
<td>Adams</td>
<td>52</td>
<td>11.5.1886</td>
<td>Jane Tidcombe</td>
<td>Asylum</td>
<td>Melancholia</td>
<td>1 year 5 months</td>
<td>Died 30.6.1909</td>
<td>23 years</td>
<td>Governess</td>
<td>Single</td>
</tr>
<tr>
<td>Stella Marion</td>
<td>Alette James</td>
<td>27</td>
<td>18.8.1885</td>
<td>Mother - Frances Margaret James</td>
<td>Asylum</td>
<td>Dementia</td>
<td>4 years</td>
<td>Died 8.2.1940</td>
<td>55 years</td>
<td>None</td>
<td>Single</td>
</tr>
<tr>
<td>Ellen</td>
<td>Allen</td>
<td>31</td>
<td>14.8.1885</td>
<td>Husband</td>
<td>Home</td>
<td>Melancholia</td>
<td>10 months</td>
<td>10.5.1886</td>
<td>8 months</td>
<td>None</td>
<td>Married</td>
</tr>
<tr>
<td>Jane</td>
<td>Ashford</td>
<td>46</td>
<td>14.8.1885</td>
<td>Master of Lunacy</td>
<td>Asylum</td>
<td>Melancholia/Lunatic by inquisition</td>
<td>4 years</td>
<td>10.12.1889</td>
<td>4.5 years</td>
<td>Governess</td>
<td>Single</td>
</tr>
<tr>
<td>Charlotte Amelia</td>
<td>Austin</td>
<td>32</td>
<td>8.8.1885</td>
<td>Mother - Sarah Ann Austin</td>
<td>home</td>
<td>Mania</td>
<td>2 years</td>
<td>30.12.1886</td>
<td>1 year 4 months</td>
<td>Lady</td>
<td>Single</td>
</tr>
<tr>
<td>Fanny</td>
<td>Beamish</td>
<td>44</td>
<td>17.8.1885</td>
<td>Father - William Beamish</td>
<td>Asylum</td>
<td>Hysterical</td>
<td>3 years</td>
<td>27.3.1890</td>
<td>4 years</td>
<td>None</td>
<td>Single</td>
</tr>
<tr>
<td>Elizabeth Frances</td>
<td>Berry</td>
<td>64</td>
<td>28.7.1885</td>
<td>Revd. Marlborough Stirling Berry</td>
<td>Home</td>
<td>Melancholia</td>
<td>15 months</td>
<td>16.12.1892</td>
<td>7.5 years</td>
<td>None</td>
<td>Married</td>
</tr>
<tr>
<td>Elizabeth Augusta</td>
<td>Brown</td>
<td>63</td>
<td>11.5.1886</td>
<td>Home</td>
<td>Dementia</td>
<td>Hereditary</td>
<td>2 years</td>
<td>24.1.1888</td>
<td>1 year 8 months</td>
<td>Gentlewoman</td>
<td>Single</td>
</tr>
<tr>
<td>Louisa</td>
<td>Clyma</td>
<td>44</td>
<td>8.12.1885</td>
<td>Brother in law - George Wood</td>
<td>Home</td>
<td>Grief and change of life</td>
<td>Unknown</td>
<td>Died 1st Quarter 1910</td>
<td>25 years</td>
<td>Widow of Paymaster</td>
<td>Widow</td>
</tr>
<tr>
<td>Marie Elizabeth</td>
<td>Collins</td>
<td>33</td>
<td>13.3.1886</td>
<td>Home</td>
<td>Melancholia</td>
<td>Unknown</td>
<td>4 months</td>
<td>23.6.1886</td>
<td>3 months</td>
<td>Housewife</td>
<td>Married</td>
</tr>
<tr>
<td>Ethel Julia</td>
<td>Collis</td>
<td>26</td>
<td>10.12.1885</td>
<td>Father</td>
<td>Asylum</td>
<td>Dementia</td>
<td>12 years</td>
<td>16.12.1885</td>
<td>6 days</td>
<td>Daughter of a solicitor</td>
<td>Single</td>
</tr>
<tr>
<td>Mary Elizabeth</td>
<td>Cresswell</td>
<td>39</td>
<td>20.4.1886</td>
<td>Private care</td>
<td>Delusional</td>
<td>Love disappointment in 1878 &amp; possibly over fatigue nursing her mother.</td>
<td>5 years</td>
<td>23.2.1892</td>
<td>7 years</td>
<td>Gentlewoman</td>
<td>Single</td>
</tr>
<tr>
<td>Agnes Elizabeth</td>
<td>Cunningham</td>
<td>36</td>
<td>3.5.1886</td>
<td>Step Brother - M F Miles</td>
<td>Asylum</td>
<td>Dementia</td>
<td>21 years</td>
<td>1898 transferred to St George's</td>
<td>13 years died at St Georges -</td>
<td>None</td>
<td>Single</td>
</tr>
<tr>
<td>Sarah</td>
<td>Denay</td>
<td>52</td>
<td>1.8.1885</td>
<td>Home</td>
<td>Melancholia</td>
<td>Anxiety</td>
<td>6 months</td>
<td>26.3.1890</td>
<td>5 years</td>
<td>None (was a servant)</td>
<td>Single</td>
</tr>
<tr>
<td>Edith</td>
<td>Downes</td>
<td>24</td>
<td>20.11.1885</td>
<td>Home</td>
<td>Unknown</td>
<td>Unknown</td>
<td>5 months</td>
<td>16.4.1886</td>
<td>5 months</td>
<td>Lady of independent means</td>
<td>Single</td>
</tr>
<tr>
<td>Emma</td>
<td>Fearis</td>
<td>43</td>
<td>4.11.1885</td>
<td>Mother - Mrs Emma Sarah Fearis</td>
<td>Home</td>
<td>Dementia</td>
<td>2 months</td>
<td>26.7.1886</td>
<td>8 months</td>
<td>Gentlewoman</td>
<td>Single</td>
</tr>
</tbody>
</table>

APPENDIX 3 Sample of spreadsheets created of patient data for analysis.
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